Ethiopia

Operational Plan Report

FY 2010

Operating Unit Overview

OU Executive Summary

Program Description:

Based on the 2007 single point estimate, the Government of Ethiopia (GOE) projected HIV prevalence to be 2.4% in 2010 with over 1.2 million HIV positive people in the country and a female to male ratio of 1.5:1.0. This projected national prevalence characterizes the Ethiopian epidemic as generalized. Notwithstanding, there are wide regional and urban: rural disparities with urban prevalence estimated at 7.7% or 760,475 people living with HIV/AIDS (PLWHA). This compares starkly with the situation in rural areas, where 85% of the country's population resides. In this huge territory, twice the size of Texas or France, prevalence is just 0.9% (456,432 PLWHA or 37% of the national total). Regional prevalence varies substantially ranging from 0.8% in Somali region to 9.2% in Addis Ababa. There is also emerging evidence that prevalence amongst some most at risk populations (MARPs) is considerably greater. The GOE also projects that out of 5.4 million orphans in the country, 804,184 (15%) are due to AIDS.

The GOE has demonstrated strong leadership and pursued an aggressive program aimed at universal access to the continuum of HIV prevention, care and treatment services, supported by a rapid scale up of primary health care facilities. There have been impressive, if uneven, results to date. There are 1,596 VCT sites, 843 health facilities offering PMTCT and 517 ART sites, a significant increase in the number of facilities providing services from last year.

Over 13 million people have been counseled and tested in Ethiopia since 2004, spearheaded by the 2006-2008 Millennium AIDS Campaign (MAC), which continues to provide momentum. In the past year alone 5.8 million people were tested.

PEPFAR supported 444,682 people with care and support services and there were 163,106 people active on ART as of September 2009, the vast majority being in urban areas. The number on treatment represents 48.5% of the estimated 2009 ART needs. Of the total number of patients currently receiving ART, only 8,961(5.5%) are children.

Less encouraging results are seen with prevention of mother-to-child transmission of HIV/AIDS (PMTCT) services. Of the 436,732 pregnant women that were tested in the antenatal care setting, only 8,251 received PMTCT prophylaxis, 10% of estimated projected annual total of 84,189 HIV positive pregnant women. Although there has been a 53% increase in the number of pregnant women receiving ART prophylaxis, this number remains very low. There are a number of identified barriers to account for this

including low attendance for antenatal care and extremely low institutional delivery rate. Some of the reasons contributing to this include cultural barriers, poor quality PMTCT services at health facilities many of which lack basic amenities such as running water and electricity, health worker behaviors which alienate mothers and families and transport costs. There are lost opportunities at all points along the PMTCT cascade, from testing to delivery, including the infants after birth. The GOE, PEPFAR and other donors have identified increasing PMTCT services as a priority for improvement.

While 2010/2011 offers further promise in the GOE's efforts to mount an effective and sustainable response to HIV/AIDS, ambitious GOE targets in a worldwide resource constrained environment means that large resource gaps remain. The GOE spends less than $10 per person annually on health care, far below even the sub-Saharan African average. Ethiopia is the largest recipient of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) resources for the three diseases, with disbursements to date reaching $1.1 billion and total grant funding expected at around $2 billion. A combination of GFATM and PEPFAR funds account for huge proportion of all HIV/AIDS funding, with the World Bank likely the third largest donor at $10 million per year.

There are a number of innovative approaches that are expected to further strengthen HIV and AIDS programs. These include: 1) expansion of the health workforce, especially at community level through the Health Extension Worker Program (HEWP) and the accelerated training for health officers doctors, epidemiologists, managers and other essential health worker cadres; 2) the introduction of community health insurance and performance-based contracting programs; 3) the rollout of a health management information system; and 4) implementation of master plans for supply chain management and laboratory services. PEPFAR will do its part to support these important GOE initiatives.

PEPFAR/ Ethiopia has reviewed its program taking into account evidence based information and GOE's priorities. Through a multi-tiered targeted approach, resources will focus at national level on policy reform, the support of guidelines, health systems strengthening, health workforce training and HMIS, procurement of essential commodities and, strengthening of services at regional and facility levels, focusing in urban and peri urban areas to reach the largest concentrations of potential beneficiaries. PMTCT, targeted interventions for behavior change among MARPS, pediatric care and treatment, strengthening TB/HIV co-infection diagnosis, treatment and reporting, as well as ongoing strengthening of health systems, are focus areas for COP 2010. These foci are in line with government priorities, and complement ongoing support throughout the HIV continuum of prevention, care, treatment and mitigation. In order to move towards greater country ownership, agencies have also been discussing with their international implementing partners the need to develop transition plans to more indigenous entities. Of the current 66 prime partners, 22 are local organizations.

There are an additional 255 sub-recipients, the majority of which are indigenous NGOs, FBOs and CBOs.

The USG is in the process of developing a Partnership Framework (PF). This will foster greater country ownership, leadership and increase program sustainability. To date, considerable progress has been made. The PF is based on Ethiopia's new five-year draft plan, Strategic Planning and Management to Combat HIV/AIDS 2010-2014 (SPMII). This is currently in draft form. A government-multidonor effort is currently underway to review and rationalize targets and to provide support to the government to more accurately determine program costs. This will help will provide a more solid foundation to develop an effective program, taking into account available resources to support realistic goals. This process is on-going and likely to be nearing completion in March 2010. In addition, it will also be important to align the SPMII with Ethiopia's overall Health Sector Development Plan IV (HSDPIV), due to be finalized in April 2010. Thus, while this COP incorporates the principles and priorities which are outlined in the draft PF, the USG team will not have completed the framework in time for joint submission with this COP.

A core principle of PEPFAR/Ethiopia is to build on existing in country platforms while leveraging opportunities with the Presidential Malaria Initiative (PMI), the Africa Education Initiative, Global Fund, donor communities, and USAID's Maternal Health, Population and TB programs. Within the current program, there are several examples of such successful leveraging. In addition, USG/Ethiopia believes that it is well positioned to support the new Global Health Initiative (GHI). Many of the policies, plans and platforms for service delivery, donor coordination, systems strengthening and building country ownership are already in place. In all of these platforms, the USG is fully involved and in a position to provide strong leadership in pursuit of the goals and principles of GHI. However, central support for providing guidance on an appropriate division of labor in the field, taking comparative advantages of agencies into account, is essential both at this stage of PEPFAR and for moving forward with GHI. We have seen PEPFAR accomplish a great deal over the past six years, but at a high transaction cost when it comes to interagency relationships.

The development of a strategic process for the design of COP 2010 included broad consultations within the USG, implementing partners and the GOE to identify priority program areas. Ethiopia received a 5.2% budget cut from COP 2009 funding levels and thus it was important for the USG team to strategically address how best to plan the program within available resources. The identified strategic foci indicated above drove the budgeting process. In addition, there was consideration of existing pipelines. Significantly, Peace Corps did not require any additional COP 2010 resources; they are able to implement COP 2010 activities with their existing pipeline. Similarly a large pipeline in blood safety and within SCMS allowed the team to strategically allocate money to other priority areas in some cases. However, in COP 2011, Peace Corps and

these other areas will require restoration of funding as existing pipelines will be largely expended. Discussions on cost efficiencies and ensuring increased capacity of local organizations will be ongoing in FY 2010 and are essential in order that the Ethiopia program achieves maximum results within available resources.

PEPFAR funding for COP 2010 will focus on the following programmatic areas to contribute to the 3-12-12 goals:

Prevention: $88,892,941

The realignment of the program in COP 2009 is further consolidated in COP 2010's overall prevention strategy and involves focusing more resources and efforts on PMTCT, persons engaged in high risk behaviors and discordant couples.

Sexual prevention activities with urban populations and MARPs utilize a comprehensive approach emphasizing the following key behaviors: correct and consistent use of condoms; testing at-risk individuals and couples; adherence to HIV and sexually transmitted infection (STI) treatment; fidelity; delaying sexual initiation; decreasing gender-based violence; and, couple counseling and testing. Key MARPs include uniformed services, prisoners, university students, vulnerable adolescents, commercial sex workers and their clients, migrant workers, merchants and truckers along the transport corridors. PEPFAR will support the GOE in the development of specific intervention packages for the various MARP groups and will then work through partners to implement these. Additional program efforts will address critical gender issues that exacerbate the HIV problem in Ethiopia, including early marriage, sexual coercion, and cross generational sex.

Strengthening PMTCT is a major focus for COP2010. It is essential that greater efforts are made to encourage women to attend antenatal care, to reach women through other points within the health system and outreach programs such as the urban HEW program strongly supported by PEPFAR, and to provide prophylaxis for more HIV positive pregnant women and their infants. PEPFAR efforts will focus on providing more comprehensive PMTCT services that address the four PMTCT prongs: 1) primary HIV prevention; 2) prevention of unintended pregnancies among HIV infected women; 3) prevention of HIV transmission from mother to child; and 4) provision of care and support to HIV infected mothers, their infants, partners and families. The program will support the GOE to prioritize high yield facilities in areas of high HIV prevalence, building upon the opportunity provided through the deployment of over 6,000 urban HEWs. It will also use information to address known barriers for pregnant women to access both antenatal care and institutional delivery. Infrastructure will be improved to enable higher quality services. HIV+ pregnant and post-partum women will receive nutritional support and be linked to HIV care and treatment services. For more effective and efficient service delivery to clients, linkage between PMTCT, OVC and pediatrics (POP) will be strengthened and continued in COP 2010. These three related program

areas have recently been combined in a PEPFAR interagency technical working group (POP TWG), as they are often overlooked within the broader Prevention, Care and Treatment TWGs.

Blood and injection safety programs in private, public and military health facilities will prevent HIV transmission. PEPFAR and GFATM collaborate to meet infection prevention material needs, although a major funding gap in this area continues. Access to post-exposure prophylaxis for victims of rape, occupational exposure cases, etc., will also be strengthened.

Care: $75,731,711

PEPFAR will continue to strengthen HIV care and support services, including integration and comprehensive care, with access to family planning and STI services. This will include continuing support for infrastructure improvement, training, TA and commodity support including the distribution of the basic health care package. Prevention with Positives will form an integral part of the comprehensive package. Community based interventions will help retain PLWHA in care and get them into treatment earlier, reducing mortality. Links to USAID's Business, Environment, Agriculture and Trade Office will support critical income-generating activities to enable PLWHA to reach independence, essential in Ethiopia, which ranks 171 out of 182 countries in the 2009 UNDP Human Development Report. Additionally pediatric care will be further integrated into maternal child health and the continuum of HIV care.

TB/HIV collaborative activities in Ethiopia at public and private facilities will be prioritized to further support the "three I's", namely, intensified case finding, isoniazid preventive therapy, and infection control. Greater efforts will be made to increase the case detection rates and improve TB treatment in children.

Food provision remains a major priority given the high levels of malnutrition and food insecurity among PLWHA and OVC, as well as the negative effects of malnutrition on ART adherence. USG will provide nutritional care and support to PLWH by leveraging food resources from PL 480 and the World Food Program, and will support malnourished PLWHA with limited therapeutic feeding in 75 ART sites reaching 28,000 people.

Despite improvements in the country, stigma is still a major barrier towards identifying OVCs. A mapping of pediatric care and PMTCT services will be conducted in areas where OVC programs operate in order to identify and strengthen referral linkages. In support of the GOE's integrated service delivery program, there will be expanded collaboration with partners in reproductive health, child survival, family planning services, malaria prevention and control, tuberculosis and improved child rearing

practices. These programs provide a neutral entry point from a stigma perspective for providing a continuum of care. An estimated 12% of students in all schools including PEPFAR supported schools are OVC. Building on the President's Initiative for Expanding Education, PEPFAR will strengthen partnerships with parent-teacher associations (PTAs), Girls' Advisory Committees and teacher training institutes to support children to complete their primary education and remain HIV free. Communities, churches and local governments are being supported by PEPFAR to address the needs of OVC in the community with both local and PEPFAR resources. A standard package for OVC care will be adopted as a basis for programs to ensure quality. Efforts to strengthen GOE institutions responsible for OVC programs, typically much weaker institutionally than the Ministry of Health, will also be continued. Ongoing efforts to improve donor coordination will be undertaken.

Testing and counseling (TC) at facilities, through mobile and home based approaches, remains a key entry point to identify those in need of HIV care and treatment. PEPFAR will continue to offer support to strengthen and improve coordination of TC programs in urban, peri-urban and selected rural "hot-spots." PEPFAR will continue to support task shifting of TC to lay counselors resulting in expanded access and improved HIV services. In order to identify more HIV positive children who require care, treatment and support, aggressive efforts will be made to maximize all opportunities to test children, taking into account that any ethical concerns around HIV testing of children have been considered. PEPFAR will support the GOE to improve targeting for TC, since strategies employed in Ethiopia targeting the general adult population has resulted in relatively few PLWHA entering services.

Treatment: $96,010,531

Based on the 2007 single point estimate, there will be an estimated projected of 397,818 people needing ART in 2010. PEPFAR targets form a subset of the national universal access target and reflect a more realistic scale up and retention scenario. This approach will continue under COP 2010, with major costing and modeling exercises to enable the most cost-effective and epidemiologically appropriate response, with appropriate investments in prevention, care, treatment and systems strengthening. Ethiopia has implemented task shifting through a nurse-centered care model which utilizes outreach workers and case managers to improve adherence rates. These outreach workers have now been accepted as a civil service cadre within the GOE human resources system. ART decentralization to health centers and the private sector will further expand access to treatment. Case managers linking with communities will help reduce the lost to follow up rate which includes mortality and a defaulter rate, currently at about 16%. Aggressive attempts will be made to increase the number of children on treatment above the current 5.5% of total number on treatment. This requires better detection of HIV positive children, more health workers trained in providing pediatric services, making pediatric formulations available and the provision of

psychosocial support. Pediatric ART will be available at all ART sites and supported by early infant diagnosis, linkages with PMTCT and MCH services. ARVs and drugs for opportunistic infections (OIs) are primarily to be procured with GFTAM resources, per the USG-GOE Memorandum of Understanding, but PEPFAR continues to make emergency ARV purchases and provide bridging support for OI drugs, due to inadequate GFATM funding for these latter commodities. PEPFAR will maintain an ARV and commodity fund to address such emergency requests and vital gaps. Increased efforts will be made to harmonize GFTAM and PEPFAR resources and programs, with a renewal of the current MOU between the GOE/GFATM and USG/PEPFAR to be considered as part of the Partnership Framework. The Clinton Foundation is phasing out its support for second line ARVs and pediatric drugs at the end of 2010. This will be taken up through GFATM in 2011, with transitional support from PEPFAR.

PEPFAR provides considerable support to the national laboratory system, including the procurement of all laboratory reagents and supplies used for ART monitoring. Working primarily with the Ethiopian Health and Nutrition Research Institute (EHNRI), PEPFAR provides infrastructure, TA, quality assurance and site supervision to the National Referral Laboratory and nine regional labs. Improving TB diagnosis, institutionalizing external quality assurance including laboratory accreditation, and strengthening the EID system are additional key inputs strongly supported by PEPFAR.

Other Costs: ($67,317,166)

In 2010, PEPFAR support will focus on improving the quality of strategic information (SI) programs to generate, analyze, disseminate and encourage the use of quality data. The team perceives that a considerable amount of effort will be required to roll out the New Generation Indicators (NGIs). Specifically, there will be a stronger focus on the development and implementation of surveillance systems that focus on information related to MARPs. There is an urgent need to improve the quality of TB/HIV information. PEPFAR will continue its support for the ongoing roll-out of the HMIS at health facilities and will work with the Federal HIV/AIDS Prevention and Control Office (FHAPCO) to design a community based system to capture community level as well as multisectoral/non-health sector inputs into HIV and AIDS programs. Surveillance, health management information systems, site-level and limited community data collection and use are all critical to better support PEPFAR implementation. Efforts with pre-service training to support HMIS will be continued. It is anticipated that additional funding will be need to further strengthen community-level data collection.

Support for health systems strengthening and human resources for health are a priority for COP 2010. PEPFAR will continue to invest in health systems strengthening with an emphasis on: 1) systems strengthening, particularly leadership and management of service delivery, 2) human and organizational capacity building; 3) broadly expanding private sector engagement and; 4) expanding pre-service training in support of the

national plan. Strong inputs to fully implement the country's Pharmaceutical Logistics Master Plan (PLMP) will continue, with major advances expected under COP 2010. The USG participates in the GFATM Country Coordinating Mechanism (CCM) and provides TA to strengthen regional management of GFATM sub-grants. Several pre-service training programs for public health officers, physicians, epidemiologists, pharmacists, lab technologists, social workers and urban health extension workers will strengthen the delivery and quality.

USG management and staffing funds will support the in-country personnel needed to ensure program monitoring, accountability and ensure USG policy and technical leadership.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The United States is the largest bilateral donor to Ethiopia's health sector, having provided over $400 million in support in 2009, the majority of which was for HIV/AIDS prevention, care and treatment. In addition to GFATM, other active international donors in HIV/AIDS include WHO, UNICEF, UNAIDS, the World Bank and WFP. Important bilateral partners are the United Kingdom, Ireland, Italy, the Netherlands, Canada, Japan, and Sweden. There are over 200 national and international NGOs and FBOs active in HIV/AIDS. The GOE has secured $1.9 billion in approved funding from GFATM to address HIV/AIDS, malaria, and TB, and is the largest GFATM recipient country in the world. Seventy five percent of this funding is for HIV/AIDS. As mentioned above, the USG participates on the CCM, has signed a MOU to guide joint action and has developed a joint action plan to coordinate PEPFAR and GFATM-funded activities.

The primary HIV/AIDS coordinating body is HAPCO. In addition to working with HAPCO, the USG meets regularly with key officials of individual Ministries (Health, Defense, Education and Finance and Economic Development) to ensure that USG assistance complements and supports GOE plans for prevention, care and treatment.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to						

HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
Advance Project		YMCA			This project has ended.
Income generating project for PLWHA through MOU between SC USA-Pepsi Cola Ethiopia Plc.		Pepsi-Cola Ethiopia	13,000	13,333	Collaborative program between USAID-TransACTION and PEPSI/ Ethiopia to create sustainable income generating activities for PLWHA & high risk population groups potentially engaging in high risk behaviors including commercial, transactional & transgenerational sex. USAID provides participant business skill training and seed money; PEPSI provides the infrastructure (housing) for proposed small scale business initiatives
PEPFAR -Ethiopia-DCA loan portifolio					Health facilities have limited access

Gurantee					to commercial loans with banks currently lending less than 2% of their total portfolio to the health sector. Under the DCA, a partnership between USAID, private health facilities and two commercial banks, loans will be provided to private health sector enterprises, particularly those offering HIV/AIDS and tuberculosis services, thereby enabling health care providers and distributors to make quality improvements and expand services. The DCA loan portfolio guarantee is a risk sharing mechanism under which USAID provides a 50% guarantee on over $13.4 million in loans and incentivizes banks to target health care providers and

					develop financial products aimed at these potential clients. USAID anticipates exposure to health sector borrowers with positive credit histories will prove the viability of this sector to commercial financial institutions, encouraging them to lend without a guarantee.
Private Public Partnership		Becton Dickinson			Ethiopia as one of the eight countries earmarked when the private public partnership was signed between PEPFAR and Becton Dickinson (BD), BD has worked closely with PEPFAR Ethiopia and the Ethiopian Public Health and Nutrition Research Institute (EHNRI) to successfully pilot an integrated specimen referral. A total of 272 laboratory and postal workers were trained to manage

					specimen referral systems. This entailed a network of transferring of specimens from referring facilities to testing facilities and results back to referring facilities, improved communications. Additionally, 600 specimen transportation containers were procured for safe transportation of specimens. A turn-around time of 2 days was achieved for returning ART results back to referring sites was achieved in the pilot in Addis. This successful pilot is being rollout to other regions of Ethiopia and to include other specimen types as well as using GIS system.
Strengthening Pre-service medical and health science school trainings through Information			1,900,000	1,900,000	This is not functional in Ethiopia.

and Communication Technology					
Wellness Centers		Becton Dickinson			A new public private partnership between the Ethiopian Nurses Association, the International Council of Nurses, PEPFAR HRSA managed central funds and Becton Dickinson will establish a Wellness Centre for health care workers in Addis Ababa to provide health care services for health workers and their immediate families. This project will be co-managed between USAID and CDC to address issues such as ongoing support once central funding is exhausted.

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
Addis Ababa AIDS Mortality surveillance	HIV-mortality surveillance	General Population	Implementation
ANC sentinel surveillance- 2009 round	Sentinel Surveillance (e.g.	Pregnant Women	Implementation

	ANC Surveys)		
Ethiopian Demographic and Health survey (EDHS) 2010	Population-based Behavioral Surveys	General Population	Implementation
Ethiopian Demographic Surveillance Survey	HIV-mortality surveillance	General Population	Implementation
HIV Drug Resistance Early Warning Indicator Survey	HIV Drug Resistance	Other	Implementation
National MARPs, behavioral and biological survey	Population-based Behavioral Surveys	Other	Development
National STI case surveillance and STI etiologic agent assessment	Recent HIV Infections	Female Commercial Sex Workers, General Population	Development
National survey on Men having sex with Men (MSM)	Behavioral Surveillance among MARPS	Men who have Sex with Men	Implementation
TB/HIV surveillance	TB/HIV Co-Surveillance	General Population	Implementation

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			1,890,615		**1,890,615**
HHS/CDC		4,151,200	102,527,946		**106,679,146**
HHS/HRSA			17,000,923		**17,000,923**
State			494,300		**494,300**
State/AF			600,000		**600,000**
State/PRM			2,132,387		**2,132,387**
USAID	350,000		199,033,217		**199,383,217**
Total	**350,000**	**4,151,200**	**323,679,388**	**0**	**328,180,588**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	State	DOD	HHS/CDC	HHS/HRSA	State/AF	State/PRM	USAID	AllOther	
CIRC		180,000	500,000			68,294			**748,294**
HBHC		200,000	3,527,411	780,230		309,671	28,118,484		**32,935,796**
HKID						310,500	30,519,978		**30,830,478**
HLAB			7,384,772	624,000			2,850,000		**10,858,772**
HMBL		400,000	1,000,000						**1,400,000**
HMIN		298,615	364,512	100,000		90,950	7,433,670		**8,287,747**
HTXD							7,000,000		**7,000,000**
HTXS			30,189,237	8,228,972			29,846,415		**68,264,624**
HVAB		40,000	1,697,342	55,000		68,697	6,506,863		**8,367,902**
HVCT			5,677,338	669,017		340,000	4,788,411		**11,474,766**
HVMS	494,300	172,000	14,547,062				13,755,703		**28,969,065**
HVOP		360,000	10,138,775	220,000		618,275	24,244,228		**35,581,278**

HVSI		200,000	13,200,000	200,000	200,000	75,000	2,574,756		**16,449,756**
HVTB			4,576,300	678,000			3,271,245		**8,525,545**
MTCT			5,400,000	1,600,000		251,000	14,681,799		**21,932,799**
OHSS		40,000	5,289,214	2,380,328	400,000		19,524,144		**27,633,686**
PDCS			407,141	136,800			2,402,475		**2,946,416**
PDTX			2,780,042	1,328,576			1,865,046		**5,973,664**
	494,300	**1,890,615**	**106,679,146**	**17,000,923**	**600,000**	**2,132,387**	**199,383,217**	**0**	**328,180,588**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	32,935,796	
HTXS	68,264,624	
Total Technical Area Planned Funding:	**101,200,420**	**0**

Summary:
The Government of Ethiopia (GOE) along with PEPFAR Ethiopia partners has demonstrated considerable political commitment toward achieving the goal of universal access to HIV prevention, care and support, and treatment – including 100% antiretroviral therapy (ART) coverage – by 2010. As of October 2009, the Ministry of Health (FMOH) HIV/AIDS Prevention and Control Office (HAPCO) report shows an increase of operational ART sites from 365 to 497, with an increase from 120 to 138 hospitals, and from 242 to 359 health centers, since August 2008. As of October 2009, there were 167,271 ART clients currently receiving treatment with a total of 226,801 ever started on ART. A total of 410,477 HIV infected persons have been enrolled in HIV/AIDS care and treatment programs of an estimated 1,037,267 million people infected with HIV. HAPCO estimates the total need for ART is 289,732 adults and children. Thus these figures indicate that 78% of the estimated number of people in need of ART have accessed this.

The national development planning process calls for integrating health and health related services at the point of service delivery at all levels to meet clients' needs for comprehensive care. PEPFAR's support for infrastructure improvement, training of different cadres of health professionals, technical assistance, strategic information and commodity support has made significant contributions to the country's plan with resulting improved access to and quality of ART services. Additionally, PEPFAR has helped build health systems at all levels of the health service delivery system throughout the country. However, chronic shortages of high caliber staff and difficulties with retention of staff present a significant challenge to implement the program. The government has ambitious plans for accelerated training of several cadres of health workers but currently Ethiopia has one of the lowest physicians-to-population ratios.

Training is a cornerstone for quality of services and sustainability. With the dearth of physicians, Ethiopia has been particularly successful in task shifting to make better use of trained nurses and health officers. PEPFAR will continue to use different strategies to support human capacity development both at pre and in-service levels, including training of mentors for nurses and improved supportive supervision. As part of the transition plan toward greater GOE ownership, PEPFAR partners will work closely with indigenous universities, regional health bureaus and health facilities to build sustainable institutional capacity. As part of building sustainable institutional capacity, PEPFAR will support targeted renovations of existing health centers and hospitals in high HIV prevalence/high population areas, focusing on basic services which are critical to providing safe and quality care: water, waste disposal and electricity. PEPFAR will also provide targeted support to expand stores at high volume facilities, to ensure that the massive amount of commodities being procured through PEPFAR and the Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM) are safely stored and fully utilized, particularly in hospital outpatient departments that see the majority of patients with HIV/AIDS.

The GFATM is primarily responsible for the resources for the purchase of ARVs. In collaboration with other donors, PEPFAR will continue to work closely with GFATM to implement the PEPFAR-GFATM Memorandum of Understanding (MOU) and the joint plan of action (POA). The POA, coordinating PEPFAR and GFATM HIV funding, will be updated to incorporate Ethiopia's Rolling Continuation Channel (RCC) grant, projected for January 2011. The MOU will be reviewed and updated as part of the Partnership Framework (PF).

Key to determining the possibility of scale up to universal access is an assessment of the program resource requirements. PEPFAR, toegtehr with other donors, supports several costing exercises to provide the best possible data in planning responses to potential budget reductions, including the 5.2% PEPFAR budget reduction this year, as well as possible limitations or reductions of Global Fund support. The PEPFAR ART Costing Model, applied in 2006, may be updated and expanded, and funding continues under COP 2010 to support the HIV/AIDS Program Sustainability Assessment Tool (HAPSAT). GOALS and SPECTRUM, previously applied in Ethiopia, will be updated, with the GOALS update already underway.

Close collaboration with the Clinton HIV/AIDS Initiative (CHAI) continues, with PEPFAR working closely to ensure supplies of pediatric and adult second line ARVs, as CHAI's support for these commodities ends in December 2009 and December 2010, respectively. Collaboration with GFATM to ensure commodities are available is continuing, and PEPFAR will foster collaboration, through the PF, with the World Bank and other major partners to promote and support treatment, care and support services for PLWHA.

Gap-filling purchases will also be made of drugs needed to treat opportunistic infections (OIs) and ARVs, and provide a portion of the supplies for home-based care, and nutritional commodities such as ready-to-use therapeutic food (RUTF) and fortified blended flour (FBF), intended for malnourished PLWHA. In the development of COP2010, TWGs, in conjunction with PSCM, have extensively reviewed the assumptions underpinning quantification of drugs and commodities and have agreed to undertake periodic reviews of their status.

A recent external review of the care and support program area highlighted the need to strengthen the health network model for ART services. Retention in treatment remains challenging with the number of patients currently on ART 25% lower than the number ever started. This comprises 7.8% mortality and 16.9% either transferred out or true lost follow up. Through a number of measures taken, such as use of case managers, patient adherence has improved and those lost to follow-up traced. The case manager approach has become a GOE focus area and will continue in COP 2010. Engaging People Living with HIV/AIDS (PLWHA) to manage and serve as case managers program has become a strategy for PEPFAR. The review highlighted the need for referral feedback mechanisms formalized transfers and for the encouragement of case conferences. In order that all players in an area are better able to work together and complement activities, regional health bureaus will be encouraged to call catchment area meetings.

The facility based care and support activities are complemented by community based services, since the service model relies on networks, referrals and linkages. Care and treatment activities will be linked with entry points to services, including counseling and testing services, antenatal clinics and Prevention of Mother-to-Child Transmission of HIV (PMTCT) programs, TB clinics and in and general out-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. Care and support services will continue to be closely linked to laboratory services for diagnosis of opportunistic and sexually transmitted infections.

Care and support services have been decentralized making them more accessible to patients. Services include the delivery of clinical care, including treatment for opportunistic infections (OIs) 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 (LLINs) to prevent malaria, screening for tuberculosis, Prevention with Positives (PwP) counseling, referral of women for reproductive health services, condoms, referral of household contacts for HIV counseling and testing, safe water and hygiene, nutrition counseling, and multivitamin supplementation. In collaboration with Prevention, COP 2010 activities will emphasize PwP, in particular prevention for discordant couples and risk reduction messaging as part of the community care package. The focus on care and support will include scale up of Income Generation Activities (IGAs).

To date only approximately 1% of patients currently on ART are on second line regimens. It is likely that this proportion will increase as patients remain longer on treatment. PEPFAR will support training of health care providers in the recognition of significant drug side effects that may require regimen change, first line regimen failure and support viral load tests for those suspected of drug resistance.

Case managers have played a significant role in linking up health facilities with communities and improving the retention of patients in care. Case managers and community based volunteers will continue to be engaged to reduce lost-to-follow-up, including improved adherence counseling, case management, patient tracing, encouraging disclosure, adherence support at the community level, care and support services including nutritional support and communication activities. Further, retention of patients in care and improved referral linkages are assured through area catchment and intra-facility multi-disciplinary team meetings. In 2010, case manager community based activities will be taken to scale with more involvement of Regional Health Bureaus (RHB), with the ultimate goal of transitioning case managers to RHBs.

A major activity in 2010 will be the consolidation of HIV training programs to adequately address care and support, with an emphasis on training for the delivery of standardized palliative care services. PEPFAR will continue to support the FMOH and HAPCO to implement the national policy on opioid use for pain management.

Cervical cancer remains a leading cause of cancer among Ethiopian women between 15 and 44 years of age. As HIV infection increases a women's risk of cervical cancer, PEPFAR partners will refer women to government facilities offering cervical screening and treatment services. Pilot cervical cancer screening for HIV+ women started in FY09 in 14 health facilities, will be expanded in 2010.

Ethiopia is generally food insecure and PLWHA are believed to be disproportionately affected. Nutrition support therefore continues to be a priority care and support service that is critical to improve ART adherence and treatment outcomes. PEPFAR will continue to support training and rollout of the National Guidelines on Nutritional and HIV/AIDS and the Guide to Clinical Nutrition Care for children 6 months–14 years old and adults living with HIV. These guidelines address access to community based supplemental feeding,. The Food by Prescription (FBP) program initiated in FY 2010 will be continued in selected hospitals and health centers, increasing the number of beneficiaries to 28,000. FBP will continue to focus on enrollment of severely malnourished PLWHA, HIV-positive pregnant women in PMTCT programs, HIV-positive lactating women in the first six months post-partum and their infants. However the estimated need is higher than the available resources. FBP will complement the nutrition program of the World Food Program (WFP) which also targets orphans and vulnerable children (OVC). As clients' health improve, skills development and opportunities to engage in IGAs will further improve household food security.

Most HIV patients seek care only when they have advanced disease. This has partly been attributed to lack of structured follow up of patients on pre-ART. Using tools to be developed in FY 2010, and applying new changes in immunological initiation criteria, more HIV+ individuals needing ART will be identified before they have advanced disease. This will reduce the need for care services such as home based care

for bed ridden patients and will improve the quality of life of PLWHA. Further, PEPFAR partners will strive to integrate care and support with other primary care services. 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. Total FTEs are 10.58.

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	7,000,000	
Total Technical Area Planned Funding:	**7,000,000**	**0**

Summary:
Under the Government of Ethiopia (GOE)-U.S. Government (USG) Memorandum of Understanding (MOU), the GOE is responsible for procuring antiretroviral drugs (ARVs). While the USG was responsible for procuring second line ARVs, since 2007 the Clinton Health Access Initiative (CHAI) has provided these. The USG procures ARV drugs only on an emergency basis, when GOE procurement using Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM) monies is delayed, or if factors such as unexpected spikes in demand cause potential gaps.
CHAI phased out of second line adult procurement in December 2009, with PEPFAR supporting the transition to GOE procurement. CHAI will end pediatric ARV procurement in December 2010, and PEPFAR will support the transition to GFATM funding under COP 2010. The FMOH has included funding for 100% of estimated annual needs for all adult and pediatric ARVs from 2011-2015 in its newly-signed $706 million Rolling Continuation Channel (RCC) GFATM grant. In FY 2008-2009, PEPFAR spent $4.3 and $4.4 million, respectively, on first line ARV purchases in emergency situations. This represented 7% of total ARV costs each year. These purchases were necessary to avoid stock-outs, and while there has been no stock-out at national level since the antiretroviral therapy (ART) program began in 2005, periodic delays in GOE procurement are a cause for concern, some related to delays in GFATM disbursement. A small number of stock-outs of very short duration for individual drugs have occurred at isolated facilities, but the system has been remarkably effective, in large part because of an inventory control system and distribution network developed and managed by PEPFAR, to be transitioned to the Ministry of Health (FMOH) during 2010-2011. Notwithstanding, if delays in GFATM disbursement continue, stock-outs could occur.
The FMOH is in the process of finalizing its first independent ARV procurement, replacing earlier procurement done by UNICEF. This tender by the GOE's Pharmaceutical Fund and Supply Agency (PFSA) was delayed because GFATM funds had not been transferred from Geneva in a timely manner, but it is expected to be finalized now that the funds have arrived.
To address continuing concerns on delays in GFATM fund transfer and procurement by the GOE, PEPFAR utilizes an ARV and Commodity Fund to address emergencies. The ARV and Commodity Fund level is 10% of the total estimated national annual ARV cost using universal access targets. During the last two years, the funding level has been remarkably close to actual emergency expenditures. In cases where ARV and commodity funds are not fully expended, excess funds are utilized to cover funding gaps in other HIV commodity groups.

The USG is supporting improved procurement with a procurement advisor seconded to PFSA, and it provides technical assistance (TA) in numerous other technical areas. A Procurement and Supply Management (PSM) Audit by GFATM is planned for early 2010, and the USG team will provide input. PFSA has agreed that PEPFAR TA staff can support upcoming ARV, STI and OI procurements.The GOE has a well-structured national Pharmaceutical Logistics Master Plan (PLMP), supported by PEPFAR, by USAID with Population, Tuberculosis (TB) and Malaria funding, and by other donors. There are

reasonable prospects for developing a strong supply chain management (SCM) system. USAID leads an informal donor/development partner coordination group supporting this effort. While major GFATM funding for this plan has been included in proposals, in some cases the funds have been reprogrammed for other uses, and currently there is no mechanism for communicating such actions to the USG. A bidirectional feedback mechanism for the USG and GOE to coordinate funding reprogramming is a major priority for inclusion in the Partnership Framework (PF).

The USG is intensively involved supporting the national HIV commodity quantification, forecasting and costing process for all HIV commodity groups, including ARVs. PEPFAR supports annual quantification exercises which bring together interagency working groups on specific commodity areas, and then develops six-year cost estimates for program planning and inclusion in funding proposals. To date, at GOE request the national exercises have focused on universal access goals. In FY 2010 PEPFAR will push for additional scenarios based on available resources and an increase in the cut-off point for beginning ART to CD4<350. PEPFAR develops and reviews supply plans for all ARVs directly with GOE and CHAI staff.

In response to the need for increased distribution capacity, PEPFAR purchased 29 vehicles and 10 forklifts for PFSA during FY 2009, providing necessary distribution capacity. During FY 2009, other major inputs to PFSA have included a large cold storage room for temperature-sensitive reagents, efficient shelving and racking which has vastly increased storage capacity, and rental of five regional and one national level warehouse to ease overcrowding at existing facilities, while the FMOH moves forward with warehouse construction and expansion using GFATM, PEPFAR and Global Alliance for Vaccines and Immunization (GAVI) funding. COP 2009 funds slated for warehouse construction ($5.3 million) are expected to be mobilized through a competitive procurement during FY 2010. During FY 2009, 100% of ARV USG purchases were generic. Under COP 2010, PEPFAR TWGs reviewed HIV commodity quantification assumptions; funding for commodities is included in the respective Budget Code Area, rather than being clustered under ARV Drugs as previously. PEPFAR carries out customs clearance and covers distribution costs for all HIV commodities procured with USG, GFATM and CHAI funds. PEPFAR plans to end this payment, estimated at $5.2 million to date, under COP 2010, using the PF to communicate the transition to GOE coverage of these recurrent costs. PFSA has been informed that this support will end with COP 2009.

Barriers during this last year included the GOE's prolonged Business Process Reengineering (BPR) process, slowing systems strengthening efforts in many technical areas. Once BPR was complete, PFSA took six months to consolidate its structure, resulting in further delays. Full engagement with PFSA is now occurring, and the intensive collaboration required to move towards country ownership is intensifying.

Lack of communication regarding reprogramming of GFATM and GAVI funds which PEPFAR and other donors believed to be available for SCM is another barrier, as mentioned above.
Lack of a formal donor/GOE planning and coordination group for SCM has also been a challenge; at PEPFAR request PFSA has agreed to revive this group.

Lack of funding to cover all HIV commodity needs is another barrier. ARVs, test kits, sexually transmitted infection (STI) drugs, and ART lab monitoring needs are fully covered by PEPFAR, CHAI and GFATM funding, but other products suffer major gaps. National condom needs require improved quantification and costing, and there is likely a funding gap. At OGAC's request, PEPFAR will support STI drug procurement in FY 2010, although the GOE is responsible for STIs/OIs per the MOU. Its failure to procure these drugs is another barrier. PEPFAR has addressed this recurring challenge by making purchases clearly indicated as bridging actions ensuring that some stock is available, until the GOE is able to procure effectively. PEPFAR will include language in the PF to ensure an effective transition with the GOE assuming its full responsibilities. This is an essential element in the process of moving towards full country ownership of the HIV program.

Under COP 2010, the USG will procure ARVs only in emergency situations when GFATM resources are not mobilized effectively. PEPFAR will also provide bridging support for pediatric ARVs in the transition from CHAI to GFATM funding. The gap is expected to be within the ARV and commodity fund level of $9 million ($7 million of this fund will be provided with COP 2010 funds and $2 million from pipeline).

While the Partnership for Supply Chain Management (PSCM) continues to manage distribution of ARVs and ART lab monitoring supplies, a 24 month transition plan has been developed to pass operations to PFSA, thus achieving PEPFAR's system strengthening goals. PEPFAR has prioritized systems strengthening for logistics, along with laboratory commodities and gap-filling purchases of ARVs, since funding to cover all needs is not available. System strengthening is the a major focus, since commodity support alone will not result in lasting impact on the HIV epidemic, unless an effective and durable SCM system is developed.

Currently, PSCM supports national and regional levels of the supply chain system, with Strengthening Pharmaceutical Systems (SPS) supporting dispensaries, and USAID/DELIVER supporting facility stores with Population funding. The three projects have a joint work plan, and will sign a joint MOU with PFSA during FY 2010, to ensure maximum collaboration. A final USG goal is a joint work plan with PFSA and all partners working together on SCM.

PEPFAR will continue to work with the Drug Administration and Control Agency (DACA) to strengthen its capacity through SPS and the United States Pharmacopeia (USP). While lack of ARV registration has not been a major issue, many OI drugs are not registered in Ethiopia and this has caused delays in procurement.

USG agencies support ARV Drug efforts with 0.78 Full Time Equivalents (FTEs) from USAID and 0.80 from CDC.USG partners are supporting the procurement cycle in the following ways:
Product Selection: SPS; Quality assurance: USP; National treatment guidelines: Multiple partners; Appropriate packaging and cold chain requirements: SPS/PSCM; Coordination with other donor agencies: SPS
Forecasting/Quantification: Annual forecasting/quantification workshops led by PSCM, with periodic supply planning reviews with FMOH and PFSA. Quarterly PEPFAR reviews of HIV commodity procurement will begin in COP 2010. Approximately 170,000 patients are currently receiving ART, with the net monthly increase of approximately 4,000 patients per month over the last year expected to continue at around that rate. Pediatric scale-up is hoped for with increased EID availability.
Procurement: TA from PSCM; $7,000,000 from COP 2010 funds, plus $2,000,000 from COP 2009 pipeline for COP 2010's ARV and Commodity fund. The RCC proposal is expected to provide around $90 million/year for ARVs during the period from 2011-2015, assuming full funding of the proposal. If GFATM decreases this amount, additional funding may be needed to cover ARVs. The availability of PEPFAR funds to cover major increases in ARV funding would be a major challenge, assuming flat funding in the future. With many individuals needing ART dispersed in rural areas, scale-up is likely to be slow, but the introduction of viral load testing under COP 2010 will likely increase the patients on second line treatment, now 1.3%.
Freight/forwarding/Importation: PSCM; communication gaps exist between GOE customs authorities and the FMOH at times.
In-country warehousing and distribution: PSCM has rented warehouses to supplement existing public sector sites until new construction is finalized. PEPFAR has $5.3 million from COP 2009 which is expected to be utilized during FY 2010-11 to construct up to ten regional hubs, with the "warehouse in a box" a possible approach. The USG distribution system for ARVs and ART lab commodities is likely to be expanded to include 400-600 total products including other HIV commodities, contraceptives, TB and malaria products,. Security needs are addressed by the GOE; to date there have not been issues to PEPFAR's knowledge. The current distribution system moves products from the central level to regional

hubs, and then to facilities. The weak existing public sector system is still used for many HIV commodities, but transition to the newly strengthened system is expected during FY 2010-11, with full transition to PFSA during FY 2011.
LMIS: PSCM, SPS and DELIVER are developing an integrated system linking facilities to regional hubs and the national level. Robust M&E of the logistics system is expected during FY 2010, with particular focus on stock-outs and procurement.
Capacity Building: SPS (dispensary), DELIVER (facility), PSCM (regional, national)-strengthening SCM capacity, including training in logistics, warehouse/inventory management, procurement, forecasting.
Costing of ART Programs: PSCM - annual exercises using various scenarios.

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	748,294	
HMBL	1,400,000	
HMIN	8,287,747	
Total Technical Area Planned Funding:	**10,436,041**	**0**

Summary:
Biomedical prevention activities (including training) are intended to prevent HIV transmission through biomedical interventions. PEPFAR/E's biomedical prevention program area includes three program area budget codes: blood safety; injection safety/infection prevention; and medical male circumcision.

PEPFAR/E'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 Bella Defense Referral Hospital blood safety program has dealt with many technical challenges including developing an adequate donor program and lack of a consistent electrical supply. However PEPFAR support has strengthened logistics systems to increase collections and processing dramatically.

The FMOH is the responsible body for the National Blood Transfusion Service (NBTS) with regulatory, coordination and oversight roles. However based on its experience, the Ethiopian Red Cross Society (ERCS) was officially delegated through a Memorandum of Understanding (MoU) signed in January 2006, to provide the service in the country and is considered as the de facto NBTS until January 2010. Based on technical assistance from the World Health Organization (WHO) Ethiopia now has a national blood policy and a five year strategic plan for the years 2006-2010 which is a road map for implementation of blood safety activities in the country.

In COP 2009 and the previous years, implementation of the FMOH blood safety activities did not go as planned because most were contingent on completion of the renovation of the 16 blood banks, which is still underway using PEPFAR funding and money leveraged from the Global Fund. In COP 2010, PEPFAR will continue to support all the 26 blood banks (including the existing ones) located throughout the country, and the appropriate clinical use of blood at hospitals through personnel, training, equipments, supplies and logistics.

In COP 2010, there will be a drastically reduced request for funding level to the NBTS partner due to large pipeline on the understanding that funding will be restored in COP 2011. In COP 2009, the Track 1 funding for NBTS partners was centrally managed via a CDC cooperative agreement which will expire on March 31, 2010. In COP 2010, the management of funds will shift from headquarters to the field.. In addition, the direct funding for management of blood safety Technical Assistance (TA) providers will remain at CDC headquarters. The HQ blood safety team is developing a task order contract mechanism to provide technical assistance to Track 1 recipient and non-recipient countries. This contract will be awarded in COP 2010 and will be designed to support short-term technical assistance (e.g., training) and to fund a comprehensive package of blood safety technical assistance.

Most blood collection is taken from family members. Efforts are also 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 33,541 units in 2008/09. However, there is still a huge unmet need in blood collection and voluntary blood donation considering the WHO's estimate of collecting 10–20 whole blood units per 1,000 population each year for resource limited countries fulfilling baseline clinical demand (MMWR Vol 57, No 47). Currently, about 70% of the blood supply is available in Addis Ababa while the regions, where 85% of the population lives has access to only 30% of the safe blood supply. All (100%) donated blood is 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, 2.0% in 2007, and 2.4% in 2008. Similar trends have been observed for other markers of infections transmitted by blood transfusion. This situation is expected to improve further in COP 2010 with improvement in quality testing.

The US Department of Defense in collaboration with the Ethiopian National Defense Forces has established the National Defense Blood Center, Bella Defense Referral Hospital for collection, processing, storage, distribution of safe blood, and training. The Defense HIV/AIDS Prevention Program (DHAPP) in collaboration with the blood safety technical team from Naval Medical Center in San Diego Blood Bank provided continuing logistics support and training to the core staff personnel assigned at the center. Additionally health care workers, medical technologists, and physicians at the Defense Health Sciences College, the Armed Forces Teaching Hospital, and the Bella Defense Referral Hospital were trained in different aspects of blood transfusion service and blood use. By the end of COP 2010 three more military hospital based blood transfusion services will be established.

PEPFAR/E has been supporting the GOE focusing on prevention of infections in healthcare settings in general, and the prevention of unsafe medical injections in particular, throughout the rapidly expanding HIV care and treatment health network. These Injection Safety (IS) and Infection Prevention (IP) programs have been operational since FY 2004 and will continue to be strengthened and expanded at the ART health networks in COP 2010.

In COP 2009 and the previous years, the Ethiopian governmental, uniformed services, refugee camp health facilities, private providers and the informal sector were supported in proper implementation of recommended IP and IS practices and processes through policy development; training and human capacity building for health care workers (HCWs) at different levels; behavior change and advocacy; commodity procurement and management; establishing IP committees at facility level. PEPFAR/E played a significant role in the establishment of the National IP Technical Working Group.

In COP 2010, capacity building and training of HCWs at public, private, uniformed, and refugee camp health facilities will be a major focus in proper IP and IS practice, including handling of biohazardous waste, commodity supply management and interpersonal communication through the AIDSTAR One, four US university partners (CU-ICAP, I-TECH, JHU-BSPH and UCSD), and DOD programs. In addition, IP commodities supply and management systems will be strengthened through SCMS. The support to

Entoto Technical and Vocation Education and Training institution (TVET) in Addis Ababa will continue to produce low cost, locally customized basic IP supplies, such as aprons, goggles, antiseptic hand rubs, sharps and waste containers to be distributed to selected public hospitals and healthcare facilities. To encourage and promote scaling up of the local production of some selected personal protective equipments, additional capacity through the TVETs in the regions and the National Defense Industry Department will be identified. Additionally, refugees will have access to safer IP and IS practices including the use of post-exposure prophylaxis for victims of rape in 6 camps near the Sudanese and Somali borders.

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. Many studies already indicated 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.

In FY 2009, the GOE officially endorsed male circumcision as one of the strategies to prevent HIV transmission, as part of comprehensive HIV prevention package. A National Male Circumcision Taskforce has already been established and the Taskforce conducted series of consultative meetings with stakeholders in Gambella and SNNP regions. Following training of cohort of providers on clinical MC skills, procurement of key supplies and MC kits, and the production of IEC materials on MC including billboards in collaboration with the AIDS Resource Center (ARC), a safe clinical male circumcision service has started in three sites at Gambella Region (Gambella Hospital, Metti and Itang Health Centers).

In COP 2010, a faster scale-up of voluntary MC service will be supported in Gambella and expanded to SNNPR regions, Fugnido Refugee Camp (through PRM/UNHCR program) and among the new military recruits (through the DOD program). The program will be supported to provide training on safe male circumcision service, to reproduce 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.

The USG staffing across the four agencies for Biomedical Prevention program considers the currently three existing positions as adequate to address the management needs. USAID employs a Senior HIV Prevention Advisor that will support biomedical programs. CDC has one Associate Director for Prevention. The CDC's (FSN) Branch Chief for Prevention and Biomedical HIV Prevention Technical Officer will also commit a portion of their time to the program. DOD and PRM have staffs that support biomedical program.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	11,474,766	
Total Technical Area Planned Funding:	**11,474,766**	**0**

Summary:
HIV testing and counseling (TC) is central as the main entry point to HIV prevention, care, support, and

treatment services. TC and its' two primary objectives: to identify those in need of HIV care and treatment and to provide specific prevention education and counseling based on knowledge of HIV status, is recognized by the Government of Ethiopia (GOE) as a key element in the effort to prevent and control HIV/AIDS. "Know Your Epidemic" is paramount to the success of the GOE's effort to address the HIV infection in the country.

PEPFAR/E in support of the GOE's goal of universal access, will focus on urban and peri-urban areas with the highest prevalence and the greatest concentration of people including many of the MARPS and a few rural "hot-spots", who will benefit from knowing their HIV status, In rural areas of Ethiopia where there is much lower prevalence (0.9%), but where 85% of the population resides, PEPFAR/E intends to use TC as an important bridge to reduce the spread of HIV from higher concentration to lower prevalence rural areas. The PEPFAR/E program engages both the public and private sectors at hospitals, health centers, stand-alone VCT sites, work place programs and outreach programs, such as, community based TC, mobile VCT for MARPs and uniformed personnel. In both in the public and private sectors, efforts are made to link individuals to services including comprehensive prevention services (STI screening and treatment, MC, biomedical prevention, family planning and reproductive health services) and other pre-ART services, as appropriate.

According to the FMOH and the HIV/AIDS Prevention and Control Office (FHAPCO) June 2009 report, a total of 13,284,071 people received TC throughout the country since 2004. PEPFAR supported sites contributed more than 75% of the total number of persons tested. HIV testing coverage of the adult population has increased from 10% in FY08 to 37.3% in FY09. To date, 1,525 public, private and NGO TC sites are providing this service augmented by mobile, workplace and home based TC. Among the individuals who tested positive for HIV, 69% are currently registered at health facilities for care and treatment. The corollary of this is that one third of those who tested positive did not enter into care. It is therefore essential that there is strengthening of referral and linkages between CT services and HIV care services. In August 2009, the FMOH developed a strategic framework for strengthening referral and linkages into care service. FMOH/HAPCO has transitioned from a TC campaign mode to regular operations, while maintaining the momentum of the Millennium AIDS Campaign (MAC) that created a large demand for HIV counseling and testing services. PEPFAR/E will continue to support the FMOH/HAPCO plan through implementing partners.

Currently there is a shortage of trained TC providers in Ethiopia. GOE policies that support the scale up of services to meet demand include the approval of training lay counselors as a task shifting intervention and the training of Urban Health Extension Workers. A recently revised national testing protocol is being implemented.

Overall, in COP 2009 PEPFAR utilized a strategic mix of TC approaches including mobile outreach, engagement of medium to large businesses and public/private facilities, including hospitals and health centers. Innovative approaches included mobile VCT targeting MARPs, home-based voluntary counseling and testing (HBVCT), weekend outreach services and work place VCT. For the fourth consecutive year, PEPFAR supported the National VCT day that particularly targeted youth.

Human Resource Development: In addition to the training of service providers for facilities and outreach programs, PEPFAR is providing support to the Urban Health Extension Worker program (UHEP) which plans to deploy over 6,300 UHEW drawn from nursing college graduates, and deploy them in major towns and cities throughout the country. Each UHEW is expected to provide health services, including TC, to 500 households.

The deployment of community counselors to public health facilities brought a major difference in the uptake of HCT service in the country. Support to the 'National HIV Counselors Association' resulted in the establishment of regional associations in the emerging regions and the opening of nine chapter offices.

The association plays a major role in ensuring the quality of counseling at the facility level.

PEPFAR/E provided technical and financial support to develop counseling and testing training materials, including TC for couples. Overall, an improvement in the referral linkage of clients from HCT sites to Care, Support and Treatment services was achieved. One strong example of successful linkages is through the Private Sector Program, implemented by Abt Associates. In this program, referrals are made from mobile VCT to nearby facilities using a referral directory and are confirmed using a referral confirmation box.

PEPFAR provided considerable support to approximately 950 public, private, standalone and outreach TC sites, including 500 health centers. A pilot HBVCT program in two kebeles of Addis Ababa indicated a high rate of acceptance of HIV testing particularly women. HBVCT creates an opportunity to increase the testing uptake of women, conduct health education, and establish linkages with CBOs and community conversation teams. In COP 2010 the HBVCT will be expanded through integrating it with other community mobilization interventions.

All PEPFAR partners conduct outreach TC activities in close collaboration with local government bodies. Pre-service trainings for lay counselors and UHEW's and their supervisors was provided to strengthen PITC and HIV rapid testing at national and regional levels.

TC services in the country faced challenges including, attrition of trained counselors from facilities, including community counselors; low uptake of couples and children; use of data in planning and improvement of services at the site level is weak, limited partner disclosure by individuals who test positive; and, inconsistent supply of rapid test kits in some sites. Outreach TC has proven to be effective in reaching MARPs, however outreach programs have increased costs over facility based interventions. Of the seven major challenges faced, referral linkages remains the greatest challenge as 39% of individuals testing HIV positive did not receive post test services. The GOE continues to set very ambitious TC targets in a bid to reach universal access by 2010.

In COP 2010, TC remains a key entry point to identify those in need of HIV care and treatment and to provide specific prevention education and counseling based on knowledge of HIV status. For individuals or couples who test HIV positive, PEPFAR/E's priority is to link these individuals to PMTCT, care, support and treatment services.

Support to the FMOH: The FMOH plans to provide testing and counseling to more than 8 million individuals between July 2009 and June 2010. Currently there are 1,525 HCT sites, of which PEPFAR supports 1000, providing services and the FMOH plans to increase these to more than 3,000. PEPFAR/E has been the lead partner in strengthening and expanding HCT services in the country and has assisted the FMOH/HAPCO and Regional Health Bureaus/Regional HAPCO since 2001. PEPFAR partners will continue to offer support to strengthen and improve coordination of TC programs and services, in urban and peri-urban areas and selected rural "hot-spots" likely to have relatively higher HIV prevalence.

The TC portfolio goals and strategies for COP 2010 will include the following:

In order to address the attrition of trained counselors, PEPFAR/E will continue to support the FMOH in the development of a comprehensive compensation package for health workers with the HIV Care and Support Program (HCSP). Increased incentives to improve the retention of trained health worker staff is an important component of PEPFAR/E support to the government's plans to increase Human Resources for Health. Task shifting will continue with training of lay counselors and support of pre-service training for Urban HEWs. Incorporating TC training in pre-service training will help to cope with the prevailing high turnover of trained staff.

2) PEPFAR will continue to contribute to the GOE's annual TC targets by focusing resources in areas of

higher HIV prevalence.

Family centered approaches will be used to strengthen uptake of TC among couples, children and pregnant women. This will include strengthening of linkages of individuals with care and support services including community based activities in the OVC and in the care and treatment portfolios.

Data management systems at facilities and use of data for program improvements will be addressed through continued support from the SI team and strengthening a culture of evidence based planning of programs. This will include a number of programs designed to strengthen onsite data management. The national registration format has been finalized and supports the training of service providers.

The TC program will work closely with the laboratory program to train service providers on HIV rapid testing and quality assurance to ensure continued and smooth roll out of rapid testing. With the deployment of over 6,000 UHEWs a quality assurance program will be very important. PEPFAR will support work to ensure that quality assurance systems for testing services are adequate. 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. This comprises peer support systems and case conferences, and continuing education for counselors and supervisors. SCMS, USAID DELIVER and other relevant partners will provide support to improve national to site level distribution and management of RTKs. PEPFAR resources will not be used to procure RTKs except in emergency situations as this is a responsibility of the FMOH using Global Fund resources.

In order to address the limited space within existing facilities, PEPFAR will continue to use funds to provide technical assistance to assist in improving clinic patient flow and organization as well as refurbishment of counseling rooms.

During COP 2010, PEPFAR will continue to promote a strategic mix of clinical and community-based TC approaches. The program will work towards sustainability through strengthening the capacity of local organizations including government, civil society and private organizations.

Taking into account the current HIV prevalence rate, PEPFAR/E will focus its TC support more on MARPs through targeted referrals and through targeted Mobile HCT services. There are concerns regarding evidence that suggests that 40% of those who tested positive do not link in with care and treatment services. The GOE recently launched a Strategic Framework for referral and linkages between HCT and HIV care services. Through building on linkages and addressing identified barrier to seeking care, PEPFAR has a target of ensuring that 90 % of individuals testing positive for HIV will be linked to care and support services. Disclosure of HIV status and partner referral will continue to be a major focus as in previous years. 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. For example, individuals working along transportation corridors will be linked to the TransACTION Program. All PEPFAR supported sites will continue to provide PITC both for inpatient and outpatient clients. Use of 'opt out' PITC will be strengthened in facilities.

Staffing addressing Counseling and testing is equivalent to 3.79FTEs.

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	27,633,686	

Total Technical Area Planned Funding:	**27,633,686**	**0**

Summary:
Health system strengthening (HSS) represents broad areas of work and intersects with virtually all technical areas. The six building blocks of HSS as defined by WHO and reiterated in COP guidance are: service delivery, health care financing, medical products, human resources for health (HRH), information systems, leadership, and governance. During the first 5 years of PEPFAR, our HSS activities focused on HR Management (HRM), health care financing, leadership and governance, private sector and civil society capacity building, and logistics management.

PEPFAR's HSS work in the first 5 years was not well recognized or defined. The GOE also did not have clear strategies for addressing HSS at the federal and regional level. As HSS is clearly an emphasis area for the next 5 years of PEPFAR, interventions will be focused to better meet the needs of Ethiopia and engage all partners and levels to improve planning, implementation and monitoring. The FMOH leads efforts to define HSS foci. PEPFAR/E will support a range of activities aligned with the recently instituted structural changes in the FMOH and regional bureaus as a result of the business process re-engineering (BPR).

In COP2010, HSS activities will strengthen leadership, HRH governance and policy development and coordination mechanisms. PEPFAR/E will improve training, deployment and retention through private and public sector capacity building, faculty support, and non-financial incentives. PEPFAR/E will improve quality of services by supporting the accreditation and licensing policies of the GOE and strengthening the Health Network Model framework, private sector and CSO involvement, logistics and supply chain management, lab systems, HMIS, and institutional capacity and health infrastructure. .

PEPFAR/E contributed to the development of several key national policy documents and strategies, including the Health Network Model, Road Map I and II, Health Sector Development Program (HSDP), social mobilization strategy for HIV/AIDS response, National Strategic Planning and Management (SPM I and II) to combat HIV/AIDS, Human Resources for Health (HRH 2020) strategy, health sector finance reform, health management and information system (HMIS), national logistics and pharmaceuticals master plan, tiered lab structure, and the public/private mix framework which created policy for the TB service provision in private clinics.

PEPFAR/E was involved in HSS-related assessments including the National Health Accounts, HIV/AIDS Program Sustainability Study (HAPSAT), a DFID/PEPFAR HRH assessment, and woreda-level planning. PEPFAR/E is in developing a Partnership Framework (PF) and Implementation Plan (IP) with the GOE. In COP 2010, PEPFAR/E will support the GOE to strengthen health policies and strategies and to finalize the HSDP IV consistent with sector-wide restructuring. PEPFAR/E will support assessments and costing studies to maximize the benefits of the different HIV program analytical tools. PEPFAR/E will support cost analysis of private and public HIV services. PEPFAR/E will technically and financially support the implementation of the HRH 2020 Strategy to improve the workforce training, deployment and retention.

PEPFAR/E supported Regional Health Bureaus (RHBs) and Laboratories, HIV/AIDS Prevention and Control Offices, zonal/district health offices, health facilities, the Ethiopian Health and Nutrition Institute, the Drug Administration and Control Authority, and the Pharmaceuticals Fund and Supplies Agency to address annual planning, HMIS rollout, policy and standards, service delivery, pharmaceutical and logistics management, and information systems. PEPFAR/E supported efforts to improve the Ethiopian Parliament's ability to understand and advocate for HIV/AIDS policies.

PEPFAR will continue to support the GOE to plan, implement and coordinate programs and to strengthen the Country Coordination Mechanism (CCM). PEPFAR/E will support an Ethiopia Health Management Institute, a new activity previously funded by the Clinton Foundation, which represents a systems-based approach to improving the governance, functioning and M+E of public hospitals, retaining health workers and continues a successful collaboration between the GOE, NGOs, and educational partners.

PEPFAR/E has supported Health Sector Finance Reform (HSFR) since FY08 through leveraging of USAID funds. These efforts have resulted in health facilities generating funds which can be used to support internally defined needs. Efforts are underway to design a national health insurance system, including development of a framework for performance based contracting (PBC) by the FMOH and structured pay for performance agreements signed between the federal, regional, and district authorities. In FY09, HSFR implementing partners, health center board members, administrators, and financial managers were trained to implement the financing mechanisms using national HSFR implementation manuals. At hospital and health center level, mechanisms were established to allow for the retention and use of user fees to promote autonomy including hiring of staff and outsourcing of non-clinical services. The HSFR implementation in the 3 larger regions (Amharic, Oromia, SNNPR) has shown encouraging results in revenue being generated and used for sustainable quality improvement. In COP 2010, HSFR activities will be expanded to the emerging regions (Afar, Benshangul Gumuz, Somali, Gambella).

In COP 2009, PEPFAR supported piloting of Ethiopia's national and community health insurance program. The pilot was initiated in 12 districts in the 4 larger regions for informal urban/peri-urban and rural populations, and identified 3 pillars: quality, targeting, and sustainability. The pilot addresses sustainability through demand-driven approaches and quality of care at facilities through HSS. PEPFAR/E support continues in COP 2010 with TA for designing, strengthening and assessing the pilot and in financing insurance premiums for chronic care patients. Continued PEPFAR/E support to this program demonstrates the USG's commitment to HSS, sustainability and GOE capacity-building.

HSS addresses the capacity gaps of the provider, purchaser, and regulator - the 3 pillars of service delivery. Since 2004, PEPFAR/E supported these pillars through the provision of financial, HR, and TA in line with Ethiopia's priorities. PEPFAR/E supported efforts to strengthen national commodities logistics systems by developing and implementing the National Pharmaceutical Logistics Master Plan. Activities to date include seconding technical, clinical, and management support staff, as well as training, procurement and system design. In COP 2009, PEPFAR/E strengthened the system with design of logistics management information system and training and TA at all levels, integrating delivery of products (e.g. lab reagents, ARVs, OI drugs, RTKs), routine monitoring of facility stock status, and coordination of USG logistics partners.

Laboratory services in Ethiopia are underdeveloped with only limited stand alone services. The GOE lacks the resources to monitor the quality of services in both public and private facilities. As a result, poor lab services are a barrier in the delivery of quality health care. PEPFAR continues to support a QA program with emphasis on sustainability and integrated service delivery. PEPFAR will strengthen tiered, quality-assured lab networks and implement nationally developed policies and strategic planning across the network. Support for integrated lab services and referral linkages across the network will enhance implementation of the National Master Plans for Laboratory Services and Logistics Management. PEPFAR will continue to support standardization of the pre-service training curriculum and teaching materials by incorporating HIV lab core-competencies.

In COP 2010, PEPFAR/E will support efforts to strengthen the medical products QA system alongside the Drug Administration and Control Authority (DACA). This support will include registration, quality control, post-marketing surveillance, lab capacity building, and related regulatory systems. PEPFAR/E will support DACA's efforts to set national health care standards, licensing and accreditation

procedures and institutional mechanisms to establish a continued medical education (CME) program. Such support will improve the quality of public and private services and help expand and link the currently fragmented private sector.

PEPFAR/E programs engage local NGOs, including CSOs and FBOs, to implement the multi-sectoral response at the grassroots level. Over 700 local groups oversee community orphan care programs. PEPFAR/E partners provide key capacity building interventions to the local sub-recipients of PEPFAR and GFATM funds through national networks such as the Network of Persons Living with HIV/AIDS (NEP+), and the Ethiopian Interfaith Forum for Dialogue and Development in Action (EIFDDA). In COP 2009, NEP+ and its 113 sub-recipients, EIFDDA and its 9 sub-recipients secured GFATM funds worth over $50,000,000. World Learning/GSM assessed the capacities of national networks and their sub-recipients and provided training to 300 program coordinators, managers, and M+E staff in financial and HR management, program M+E, and sub-grants administration. In COP 2010, GSM will continue to build capacity and management capability of local organizations and professional associations, such as the Ethiopian Nurses Midwives Association. The Embassy's Small Grants Program remains an important facility for proposals requesting less than $30,000.

In Ethiopia, the private sector runs over 3,000 clinics nationwide and attracts 40% of total health expenditures. In urban areas, the majority of clinical consultations occur in private clinics, despite ongoing problems with quality and affordability. Given the nature of Ethiopia's HIV epidemic, PEPFAR/E engaged 180 private health clinics and 13 private hospitals to expand access to safer health services. Due to the high HIV and TB burden in Ethiopia, there is a consensus to expand TB, HIV and FP services in private facilities to ease the burden on the public sector. Since FY08, PEPFAR has provided financial and technical assistance to implement the Development Credit Authority (DCA) between the USG and two private banks. In COP 2010, the DCA program will support private health facilities to access loans from the two banks, provide TA and training to private facilities and pharmacies in business and HR management and customer service.

PEPFAR/E has not yet allocated a specific budget for public diplomacy activities or implemented a comprehensive interagency communication strategy. However, the Public Diplomacy TWG has worked to increase the visibility of PEPFAR programs through organizing events, engaging the media, facilitating site visits, and producing publicity materials in collaboration with PECO, the Embassy public affairs section, USG agencies, PEPFAR partners, and other development agencies. In COP 2010, PEPFAR/E will increase awareness of PEPFAR programs and success stories by involving OGAC, the GOE, PEPFAR partners, international and local media, the general public, and USG staff.

Among the major challenges in HSS is unclear definition of the conceptual framework, loose linkages between HSS and other technical areas, low planning and management capacity, lack of harmonization and standardization, an absence of defined measures to evaluate the impact of TA and training in addressing HR gaps, and limited resources.

The ongoing BPR process at all public sectors levels, the Global Health Initiative, the PF and IP, SPM, and HSDP IV are some of the policy and strategy inputs that directly influence HSS implementation. As both a PEPFAR and GOE priority, HSS will be addressed in all technical areas. At USAID, 6 staff members are currently working on HSS related activities; at CDC there will be 6 staff members focusing on HSS in 2010. Total FTEs are 12.59.

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	10,858,772	

Total Technical Area Planned Funding:	**10,858,772**	**0**

Summary:
Strengthening integrated laboratory services across the public health laboratory network is critical for HIV/AIDS, tuberculosis (TB), malaria, opportunistic and sexually transmitted infection (STI) prevention, care and treatment activities. Easily accessible and affordable quality laboratory services contribute to a better continuum of care for people living with HIV. PEPFAR Ethiopia, in collaboration with Ethiopian Health and Nutrition Research Institute (EHNRI), will continue to improve lab physical infrastructure, strengthen the laboratory quality system and establish accreditation processes. Also PEPFAR/E will support a stronger procurement and supply chain management system, human capacity development, M and E including a laboratory information system (LIS) and integration of laboratory services in line with service decentralization and regional capacity development. PEPFAR/Ethiopia strongly supports EHNRI who has oversight of all lab activities and the implementation of the national laboratory strategic plan. Joint planning and annual reviews with PEPFAR, Clinton HIV/AIDS Initiative (CHAI), GFATM, the Foundation for Innovative and New Diagnostics (FIND), the President's Malaria Initiative (PMI) will lead to harmonization and better resource alignment.

PEPFAR supported the comprehensive renovation, furnishing and equipping of the EHNRI reference laboratory and five hospital and regional laboratories. Six regional laboratories have been completely renovated, furnished and equipped for performing DNA Polymerase Chain Reaction (PCR) testing for Early Infant Diagnosis (EID). PEPFAR/E, in collaboration with EHNRI and FIND, renovated and equipped TB culture facilities at six strategically located laboratories to facilitate early detection of multi-drug resistant (MDR) TB. In addition, PEPFAR played an important role for the strengthening of the national quality assurance program on acid fast bacilli (AFB) smear microscopy to improve the TB detection rate.

PEPFAR supported the development/revision of standardized curricula for in-service training on chemistry, hematology, CD4, laboratory management, laboratory mentorship, opportunistic infection (OI) diagnosis including TB microscopy, HIV rapid testing, EID and quality systems. In addition, development of guidelines on TB smear microscopy, sample referral testing, as well as a national TB quality assurance manual, operational plans, log sheets, standard operating procedures (SOPs), test request and record forms was supported. PEPFAR supported decentralized training of 2,450 laboratory technicians, technologists, supervisors, and directors on laboratory diagnosis of HIV, TB, STI, laboratory management and quality systems, laboratory mentorship and laboratory accreditation, as well as laboratory ART monitoring. To address a sustainable laboratory workforce, PEPFAR supported the standardization of a pre-service training curriculum and provided automated equipment, LCD projectors, laptops, photometers and reference materials for three laboratory schools.

PEPFAR supported the establishment and expansion of the external quality assurance (EQA) program for CD4, chemistry, hematology and HIV rapid testing; 86 hospitals regularly participate in the international EQA program on CD4, and regional level EQA for HIV rapid testing was expanded to 250 laboratories and testing sites. All seven molecular laboratories for EID participate in EQA with the CDC-Atlanta laboratory proficiency testing (PT) panel with excellent results. PEPFAR supported pilot implementation of a LIS at selected hospitals, and national referral and regional laboratories, with plans for expansion to 18 sites underway As part of the LIS implementation, more than 250 working stations were networked with broadband internet service at EHNRI's new HIV reference laboratory and similar networking is envisaged for the Addis Ababa regional laboratory.

PEPFAR purchased 28 automated clinical chemistry, hematology and CD4 analyzers for regional and hospital laboratories and supported site training and installation. Incubators, centrifuges, biosafety cabinets, PCR machines and accessories were procured and distributed to 12 sites and FACSCaliber

machines for eight high patient-load hospitals. PEPFAR supported curative maintenance of 286 pieces of equipment through EHNRI. EHNRI hired six maintenance engineers, trained and certified them in collaboration with equipment manufacturers using PEPFAR funding and TA with additional training for other ancillary lab equipment. Sample referral systems were strengthened for 325 peripheral hospital and health center laboratories.

PEPFAR supported targeted laboratory-based evaluation for diagnosis and disease monitoring. Including the evaluation of single tube CD4 testing and single tube CD4 testing with CD4 percentage in Addis Ababa. Alternative filter papers for collection of infant dried blood samples (DBS) have been evaluated with DBS evaluation for viral load testing envisaged for COP 2010. PEPFAR supported the evaluation of dried tube specimen (DTS) for the HIV rapid test EQA program; DTS is currently used in routine proficiency testing program in many facilities. PEPFAR supported training in the use of a World Health Organization (WHO)-recommended commercially-based kit for HIV-1 drug resistance monitoring and supported successful implementation of an "in-house HIV-1 drug resistance genotyping assay" at the national HIV reference laboratory. PEPFAR successfully piloted a HIV rapid test results logbook at sites in Addis Ababa and its use nationwide will improve quality of data captured. PEPFAR has seconded an advisor to EHNRI to support quantification for lab reagents, and placed nine Regional Laboratory Logistics Associates (RLLAs) in key regions to support supply distribution. Many facilities received inventory management system training and an inventory control mechanism has been established for HIV-related laboratory service commodities and the national logistic system has been strengthened. A full supply of CD4, chemistry and hematology reagents and ancillary supplies was procured and distributed by PEPFAR, covering all ART sites.

In coordination with the prevention team, one of PEPFAR's goals in COP 2010 is to increase access of HIV infected pregnant women to PMTCT services. The laboratory team will ensure proper training of community counselors, urban health extension workers (UHEWs) and other health workers, promoting rapid decentralization of HIV testing. Quality assurance activities at all testing sites will be strengthened. The sample referral system will ensure specimens are appropriately transported and timely results returned.

Laboratory capacity for DNA PCR testing for EID will be increased by adding three new DNA PCR testing sites to existing ones, increasing access to and identification of infected infants. Training staff and effective coordination of DBS sample referral with facilities that lack this advanced molecular technology will be implemented and monitored. Procurement of 100% of EID testing commodities will be supported under COP 2010, taking this function over from the CHAI.

Laboratory capacity will be strengthened for intensified TB case finding. Training on TB smear microscopy and quality assurance will continue and PEPFAR will support the implementation of TB microscopy and EQA guidelines in all facilities. Mentorship and onsite training will include TB detection functions of the laboratory. PEPFAR will implement capacity for liquid culture at regional laboratories for TB detection.

In COP 2010, PEPFAR 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 laboratory tiered network. This network will provide an efficient mechanism for providing integrated services to expand ART programs. With EHNRI support, regional reference laboratories will coordinate activities, including regional training, reference testing, EQA services, viral load and EID. CDC with partners will support EHNRI to establish a national accreditation committee, using the WHO laboratory accreditation checklist to support accreditation at all levels. The WHO accreditation system reflects and recognizes different stages of improvements, and will enable labs at different tiered levels to strive for excellence as they improve quality laboratory services. PEPFAR will support the implementation of WHO/Africa Region

(AFRO) step-wise accreditation at 26 laboratories. PEPFAR will also continue to support all laboratory trainings with special emphasis on scale-up of laboratory management and HIV rapid test training (for laboratory and non-laboratory personnel), EQA and site supervision at 138 ART health networks (including 138 hospitals and 325 health centers). PEPFAR will continue to support training of laboratory personnel on diagnosis of TB/OI, STI, laboratory monitoring of ART, mentorship and laboratory quality, LIS, logistic and management systems. PEPFAR will coordinate with the PMI to leverage funds for quality laboratory diagnosis.

In COP 2010, PEPFAR will support EHNRI in the implementation of the "Maputo Declaration on strengthening laboratory systems". PEPFAR will assist EHNRI to establish a national equipment preventative maintenance and repair policy across the laboratory tiered network. This will involve training and maintaining of engineers at different levels, making spare parts available, proper equipment inventory and documentation of response time following equipment failure notification so that improvements can be more rapidly achieved. PEPFAR will support establishing maintenance service contracts for specialized equipment with vendors.

PEPFAR will continue support for standardization of the pre-service training curriculum and teaching materials. Procurement of laboratory ART equipment for three medical laboratory technologist training schools will allow laboratory technologists to hone their skills and become certified in use of the equipment while still in school.

PEPFAR will support implementation of the National Master Plans for Laboratory Services and Logistics Management. The Partnership for Supply Chain Management (PSCM) will provide logistics support for transportation and distribution of all laboratory commodities to 138 ART hospital networks. PEPFAR will support reagent management needs, while inventory and forecasting of supplies will be supported through TA; efforts will be coordinated with other governmental and donor stakeholders. 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 lab commodities. PSCM will develop the capacity of the Pharmaceutical Fund and Supply Agency (PFSA) to strengthen its central and regional hub capacity to handle the special logistics needs for laboratory supplies, including cold chain requirements. PSCM will collaborate with EHNRI, CDC-Ethiopia, CHAI and other stakeholders to use consumption data for better estimation and forecasting of commodity needs.

PEPFAR partners will support standard clinical laboratory services for HIV/AIDS at site level. At the regional level, laboratories will work closely with U.S. universities who will provide TA (site level training, lab management, and follow-up in implementation of standardized laboratory services) within their 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 to integrate OI and STI diagnosis with existing HIV/AIDS laboratory support. At the health center level, Management Sciences for Health (MSH) will support labs in training, sample referral testing, implementing quality assurance, minor renovation and furnishings, and coordination of referral testing in collaboration with university partners.

PEPFAR recognizes that sustainability of USG supported programs requires close collaboration with the GOE non-governmental, indigenous organizations.

The majority of staff of the 6.31 FTEs supporting this program area are placed in CDC.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	28,968,966	
Total Technical Area Planned Funding:	**28,968,966**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	30,830,478	
Total Technical Area Planned Funding:	**30,830,478**	**0**

Summary:
Ethiopia has a heavy OVC burden, with almost 5.5 million orphans, including 640,802 maternal orphans, 550,300 paternal orphans, and 304,282 dual orphans due to AIDS. The majority of children orphaned as a result of HIV/AIDS are in Amhara (39%), Oromia (22.4%) and SNNPR (14.1%). The remaining causes of orphanhood and vulnerability are due to food insecurity, poverty, conflict, natural disasters, malaria, and other infectious diseases. According to the 2005 Demographic and Health Survey, only 65% of 10-14 year olds, and 52% of children 15-17, live with both parents. Children on the move due to parental loss, family breakdown, for example resulting from disclosure within discordant couples, or escaping early marriage, often migrate alone to urban areas with greatly increased odds of exposure to HIV. Lack of parental care and support exposes children to increased vulnerability, such as food insecurity and chronic malnutrition, lack of protection, shelter, education, physical and sexual abuse.

PEPFAR OVC partners will continue to support regional and community networks to strengthen government and civil society partnerships. PEPFAR/E has been working with the GOE and other partners to address the issue of orphans and other vulnerable children (OVC). At the national policy level, the Ministry of Women's Affairs (MoWA) and HIV/AIDS Prevention and Control Office (HAPCO) have drafted a national plan of action for OVC. In 2008, agreement was reached across ministries to use Global Fund money to conduct a national OVC situation analysis. While these are positive steps, there is no consensus on which part of government has the final authority on OVC policy and no agreement has been reached yet on how and when to do the OVC situational analysis. MoWA and HAPCO established a National OVC Taskforce with members including USAID and other donors. The taskforce meets periodically to discuss OVC issues and policies, particularly how to integrate OVC services with other health and social programs. There remains a lack of consensus as to the definition of OVC indicators, resulting in differences between national and PEPFAR/E reporting of program data. 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.

USG staffing includes two OVC Specialist positions (LES) at USAID/E. In addition, PEPFAR/E will continue to support the two seconded positions, one to HAPCO and the other to MoWA, to strengthen stakeholder coordination, policy reform, resource mobilization, and data demand and use. In FY 2010/2011, the primary focus for these positions will be the rollout of the national government's

endorsement of the recently tested OVC service standards. A recent exchange visit with Tanzania bolstered GOE and USG commitment to establish an OVC data management system that emanates from OVC partners having a common data collection template used at the community level and aggregated up to regional and national levels. USAID will fund MEASURE Evaluation to build on the Positive Change: Children, Communities, and Care (PC3) program data system to establish a broader community data management system.

Drafting and piloting the Ethiopian Standards of Services for OVC has strengthened the partnership between government and civil society for a unified approach to identifying and meeting the priority needs of OVC. The rollout of service standards to improve programming will continue as an organized effort of GOE and USG, including USAID and Peace Corps. In 2010, costing of services linked to the use of standards will be a priority to achieve consistency across OVC partners with regard to determining targets and setting budget allocations for maximum return. Results from the HIV/AIDS Program Sustainability Analysis Tool and the work of the Health Policy Initiative will be used to move OVC partners toward consensus on establishing a common approach to costing.

Despite successes in addressing OVC, several challenges remain. Although PEPFAR/E had an overall funding decrease and 12% of the total budget for prevention, care and treatment is allocated to OVC, huge gaps remain in terms of effective coverage of OVC. Currently, USAID/Ethiopia programs are supporting 549,383 OVC. With a focus on improving quality of care, targets for FY 2011 will not increase from FY 2010. In order to promote sustainability, the extent of service provision will need to be more limited until local resource mobilization is increased.

While the National OVC Taskforce meets periodically, donor coordination remains a challenge. USAID will continue to encourage donor coordination and will look to the PEPFAR Partnership Framework to reinforce priorities across the USG to strengthen partnerships with government and other donors to improve the status of OVC.

PEPFAR/E will continue to seek increased policy support for quality of care and will specifically focus on policies and practices for implementing national standards for residential care. The USG and PEPFAR OVC partners will support the recently amended alternative child care directives. The directives include community-based care and support activities, reunification of children with their families, temporary family care services, and children's centers such as those with the USAID-funded ReTrack project.

In 2009, mapping data revealed challenges relating to HIV/AIDS stigma and access to health facilities, which were identified as primary barriers to increasing referrals to CT, PMTCT, palliative care, and antiretroviral therapy (ART). To address these challenges, mapping of pediatric care and PMTCT services will be conducted in areas where OVC programs operate in order to identify and strengthen referral linkages. In communities where other health services exist, OVC volunteers will be linked with other community health workers, such as the Kebele Oriented Outreach Workers (KOOWs) and/or Health Extension Workers (HEWs). Both KOOWs and HEWs play a role in the follow-up of HIV-positive patients in the community to ensure adherence to treatment. OVC volunteers will play a key role in identifying children and women of reproductive age who need health services during household visits. The volunteers will not only refer children to OVC services but also encourage them to attend a health center to receive other services. The volunteers will work closely with mother support groups to identify pregnant and lactating women and to refer them to the health center for antenatal care and/or PMTCT programs or to community PMTCT programs. Volunteers will liaise with KOOWs and HEWs to ensure that community members follow-up with children and women who were referred to PMTCT and pediatric care services.

In addition, USAID will support the government's focus on integrated service delivery and also continue to expand collaboration with partners in reproductive health, child survival, family planning services, improving child rearing skills and malaria prevention. These programs provide a entry point for a

continuum of care that includes HIV-related services. This intervention will be expanded across several PEPFAR and other donor-supported partners.

The rising cost of food has intensified the vulnerabilityof children and requires increased focus on food and nutrition security, with emphasis on tracking food-related policy and provision activities. In FY 2009, through PEPFAR partners, food access improved for over 15,000 households (HH) and 40,000 OVC. To address social and economic needs of HHs affected by HIV/AIDS, USAID/E will continue its wraparound program with the Assets and Livelihoods Transition Office (ALTO), which leads the $100 million Global Food Security and Relief effort and continue a mechanism within ALTO that addresses strengthening HIV/AIDS-vulnerable HHs. Several PEPFAR program areas, including OVC, are placing funds into this mechanism to ensure a comprehensive approach to meeting these diverse needs. USAID/E will continue to liaise with the Education Office as another entry point to address OVC issues. Wraparound with the education sector in COP 2010 will maximize the role of teachers and administrators as frontline providers of support to OVC. Approximately 12% of any elementary student body is considered affected by HIV/AIDS. Girls particularly are often taken out of school to assist sick parents and relatives. In FY 2009 370,549 vulnerable children were reached through school-related supportive services.An HIV/AIDS portfolio review of economic strengthening activities, to be undertaken in 2010, will be used to inform changes in funding allocation and program practices relating to HH economic strengthening. Expanding partnerships with the economic growth sector, especially activities in the agriculture and business enterprise sections of USAID, will be emphasized to maximize the best use of existing program infrastructure.

PEPFAR/E OVC funding will contribute to a review of government systems and staffing across the key ministries of health, social services, labor, youth and sport, law and justice, women's affairs, and education to determine strengths, gaps and opportunities for evolving a sustainable system of care and support for most vulnerable children and their families. The assessment will recommend priority short and long-term actions for determining and developing an adequate human resource mix at all levels. Findings will be used to inform PEPFAR and other donor investments in strengthening the social service sector. The assessment will provide an opportunity to increase coordination within USG and other stakeholders regarding actions to expand professional and para-professional cadres, such as social workers, in health and social services.

Positive results from an evaluation of the PC3 program prompted USAID to issue a request for application to initiate an umbrella mechanism to improve efficiency in performance and achieve outcomes for the most vulnerable children and their families. Additionally, developing the capacity of local NGOs to be direct recipients for PEPFAR and other donor funding will be emphasized. Processes and materials developed under PC3 will be built upon to maximize resources and promote sustainability. Examples include continuing to collect and share evidence-based practices especially in priority areas of household economic strengthening, education for OVC, and food and nutrition security.

Inputs from the USG Secretariat on Vulnerable Children will be sought to suggest internal improvements in monitoring and reporting on investments in programming for children across USG programs. PEPFAR/E will then be better placed to work with GOE on establishing policy and practice for tracking child status. Improved data quality will result in better informed strategies and investments for more sustainable systems of care. A key result of the improved ability to invest resources where they are most needed will be the consolidation of PEPFAR management units, thereby decreasing the associated management burden.

Gender has a major impact on access to essential services and on the structure of programs that provide these services. Special attention to gender is given in terms of access to education, health care sources, availability of credit, range of employment opportunities, and vulnerability to early marriage, domestic labor abuses, and human trafficking. A public health evaluation on sexual vulnerability of children,

particularly girls, is planned for COP 2010. Partner exchanges on best practices will continue to maximize results in reducing gender disparities. More emphasis will be placed on prevention for most-at-risk OVC, who will be identified through stronger collaboration and integration with pediatric HIV and PMTCT activities.

In COP 2010, Ethiopia will be a demonstration site for developing and applying methods to measure and achieve adequate community capacity in provision of coordinated care for vulnerable children and their families. This pilot model will include having referral and monitoring systems in place to document provision of health and social services from community and facility-based providers and across the continuum of need for proper growth and development for children. This model will be used to form national and international stakeholder consensus on defining, measuring and improving community capacity to deliver family-centered care and support.

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	2,946,416	
PDTX	5,973,664	
Total Technical Area Planned Funding:	**8,920,080**	**0**

Summary:
84% of Ethiopia's population lives in rural areas where there is a lack of access to clean water, health care, education and chronic food insecurity resulting in an under-five mortality rate among the top 30 in the world. Though Ethiopia's HIV epidemic is a low level generalized epidemic with high urban prevalence, an estimated 93% of deliveries occur in rural areas. With the poor uptake of prevention of mother to child transmission (PMTCT) due largely to low antenatal care coverage (28%) and institutional delivery (6%), especially in rural areas (DHS, 2005), pediatric HIV/AIDS may be a more significant problem in rural areas than previously thought. The country may be facing a growing pediatric HIV/AIDS epidemic. In 2008, of 3.2 million pregnancies, an estimated 79,183 were HIV-positive mother-exposed infant pairs with a possible estimated transmission to 14,468 infants. In 2009, relatively few of the estimated 20,522 children living with HIV/AIDS have access to HIV care and treatment services; only 10,672 had ever started ART and 7,573 were currently on ART as of September 2009.

PEPFAR/E over the past year increased access to pediatric HIV/AIDS services through their decentralization to health center level. From October 08-October 09, the number of health centers (HC) providing comprehensive pediatric HIV care and treatment services increased from 50 to 180 with an increase of over 50% in the number of children receiving ART. There has been further strengthening of early infant diagnosis (EID) with 7 regional laboratories providing EID. Challenges in getting the results back to referring health facilities in a timely manner remain.

PEPFAR/E, through its partners, has continued to provide TA to health facilities (HF) for comprehensive pediatric HIV treatment, care and support through training, mentorship, supportive supervision, and the development, production, and dissemination of pediatric HIV resource materials. Pediatric treatment, care, and support guidelines are in place, and standardized training uses the national pediatric HIV in-service training curriculum and manuals.

PEPFAR/E's implementing partners include the four US based universities, Management Sciences for Health (MSH) and the African Network for Care of Children Affected by HIV/AIDS (ANECCA). University

partners work at both the hospital and health-center (HC) levels in emerging regions. MSH and ANECCA support HCs in the rest of the country. Other pediatric HIV partners include: Ethiopia Health and Nutrition Research Institute (EHNRI) for laboratory services; World Health Organization (WHO) for technical capacity building; Intra-Health for identification and follow-up of exposed children; and Save the Children – USA and Food and Nutrition Technical Assistance (FANTA) programs for nutritional support. ICAP-Ethiopia, the lead for pediatrics among PEPFAR partners, has spearheaded the development of the National Pediatric Care and Treatment Program.

The Road Map for universal access estimates that 2,245,436 children will have been tested by 2010, 80,616 Children Living with HIV/AIDS (CLWH) will have been identified, with 67,528 CLWH in care, and 26,347 on treatment. The number of HFs providing pediatric HIV care and treatment services is expected to expand to 1,355. Despite PEPFAR/E's COP 2010 budget cuts, support for pediatric care and treatment will be maintained. PEPFAR/E is working with GOE and others to ensure that pediatric ART is at least available wherever adult ART is provided.

A PEPFAR/E assessment of pediatric care, support, and treatment assessment carried out to assist COP 2010 design revealed major barriers and made recommendations for scaling up pediatrics ART programs. The barriers include: inadequate human resources to provide pediatric HIV/AIDS services; weak systems for identifying and following up HIV-exposed infants; limited access to virological tests (DNA-PCR) for children under 18 months of age; missed opportunities for testing children; insufficient advocacy and limited understanding among the general population that ART is efficacious in children; poor linkages with PMTCT and orphans and other vulnerable children (OVC) programs; and limited experience with implementing pediatric HIV programs. A shortage of healthcare providers is also compounded by the fact that only a few of them have been trained to provide care and treatment to children living with HIV/AIDS (CLWH).

Key PEPFAR/E strategies for COP 2010 include: promoting active and early detection of exposed/infected children; expanding diagnostic DNA-PCR capacity, increasing the number of sites that deliver pediatric care and treatment services, establishing effective referral networks, and using family-based linkages for adults and siblings enrolled in chronic care and treatment for HIV/AIDS. In COP 2010, PEPFAR/E will continue support of a package of pediatric HIV services, including EID, growth monitoring and developmental assessment; counseling and support for infant feeding; co-trimoxazole prophylaxis (CPT), TB risk assessment and isoniazid preventive therapy (IPT), management of common and opportunistic infections, basic preventive services such as immunization, psycho-social support, insecticide treated nets (LLITN), safe water, vitamin A and nutritional support. PEPFAR/E has supported the establishment of seven regional laboratories that provide DNA-PCR testing services, and three additional sites are planned for COP 2010.

Strengthening linkages between pediatric HIV care and PMTCT/OVC programs will be one of PEPFAR/E priorities in COP 2010. To facilitate this initiative, PEPFAR/E has established a new PMTCT, OVC and Pediatric Technical Working Group (POP TWG). The POP TWG will ensure that PEPFAR/E PMTCT, OVC and pediatric care partners work together to improve follow-up of the exposed children, increase the pediatric HIV case detection rate and promote continuum of care for CLHA. Appropriate custom indicators will be instituted to monitor and evaluate partner performance with regard to service linkages/integration.

In COP 2010 PEPFAR/E will increase emphasis on community engagement in the provision of pediatric HIV services. Community volunteers, including community mobilizers, community core groups, lay counselors and Kebele-Oriented Outreach Workers (KOOW), will be involved in pediatric HIV case detection, follow-up of CLHA and linkage of the children to community support programs. Case managers based at health facilities will link CLHA with their respective communities. Relevant training will address the pediatric HIV competence gaps.

In collaboration with the Ethiopia AIDS Resource Center, PEPFAR/E will work on increasing demand for pediatric HIV services through a comprehensive behavior change communication strategy.. Communities will be sensitized/educated on various pediatric HIV issues including the benefits of EID and enrollment into care.

PEPFAR/E recognizes that HIV-exposed/infected children should be cared for in a holistic manner that addresses their physical, social, psychological, and spiritual needs through a family-centered approach. In COP 2010, this will be promoted as a best practice in all PEPFAR-supported pediatric HIV sites.

PEPFAR/E will continue to support integrated and sustainable capacity building. The national training manual for pediatric HIV care and treatment incorporates Integrated Management of Neonatal and Childhood (IMNCI) as a means to address acute care and treatment. A Training of Trainers (TOT) course will be provided at national level, with cascade of the training program to regional levels. Further, emphasis will be put on supporting in-service training through curriculum review and development.

PEPFAR/E will ensure that managerial capacity for pediatric HIV programs is included in such programs such as the Leadership Management and Sustainability (LMS) program, already engaged in strengthening capacity to lead and manage health programs at regional, zonal and district levels. This will promote the government to effectively take leadership role in managing pediatric HIV programs at all levels.

Nutritional support will be prioritized in COP 2010 through the Food by Prescription (FBP) program. In line with national nutrition and HIV guidelines, HIV-exposed/infected children will undergo nutritional assessment, and if eligible, will receive therapeutic food. To ensure continued nutritional support, these children will be linked to community-based food and nutrition programs.

Emphasis will also be put on the expansion of pediatric HIV psychosocial support services to meet emotional, social, mental, and spiritual needs of the children including increased skills in disclosure and adherence. CU-ICAP in collaboration with CDC-Ethiopia has developed a plan to pilot implementation of pediatric psychosocial services and to roll out the program across the country. PEPFAR/E will also make use of the experience of its partners such as ANECCA that have supported different African countries in the initiation and expansion of pediatric HIV psychosocial support services.
PEPFAR/E will continue to encourage task shifting. In-service training, supportive supervision, and mentorship for health workers, including health officers and nurses, will be enhanced. Using an already developed quality assurance system (QAS) for pediatric HIV services, this will be standardized at national level and made available to health care providers.
Sustainability of pediatric HIV/AIDS services in Ethiopia, will be ensured through defined PEPFAR/E partners transition exit strategies putting emphasis on developing and promoting pediatric HIV sustainable health systems. Secondment of staff to GOE will continue to be carried out on a need basis.
There will be ongoing strengthening of the health network model through improving bi-directional referral mechanisms. In particular, modalities will be worked out to link HCT and PMTCT sites to DNA-PCR services. PEPFAR/E, through EHNRI, will continue to support the expanded the availability of EID and the establishment of a national Dried Blood Spot (DBS) postal transport system already in progress.
Monitoring and Evaluation of pediatric HIV programs will be a priority in COP 2010. Data will be generated through program reports, field visits, surveys, evaluation studies, and partner performance reviews.
PEPFAR/E will continue to work with other international and bilateral organizations, including the President's Malaria Initiative (PMI); Global Fund for AIDS, TB and Malaria (GFATM); World Health Organization (WHO); and United Nations Children's Fund (UNICEF). PMI will be instrumental in the management of childhood malaria, which is one of the leading killers in Ethiopia. GFATM is expected to complement PEPFAR efforts, particularly in the areas of health systems strengthening and provision of drugs for opportunistic infections. Further support will also be expected from WHO and UNICEF,

especially in integrating the delivery of child health services and technical capacity building.

PEPFAR/E has been working closely with the Clinton HIV/AIDS Initiative (CHAI), especially in scaling up EID services, procuring pediatric ARV, and providing pediatric HIV TA at the primary health care level. However, in the event that CHAI stops its support to GOE by the end of 2010, PEPFAR/E will work with the GOE and other partners to bridge the gap. For example, PEPFAR/E will contribute towards the procurement of DBS test kits and pediatric ARVs through the Partnership for Supply Chain Management (PSCM). Training of health workers in DBS sample collection, storage and transportation will be done by PEPFAR/E partners under the leadership of EHNRI. PEPFAR/E partners that provide pediatric HIV technical support will be required to include DBS sample collection and handling in their pediatric HIV training curricula.

In summary, COP 2010 plans will enhance coordinated support to expanded cost-effective quality pediatric services through an integrated, comprehensive and family-centered approach to maximize synergy while at the same time promoting local ownership and sustainability. Total FTEs 5.27.

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	21,932,799	
Total Technical Area Planned Funding:	**21,932,799**	**0**

Summary:
PMTCT presents formidable challenges in Ethiopia. Uptake of PMTCT services remains low due to the underlying low use of antenatal/maternal child health (ANC/MCH) services. The 2005 DHS estimates 28% ANC coverage and that 6% of deliveries occur in health facilities. More recently, the Health Sector Development Plan III (HSDPIII) reported an increased ANC care coverage of 66% and clean and safe deliveries at 10.8%; however, the definition of coverage differs from the DHS. Although Provider Initiated Counseling and Testing (PICT) and rapid test kits are being used in many facilities, only 454,187 women (15%) of a total number 2,958,854 estimated pregnancies from October 2008-September 2009 were tested. A recent assessment done by the Federal Ministry of Health (FMOH), with support from the World Health Organization (WHO), found barriers for low ANC service use to include: perceived poor service quality at public facilities; poor health care workers (HCW) attitudes towards clients; cultural practice of delivering at home and limited household resources. Although there was an increase of 200% in the number of women tested and 55% increase in those receiving PMTCT prophylaxis, even among women who visited an antenatal clinic, there are missed opportunities and women are lost along the entire PMTCT cascade. COP 2008/2009 activities were focused on scaling up the number of facilities providing PMTCT services. This approach was successful in increasing uptake but more needs to be done in order to meet the 80% national target by 2010.

In COP 2010, PEPFAR/E will support the GOE's increased efforts to expand PMTCT services to include a focus on community-based strategies to provide PMTCT. A new community PMTCT project was awarded to provide community PMTCT services through outreach from health centers (HCs) to health posts and other community centers. Government roll-out of health extension workers and key community groups, such as faith-based organizations, will also partner with the Community PMTCT efforts to increase awareness of services at facilities. In addition, all USG partners are embarking on outreach, to take services to where the women are in communities. Services provided will include C&T, referral and possibly dispensing ARVs, depending on the health cadre involved. A policy change by the GOE now allows Urban Health Extension Workers (HEWs), to map, C&T pregnant women in their catchment areas.

In addition, following advocacy by PEPFAR/E and other donors, the FMOH has also stated that rural HEWs can care for pregnant women and make referrals to HFs in high prevalence areas or hot spots. With these changes in strategy and programming environment, PEPFAR/E is optimistic about scaling up PMTCT and will use COP 2010 resources, as well as leverage other donor resources, to support the GOE to counsel, test and give results to 1,075,136 women and provide ARV prophylaxis, including highly active antiretroviral therapy (HAART) to 20,569.

In FY 2009 the USG, with other key donors such as the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM), UNICEF, WHO and others, supported the GOE to provide prophylaxis to 8,251 of an estimated 79,184 HIV positive mothers. Only 5,025 out a nationally estimated 14,148 infants received PMTCT prophylaxis.

To scale up PMTCT, the GOE issued policy guidelines and implementation manuals supporting full integration of PMTCT into MCH services which hasn't fully taken place. A greater emphasis will be put on utilizing HIV positive women at every opportunity as a link to offer services to their spouses/partners and other children. Other program areas such as pediatrics and orphans and other vulnerable children (OVC) still face challenges that could be resolved if these linkages were existent and utilized. Local NGOs that target MARPS, especially CSWs will also have ANC services expanded to help create demand. To address these challenges, the USG team proposes the following key focus areas for COP 2010: Increase access and uptake of community/facility ANC and delivery services; Integrate PMTCT with MCH services at point of service; Improve PMTCT program quality and effectiveness; Improve infant feeding counseling practices; Improve linkages between PMTCT and other program areas, such as ART, OVC, and pediatrics; Build on sustainability and systems strengthening of routine ANC and delivery services.

To increase uptake of services at facilities, PEPFAR/E is committed to prioritizing scale up of services to high yield facilities in high prevalence areas. PEPFAR/E is also determined to provide a more comprehensive PMTCT service that addresses the four PMTCT prongs, especially the previously neglected Prongs 1, 2 and 4, while sustaining the momentum built in implementing Prong 3. Partners will continue to increase HIV/PMTCT awareness in women of child bearing age through community mobilization, use of mass media, IEC and BCC materials. In building a support constituency for encouraging women to attend ANC and receive PMTCT services, community opinion makers and leaders, including religious leaders will be targeted. In COP 2010, the USG team will push this agenda by supporting partners to increase activities and direct 'core' PMTCT partners to augment their facility services with awareness creation and prevention activities. To increase use and retention of clients, implementing partners are encouraged to offer integrated PMTCT/MNCH services at facilities, including minor renovations to make them family friendly. This will help address the FMOH/WHO assessment in which clients questioned the quality of services and equipment at public facilities.

In COP 2008/2009, PEPFAR/E funded various partners (wraparounds) to provide integrated MCH/PMTCT services. A child-survival and safe-motherhood program was funded to provide integrated ANC services, PITC, and ARVs, while keeping family planning counseling, referrals, and services as a key focus. Another partner, supported primarily by the President's Malaria Initiative (PMI) to create awareness of malaria and tuberculosis, was funded to increase awareness of PMTCT/pediatrics/MCH services. In COP 2010 these partners will be funded to scale up these services to increase PMTCT/ANC uptake. Other core partners have successfully scaled up services to private facilities in COP 2008/2009 and will be encouraged to increase service provision at more private facilities.

Currently, PEPFAR-supported facilities offer PITC after group pretest counseling, incorporated into ANC health talks. Rapid testing and same day results are offered at the point of service. Some partners retest clients during labor and delivery. Women, who test HIV negative at ANC (greater than 98%) are counseled to ensure they remain negative, a practice often challenged by time constraints, but which will be emphasized more in COP 2010. The GOE has adopted the introduction of mother support groups

(MSGs) introduced by USG partners, at PMTCT sites nationwide. This will be ongoing and scaled up support in COP 2010 based on positive findings from a recent external evaluation. Where feasible, linkages to income generating activities will be provided to MSG members. USG partners will also improve male involvement in testing during COP 2010, from the current range of 5-25% to greater than 40% to also identify discordant couples and provide referral. Proven interventions, such as requiring couple C&T at ANC and use of "love letters" and invitation cards will be scaled up across partners. The FMOH and USG plan to adapt a Zambian model which involves traditional leaders to scale up partner testing to 100% in some communities.

One of Ethiopia's achievements has been the ease of adaptation and scale up of combination therapy over single-dose nevirapine for women who do not need highly active antiretroviral therapy (HAART). HAART is used for women with CD4 <200. The USG will work with the FMOH to remove the Stage 3 requirement for using CD4 <350, and use 350 instead of 200 as an indication for HAART. USG Ethiopia estimates that 30% of HIV positive women will need HAART in COP 2010 based on the new WHO guidelines. Partners will continue to report ARV use, indicating the various regimens.

Infant feeding counseling at facilities is not optimal. A recent assessment by JHU/TSEHAI showed that exclusive breastfeeding (EBF) is rarely practiced and that mothers get mixed messages from providers. Current guidelines recommend EBF for the first six months. Activities for COP 2010 will include updating the infant and young child nutrition manual, adaptation/ production of a national training curriculum on infant feeding and training relevant HCWs. The World Food Program (WFP) has shown 100% adherence to ANC follow up and ARVs among 2,207 women beneficiaries. This will continue and scale up so that HIV positive pregnant women have access nutritional support. The Food by Prescription program, which began implementation in COP 2009, will continue in COP 2010.

HIV positive pregnant women will be linked more effectively to ART, care, and other services. PEPFAR partners will map services needed by clients but not currently offered through their programs to ensure that formal linkages are in place for ease of accessing those services. Partners will be responsible for offering the recommended prevention package. In COP 2010 partners will use every HIV positive woman to reach other family members who need services, such as OVC services, pediatrics referral, and pre-ART and ART services for spouses.

Since COP 2008 and continuing in COP 2010, HIV exposed infants will start cotrimoxazole prophylaxis from six weeks until HIV status is confirmed and three weeks after EBF is ended. All HIV positive infants are started on ARVs irrespective of CD4 count. EID by dried blood spot testing is available at all hospitals in the country and is being scaled up sequentially at HCs using seven regional laboratories. A major challenge has been identifying and receiving EID results in HIV exposed children at other service points once mothers are discharged from the post-partum clinic. The FMOH, prompted by the USG, is considering updating the child health card to include the mother's HIV status.The GOE is concerned that this could result breach of confidentiality and stigmatization of children despite the information being coded. The USG hopes that consensus will be reached to use this modified card in COP 2010.

For more effective and efficient service delivery to clients, linkages between PMTCT, OVC and pediatrics (POP) will be strengthened in COP 2010. These three related program areas have recently been constituted into an interagency technical working group (POP TWG). The POP TWG will coordinate joint regional visits and partner meetings where the key agenda will be linkages and referrals between program areas. Partners have been orientated to the New Generation Indicators (NGI) in PMTCT, including those that reflect these linkages.

The six PMTCT-related national registers and the recently introduced integrated summary sheet used at facilities are occasionally unavailable or improperly filled. For COP 2010, partners will be encouraged to take increasing responsibility to ensure registers are available and properly filled out, especially as the

new HMIS tools are rolled out. Partners will also undertake regular data quality assurance exercises.

USG partners will continue to support woreda and regional level planning activities In COP 2009 and continuing in COP 2010, PEPFAR/E will work with partners to standardize quality improvement. The USG supports the GOE to integrate PMTCT procurement with MCH and the general HIV system. Cost/service provided will be operationalized in COP 2010 to encourage lower cost for quality care amongst partners.

The USG PMTCT staff was augmented with three new staff, two from USAID and one from CDC; PMTCT receives 5.98 FTEs.

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	8,367,902	
HVOP	35,581,278	
Total Technical Area Planned Funding:	**43,949,180**	**0**

Summary:
With a national estimated HIV prevalence rate of 2.3% in 2009, Ethiopia is facing a generalized epidemic with wide variation in prevalence among different stratifications of the population. The 2008 Epidemiological Synthesis Report indicated that the epidemic may be less severe, less generalized and more heterogeneous than previously believed, with marked regional variations. The prevalence was higher than expected in market towns and hot-spots. The above single-point prevalence estimate was drawn from the 2005 Ethiopia Demographic and Health Survey (EDHS) which indicated a 1.4% prevalence rate in adults age 15-49 and the 2005 ANC data which reported a higher rate of 3.5%. Girls and women, regardless of their marital and age status are at the greatest risk. The EHDS 2005 revealed that, out of the 2.1% of couples in which at least one partner is infected with HIV, 85% discordant. Reliable and serial data on the range of STIs is lacking in Ethiopia. ANC 2005 estimated that the prevalence of syphilis was 2.7%, with a higher proportion in urban than rural areas (3.5% and 2.1% respectively).

PEPFAR/E is supporting a series of regional studies on HIV prevalence and behaviors among most-at-risk populations (MARPs). The first study, conducted in Amhara in 2008, indicated HIV prevalence ranges from 11-37% among the study populations which included commercial sex workers (CSW), long distance truck drivers, high school students, day laborers, and mobile merchants. Future MARPs studies are planned for FY 2010 in all regions, with objectives of integrating size estimation, mapping and qualitative data that employs International Rapid Assessment, Response and Evaluation (I-RARE). There are a number of program assessments and evaluations planned in FY 2010 which will also help inform programming. The JHU/CCP program targeting uniformed services using the Modeling and Reinforcement against HIV/AIDS (MARCH) model will be evaluated in FY 2010.
The second draft Strategic Plan for Multi-sectoral HIV and AIDS programming in Ethiopia, 2010-2014 (SPM II) identifies a list of most-at-risk populations (MARPs) and locations where each MARP group tends to congregate. The list includes female sex workers, migrant workers, long distance drivers, people in uniformed forces, discordant couples and men having sex with men (MSM), with in school youth, out of school youth displaced populations, people interfacing in small towns and night markets, people engaged in harmful traditional activities, considered as most vulnerable. PEPFAR/E does not consider all of these populations to be MARPs, especially not all students, and believes that there could be other unidentified populations at higher risk for HIV.

The practices of maintaining multiple concurrent partnerships, intergenerational sex and engaging in transactional sex are considered major immediate driving factors of the epidemic in Ethiopia. Poverty, alcohol and khat use, gender-based violence, low levels of education and diminished ability to negotiate safe sex, put young women at especially higher risk of HIV infection. Ethiopia does have high rates of male circumcision 93% (2005 EDHS); however, there are two regions that have much lower rates, 46% in Gambella and 79.6% in SNNP where there are approximately 800,000 males who could be circumcised from an estimated 3 million males nationwide. The 2005 EDHS revealed that individuals engaged in higher-risk sexual activity are not consistently using condoms - only one-quarter of these women and just under half of these men reported condom use in their last higher-risk encounter with a non-marital, non-cohabitating partner. Evidence from DKT's 2008 Study on Condom Use and Behaviors among Venue-Based CSW reported 86% using condoms consistently with clients although consistent condom use with clients was only 60% by CSWs in the Amhara MARPS survey; only 56% reported using a condom with a non-paying partner.

Alcohol and substance abuse have been among the drivers of the HIV epidemic in Ethiopia. Daily khat intake was associated with unprotected sex. There was a significant and linear association between alcohol intake and unprotected sex, with those using alcohol daily having a threefold increased likelihood of having unprotected sex compared to those not using alcohol. (BMJ Public Health 2005, 5:109).
The FMOH plans to purchase 120 million condoms for public sector distribution in the coming two years. There are concerns, however, over whether this goal is realistic given the limited resources allocated and the current capacity for distribution. Ethiopia still lacks a national condom and logistics strategy. Over the last few years, DKT has been responsible for distributing 79% of Ethiopia's condoms – approximately 55 million of which were socially-marketed in 2008. The male condom is widely available in pharmacies and hotspot venues, but public health facilities experience stock outs or report expired condoms. UNFPA introduced the female condom in Ethiopia, but its availability is limited. PEPFAR/E anticipates procuring $3 million worth of condoms (over 90 million condoms – 70 million branded and 20 million unbranded) with COP 2010 funds. These will be used to ensure that a minimum package of services includes condoms at PEPFAR-supported public health facilities and community programs. Ten million of the condoms will be used for preventative care packages to supply People Living with HIV/AIDS (PLWHA). PEPFAR-supported programs along transport corridors, in construction sites, and in colleges will have an adequate supply of branded condoms.

The GOE acknowledged the importance of focusing on HIV prevention, especially among higher risk groups, during the first national HIV Prevention Summit, held in April 2009. Attached to the COP 2010 submission as an Annex with the Consensus statement from the Prevention Summit. Ethiopia does not have a stand alone HIV Prevention Strategy, and GOE advises all partners and donors to support the prevention objectives in the Accelerated Access to HIV Prevention, Care and Treatment in Ethiopia Road Map and SPM II. PEPFAR/E supports the GOE's efforts to reduce new HIV infections and scaled up reach to MARPs , and this will be expressed in the Partnership Framework. One of the major recommendations from the Summit was the country's need to develop a minimum package of services for MARPs. PEPFAR is supporting finalizing a package of services for CSW and university students.

There are a few notable policy areas affecting HIV prevention efforts in Ethiopia. Prostitution is illegal and homosexuality is highly stigmatized and illegal in Ethiopia making it very difficult to reach people engaged in these activities. The GOE has made advance in enforcing laws that protect young girls from harmful traditional practices such as female genital mutilation and forced early marriage.

During the last year, PEPFAR/E designed and awarded a number of new programs focused on MARPS. The interventions provide a variety of services: peer education, condom distribution and promotion, stigma reduction, strengthened HIV/STI service delivery, mass media, mobile and home-based testing and counseling, and drop-in centers for hard to reach women and girls. PEPFAR/E established a MARPS

working group to better coordinate partners and share resources/assessment findings.

PEPFAR/E dramatically shifted funding and programs from AB-only to more comprehensive prevention activities. In COP 2009, the funding shifted to an approximate 20:80 split between AB and OP budget codes.

Over 4.2 million individuals were reached with HIV prevention messages through behavior change communication beyond abstinence and faithfulness. Partners also trained over 24,140 individuals with prevention messages. Lack of reliable and comprehensive data on MARP numbers and behaviors, shortages of STI drugs, weak data recording and monitoring system and staff turnover were the main challenges faced.

PEPFAR/E's overall prevention strategy for COP2010 adopts a combination of behavioral, structural, and biomedical interventions. COP 2010 involves focusing more resources and effort on PMTCT, persons engaged in high risk behaviors and discordant couples. PEPFAR/E's comprehensive ABC prevention strategy with higher risk groups emphasizes the following key behaviors: correct and consistent use of condoms; testing individuals and couples; adherence to HIV and STI treatments; fidelity; delaying sexual initiation; decreasing gender-based violence; couples counseling and testing. PEPFAR also aims to involve civil society, GOE, and, especially, PLWHA, in programming to ensure sustainability. PEPFAR will continue the effort of learning the epidemiological distribution and causes of new infections. Newly awarded MARPs programs are targeting populations engaged in formal and informal transactional sex with geographic focus along transport corridors, on university campuses, and in urban/peri-urban areas and hotspot market towns with higher HIV prevalence. There is a linkage between treatment, care and support programs targeting PLWHAs. Development of training curricula and rolling out pilot trainings for health care providers has been achieved. Training of lay counselors on PwP service components is underway to fill gaps in service provision at community level. PEPFAR also supports activities to influence structural issues driving HIV infection, including gender inequality, poverty, and stigma. Linking at-risk individuals to educational, vocational and economic strengthening will continue to be a part of a comprehensive primary prevention approach. Multi channel communication is highly encouraged, with programs uing of billboards and radio and linking mass media with interpersonal communication.

The Sexual Transmission portfolio contains general population HIV prevention activities that aim to address gender-based norms and multiple, concurrent partnerships among men. There are a number of AB-focused activities implemented through local faith-based and community-based organizations to improve behaviors related to delaying sexual initiation, gender-based violence, couples counseling and testing, and practicing fidelity in marriage. There will be a number of new general population programs beginning in COP 2010. EPHA will implement the "One Love Campaign" in Addis Ababa which will use mass media, print materials, drama and discussion forums to address multiple, concurrent partnerships based on the program experience out of Southern Africa. PSI, CRS, and NASTAD will employ social mobilization and community outreach strategies to reinforce facility-based HIV prevention efforts. Messaging about male norms and risk reduction are also a component of programs targeting MARPs by EngenderHealth. Programs working with refugee populations and uniformed services include messages on gender norms and multiple, concurrent partnerships through print serial dramas and discussion groups.

PEPFAR/E has programs aimed at reducing cross-generational sex, informal transactional sex, and sexual coercion and violence. The Population Council program specifically targets young girls escaping early marriage who migrate from rural to urban areas and often find themselves in vulnerable, high-risk situations when they reach the city. The Pastoralist Livelihoods project also attempts to reach mobile populations who travel from rural to peri-urban areas. FHI's Amhara MARPs Program follows a strategy called "Yewein Zelela" which means "Cluster of Grapes", which implies that MARPs will be approached as individuals, groups and then dealt with based on their sexual network with the general population.

Interventions on alcohol and substance abuse have been started by partners. The activities include advocacy, messaging and counseling services based on the assessment findings of EPHA.

PEPFAR has supported two HIV prevention positions at FHAPCO for the past two years. There must be a greater commitment from the GOE to fund these positions as PEPFAR does not envision providing long-term technical assistance. There also needs to be more effort made to better coordinate donors and implementing partners working in HIV prevention. PEPFAR will continue to support the National AIDS Resource Center and 15 Regional AIDS Resource Centers with TA in strategic health communication, counseling and hotline services ensuring referral linkages with services.

USG staffing for Sexual Prevention programming comprises ten existing positions across the five agencies. PEPFAR/E feels the current staffing is adequate to address management needs. USAID employs a Senior HIV Prevention Advisor (International PSC) and a MARPs Advisor (FSN). CDC has one Associate Director for Prevention. The CDC's (FSN) Branch Chief for Prevention, BCC and STI Technical Officers will also commit a portion of their time to comprehensive MARPs programming. Total FTEs are 7.45.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	16,449,756	
Total Technical Area Planned Funding:	**16,449,756**	**0**

Summary:
The FMOH is in charge of coordinating Ethiopia's evolution through one national health monitoring and evaluation system. The Program Planning and Financing Directorate (PFD) of the FMOH determines the country's health management information systems' vision and sets strategic plans to achieve this vision. Operationally other FMOH entities are involved. Notably the HIV AIDS Program Control Office (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) coordinate HIV/AIDS and related disease surveillance systems and the design and conduct of surveys which includes the antenatal care based HIV surveillance system. The FMOH has continued the design and rolling out of the, Health Management Information Systems (HMIS), and HAPCO has also continued to undertake the national Monitoring and Evaluation (M&E) Systems for the HIV/AIDS programs including design of a community information system.

As its goal of providing technical assistance to all Strategic Information (SI) programs and program implementing partners, PEPFAR/Ethiopia has been designing and implementing SI programs that generate information and data to help the FMOH and partners in target setting, program M&E and reporting including the semiannual and annual program reports. Additionally PEPFAR/E SI has been assisting its partners in the design and conduct of programs and public health evaluations.

PEPFAR/E, 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. Significant support has been provided for the development and implementation of M&E systems related to HIV/AIDS/STI/TB-HIV prevention, treatment, and care interventions; integration of available data capturing, reporting and dissemination systems; and strengthened the overall comprehensive HMIS master plan, currently being implemented by the FMOH.

Specific support has focused on surveys and surveillance, M&E, and HMIS. The TB/HIV surveillance protocol has been approved and piloting of this system is underway in 34 selected health facilities in all the regions. Regional plans have already been prepared and national level training of trainers has been conducted; once piloting is finalized, expansion to more health facilities will be undertaken. For STI Surveillance, the protocol is being finalized and the systems will be in place once preparatory work is completed. Support is ongoing for surveillance to monitor the prevalence of HIV among blood donors through the blood safety program.

PEPFAR/E has funded the conduct of the previous three rounds of the sentinel site Antenatal Care-Clinic based HIV surveillance among pregnant women as well as the analysis, dissemination and utilization of these data for informed decision making in the design, implementation and monitoring and evaluation of the country's response towards HIV/ AIDS. The current round of the 2010 Ethiopian Demographic and Health Survey (EDHS 2010) is also is supported by PEPFAR/E. The EDHS has been instrumental for the country's planning, decision making and other program development related activities.

A survey to assess the prevalence of HIV and risk behavior among most at risk populations (MARPS) in one of the heavily HIV affected regions of the country was conducted in 2007/2008. Results were used to guide planning. A similar study, with some design modifications, (e.g. to include size estimation) is being conducted in multiple regions. SI generated from these activities will be disseminated to and used by policy makers, program designers and managers, health service providers to strengthen targeted programs and will also form the basis of behavior change communications for the public at large. In 2009, PEPFAR/E supported the development of a five-year strategic plan for the country's HIV/AIDS related surveys and surveillance programs. PEPFAR/E is also supplementing Global Fund resources and providing requested technical assistance to EHNRI in the design and implementation of a Population Based Household Survey that aims to determine the prevalence of HIV, Hepatitis –B and C and Herpes Simplex Virus-II. This survey will collect blood samples from around 31,000 participants and test for HIV, HSV-2 and HBV and HCV. The data will provide up-to-date, population based results which will be used to corroborate the discrepancy between the ANC based sentinel HIV surveillance and 2005 EDHS survey results and guide more evidence based programs decisions.

For COP 2009, the National M&E system was strengthened through continued support to the Federal HAPCO, Regional Health Bureaus (RHB), Zonal and Woreda Health Departments and health facilities implementing HIV/AIDS/STI/TB-HIV prevention, treatment, and care interventions. PEPFAR/E support for the development and implementation of a sustainable Health Monitoring and Evaluation system includes a Masters of Science training in M&E at Jimma University, a new HMIS certificate program in Leadership in Strategic Information (LSI) and Field Epidemiology and Laboratory training programs (FELTP), and MSc in Biostatistics; short term trainings in M&E and surveillance programs also provided training for 3818 health information specialists and health workers. PEPFAR/E also supported HAPCO in the design and piloting of an M&E system that captures and generates strategic information related to HIV/AIDS interventions in the non-health sectors including Education and Women affairs. PEPFAR also supported the dissemination of general SI 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 it provides important information for 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. A very good example of this is the multidisciplinary team of each facility and catchment area meeting of the group of health facilities in a given catchment area.

PEPFAR/E provides significant support to the GOE for the development of the national HMIS. Included is the 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). The EMR system has been successfully piloted in one of the regions. As part of PEPFAR support to the HMIS, the design of a data warehouse that incorporates the Geographic Information Systems was also completed and successfully piloted in one of regions. As part of the government's initiative to deploy 8,000 health information technicians (HIT) and to train 45,000 health workers by 2010, in COP 2009 PEPFAR supported the training of 1243 new HITs and 8,000 health workers. To facilitate the provision of these trainings, PEPFAR supported the renovation of 11 technical educational and vocational training schools (TEVTs) that are currently serving as multi-functional training institutions.

Despite the many achievements, 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, different non-ANC based HIV surveillance systems and weak monitoring systems for HIV/AIDS intervention outside of the health sector. It will also be essential that an understanding be reached on both the palliative care indicators and those for OVCs.

In COP 2010, PEPFAR/E's support will focus on improving the quality of SI programs that generate, analyze, disseminate and encourage the utilization of quality data. This will provide an evidence base for improved service delivery and program management. Specifically in COP 2010, PEPFAR/E's support will have a stronger focus on the development and implementation of surveillance systems that focus on generating information related to MARPS in the country, including supporting the Ministry's attempts to strengthen GIS, and STI surveillance among these most at risk populations. Support will be continued for expansion of the ANC based HIV surveillance system and will also include the utilization of PMTCT program data and implementation of HIV drug resistance survey. There is an urgent need to improve the quality of TB/HIV information. TB/HIV surveillance among TB and HIV patients will also be expanded by including more health facilities. PEPFAR will be supporting the dissemination and further analysis of the 2010 EDHS results and data from other surveillance activities.

In COP 2010, PEPFAR/E will also maintain its support to the national HMIS, and M&E systems. Support will be provided for implementation of the paper-based HMIS system in health facilities. The HMIS system with the fully integrated Electronic Medical Systems and HIVQUAL will be implemented in 20 additional heavily burdened hospitals and networked health centers, while the EMR system with only HIV/AIDS and Registration modules will be implemented in other hospitals serving as ART centers. As part of the roll-out of the HMIS system, in-service training on HMIS will be provided to 10,000 health professionals and pre-service training to 900 new government-employed HITs by the end of 2010. There are specific difficulties anticipated with the roll out of the New Generation Indicators (NGIs) which are not in their entirety captured within the regular HMIS. Thus the collection of this data will entail special data capture from the existing government registers. It is also inevitable that PEPFAR will have short-term parallel data collection system to respond to the NGIs need. The PEPFAR SI team would work closely with FMOH and other implementing partners in a view to get all data from a National M&E systems. Focus will also be given to maintaining the quality of data in all PEPFAR supported programs.

PEPFAR will focus efforts to build local capacity for SI at public health and educational organizations. These will include strengthening the capacity of local organizations including EHNRI, FMOH, 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. These include continuation of the Masters level training in M&E at Jimma University, Biostatistics in Mekelle University and the Field Epidemiology and Laboratory Training Programs at Addis Ababa University all of which ultimately will ensure 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 COP 2010.

Technical support to HAPCO will be provided to facilitate the design and establishment of a Community Based Information Systems. This support will be very crucial in filling the gap that exists in data related to the non-facility based HIV/AIDS programs (HIV/AIDS prevention, and community based Care and support programs).

The PEPFAR team has s a total of 18.51 FTEs contributing towards SI programs.

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	8,525,545	
Total Technical Area Planned Funding:	**8,525,545**	**0**

Summary:
Tuberculosis (TB) is one of the most common HIV-associated opportunistic infections and the leading cause of death among people living with HIV/AIDS (PLWHA) in sub-Saharan Africa; co-infection rates have been reported to be as high as 80%, and it is estimated that the African region shoulders 79% of the global co-infection burden. Studies of individuals on antiretroviral therapy (ART) in sub-Saharan Africa document high rates of TB (7-20%), , particularly in the first six months onART. If not adequately addressed, TB has the potential to undermine the great strides that PEFPAR has made in rapidly expanding HIV care and treatment and in decreasing HIV-associated mortality and morbidity. Specific information on the association between HIV and TB in Ethiopia is very limited.

The national estimate of all adult TB cases infected with HIV is 19%. Evidence shows that an HIV+ individual who has latent TB infection has a 5-10% annual and a 30% life-time risk of developing active TB disease. Ethiopia ranks 7th out of the top 22 high TB burden countries in terms of total number of all TB cases notified. The estimated incidence of all forms of TB and smear positive pulmonary TB (PTB+) was 378 and 163/100,000 population per year respectively. The case detection rate of PTB+ cases is 34% (half of the global target of 70%). It is unclear whether this is because the estimation of TB disease burden is too high or whether the case detection rate is low. Treatment success rate for sputum positive pulmonary TB cases is 84%, showing good progress compared to previous years. Multi-drug resistant TB (MDR-TB) prevalence is 1.6% and 11.6 % among naïve and retreatment patients respectively (Global Tuberculosis Control WHO Report 2008).

In COP 2009, an annual TB/HIV collaborative activity work plan was developed by the national TB/HIV Technical Advisory body to coordinate implementation and resources at national level. Through the active involvement of USG agencies and partners, TB/HIV Advisory Committees (THACs) were established at all Regional Health Bureaus to ensure close collaboration and coordination of TB and HIV control programs at all levels. USG partners provide technical and financial support for development and review of TB/HIV related manuals and guidelines (TB, TB/HIV and Leprosy Prevention and Control Manual, TB/HIV Surveillance Guidelines, and Guidelines for Program and Clinical Management of Drug Resistant TB). Training and information, education and communication (IEC) and behavior change communication (BCC) materials were developed and distributed to all public and private health facilities. The TB unit register and TB/HIV reporting formats were revised to capture HIV-related information. In collaboration with the MDR-TB management technical working group (TWG), PEPFAR assisted the Ministry of Health (FMOH) in strengthening MDR-TB management through the development of proposals for the Green Light Committee to access high-quality second-line anti-TB drugs for MDR-TB and in selection, quantification, and registration of second-line TB drugs. To strengthen the national TB control program, PEPFAR TB/HIV partners are also leveraging resources from USG bilateral TB program activities and

other initiatives, including the Child Survival Fund, GFATM, and WHO (through regular funding), German Leprosy and TB Relief Agency, and the Italian Development Cooperation.

TB/HIV activities have been expanded in scope and in the quality of service provided to clients. In FY 2009, TB/HIV collaborative activities were implemented in 836 public and private facilities including all 161 hospitals and 500 health centers (350 ART and 150 non ART health centers). Private Sector Partnership (PSP)/Abt Associates and John Hopkins University have initiated TB/HIV services at private hospitals and health clinics. Hospital level TB/HIV activity was coordinated with health centers using the Health Network Model, though this remains weak and needs further coordination and linkage. Facility and community level PEPFAR TB/HIV activities were supported by the four USG university implementing partners, with Management Sciences for Health/Care and Support Program (CSP), PSP, and PATH, piloting and initiating community directly observed therapy, short course (DOTS) activities. In the PEPFAR/E-supported sites Provider-Initiated Testing and Counseling (PITC) and linkage to HIV care and treatment among TB patients is high, with PICT reaching 90% in most areas. ART uptake and cotrimoxazole prophylaxis (CPT) is also high, although there are problems in collecting data for CPT.

Several partners encountered challenges in implementing TB/HIV collaborative activities. These included, human resource constraints and high staff turnover, difficulty of diagnosing TB in HIV positive persons, poor TB microscopy external quality assessment (EQA), low utilization of isoniazide prophylaxtis (INH) poor TB infection control practices, poor data collection and reporting and shortages of IEC/BCC materials at facility and community levels needed to create awareness of MDR-TB and extensively drug-resistant TB (XDR-TB). In general, weak TB/HIV monitoring and evaluation and supportive supervision at all levels remain the major bottle necks for program implementation.

The objective of TB/HIV activities in COP 2010 is to reduce the burden of HIV among TB patients and reduce the burden of TB among PLWHA. Over the past five years, PEPFAR/E TB/HIV programs have supported the National TB Program (NTP) efforts to implement essential interventions with FMOH and partners. Activities have included the development of national policies, guidelines and operational tools, provision of technical assistance to FMOH and partners, and basic program evaluations, National TB Program review and TB prevalence studies. PEPFAR/E's focus will remain on urban areas, which have the highest prevalence.

TB/HIV activities will continue to strengthen linkages between TB/HIV Advisory Committees and national Technical Working Groups at all levels, as well as between facilities and communities. The health centers (HCs) and health posts deliver most of the preventive and curative health services throughout Ethiopia. As part of the ART health network, CSP and PATH will link with network hospitals for referrals, work with clients and their families in the community, and will continue receiving TB referrals from hospitals. Complicated TB cases and HIV-positive cases with complex clinical conditions requiring specialized diagnostic workup and management will be referred to hospitals. PEPFAR/E will enhance collaboration between implementing partners by encouraging the Regional Health Bureaus to hold regular catchment area meetings and establishing platforms to share agendas, IEC materials, and other tools. To ensure the sustainability of the program and develop skills and capacity, partners will work with THACs and government staff at regional and zonal levels, and will critically review and analyze data for program improvement. More emphasis will be given to strengthen TB programs, laboratory networks, and the EQA system.

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 in increasing involvement of health extension workers and community volunteers at the health post level, especially in TB case detection, treatment, adherence, and defaulter tracing. By September 2010, TB/HIV services will be scaled up to include more health centers (350 ART and 200 non-ART HCs); 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 will be strengthened. MSH/CSP will support TB/HIV collaborative activities in 550 HCs linked to the 161 ART hospitals. Many of the health centers providing TB/HIV service also support C&T services, preventive care package, and ART services.

The key TB/HIV technical priorities and strategies in COP 2010 will include; (1) Intensified case finding (ICF), supporting TB/HIV laboratory improvement, supporting diagnosis for pediatric TB, and promoting contact tracing; (2) Expanding INH preventive therapy (IPT) by ensuring quality ICF, providing additional training and tools, using demonstration sites to increase confidence in implementing IPT. This will be done in a phased approach where at first all hospitals will be encouraged to implement IPT followed by all HCs providing TB/HIV services. (3) Improving infection control by identifying and addressing high priority sites (MDR-TB wards, large/referral hospitals) and ensuring basic measures are implemented (open air wards, outdoor waiting areas, cough etiquette and proper disposal of biohazardous waste); (4) Ensuring treatment for cases diagnosed with active tuberculosis; (5) Provide PICT and linkage to HIV care and treatment among HIV infected TB patients; (6) Supply CPT for all eligible TB/HIV patients; (7) Providing HIV prevention services using the prevention for positives package services within TB/HIV clinics; (8) Strengthening/establishing referral linkages to different service areas (hospitals and HCs) to facilitate provision of clinical services and strengthen community DOTS/TB/HIV activities using HEWs; (9) Providing ART for eligible cases; (10) Coordinating and leveraging resources with TBCAP and GFATM; (11) Expanding private-public mix (PPM) DOTS to more private for-profit facilities; (12) Strengthening surveillance and management of MDR-TB and XDR-TB at selected sites; (13) Strengthening laboratory services to support TB diagnosis and treatment; (14) Strengthening monitoring and evaluation of the TB/HIV program.

In COP 2010, WHO will further strengthen its support of the MDR-TB management initiative and will expand MDR-TB management to regional referral hospitals; support human resource development in TB/HIV programs and TB infection control areas; and strengthen monitoring and evaluation (M&E) by hiring TB/HIV M&E experts, supporting regional and national review meetings, and undertaking supportive supervisions.

All PEPFAR/E and non PEPFAR TB/HIV activities will be coordinated through the national TB/HIV Advisory Committee and TWGs, and all activities will be included in the national annual TB/HIV collaborative activity work plan. Coordination between US universities, MSH/CSP, WHO, and other major partners will be further strengthened in COP 2010. Resources will be leveraged from GFTAM to support key TB/HIV activities, which will include procurement of first-line and limited second-line TB drugs, loose INH for IPT, laboratory reagents and equipment, capacity building including training, expansion of community-based DOTS and expansion of PPM/ DOTS. The coordination between USG bilateral and other donors for TB and TB/HIV prevention and control in Ethiopia including WHO (through regular funding), German Leprosy and TB Relief Agency, and Italian Cooperation will be strengthened.

In COP 2010 more emphasis will be given to improve TB case detection among HIV positives and their contacts at facility and community level. A standardized screening tool will be introduced to screen PLWHAs, 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 improved intensified case finding. PEPFAR will support program evaluations, including a TB prevalence survey and review of the national TB program, with a focus on improving care and treatment services for TB/HIV patients.

Pediatric TB/HIV will also be given more emphasis. A standard TB screening tool and algorithm will be used to screen pediatric HIV infected and exposed infants. National level advocacy and sensitization to make tuberculin skin test available for screening pediatric patients for latent TB infection. IPT at all hospitals and CPT at all facilities will be provided for all eligible HIV exposed/ infected pediatric clients.

Patient waiting areas in most facilities are poorly ventilated, and there is high chance for spread of TB and other diseases. COP 2010 will introduce different infection control measures at high volume facilities, including cough triage, educating patients on cough etiquette, separation of infectious TB patients in the wards, as well as renovation of patient examination rooms and waiting areas to improve ventilation and lighting.

PEPFAR/E has three full-time staff members with a total of FTEs 4.44.

Technical Area Summary Indicators and Targets

Redacted

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7511	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	17,264,234
7512	Development Associates Inc.	Private Contractor	U.S. Agency for International Development	GHCS (State)	2,245,536
7514	USAID Central Commodity Fund	Own Agency	U.S. Agency for International Development	GHCS (State)	3,325,505
7515	US Department of Defense	Own Agency	U.S. Department of Defense	GHCS (State)	1,618,615
7516	World Learning	NGO	U.S. Agency for International Development	GHCS (State)	4,000,000
7517	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,399,825
7523	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State)	37,260,259
7525	Pathfinder Outreach Ministry	NGO	U.S. Agency for International Development	GHCS (State)	8,423,218
7527	Population Services International	NGO	U.S. Agency for International Development	GHCS (State)	2,290,000
7528	Save the Children Republica Dominicano	NGO	U.S. Agency for International Development	GHCS (State)	4,377,780

7529	Population Services International	NGO	U.S. Agency for International Development	GHCS (State)	1,800,000
7530	Save the Children Republica Dominicano	NGO	U.S. Agency for International Development	GHCS (State)	8,976,568
7531	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
7533	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State)	5,606,309
7564	Macro International	Private Contractor	U.S. Agency for International Development	GHCS (State)	500,000
7566	Columbia University	University	U.S. Agency for International Development	GHCS (State)	300,000
7567	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State)	507,840
7572	Global Architect-Engineer (A&E) Infrastructure Services IQC	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,500,000
10513	Catholic Relief Services	FBO	U.S. Agency for International Development	GHCS (State)	1,249,288
10515	Clinical and Laboratory Standards Institute	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	200,000

10516	Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	12,422,861
10517	Hawassa University	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	161,000
10518	Defense University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	120,000
10519	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	12,777,696
10520	Johns Hopkins Bloomberg School of Public Health	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	13,641,216
10523	Land O'Lakes	Private Contractor	U.S. Agency for	GHCS (State)	1,187,136

			International Development		
10524	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
10525	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	3,000,000
10527	Ethiopian Health and Nutrition Research Institute	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	6,872,188
10528	Ethiopian Medical Association	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	200,000
10529	Ethiopian Public Health Association	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,038,000
10534	Federal Ministry of Health, Ethiopia	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	4,447,034

10536	Fintrac Inc.	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,212,540
10541	International Orthodox Christian Charities	FBO	U.S. Agency for International Development	GHCS (State)	1,334,173
10543	World Learning	NGO	U.S. Agency for International Development	GHCS (State)	2,734,800
10545	International Rescue Committee	NGO	U.S. Agency for International Development	GHCS (State)	120,000
10546	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHCS (State)	8,485,184
10548	Jimma University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	161,000
10557	Mekele University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	161,000
10558	Ministry of National Defense, Ethiopia	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,100,000

10559	National Alliance of State and Territorial AIDS Directors	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,474,000
10563	Pact, Inc.	NGO	U.S. Agency for International Development	GHCS (State)	3,159,200
10564	Population Council	NGO	U.S. Agency for International Development	GHCS (State)	2,740,000
10569	Royal Netherlands TB Foundation	NGO	U.S. Agency for International Development	GHCS (State)	724,845
10571	Samaritans Purse	FBO	U.S. Agency for International Development	GHCS (State)	902,000
10574	University of California at San Diego	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	6,222,236
10582	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	687,000
10586	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
10588	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
10592	Pathfinder	NGO	U.S. Agency for	GHCS (State)	1,000,000

	International		International Development		
10598	Haromaya University	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	100,050
10599	American International Health Alliance	NGO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	2,071,328
10600	Carter Center	NGO	U.S. Agency for International Development	GHCS (State)	677,120
10601	Addis Ababa University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	531,688
10602	Addis Ababa HIV/AIDS Prevention and Control Office	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,500
10603	American Society of Clinical Pathology	Private Contractor	U.S. Department of Health and Human	GHCS (State)	100,000

			Services/Centers for Disease Control and Prevention		
10604	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	150,000
10605	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	850,000
10606	African network for Care of Children Affected by HIV/AIDS	NGO	U.S. Agency for International Development	GHCS (State)	1,081,415
10654	Save the Children US	NGO	U.S. Agency for International Development	GHCS (State)	1,140,727
10657	Catholic Relief Services	FBO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	1,551,899
10663	The American Society of Microbiologists (ASM)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	175,000
10670	United States	Private Contractor	U.S. Agency for	GHCS (State)	1,000,000

	Pharmacopeia		International Development		
11033	U.S. Department of State	Implementing Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	600,000
11034	World Food Program	Multi-lateral Agency	U.S. Agency for International Development	GHCS (State)	11,177,971
11036	International Rescue Committee	NGO	U.S. Department of State/Bureau of Population, Refugees, and Migration	GHCS (State)	838,625
11037	World Health Organization	Multi-lateral Agency	U.S. Agency for International Development	GHCS (State)	1,500,000
11040	UNHCR	Implementing Agency	U.S. Department of State/Bureau of Population, Refugees, and Migration	GHCS (State)	1,293,762
11041	University of Connecticut	University	U.S. Department of Defense	GHCS (State)	100,000
12298	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12299	Organization for Social Services for AIDS (OSSA)	Implementing Agency	U.S. Agency for International Development	GHCS (State)	2,500,000
12300	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,565,840
12301	AIDSTAR I, Task Order#1	NGO	U.S. Agency for International Development	Central GHCS (State)	350,000

12302	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12303	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12304	World Health Organization	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,593,100
12305	Catholic Relief Services	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	476,250
12306	Organization for Social Services for AIDS (OSSA)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,117,534
12307	Pathfinder	NGO	U.S. Department	GHCS (State)	452,300

	International		of Health and Human Services/Centers for Disease Control and Prevention		
12308	Population Services International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,439,376
12309	Family Health International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,537,803
12310	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12311	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12312	TBD	TBD	U.S. Department of Health and	Redacted	Redacted

			Human Services/Centers for Disease Control and Prevention		
12313	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12314	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12315	World Conference of Religions for Peace	NGO	U.S. Department of Health and Human Services/Health Resources and Services Administration		
12316	Columbia University	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	600,000
12317	TBD	TBD	U.S. Department of Health and Human	Redacted	Redacted

			Services/Centers for Disease Control and Prevention		
12318	National Alliance of State and Territorial AIDS Directors	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	870,250
12319	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12320	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12321	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12322	TBD	TBD	U.S. Department of Health and Human Services/Centers	Redacted	Redacted

			for Disease Control and Prevention		
12323	Tulane University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	8,128,414
12324	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12325	Family Health International	NGO	U.S. Agency for International Development	GHCS (State)	260,000
12326	Salesian Mission	FBO	U.S. Agency for International Development	GHCS (State)	2,041,117
12327	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12328	Nazarene Compassionate Ministries	FBO	U.S. Agency for International Development	GHCS (State)	1,000,000
12329	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12330	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	2,900,000
12331	Child Fund International	Implementing Agency	U.S. Agency for International Development	GHCS (State)	1,363,500
12332	Abt Associates	Private Contractor	U.S. Agency for	GHCS (State)	2,708,480

			International Development		
12333	Engender Health	Private Contractor	U.S. Agency for International Development	GHCS (State)	2,000,000

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7511	Mechanism Name: Care and Support Project
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 17,264,234	
Funding Source	**Funding Amount**
GHCS (State)	17,264,234

Sub Partner Name(s)

Dawn of Hope Ethiopia	Ethiopian Interfaith Forum for Development, Dialogue and Action	IntraHealth International, Inc
Save the Children USA		

Overview Narrative

The USAID HIV/AIDS Care and Support Program supports health centers in Tigray, Amhara, Oromia, the Southern Nations, Nationalities and Peoples Region and Addis Ababa. It is implemented by MSH with its partners: Save the Children USA, IntraHealth International, Dawn of Hope Ethiopia and the Ethiopian Interfaith Forum for Dialogue, Development and Action. The program's objectives are: 1) To strengthen capacity of health centers to provide comprehensive HIV/AIDS services, including VCT, PITC, TB/HIV, lab support, PMTCT, and ART; 2) To deploy personalized case managers to task shift adherence counseling and support to lay counselors; 3) To deploy community outreach workers to support community-level care and support services; and 4) To integrate prevention into health center and community interventions, focusing on Prevention with Positives and ABC.

Under COP 2010, the program will support startup of ART in additional health centers, while improving service quality in health centers with earlier established comprehensive HIV/AIDS services. The program will place increased emphasis on PMTCT and pediatric care and treatment while exploring, in partnership with GOE, more cost-effective and sustainable modalities of key health center focused areas of intervention, including case management, collection of SI and mentoring.

Key activities during COP 2010 that encompass health system strengthening, include: (a) training of health workers in HIV/TB, CT and ART, including PMTCT and pediatrics care and treatment, relying on certified GOE staff trainers; (b) training of health center case managers; (c) on-site training and monitoring of health centers by program mentors using clinical service quality indicators; (c) on-site technical support to health center laboratories by lab advisors; and (d) data clerks at ART health centers to collect and report SI. The program will utilize SI collected by strengthened health centers to monitor and evaluate its progress towards meeting targets as well as share SI with key stakeholders.

The program will continue to leverage other key interventions. It has established PITC at FP, U5 and EPI clinics, which supports child survival initiatives. It has established referral of HIV-positive patients to FP and pediatric patients to the U5 and EPI clinics. It will leverage PMI funding for strengthening health center laboratories to improve diagnosis capacity and PSI support for bed nets to infected and affected households. The program will leverage TBCAP for health center support, including the training of health workers and carrying out of joint DOTs adherence initiatives.

The program will continue to support a continuum of care from hospital, health center and community and continue to facilitate referrals of stable patients from over-loaded hospitals to health centers and complicated cases to hospitals. The program will continue active participation in catchment area meetings, collaborating with GOE and PEPFAR and non-PEPFAR partners, to foster greater inter-facility coordination.

The HCSP will continue to facilitate health center - community integration, linking health center case managers with community-level volunteers and HEWs, including the new urban HEWs. The case manager is the key health center contact for its community and support networks. The case manager provides HIV-positive patients psychosocial support and adherence counseling, promotes positive living and family CT, and provides links to health center based mother support groups and community support. They lead case-finding of patients who have missed their appointments, primarily in partnership with the program's community volunteers, called kebele-oriented outreach workers (KOOWs), and HEWs. During COP 2010, the program will train and deploy additional case managers to ensure one per ART health center.

The program will also train and deploy additional KOOWs to health center served kebeles. KOOWS provide a number of invaluable community services, including psychological support to infected/affected households, home based care, health center referrals, community resource mapping and links for the infected/affected, community mobilization for prevention and CT, adherence counseling, and community tracing of patients who have stopped ART.

During COP 2010, HCSP will continue to support local organizations through performance-based contracts to support key community initiatives such as uptake of health center services, education on stigma reduction, mobilization of community members on family-centered care, deployment of HBC providers in high-prevalence areas, and testimonials for youth and women on positive living and adherence.

The program will continue to actively participate in national HIV/AIDS TWGs, within which senior program technical staff will collaborate with GOE, PEPFAR and non-PEPFAR partners to design policies, strategies and implementation modalities; develop training manuals; and participate in evaluations. Finally, under COP 2010, a key cross cutting area, gender, will be promoted through initiatives such as promoting a practical guide on mainstreaming gender into HIV/AIDS programs, complementing GOE gender manuals.
MSH-HCSP will participate as needed in the Global Health Initiative.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	100,000
Gender: Reducing Violence and Coercion	20,000
Human Resources for Health	4,944,181

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
TB
Family Planning

Budget Code Information

Mechanism ID:	**7511**
Mechanism Name:	**Care and Support Project**
Prime Partner Name:	**Management Sciences for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	2,086,868	

Narrative:

The HIV Care and Support Program supports health center's provision of comprehensive HIV/AIDS services, including appropriate collection, sharing and analysis of strategic information (SI) in Tigray,

Amhara, Oromia, the Southern Nations, Nationalities and Peoples Region and Addis Ababa.
The program's main strategies are: 1) Build the capacity of health workers to provide comprehensive and quality HIV/AIDS services, which includes SI, through training and deploying data clerks and conducting site visits and mentoring; and 2) Provide SI training to key stakeholders.
In the 350 supported health centers providing ART services, SI systems have been established, and data clerks have been recruited, trained and deployed. In COP 2010, HCSP will support refresher training for data clerks.
The program will continue monthly in-service and one-on-one mentorship to build the capacity of health center staff and monitor quality of services, which includes SI. They will continue to monitor the data collectors' performance and, with the support of regional program M&E advisors, provide technical assistance in SI collection, entry, quality checks, analysis and reporting. The mentors will also support health center health providers with analyzing and using their SI with the health centers' multi-disciplinary team meeting, a key discussion forum.
The mentors will continue to participate in and share SI in catchment area meetings, which provide a discussion forum for representatives from health centers, hospitals and woreda offices, PEPFAR and non-PEPFAR partners, and other stakeholders.
Senior HCSP M&E staff will continue to check the quality of SI provided by the health centers and channel it to key stakeholders, including the GOE (at woreda, regional and national levels), USAID, and PEPFAR partners.
In COP 2010, the program anticipates supporting the MOH's implementation of a national HMIS. This would include training of over 1,000 health center staff, coupled with the program's earlier provision of 350 computers (one per program-supported health center providing ART services). Senior HCSP technical staff will support the GOE's efforts to develop an SI system that captures community-level HIV/AIDS care and support initiatives.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	7,775,000	

Narrative:

In COP 20 10, the HIV/AIDS Care and Support Program (HCSP) will support 350 health centers to provide antiretroviral therapy (ART) services in Tigray, Amhara, Oromia, the Southern Nations, Nationalities and Peoples Region, and Addis Ababa.
Main program main strategies are: (1) Build the capacity of health workers to provide adult HIV/AIDS care and treatment through training provided by certified government staff and on-site visits by program mentors; and (2) ensure proactive treatment adherence. The program supports training of health workers on comprehensive management of opportunistic infections and ART. HCSP has trained 3,360 health workers; another 950 will be trained. HCSP will collaborate with FANTA, to ensure health care providers

are proficient in nutrition assessment, and with the World Food Program and USAID Food by Prescription, among others, to address nutrition needs of ART patients.
The program will continue providing monthly on-site, one-to-one mentorship, backed up by telephone consultation, to build knowledge and skill of health center staff in managing ART patients and monitoring quality of service. Mentors will also actively participate in catchment area meetings to discuss referrals, achievements, and challenges.
To promote adherence, the HCSP has recruited, trained, and deployed 331 case managers, ensuring one per supported ART health center. Case managers counsel patients on ART adherence and trace patients who miss their appointments in partnership with community volunteers, kebele-oriented outreach workers, and health extension workers. Currently, supported health centers report a lost-to-follow-up rate of 7%, well below a national average of over 20%. Under COP 2010, the HCSP will train additional case managers to ensure all facilities supported by HCSP have adequate coverage.
As of June 2009, program supported health centers have 45,612 patients receiving ART. In addition to ART, these patients are also receiving treatment package including cotrimoxazole prophylaxis and TB screening. Program is implementing M&E activities, which focus on data quality as well ensuring high level quality services are delivered using fully functional service delivery point quality assessment tool.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	818,334	

Narrative:

A key focus of the HIV Care and Support Program will be to increase the number of persons who know their HIV status in Tigray, Amhara, Oromia, SNNPR and Addis Ababa, through different testing approaches. The program's main strategies are: 1) Build the capacity of health workers to provide comprehensive and quality CT through training provided by GOE certified staff and on-site visits by program mentors; and 2) Community outreach.
The program has supported over 4,000 health workers to receive training on the national CT curriculum, including three-week training on VCT and six-day training for PITC. Training encompasses point of care testing to ensure CT is completed in one room by one professional using national algorithm. Over 4,000 additional health workers will receive training.
The program will continue monthly in-service, one-to-one mentorship and supportive supervision. Mentors oversee the VCT clinic as well as provision of PITC at the other clinics, including outpatient, U5, EPI, FP, TB, ANC and labor and delivery. Case managers' implementation of PWP will include counseling of all patients testing HIV+ and use the family focused approach, which employs a family matrix to promote couple counseling and the bringing of family members for CT.
The program supports CT outreach during such events as religious festivals and on weekends in high prevalent areas. In FY 2009, 1.5 million people received CT and their results. In COP 2010, the program

will implement a community outreach CT initiative that will reach into the 80 highest prevalence woredas served by supported health centers. Efforts will be made to ensure linkages to services for those testing positive using referrals. Over 2,000 rural HEWs will be trained. They will provide orientation of the volunteers who will mobilize the community and organize outreach days. Special attention will be on population likely to be HIV+. Local health center professionals will provide the CT and couple counseling. In COP 2010, the program will support the GOE's new urban HEW initiative, which will employ nurses to provide, amongst other health services, CT at the household level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	416,513	

Narrative:

HCSP supports the provision of comprehensive HIV/AIDS services through a continuum of care that directly links health centers with served communities, of which pediatric care and support is a key component. The program supports health centers in Tigray, Amhara, Oromia, the SNNPR, and Addis Ababa.

Health centers receive program support for training and ongoing mentoring visits. They receive support for prevention of mother to child transmission, testing at under-five and EPI clinics, and community outreach. Health providers at antiretroviral therapy (ART) providing health centers are trained on Dried Blood Spot (DBS) tests for early infant diagnosis and on treatment of HIV positive infants and children for opportunistic infections and other HIV/AIDS complications, pain, symptom relief, and nutrition assessment. Under COP 2010, the program will train over 850 health workers on pediatrics care and support, including nutritional assessment.

By COP 2010, the program intends to reach 5,700 HIV positive infants and children with care and support services. Case managers will be key in pediatric care and support by ensuring referral and linkage of families with positive infants and children to community resources, preparing families for ART adherence, providing psychosocial support, and promoting positive living and family counseling and testing (CT). Case managers will also lead in tracing patients who miss their appointments, in partnership with kebele-oriented outreach workers (KOOWs) and health extension workers. The program will train an additional 50 case managers.

The program will train 2,256 KOOWs, for a total of 6,350, who will support 1,270 high prevalence kebeles. KOOWs provide key community services, including community mobilization for CT, psychological support, adherence counseling, and tracing of lost patients. KOOWs will map local resources and link families with infected children to services for such critical needs as food, clothing, and income generating activities. The program will collaborate with the World Food Program and the upcoming USAID Food by Prescription project and with PSI for provision of basic household supplies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDTX	1,052,131	

Narrative:

The HIV/AIDS Care and Support Program (HCSP) supported health centers have provided antiretroviral therapy (ART) to 960 infants in Tigray, Amhara, Oromia, SNNPR and Addis Ababa. The program objective is to reach 2,880 in treatment and 5,700 in care and support in the same regions.
The program's main strategies are: (1) Build the capacity of health workers to provide pediatric care and treatment through training provided by certified Government of Ethiopia (GOE) staff trainers and on-site visits by program mentors; (2) Strengthen health centers' linkages for supporting pediatric care and treatment; and (3) Ensure HIV exposed infants access for early infant diagnosis (EID) to increase the number of under-12 month old children on treatment.
The program has supported 3,360 health workers to receive ART training that includes two weeks on pediatric care and treatment. The program also plans to train another 950 health workers and to continuing training health providers in DBS tests, including timely acquisition of results from regional labs.
The program will collaborate with the FANTA project to provide training on pediatric nutrition. The program will also collaborate with World Food Program and the USAID Food by Prescription project, among others.
The program will continue monthly in-service and one-to-one mentorship. USAID is supporting the ANECCA to partner with the program in mentoring and trainings. ANECCA's mentors work alongside HCSP mentors, who will cascade pediatric mentorship.
The mentors will emphasize greater linkages between counseling and testing, prevention of mother to child transmission, EPI and under-five clinics, as these are the main sources of pediatric patients. A major emphasis will be integration of routine pediatric care in other services. The program will use family focused approaches to promote HIV testing of all family members.
Both HCSP and ANECCA mentors will actively participate in supportive supervision and catchment area meetings to discuss referrals, achievements, and challenges. Senior technical staff will actively participate in technical working groups to help design policies, strategies, training, and monitoring guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	600,000	

Narrative:

The HIV Care and Support Program supports health center's provision of comprehensive HIV/AIDS services, including appropriate collection, sharing and analysis of strategic information (SI) in Tigray, Amhara, Oromia, the Southern Nations, Nationalities and Peoples Region and Addis Ababa.
The program's main strategies are: 1) Build the capacity of health workers to provide comprehensive and

quality HIV/AIDS services, which includes SI, through training and deploying data clerks and conducting site visits and mentoring; and 2) Provide SI training to key stakeholders.
In the 350 supported health centers providing ART services, SI systems have been established, and data clerks have been recruited, trained and deployed. In COP 2010, HCSP will support refresher training for data clerks.
The program will continue monthly in-service and one-on-one mentorship to build the capacity of health center staff and monitor quality of services, which includes SI. They will continue to monitor the data collectors' performance and, with the support of regional program M&E advisors, provide technical assistance in SI collection, entry, quality checks, analysis and reporting. The mentors will also support health center health providers with analyzing and using their SI with the health centers' multi-disciplinary team meeting, a key discussion forum.
The mentors will continue to participate in and share SI in catchment area meetings, which provide a discussion forum for representatives from health centers, hospitals and woreda offices, PEPFAR and non-PEPFAR partners, and other stakeholders.
Senior HCSP M&E staff will continue to check the quality of SI provided by the health centers and channel it to key stakeholders, including the GOE (at woreda, regional and national levels), USAID, and PEPFAR partners.
In COP 2010, the program anticipates supporting the MOH's implementation of a national HMIS. This would include training of over 1,000 health center staff, coupled with the program's earlier provision of 350 computers (one per program-supported health center providing ART services). Senior HCSP technical staff will support the GOE's efforts to develop an SI system that captures community-level HIV/AIDS care and support initiatives.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	152,258	

Narrative:

A key focus of the HIV Care and Support Program is to support health centers to provide comprehensive HIV/AIDS services that include integration of prevention within a continuum of care that links health centers with community level care and support. The program supports health centers in Tigray, Amhara, Oromia, SNNPR, and Addis Ababa. Target population in health centers is PLWHAPLWHAA, while in the community, it is the general population.
At health centers, the program trains health workers to provide health education to every person receiving CT, including AB topics, such as secondary abstinence, fidelity and reducing multiple and concurrent partners. During pre-marital screening for HIV, health workers provide messages to couples on being faithful. The program's health center case managers provide health education and preventive counseling to PLWHAPLWHAA that includes prevention through AB messages.

At the community level, the program has trained around 5,250 individuals on HIV/AIDS prevention that includes AB, including school teachers, students, religious leaders, the program's community volunteers, KOOWs, kebele HIV desk officers, and HEWs.
The program will continue community level promotion of AB through six NGO partners. The Ethiopian Interfaith Forum for Development Dialogue and Action (EIFDDA) carries out AB promotion initiatives in churches and mosques and Dawn Hope Ethiopia produces a quarterly newspaper highlighting HIV/AIDS topics and information, including AB. The HCSP also adapts IEC/BCC materials from other PEPFAR partners to complement the AB activities. Last year alone, the program assisted the GOE to reach nearly 1.3 million individuals through community outreach that promotes HIV/AIDS prevention, including AB.
The program will train an additional 2,350 KOOWs on HIV/AIDS, including prevention through AB, and 2,000 rural HEWs will be trained to support an intensified community outreach initiative in 80 high prevalence woredas served by supported health centers. Following the GOE's voluntary community anti-AIDS promoters (VICAP) approach, they will then orient 66,000 volunteers to mobilize their families and neighbors in HIV/AIDS, including prevention through AB.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	609,030	

Narrative:

A key focus of the HIV Care and Support Program (HCSP) will be to reach community members with risky sexual behavior, in particular those having repeat HIV testing and PLWHAPLWHAA who continue to engage in risky behavior. The program supports health centers in Tigray, Amhara, Oromia, Southern Nations Nationalities and Peoples Regions and Addis Ababa.
At health centers, the program trains health worker to provide health education to every person receiving CT that includes OP topics, such as condom use and reducing multiple and concurrent partners. In COP 2010, particular attention will be made for the CT clients who are having repeat testing. The program's health center case managers will provide health education and preventive counseling to reduce transmission among discordant couples. Reinforcement of messages will be achieved by providing IEC/BCC materials to other community forums such as community conversations and coffee ceremonies.
The program facilitates availability and access to condoms at health centers, where condoms are available at their clinics, all of which conduct CT counseling and where patients can take whatever they want. The HCSP in partnership with PSI will train health workers on proper condom use.
At the community level, the PSI collaboration will provide condoms to over 100 health posts managed by HEWs for free distribution to the community. Over 6,000 of the program's community volunteers, KOOW, will directly participate in the condom distribution ensuring access to condoms at community level.
The program will train 2,000 rural HEWs to support an intensified community outreach initiative in 80 high prevalence woredas. Using the GOE's VICAP approach, they will then train 66,000 volunteers to mobilize

their family and neighbors around HIV/AIDS, OP.
At the community level, the program has trained around 5,250 individuals on HIV/AIDS that includes OP, including school teachers, students, religious leaders and KOOWs. The program will continue community level promotion of OP through six NGO partners. For example, the Dawn Hope Ethiopia produces a quarterly news paper highlighting HIV/AIDS topics and information, including on OP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,275,000	

Narrative:

The HCSP supports health centers in Tigray, Amhara, Oromia, SNNPR and Addis Ababa for PMTCT services. The program's main strategies are to build the capacity of health workers to provide integrated quality PMTCT/ANC services through training and ongoing site visits by program mentors and increase awareness and uptake of integrated ANC/PMTCT by mothers.
HCSP will support the training of 1,350 health workers from 550 health centers using national PMTCT guidelines and will emphasize group counseling and opt out testing with same day results at point-of-care (ANC, labor and postpartum period). The families of HIV-positive women will be linked to HCT and other services, such as OVC and nutrition, using the MATRIX model. HCSP will scale up activities and continue providing more efficacious ARV regimens-AZT from 28 weeks and 3TC + sdNVP at onset of labor as well as the required infant ARV prophylaxis dosing. sdNVP will be given only at first point of contact when the woman doesn't return and if identified in L&D. HCSP will prioritize identifying and providing HAART for an estimated 30% of women who will need it for their health through clinical staging and CD4 testing by logging samples to laboratories in the region. Eligible women will be linked to ART; CTX and FP. Male partners will be tested using invitation letters and opinion leaders.
Clinical mentors will provide supportive supervision through monthly on-site visits and by telephone consultation. Other support includes the provision of standard operating procedures and facilitation of timely replenishment of test kits and drugs for PMTCT prophylaxis. Nationally, HCSP will actively participate in the PMTCT TWG.
HCSP will encourage increased use of ANC/PMTCT services through IEC/BCC strategies and has trained HCWs to counsel mothers for CT. The program supports 115 MSGs that provide peer counseling on testing and prophylaxis adherence for mother and infant. MSGs and other volunteers will work to ensure follow-up of mother-infant pairs and linkages of HIV exposed infants to EID services and improve infant feeding practices.
To increase ANC attendance, the program will implement a community outreach CT initiative targeting mothers and children in 80 high prevalence woredas, relying on support from HEWs and cadre of community volunteers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HLAB	1,536,000	

Narrative:

The HIV Care and Support Program supports the GOE's nationwide expansion of comprehensive HIV/AIDS services by supporting 550 health centers, of which 350 currently provide ART. A key focus of the program is to support health centers provision of comprehensive HIV/AIDS services of which laboratory support is a key component. Currently 550 health centers provide laboratory support. These laboratories are located in Tigray, Amhara, Oromia, the Southern Nations, Nationalities and Peoples Region and Addis Ababa.

The main strategy of the program is to build the capacity of health centers to provide quality laboratory services through staff training, partnering with regional laboratories and GOE external quality assurance. The program has provided 400 laboratory professionals with a practical laboratory refresher training that includes OI, Malaria diagnosis, DBS taking and transportation for early infant diagnosis, HIV rapid test kits and TB microscopy. The program will further provide ENNRI developed refresher training to over 800 laboratory professionals that will include EQA for TB, Malaria, HIV and other OIs. In addition, a quarterly EQA for 550 health center laboratories will be conducted covering TB, Malaria and HIV tests, with certificates given.

The program has one laboratory advisor in each region to support regional laboratories in EQA and on-site mentors helping health centers implement the quality performance monitoring and improvement measure, the Fully Functional Service Delivery Point tool. They also support gap filling provision of supplies to health centers.

At the national level, senior HCSP technical staff is working closely with EHNRI and PEPFAR and non-PEPFAR partners to develop a national training manual with guidelines, standard operation procedures and EQA systems for HIV tests, TB microscopy, malaria and other OIs.

Senior program technical staffs have been involved in the development of a revised EHNRI EQA strategy for TB, HIV testes, malaria and will assist the GOE in the implementation of the EQAs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	943,100	

Narrative:

A key focus of the HIV Care and Support Program is to support the targeted health centers to provide quality comprehensive HIV/AIDS services, including TB/HIV services, in Tigray, Amhara, Oromia, the Southern Nations, Nationalities and Peoples Region, and Addis Ababa.

Main program strategies are: (1) Build the capacity of health workers to provide quality TB/HIV services through training provided by certified government staff trainers and ongoing mentoring site visits; (2) Support strengthening health center laboratories; and (3) Provide community TB screening.

The program has supported training of 3,993 health workers on HIV/TB counseling and testing, with another 550 planned. Currently, nearly 15,000 TB patients have received treatment, with over 95% tested for HIV. TB screening, diagnosis, and treatment rates, though increasing, are still quite low. Infection control and INH prophylaxis activities will be taken to scale in COP 2010. Kebele-oriented outreach workers (KOOWs) trained in community TB screening and infection control will continue to support these activities at community level. The program will train 2,000 KOOWs in 80 high prevalence woredas and will integrate the new urban health extension workers into its community TB screening activities. Clinical mentorship will continue, with program mentors providing clinical care support in TB screening, diagnosis and treatment. During visits, they will continue to carry out history-taking, physical examination, and case reviews, and will use clinical care indicators to measure quality of service and outcomes. The program has also provided 330 laboratory professionals with practical refresher training on TB microscopy. Program regional laboratory advisors are providing on-site support in TB and malaria microscopy reading, quality assurance, HIV tests, and other opportunistic infection laboratory investigations. Senior program technical staffs were involved in development of a revised Ethiopian Health and Nutrition Research Institute external quality assurance (EQA) strategy involving a decentralized, four-tier system of TB microscopy EQA and will assist the government in implementing it in COP 2010, as it includes hospitals providing EQA to health centers.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7512	**Mechanism Name: Development Alternatives Inc.**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Development Associates Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,245,536	
Funding Source	**Funding Amount**
GHCS (State)	2,245,536

Sub Partner Name(s)

ECIAfrica	Family Health International/ CTR	

Overview Narrative

The USAID Urban Gardens Program is an urban agriculture project in high HIV/AIDS prevalence areas supporting low-income women and children. It teaches simple micro-irrigation and gardening techniques, small livestock rearing, fruit tree growing and OVC care and nutrition at the household level. The project works in selected urban areas of Addis Ababa, Bahir Dar, Gondar, Dessie, Adama, and Awassa. In 2010 the program will expand existing areas and begin expansion to surrounding areas.

The project aims to empower targeted households to grow their own food, improve their nutrition, generate income through the sale of surplus food, and realize alternative livelihoods. The previous Urban Garden project developed the skills of beneficiaries, enabling them to increase production and family income; increased production by installing drip irrigation systems that use 50% less water and labor than normal gardens; and encouraged the sick and elderly to participate in activities. Beneficiaries receive sustainable water systems, appropriate sustainable irrigation systems, chickens, small ruminants, fruit trees and training in vegetable cultivation, organic crop fertilization, natural crop protection, irrigation management techniques, small ruminants and chicken rearing, fruit tree cultivation, nutrition and OVC care and treatment.

The USAID Urban Garden Program will also increase assertiveness and confidence of orphans, HIV+ women and families to work together, share views and support each other, helping to minimize stigma and discrimination and leading to social acceptance of the children and female household heads. In addition, market associations, savings and loan programs and advocacy skill development will be part of the program to ensure sustainability of life skills and assure land for gardens.

The Urban Garden Program will reach 7,500 new households, 26,250 new OVCs. Under the program garden activities not only ensure nutritious food but also provide income for the beneficiary households. DAI coordinates the Urban Gardens Program with a network of NGOs operating in the same target areas with the same populations to achieve comprehensive services.

This activity will work with other PEPFAR Ethiopia partners working in OVC care and support, ART and PMTCT to improve referrals for OVC-headed households between partners. It collaborates on all program areas with 23 sub-partners that have successful HIV/AIDS care networks, and/or successful urban agricultural and market development activities in the target communities. It will work with the PEPFAR APS recipient to ensure the most efficient use of OVC resources.

For COP 2010, the activity will increase outreach to households with HIV and AIDS-affected orphans and vulnerable children, particularly female and orphan-headed households. The plan will include identifying OVC beneficiaries, in keeping with PEPFAR Ethiopia guidance; linking with ongoing PEPFAR Ethiopia OVC programs; working with local partners to develop sustainable water sources that are inline with

environmental standards; advocating with kebele, relevant local government and private landlords concerning access and use of urban land for long-term sustainability; identifying and developing markets where produce can be sold; facilitating access to savings and improving business, budgeting, management and gardening skills of program beneficiaries; and maintaining and strengthening relationships with government at national, regional and levels.
Monitoring of the program will be done regularly through analysis of project reports and through field visits to determine whether program implementation is proceeding according to plan. Monitoring and evaluation of the program will also be used to find out any problems and correct them in a timely manner.
Though there is geographical overlap between DAI and other PEPFAR funded food and nutrition programs, such as, WFP and FBP, there is no overlap in activities since DAI is not involved in any food distribution but rather is building the capacity of the beneficiaries to produce food. WFP and FBP can refer beneficiaries to DAI for sustainable livelihoods after they graduated form the food support programs.
The Urban Gardens program was designed in such a way as to be cost efficient. The major constraint in the program implementation is shortage of land and water. The program is using these limited resources in an efficient way. They by applying drip irrigation technology to use the available water effectively and reduce costs of piped municipal water. To solve the land shortage, the program is using containers, such as, pots, old tires, and bags that can be placed in small spaces at beneficiary houses. These actions are reducing overall costs of the program and for the beneficiaries.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	2,196,546
Food and Nutrition: Policy, Tools, and Service Delivery	48,989

Key Issues

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

Budget Code Information

Mechanism ID:	**7512**

Mechanism Name:	Development Alternatives Inc.		
Prime Partner Name:	Development Associates Inc.		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	2,245,536	

Narrative:

The USAID Urban Gardens Program provides nutrition support and economic strengthening through urban agriculture. OVC and their caretakers are trained in home gardening and develop, maintain and harvest gardens in group plots on local land or in schools. Through community discussion groups, training is provided in nutrition, HIV/AIDS, and other relevant topics. Referrals are made to local health services. Linkages are maintained with WFP and other food programs to ensure access to nutritious food. The gardens provide food and nutrition, as well as psychosocial support to OVC and their caretakers.

The program focuses on OVC (0-17) and women who care for OVC in Addis Ababa, Dessie, Gondar, Bahirdar, Adama and Awassa. In COP 2010 the program will strengthen its impact in current cities and expand to neighboring areas. Community support is increased by building networks, and working in groups. Families and households gain improved nutrition and increased incomes. Working through local NGOs allows the program to reach appropriate beneficiaries. Linking with other PEPFAR partners has provided linkages to local resources for nutrition education and access to other needed services. Field fairs have increased awareness among communities about the importance of vegetables, and strengthened government support.

The biggest challenges have been consistent access to water and land. A variety of approaches will be implemented to ensure sustainable water sources and irrigation methods will be designed according to the locations of the gardens. Each implementing partner will receive cash and in-kind grants to reach at least 215 beneficiaries. The focus will be on expanding group gardens and building opportunities for community building. After a year, the beneficiaries will be transitioned away from project support through a series of training and savings activities that will enable them to continue their own gardens without outside assistance. During the transition phase they will receive training in micro gardening, support for their savings activities, and assistance in business skills and marketing. At the end of the period, they will receive a certificate of graduation from the USAID Urban Gardens Program.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7514	**Mechanism Name: Central Commodities**

	Procurement
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: USAID Central Commodity Fund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,325,505	
Funding Source	**Funding Amount**
GHCS (State)	3,325,505

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7514**		
Mechanism Name:	**Central Commodities Procurement**		
Prime Partner Name:	**USAID Central Commodity Fund**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	3,325,505	
Narrative:			

This is a continuing activity from COP09. The activity procures condoms from the manufacturer and delivers condoms to Ethiopia for use in various PEPFAR programs: 1) the Preventive Care Package for HIV/AIDS (Activity ID 18697.28252.09), 2) Targeted Condom Promotion (Activity ID 6631.28285.09), and 3) other PEPFAR programs as needed.

Products are utilized for social marketing, the preventive care package being distributed to HIV-positive individuals, and for use in facility and non-facility based programs, in conjunction with the Ministry of Health (MOH) and other stakeholders.
Distribution is coordinated with the MOH Pharmaceutical Fund and Supply Agency (PFSA), Population Services International (PSI), the Partnership for Supply Chain Management (PSCM), and other partners.
This activity provides condoms for all PEPFAR programs, within funding limits.
USAID/Ethiopia staff provides supervision and USAID/Washington provides intensive quality assurance of all manufactured product, ensuring that quality condoms are shipped.
No PEPFAR required/essential indicators are applicable to this activity. Specific indicators to follow this activity will be developed by PEPFAR/Ethiopia Technical Working Group(s) during COP 2010.
Target populations include all HIV positive individuals, including those who receive services at health facilities and in community settings, and most-at-risk populations in all settings
Geographic coverage is national, with a focus on high HIV prevalence/high potential impact sites. Actual population coverage will depend on funding level and condom promotion efforts to increase usage rates.
Activities are linked with non-PEPFAR-funded social marketing, USAID-funded family planning activities, MOH activities, and gradual integration of condom procurement and distribution in MOH systems.
Under COP 2010, procurement of approximately 120 million condoms is proposed (70 million for use in a new social marketing program, 15 million for the Preventive Care Package, 30 million for MARPs, and 5 million for public sector health facilities. The overall cost is $3,600,000 including freight and shipping surcharges. These will complement condoms purchased for family planning by USAID, for youth clubs by the MOH, and for social marketing by DKT International.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7515	**Mechanism Name: Ethiopian National Defense force**
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: US Department of Defense	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,618,615	
Funding Source	**Funding Amount**
GHCS (State)	1,618,615

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Comprehensive Goals and Objectives

DOD supports the Ethiopia National Defence Force's HIV/AIDS Strategic Plan's efforts to reduce the rate of new HIV infection and mitigate the impact of existing infection with technical support in several areas and an emphasis on health system strengthening and increasing technical and program management capacity. DOD contracts out services, technical assistance and otehr support on behalf of the ENDF in order to support the porgram.

Geographic Focus and Population

DOD/PEPFAR programs support the Ethiopia National Defence Force of approximately 150,000 – 200,000 active duty personnel, their families, and civilian employees who are stationed all over the country for a total catchment of at least 1 million people.

In FY2010 DOD will support ENDF to solidify their HIV/AIDS program. DOD will work with the ENDF HIV Coordination Office to provide a combination HIV prevention program to their personnel. Condom supply and distribution has been lacking and will be addressed. Shortages of STI drugs also hinder prevention efforts. The Blood Safety Program will receive considerable attention as DOD works with ENDF to scale up collections, processing and distribution of safe blood and infection control will remain a priority at clinical sites. Male circumcision efforts will continue in FY2010.

Contributions to Health Systems Strengthening

DOD support of the ENDF HIV/AIDS program has always centered on ENDF ownership of their program with training and capacity development as core components. For example, the Bella Blood Center is run by ENDF personnel who have been trained by DOD Blood Bankers in accordance with International Blood Safety Guidelines and Protocols. Working with the ENDF, DOD has developed management plans, staffing plans, quality assurance and quality control for the operation of the Blood Center. Similarly, the PwP/Adherence project will also work with the ENDF to adapt the program so that it is integrated into

the functioning of the clinics with management and monitoring and evaluation done by the ENDF.

ENDF participate in DOD organized International Military HIV Conferences providing an opportunity for ENDF to meet with other military personnel involved with HIV programs to discuss leadership issues, policy, management, military specific prevention, care and treatment and SI issues. These Conferences also serve to underscore the fact that these programs are critical to the military readiness enabling the militaries to continue to protect their countries.

Cross-cutting Programs
DOD programs will support clean water activities for PLWHA as well as targeted programs at selected bases where there may be HIV positive personnel.

The ENDF HIV SABERS will support gender activities by collecting data on gender based violence and sexual coercion and on male norms. This information will be used to inform planning for prevention activities.

Cost Efficiencies
DOD has pushed for increased collaboration of the ENDF and the implementing partners through regular monthly meetings to increase synergy, identify and fill gaps and avoid duplication of efforts. These meetings have met with some success and will need to have renewed commitment by all partners to make this coordination as successful as it can be.

Monitoring and Evaluation
ENDF and DOD along with RTI are planning the ENDF HIV Seroprevalence and Behavioral Epidemiology Risk Survey (SABERS) which is based on surveys done in several other militaries. This will be the first such survey done among a representative sample of active duty ENDF personnel. Information from this survey will inform prevention and care and treatment programs. It is expected to be completed in 2010.

While ENDF receives considerable PEFAR support from various GOE and PEPFAR agencies and partners, the coordination of the program has not been ideal as evidenced by substantial gaps in the program. Working to improve all ENDF partner coordination and create a cohesive program, DOD will continue to work directly with ENDF in specific technical areas and support collaboration meetings of PEPFAR and GOE supported ENDF partners.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	50,000
Human Resources for Health	40,000

Key Issues

Addressing male norms and behaviors
Malaria (PMI)
Military Population

Budget Code Information

Mechanism ID:	**7515**
Mechanism Name:	**Ethiopian National Defense force**
Prime Partner Name:	**US Department of Defense**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	100,000	

Narrative:

Having clean water for drinking and food preparation is a cornerstone of basic health. Support for clean water activities will be provided so that ENDF personnel at all bases will have access to clean water. Large storage vessels will be provided for clean water and small household size vessels and point of use sanitization will also be provided. Additionally, train the trainer programs on safe water handling will also be instituted so that the ENDF can continue the program with PEPFAR only providing commodities and technical assistance.

Current implementing partners are not supplying commodities for clean water to PLWHA. This activity will coordinate with ENDF and implementing partners to ensure that PLWHA are provided education and commodities needed both from clinic sites and bases.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	200,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	OHSS	40,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	180,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	400,000	

Narrative:

The National Defense Blood Bank Center, Bella is a central blood collection, processing, and storage facility at the Bella Defense Forces Central Referral Hospital. It serves 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. The DOD Blood Safety Program has been using a phased approach 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. The National Defence Blood Bank Center, Bella Strategic Plan 2008-2012 outlines its goals and objectives.

DOD/PEPFAR support provides 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.

ENDF and DOD have defined 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 and defined 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.

The SafeTrace Program Software is being used for the blood- and blood-products management computer system to track and control safe blood and blood-component products and will be expanded to all transfusion sites.

Due to turnover of key Blood Center staff, the program has continued to focus on training and management of the Blood Program. Donor recruitment principles and strategies were addressed in 2009 and the ENDF can now operationalize what they have learned to bring the blood collection up to

expected levels. Likewise, addressing transportation needs in 2009 will improve collection of units.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	298,615	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	40,000	

Narrative:

The Ethiopia National Defense Force is comprised of approximately 150,000 personnel stationed in bases all over the country in addition to deployment in other countries. While many active duty personnel are stationed close to their families, many others are not. This distance from their families coupled with their financial and other resources, and their training to feel invincible may put them at increased risk for HIV. Once compiled, results from the 2010 ENDF HIV Seroprevalence and Behavioral Epidemiology Risk Survey (SABERS) will be used to specifically focus prevention efforts where they are most needed. However, in the meantime, we know from the 2005 BSS, DHS and other surveys that there are geographic and population hotspots in the country where HIV prevalence is especially high.

AB messaging will not be applied to all Military population due to the character of the population and other reasons mentioned above. Comprehensive HIV/AIDS service will be provided with some specific AB activities for selected part of the Military population who are stationed with and/or close to their families and AB intervention is applicable.

The TBD partner in collaboration with ENDF will plan a focused activity on this regard.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	360,000	

Narrative:

The Ethiopia National Defence Force is comprised of approximately 150,000 personnel stationed in bases all over the country in addition to deployment in other countries. While many active duty personnel are stationed close to their families, many others are not. This distance from their families coupled with their financial and other resources, and their training to feel invincible may put them at increased risk for HIV. Once compiled, results from the 2010 ENDF HIV Seroprevalence and Behavioral Epidemiology Risk Survey (SABERS) will be used to specifically focus prevention efforts where they are most needed. However, in the meantime, we know from the *** BSS, DHS and other surveys that there are geographic and population hotspots in the country where HIV prevalence is especially high and that there are military

bases. As some of the ENDF may congregate in bars and other locations in these HIV prevalence areas, HIV prevention activities targeting MARPS needs to be scaled up.

Outreach to especially high risk military personnel and other civilians including bar owners, bar workers and other customers has been identified as a gap in the HIV program and will complement the existing prevention activities supported by other partners in the general military population such as those using peer education groups. The selected TBD partner, working with ENDF will coordinate with local HAPCOs, locally implementing partners, and current implementing partners to provide evidence-based comprehensive HIV prevention activities for MARPS. In this first year, the TBD partner will work with ENDF and other partners to select a few target locations based on available HIV prevalence data.

Proposed activities to reduce HIV risk at the selected locations include mobile and evening STI care, HIV testing, referrals to MC services, referrals to civilian and military care centers, provision of HIV risk reduction education and condoms. Sufficient condom supplies and training regarding correct and consistent condom use will be provided.

Targets for this activity are, soldiers, Bar workers, surrounding civilian society including the local leadership

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7516	**Mechanism Name: WLI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: World Learning	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,000,000	
Funding Source	**Funding Amount**
GHCS (State)	4,000,000

Sub Partner Name(s)

ASTAR Advertising	Ethiopia Electric Power Cooperation	Ethiopian Roads Authority
Ministry of Water - Ethiopia		

Overview Narrative

In COP 2010 the World Learning/USAID School-Community partnerships for HIV/AIDS affected and Infected Orphans and Vulnerable Children (OVC) will focus on strengthening the communities' abilities to participate in the design and management of OVC support programs using schools as a conduit to empower and organize community members. The project's strategic objective is to build the capacity of 400 schools to serve as focal points for OVC care and support. The project will provide quality, comprehensive services to at least 40,000 HIV affected or infected OVC with a focus on increased enrollment, retention and academic performance and strengthen school –community partnership in 400 primary schools to enhance their capacity to plan and manage OVC support programs. The project will serve 40,000 OVC at 400 Primary schools in Afar, Amhara, Benishangul Gumuz, Gambella, Harari, Oromia, SNNPR, Somali and Tigray Regional States and Dire Dawa and Addis Ababa City Administrations.

World Learning (WL) subcontracts Tigray Development Association (TDA) in Tigray. WL will work primarily at the school and community level, involving stakeholders such as members of Parent Teacher Associations (PTA), Kebele Education and Training Board (KETB) members, students, Girls Education Advisory Committees (GEAC), teachers and school directors. While various government agencies will be involved the lead agency will be the Regional State Education Bureaus.

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 will facilitate monitoring of child and family health and will increase networking with other services. Gender issues will be addressed through increasing girls' access to services and teacher training on gender norms. The project personnel will provide capacity building training and technical assistance for members of PTAs, GEACs, teachers, and staff of regional, zonal, and woreda level Education Offices; and other appropriate community members. OVC will obtain school supplies, benefit from tutorial sessions and receive age appropriate life-skills education. Through counseling and guidance with emphasis on HIV/AIDS-affected children, GEAC 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 HIV/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. Hygiene supplies will be provided to adolescent girl OVC.

Gender issues including male norms, gender equity, women's access to income, and increasing women's legal rights will be 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 will be part of the linkage system. Linkages with other sectors will occur through training, capacity building and information sharing. Local organization capacity development and sensitization will occur 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 will occur through a coalescence of the training and outreach activities.
This activity will link 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 USAID-funded Basic Education Program; Community-School Partnership Program Initiative designed to link health and education activities at the community level. The project 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.
Participating schools will receive schools incentive awards to motivate and capacitate school communities to initiate low cost approaches to income generation schemes to contribute to continuity of services after the project ends. Local resources will be mobilized to complement the school incentive awards.
WL will coordinate the activities of other collaborating partners and agencies involved in program implementation, monitor and evaluate programmatic implementation, financial administration of grants to schools, and to gather and use appropriate data to measure beneficiary satisfaction using Child Status Index and other appropriate tools.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	12,000
Gender: Reducing Violence and Coercion	30,550

Key Issues

Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**7516**
Mechanism Name:	**WLI**
Prime Partner Name:	**World Learning**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	3,000,000	

Narrative:

World Learning (WL) will provide comprehensive care and support services to 40,000 HIV/AIDS affected or infected OVC at 400 primary schools in Ethiopia with a focus on increased enrollment, retention and academic performance. School-community partnerships will be strengthened to enhance school and community capacity to plan and manage OVC support programs.

Using incentive awards, PTAs will be motivated to actively plan, manage and monitor OVC services and run income generation activities. OVC obtain school material support to enroll stay in school and learn better. Program interventions will address the needs of vulnerable children including psychosocial counseling, provision of tutorial remedial classes, life skills, food and nutrition, referral to health services, provision of school uniforms or uniform waiver, school supplies, and waiver of school fees as provided by PTA to create a supportive learning environment. Girls will be given special consideration and their specific personal and academic problems will be followed through greater involvement of Girls Education Advisory Committees, female teachers and well known women from the community. At least 50% of the beneficiaries will be girls. Legal protection will be provided for OVC in partnership with local government, CBOs and communities.

Care providers (female and male teachers) from each participating school and household level care providers will receive training on how to assess OVC needs, plan for coordinated care, and monitor OVC service satisfaction based on individual care plans. School-Communities will be mobilized through awareness raising activities. The capacity of care givers, both at school and in family units, and the education system will be strengthened to provide improved OVC care and support services in school settings. Strong ties with the community via PTAs enable monitoring OVC receiving core services such as shelter, health care, protection, food from within the community or their households. PTA income generation activities and school gardening have proven sustainable.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	100,000	

Narrative:

This intervention targets at least 100,000 (cumulative) construction workers and surrounding community members in the 25 impact sites across Amhara, Oromiya, Tigray, Afar, SNNP Regional States and Diredawa City Administration. Of these, 12,000 will be construction workers, mostly young adult men; and 88,000 high-risk community members of both sexes. Overall, about 53,700 people in the 18-30 age group will be targeted. Young girls and women in the hosting community are usually involved in transactional sexual acts with the construction workers. Unsafe sexual interactions between the workers

and the hosting community, lack of knowledge, supplies and skill in prevention HIV transmission are a potential driving factor for new infections in both communities.
Interpersonal communication is a key strategy for moving people through the stages of behavior change and is, therefore, an important strategy of this project. A total of 122 peer educators will facilitate weekly peer discussion sessions (16 sessions per group) among the construction workers using a standard 'abstinence and be faithful' peer education curriculum as well as discussion guides that accompany audio/video/print materials prepared by ASTAR. 144 community conversation sessions will be conducted per month among the communities living around the construction sites for a total of 10-12 months.
In addition, the key messaging on abstinence/be faithful will be supported through various tailored IEC materials distributed to all sites. Over 220 leaders from FBOs and local administration, and 50 leaders from partner organizations will be trained to promote abstinence and be faithful programs within their communities and beyond.
The project monitoring and evaluation plan includes collection of performance data on a monthly basis, monthly review meetings at the site level, regular supervision to assure quality and provide backstopping support at the field level, quarterly high-level meetings at country level and operational research to review overall progress and feasibility of the interventions as well as provide overall guidance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	900,000	

Narrative:

From this project, 236,000 (cumulative) construction workers, CSWs and surrounding community members in the 25 impact sites across Amhara, Oromiya, Tigray, Afar, SNNP Regional States and Dire Dawa City Administration will benefit from 'other sexual prevention' interventions. Of these, 33,000 will be construction workers; 3,000 will be female sex workers; and 200,000 community members of both sexes at high-risk. About 125,000 will be in the 18-30 age groups.
Project strategies include 122 peer educators to facilitate weekly discussion sessions (16 per group) with construction workers using a standard HIV/AIDS/STI peer education curriculum and discussion guides that accompany IEC materials prepared by ASTAR, and 144 CCFs to conduct twice monthly community conversation sessions in communities around the construction sites. Weekly peer education sessions (16-20 per group) will be held with CSWs living near the construction sites utilizing the Health Communication Partnership model.
Drop-in centers will be established in selected urban sites to facilitate access to information and services for CSWs. In addition, 70 PLWHAA will be trained to support IEC/BCC initiatives.
Target-specific IEC materials and media campaigns on risk reduction will be developed. At least 220 leaders from FBOs and local administration will be trained to promote risk reduction programming within and outside their communities.

At least 2.5 million male condoms will be delivered to the 25 project sites and distributed through most suitable local outlets. Referral linkages will be established with health facilities to provide access to HCT, STI counseling and management other related services. Fifty leaders and officials of key partner organizations will be trained to facilitate institutionalizing and managing HIV prevention and care in the workplace. CSWs and PLWHAPLWHAA will be offered vocational skills training to improve their access to income generation and alternative livelihoods. The project M&E plan includes monthly performance data collection and review meetings, regular supervision to assure quality and backstop at field level; quarterly meetings in Addis and operational research to review overall progress and feasibility of the interventions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7517	**Mechanism Name: Former Track 1 now HQ**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,399,825	
Funding Source	**Funding Amount**
GHCS (State)	1,399,825

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Making Medical Injections Safer (AIDSTAR-One) Project, a 5-year centrally funded PEPFAR project is transitioning to a field-support funded program as a part of AIDSTAR-One for a 12-month period (October 2009-September 2010). AIDSTAR-One's injection safety program, will begin where the AIDSTAR-One project left off.

The goal of AIDSTAR-One's technical assistance to the Government of Ethiopia is, in collaboration with

local partners, to expand safe injection interventions to 550 health centers (470 new; strengthen in 80 current health centers) and 300 private facilities in Amhara, SNNP, Tigray, and Oromia as well as Addis Ababa, Dire Dawa, and Harar to assure that each injection given is safe and necessary and does not pose a risk to the patient, health care provider, or community.

The objectives to be achieved in collaboration with the USG team and local partners are the following: (1.) To support the Ministry of Health and PEPFAR partners' ability to identify, forecast, finance, procure and distribute the appropriate levels of injection equipment, supplies, and waste management commodities to assure sufficient supplies at health facilities. (2) To improve access and sustainability of injection equipment, supplies, and waste management commodities in the local market through promotion of local manufacturing and importation. (3) To foster normalization of safe and necessary injection practice through training and capacity building. (4) The development of sensitization and advocacy materials and activities designed to change the attitudes and practices of patients, providers, the community, and policy makers. (5) To establish a system for independent and routine monitoring of injection safety practices to identify areas to be strengthened, and using findings to improve interventions. And (6) to strengthen the policy environment to facilitate the availability of guidelines, resources for safe injection practices, professional and cultural norms that support injection safety, and continuous monitoring and improvement of injection practices.

The target populations include health professionals in the public, private, and informal sectors: prescribers, providers, sanitarians, medical laboratory professionals, health extension workers, health care facility waste handlers, and health supervisors. The ultimate beneficiaries of the activities are individuals who require medically invasive procedures and injections and their communities who receive safe injection messages.

AIDSTAR-One's injection safety program is cross-cutting and contributes to the PEPFAR prevention goals and supports clinical activities in blood safety, voluntary counseling and testing, PMTCT, palliative care, TB/HIV, and ARV services. AIDSTAR-One contributes to the health system strengthening by integrating sustainability into the approaches it uses in technical areas including policies to serve as a framework for reinforcing the social and professional norm of safe injections. It builds the local capacity in all the technical areas of injection safety and works collaboratively with local partners in the planning of its activities. AIDSTAR-One's work enables the health system to be better prepared to protect health care worker safety, improve the quality of care by assuring safe and necessary injections, and to effectively manage sharps waste to protect the larger community.

AIDSTAR-One's will monitor and evaluate specific aspects of commodity management, capacity building and training, behavior change and advocacy, health care waste management and policy environment. A variety of sources of information will be leveraged during the life of this program including programmatic reporting, collection of quantitative data from supervision visits, and logistics management information systems. Data will be shared with others and used to refine and improve the implementation of activities. In order to progressively become more cost efficient, AIDSTAR-One's approaches includes: continued

strong collaboration at each level of the healthcare system, and with other providers working in sites to avoid duplication of efforts and to leverage each partner's strengths and resources; further strengthening of tools for monitoring and evaluation of injection safety activities and the use of this data for evidence-based decision across local partners and institutions; and continuing to combine training activities with long-term capacity-building of local partners and institutions.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7517**
Mechanism Name:	**Former Track 1 now HQ**
Prime Partner Name:	**John Snow, Inc.**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	1,399,825	

Narrative:

AIDSTAR-One's injection safety activities cover six technical areas: commodity management, capacity-building and training, behavior change communication and advocacy, policy, and monitoring and evaluation. Strategic ownership and sustainability approaches have been incorporated and will continue. The target populations include health professionals in the public, private, and informal sectors: prescribers, providers, sanitarians, medical laboratory professionals, health extension workers, health care facility waste handlers, and health supervisors.

AIDSTAR-One is working to assure both an adequate supply of injection devices as well as appropriate use and management of stocks at different health service facilities. AIDSTAR-One will continue to strengthen health facilities storage capacities. AIDSTAR-One shares data with different partners so that it can be used for quantificational and other supply chain-related decision making.

AIDSTAR-One, through subcontractors, will conduct injection safety training in Ethiopia to improve the technical competencies of health workers responsible for injections.

AIDSTAR-One also addresses behavior change; these messages target health care workers, decision-makers, clients, and the community. AIDSTAR-One also works in collaboration with the MOH and other donors who are refurbishing health centers to assure high quality infection prevention, and injection safety issues including the maintenance of incinerators and provision of waste receptacles. AIDSTAR-One also helps to guide the development of standard systems for safer waste management practices. AIDSTAR-One organizes workshops for RHB, hospital, and other health administrators to address HCWM in a systematic way. Beyond the injection safety needs of the public-sector health network, AIDSTAR-One also addresses injection safety issues among private providers and the informal health sector. AIDSTAR-One regularly conducts monitoring and evaluation of health facilities in order to measure progress and address problems. All program data obtained through routine monitoring will be shared with other partners and used to improve the effectiveness of injection safety interventions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7523	**Mechanism Name: Partnership for Supply Chain Management**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 37,260,259	
Funding Source	**Funding Amount**
GHCS (State)	37,260,259

Sub Partner Name(s)

3I Infotech	Affordable Medicines for Africa	AMFA Foundation
Booz Allen Hamilton	Crown Agents	International Dispensary Association
Manoff Group, Inc	Map International	Net1 UEPS Technologies

Northrup Grumman	PATH	The Fuel Logistics Group
The North-West University	UPS	Voxiva

Overview Narrative

This is a continuing activity from COP 2009. The focus of the Partnership for Supply Chain Management (PSCM) for COP 2010 will be to consolidate efforts to support quality of care at the facility level through systems strengthening in three areas: (1) the supply chain management capacity of the Pharmaceutical Fund and Supply Agency (PFSA), from quantification/supply planning/procurement to distribution and management information systems; (2) public sector capacity to effectively manage logistics activities that affect product availability; and (3) the national laboratory system and its ability to provide technical support in the management of lab commodities.

In COP 2009, PSCM launched the implementation of a "Quick Win" distribution/capacity building strategy. This approach intends to leverage tools and systems tested for HIV/AIDS commodities and industry best practices in supply chain management, such as warehouse operations, fleet and distribution management, inventory control, order processing. The goal for COP 2010 is to institutionalize modern and robust supply chain management practices in PFSA.

In COP 2010, PSCM begin to withdraw staff providing technical assistance for systems development and replace them with trained and experienced PFSA employees. To support this transition, PSCM will work closely with other USG logistics partners to ensure that integrated information systems are in place, linking facilities with PFSA branches. It is also expected that PFSA will have made significant strides in the expansion/construction of hub warehouses and in central level procurement. PSCM will ensure that standard operating practices and systems are successfully transferred to the new locations. PSCM will continue to support the development of a comprehensive management information system (MIS) with PFSA, linking inventory control systems with systems supporting PFSA's financial and fund management needs. The latter will support PFSA's major goal to establish a functioning revolving drug fund capable of recovering costs while sustaining a continuous supply of essential medicines.

Systems strengthening will focus on maximizing the impact of partner coordination mechanisms established in COP 2009, between PSCM and USG implementing partners, local institutions (with support from seconded PSCM staff), and other stakeholders. Impact will be measured in terms of durable strengthening of public health facilities, subsequent to intensive partner and government support at site level, efficient and effective assignment of partner resources, prioritization of vital HIV/AIDS commodities to ensure full supply in high-volume health facilities, and stronger, systematic linkages between the RHBs/health facilities and PFSA hubs. PSCM, in coordination with USG logistics partners, will also ensure that regions and facilities are effectively implementing the commodity tracking/pharmaceutical information management system developed with PFSA. Finally, PSCM will maintain its emphasis on supporting the achievement of targets in prevention, care and treatment, contributing essential supplies and contingency funding.

In the area of laboratory systems, PSCM will aim to consolidate its support to the Ethiopian Health and Nutrition Research Institute (EHNRI), regional laboratories and PFSA to transition out of technical assistance in this area, promoting inclusion of laboratory logistics in the integrated national supply chain system. Focus will be placed on capacity building/mentoring, and institutionalization of public-sector laboratory logistics systems as part of the system managed by PFSA

PSCM will continue to provide gap-filling supplies of essential HIV/AIDS commodities to the national program from USG funding sources. It is important to note that PEPFAR funds are insufficient to fill the large gaps in the supply needed to support Ethiopia's universal access goals, or even more modest program expansion. PSCM will procure laboratory supplies, including reagents for ART monitoring and pediatric/early infant diagnosis, selected drugs for OI and STI management, essential supplies for PMTCT services, as well as infection prevention, home-based care, ready-to-use therapeutic food and other selected commodities. PSCM will maintain a an ARV and commodity fund to address emergency needs for ARVs and other critical HIV commodities, and in some cases to fill a portion of gaps in HIV commodities procured through other sources such as the GFATM. PSCM will support the phase-out of Clinton Foundation support for pediatric ARVs. In addition to supply planning/monitoring and procurement, PSCM will assure delivery of products to all eligible sites, with this responsibility to be assumed by PFSA during COP 2010.

Finally, through coordination and a focus on leaving sustainable systems in place, PSCM will maintain its operations at cost-efficient levels. A performance monitoring plan, building on plans from COP 2008 and COP 2009, will be developed and used to routinely report on achievement of goals and desired outcomes.

PSCM COP 10 funding will be supplemented with $7,876,894 of COP09 pipeline funding, to fully support the ARV and Commodity Fund, Early Infant Diagnosis commodities, Health Systems Strengthening including pharmaceutical management, laboratory logistics and reagents for ART monitoring, and nutrition commodities. It will be necessary to increase COP11 funding to fully support several of these critical areas.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,000,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7523**
Mechanism Name:	**Partnership for Supply Chain Management**
Prime Partner Name:	**Partnership for Supply Chain Management**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	8,565,067	

Narrative:

COP 2010 will support HIV programs with procurement of home-based care (HBC) supplies, opportunistic infection (OI) drugs and Food by Prescription (FBP) commodities, ensuring availability for targeted beneficiaries. The quantities needed exceed identified funding sources, hence the Partnership for Supply Chain Management (PSCM) will coordinate with other stakeholders to cost national HIV commodity needs, and procure products. PSCM will work with Government of Ethiopia (GOE) counterparts and implementing partners to pursue attainable program objectives given available resources. PEPFAR Technical Working Groups have defined funding levels for these commodities under COP2010.

Including a full supply of Cotrimoxazole, PSCM will procure up to 100% of the estimated annual need for 30 key OI commodities, of 76 identified as necessary to address OIs. Procurement will focus on complementing GOE expenditures to fill gaps for highly prevalent OIs. It is expected that 475,000 patients will be reached with OIs through the estimated funding level of $4,969,526.

Unlike the increasing OI drug need, projections for HBC indicate reductions in bed-ridden patients, thus procurement will focus on commodities needed to ensure integrated lab testing, and to increase retention and adherence. The estimated funding of $2,372,036 covers approximately 23,325 patients for one year.

Nutrition procurement will cover annual targets set by the FBP activity to ensure a complete supply of ready-to-use therapeutic food and fortified blended flours. The estimated funding of $1,714,450 will cover approximately 50,000 beneficiaries for one year. PSCM pipeline funds will be used to cover $770,965 of this amount, with $943,485 coming from COP 2010. Under COP 2011, full funding will require additional funds. For all commodities, price hikes during the year will reduce the number of beneficiaries which can be covered.

No PEPFAR national/essential reported indicators are pertinent to this activity; relevant individualized indicators will be developed during COP 2010. No training, clinical services or adherence activities occur under this activity. Quality assurance and supportive supervision will be carried out by USAID and PSCM headquarters staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	9,377,447	

Narrative:

The focus of this activity will be to procure lab commodities to support HIV lab testing for HIV positive individuals on antiretroviral treatment (ART) and pregnant HIV positive women.
Despite the expected expansion of ART monitoring to health centers, it is not expected that the number of tests conducted nationally and hence the supplies needed will increase significantly, as commodity forecasts have been principally based on patient targets; hospital sites have been shouldering the majority of testing requirements to date. Consumption of testing supplies has been far less than quantified and the consumption based approach to quantification is likely to streamline needed funding levels for ART lab supplies. Hence, COP 2009 funding levels are perceived as adequate to meet increasing patient and testing targets. It is expected that targets of 14.48 million tests (CD4, Chemistry, Hematology, and "Tests, Various" combined), a 57% increase from targets set in COP 2009, can be achieved under a flat line budget.
Further analysis of the product pipeline for commodities, as well as the factors mentioned above, carried out with the Centers for Disease Control (CDC) laboratory team, indicate that a funding level of $11,791,062 will cover 100% of estimated COP 2010 ART monitoring testing needs, including viral load and consumables.
ART lab monitoring has been prioritized for full coverage, given the importance of this activity in maximizing the effectiveness of ART. Notwithstanding this prioritization, the proposed funding level of $9,377,447 represents only 79.5% of the estimated need under COP 2010, with the balance to be covered by pipeline. Under COP 2011, full funding will require additional funds. The PEPFAR Technical Working Groups have set the funding level based on an analysis balancing available funding with technical priorities.
No PEPFAR national/essential reported indicators are relevant to this activity. Relevant individualized indicators will be developed during COP 2010. No training, clinical services or adherence activities occur under this activity. Quality assurance and supportive supervision to ensure effective procurement and quality products will be carried out by USAID and PSCM headquarters staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	380,328	

Narrative:

As the Clinton HIV/AIDS Initiative (CHAI) support for pediatric treatment commodities, including early infant diagnosis (EID), ends on December 31, 2010, the Partnership for Supply Chain Management (PSCM) will cover the transition period until the Government of Ethiopia (GOE) takes over procurement of these product categories using Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM) monies.
PSCM will work closely with CHAI, the Ethiopian Health and Nutrition Research Institute (EHNRI), the

Pharmaceutical Fund and Supply Agency (PFSA), the Centers for Disease Control and Prevention (CDC) and other implementing partners and regions to procure complementary supplies for the program as needed, and to continue to strengthen the logistics system for forecasting, quantifying, procuring, distributing, storing and dispensing these products.
Assuming availability of funds, any budgetary shortfalls in this area are expected to be covered through the antiretroviral (ARV) and commodity fund described in Budget Code 15 – Treatment – ARV Drugs, which is used to cover any potential gap in the procurement of essential treatment commodities needed by pediatric ART patients, including EID supplies and ARVs.
The funding level to support EID supplies has been defined by the PEPFAR Technical Working Groups, through close collaboration and analysis with the CDC laboratory team, as $420,652. For COP 2010, $380,328, to cover 90% of the gap left by CHAI's withdrawal from funding, has been determined as the amount available, balancing availability of funds with technical priority; $40,324 from pipeline funds will cover the remainder. For COP 2011, additional funding above the COP 2010 funding level will likely be required to assure full supply of EID commodities.
No PEPFAR national/essential reported indicators are relevant to this activity. Relevant individualized indicators will be developed during COP 2010. No training, clinical services or adherence activities occur under this activity. Quality assurance and supportive supervision to ensure effective procurement and quality products will be carried out by USAID and PSCM headquarters staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	3,859,010	

Narrative:

The COP 2010 focus will be systems strengthening in three areas: 1) supply chain management capacity of the Pharmaceutical Fund and Supply agency (PFSA); 2) public sector capacity to manage activities that affect logistics management and product availability; and 3) the national laboratory system's ability to provide technical support in management of lab commodities.
In COP 2010, it is expected that the Partnership for Supply Chain Management (PSCM) will complete implementation of a "Quick Win" transition strategy grounded on the build-operate-transfer principle, launched in COP09. This approach will leverage systems for best practices in supply chain management. The goal is to institutionalize robust supply chain management practices in PFSA. PSCM will begin to pull out staff providing technical assistance (TA) for systems development and replace them with trained PFSA employees. PSCM will work closely with other USG logistics partners to ensure that management information systems (MIS) are in place. Support will be provided for development of an MIS linking inventory control systems with financial management systems.
Systems strengthening will maximize the impact of partner coordination mechanisms established between PSCM, USG implementing partners, PFSA and other stakeholdersPSCM will aim to consolidate

support to the Ethiopia Health and Nutrition Research Institute (EHNRI), regional lab departments and PFSA, to transition out of TA in the lab area and promote integration of lab logistics in the new national system.
Funding of $6,375,000 is estimated to be needed to support COP 2010 activities. Pipeline of $2,515,990 will be used to support these, supplementing the funding level set by the PEPFAR Technical Working Group. For COP 2011, additional funds above the COP 2010 level may be required to fully support this priority area.
Through a focus on partnership and leaving sustainable systems, PSCM will maintain operations at cost-efficient levels. A performance monitoring plan will be used to routinely report on achievement of goals. No clinical services or adherence activities occur under this activity. Quality assurance and supportive supervision will be carried out by USAID and PSCM headquarters staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	5,683,845	

Narrative:

This is a new Budget Code under COP 2010. Focus will be procurement of infection prevention (IP) materials.
While minor funding for infection prevention commodities has been included in Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM) grants, it is not clear that the Ministry of Health (MOH) has procured these successfully to date. The Partnership for Supply Chain Management (PSCM) will strengthen capacity of the Pharmaceutical Fund and Supply Agency (PFSA) to procure infection prevention commodities, and given the major gap between available GFATM funding and quantified needs, will procure them under COP09-10. With COP09 funds, PEPFAR expects to procure $6,838,550 in these products, about 10% of quantified need.As indicated above, demand for the 45 IP materials will exceed available funds. These items are critical in promoting quality and safety of facility-based services. Funding for COP 2010 ($5,683,845) covers 7.7% of COP 2010 estimates for the total commodity cost to support 112 hospitals and 790 health centers. RPR tests, the cost of which is estimated at $77,771, would also be procured and are included in this total amount.

The Prevention Technical Working Group (TWG), in consultation with four other PEPFAR TWGs, has determined the funding level for IP materials, since they provide cross-cutting support for safety/quality. No PEPFAR national/essential reported indicators are relevant to this activity. Relevant individualized indicators will be developed during COP 2010. No training, clinical services or adherence activities occur under this activity. Quality assurance and supportive supervision to ensure effective procurement and quality products will be carried out by USAID and PSCM headquarters staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	947,413	

Narrative:

This is a new Budget Code under COP 2010. Focus will be procurement of sexually transmitted infection (STI) drugs.
While funding for STI drugs has been included in Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM) grants for several years, the Ministry of Health (MOH) hasn't procured these successfully to date. The Partnership for Supply Chain Management (PSCM) will strengthen the capacity of the Pharmaceutical Fund and Supply Agency (PFSA) to procure 16 essential STI drugs, as defined by group of technical experts at the MOH's annual National HIV Commodity Quantification Exercise, and quantified by PSCM, and will procure them under COP09-10.
With COP 2009 funds, PEPFAR expects to procure the full annual need for these products ($1,799,239). Under COP 2010, PEPFAR will fund 50% of the annual national need ($947,413), using the Partnership Framework to communicate that funding will not be provided under COP 2011, with the Government of Ethiopia (GOE) expected to fulfill the 2006 USG-GOE Memorandum of Understanding (MOU) that gives it full responsibility for STI procurement.
PSCM will also work to introduce systems to collect site level information on STI drug use. During COP 2010, efforts to track STI and non-STI use for these cross-cutting commodities will be carried out, in collaboration with the MOH and other relevant stakeholders.
The Prevention Technical Working Group (TWG) has agreed on the funding level for STI drugs, in order to provide stock until such time as the MOH is capable of procuring these effectively.
No PEPFAR national/essential reported indicators are relevant to this activity. Relevant individualized indicators will be developed during COP 2010. No training, clinical services or adherence activities occur under this activity. Quality assurance and supportive supervision to ensure effective procurement and quality products will be carried out by USAID and PSCM headquarters staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	583,149	

Narrative:

This is a new Budget Code for this mechanism. The COP 2010 focus will be procurement of essential supplies and equipment to support achievement of facility-based targets for Prevention of Mother-to-Child Transmission of HIV (PMTCT).
The Partnership for Supply Chain Management (PSCM) will work closely with the Ministry of Health (MOH) and other stakeholders to support improvements in service delivery at target sites, since the lack of basic maternal-child health (MCH) commodities is among the barriers to expanding PMTCT. Spending levels for this area from will decrease from $3,872,729 (COP 2010) to $1,007,550 under COP 2010.

The COP 2010 funding will cover a full package of 37 essential equipment and supply items required for effective PMTCT services at 23 of the estimated 902 sites expected during COP 2010, as well as $41,137 of PMTCT lab inputs. This represents 2.5% of the 112 hospitals and 790 health centers expected to provide PMTCT services under a reasonable scale-up scenario from the current 632 health centers. COP 2009 PEPFAR funding will cover approximately 74 sites, with an additional 68 to be covered by Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM) funds, for a total of 18% of the 902 sites by FY 2011. An assessment will be carried out before distribution, so that sites already possessing some items will not be resupplied.

The PEPFAR/Ethiopia TWG determined the level of support to be provided, attempting to achieve balance between technical assistance and commodities, since funding is not sufficient to cover all needs. If assessment indicates that additional funds are required to provide critical supplies and equipment, reprogramming may occur during the COP 2010 implementation period.

PEPFAR will focus its support in sites with high HIV prevalence, high antenatal care (ANC) patient loads and high population.

No PEPFAR national/essential reported indicators are relevant to this activity. Relevant individualized indicators will be developed during COP 2010. No training, clinical services or adherence activities occur under this activity. Quality assurance and supportive supervision to ensure effective procurement and quality products will be carried out by USAID and PSCM headquarters staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	864,000	

Narrative:

The focus of this area will be to continue to provide supportive supervision and technical assistance for the strengthening of supply chain systems for integrated lab services designed and introduced in COP 2009. The Pharmaceutical Fund and Supply Agency (PFSA) will play an increasingly central role in the logistics management of these supplies. In addition, the Partnership for Supply Chain Management (PSCM) will focus on strengthening lab commodity forecasting and lab logistics information management to ensure uninterrupted supply. In order to support the overall national goal of quality lab infrastructure, integrated trainings focusing on site level lab commodity management will be conducted in coordination with implementing partners.

PSCM will work to achieve the integration of lab logistics in the comprehensive national logistics system being developed with PFSA, as indicated to the Ethiopian Health and Nutrition Research Institute (EHNRI) by PEPFAR/Ethiopia when this assistance began in 2006. A parallel lab logistics system will not be supported in the medium term.

Funding for COP 2010 set at $864,000 will not support the estimated annual need for the logistics technical assistance of $1,000,000; thus $136,000 of pipeline funds will be used this year. For COP

2011, additional funds above the COP 2010 level may be required to fully support this highly prioritized area. The activities listed above meet the capacity building goals under PEPFAR.
The PEPFAR national/essential reported indicators are not relevant to this activity. Relevant individualized indicators will be developed during COP 2010. No training, clinical services or adherence activities occur under this activity. Quality assurance and supportive supervision to ensure effective procurement and quality products will be carried out by USAID and PSCM headquarters staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	7,000,000	

Narrative:

The Partnership for Supply Chain Management (PSCM) focus under COP 2010 will be to procure antiretrovirals (ARVs) and other essential HIV commodities as needed on an emergency basis.
It is projected that starting in June 2010, a commodity gap will be created by the phase-out of support by the Clinton HIV/AIDS Initiative (CHAI) for adult second-line ARVs. PSCM will fill the approximately $1.5 million gap, enabling achievement of second-line ARV treatment targets projected at 1.5-2% of patients. Actual funding amounts will be based on review of existing national stock levels at the time of phase-out.
In order to promote timely procurement, collaboration with the Government of Ethiopia (GOE) and other stakeholders will continue for commodity forecasting and pipeline reviews. In Ethiopia, the primary source of funding for ARVs is the Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM).
Given the history of periodic delays in GFATM procurement by the GOE, PSCM will provide an ARV and commodity fund to provide partial coverage for potential emergency gaps that result from delays in procurement or other factors. The level of funding for this purpose is expected to be similar to earlier years, around 10% of the total estimated annual ARV cost ($9,000,000). During the last two years, as a result of procurement problems or unexpected spikes in demand, PEPFAR has expended $15 million from this fund for ARVs and rapid test kits.
Under COP 2010, $2,000,000 of pipeline funds will be used to reach the $9,000,000 level, with $7,000,000 of COP 2010 funds designated for the fund. Additional funding above the COP 2010 funding level will be needed in COP 2011 to reach the 10% level. If the fund is not fully expended during COP 2010, it will be utilized to cover a portion of the large gap in other HIV commodities such as infection prevention materials.
No PEPFAR national/essential reported indicators are relevant to this activity. Relevant individualized indicators will be developed during COP 2010. No training, clinical services or adherence activities occur under this activity. Quality assurance and supportive supervision will be carried out by USAID and PSCM headquarters staff.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7525	**Mechanism Name: Strengthening Communities Response to HIV/AIDS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Pathfinder Outreach Ministry	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 8,423,218	
Funding Source	**Funding Amount**
GHCS (State)	8,423,218

Sub Partner Name(s)

Dawn of Hope Ethiopia Association	Hope for the Children Organization	International HIV/AIDS Alliance
International Relief and Development	International Training & Education Center on HIV (I-TECH)	Mekdim Ethiopian National Association
Organization for Social Services for AIDS (OSSA)	Westat	

Overview Narrative

Comprehensive goals and objectives: The 'Strengthening Communities' Response to HIV/AIDS' (SCRHA) project will continue activities to:

1) Provide expert organizational and institutional strengthening technical support to Civil Society Organizations (CSOs) – including National level Implementing Partners (NIPs), so that they can take on the role of technical support organizations—mentoring and overseeing other organizations and associations, and

2) Increase awareness of and access to high-quality and more affordable HIV and related services through local CSOs.

Over the program years, including three base years and two optional years, PATH and partners will scale up support for CSOs through a sub-grant program and technical assistance in areas of organizational and

human resources, community and home-based palliative care, economic strengthening, and counseling and testing. Community-based DOTS services will be provided in the context of a comprehensive community-based palliative care model to benefit both PLWHAA and HIV negative TB patients identified through SCRHA activities. SCRHA will also work with stakeholders to improve linkages and referrals between community care and the health system/facilities across HIV services.

Geographic coverage and target population: The PATH-led partnership will support the delivery of services by CSOs in urban/peri-urban areas where ART services are available—specifically, for towns in Afar, Amhara, Benishangul Gumuz, Dire Dawa, Oromia, SNNP, Gambella, and Tigray regions. Priority scale-up or transition sites have been/are being identified in collaboration with the regional Federal HIV/AIDS Prevention and Control (HAPCO) offices and USAID. Over the life of the program, PATH will support work of CSOs in 300 towns in Ethiopia. This is a family and community-focused project, and the populations reached will include adults and children, men and women.

Health systems strengthening: This project strengthens the health system in a variety of ways. It helps support the development of community-based care and linkages with facility level care, particularly in the areas of palliative care, household testing and counseling, and economic strengthening through capacity building of CSOs working in the community. It will also equip social workers in training (pre-service training) and newly graduating social workers (post-service training) with up-to-date knowledge in the above areas, and internship/fellowships opportunities.

Cross-cutting programs and key issues: This project addresses a number of cross-cutting programs and key issues, including (1) human resources for health, (2) economic strengthening, (3) TB, (4) end of program evaluation and (5) gender. In reference to cross-cutting areas, this project has a strong focus on capacity-strengthening of CSO staff as well as social workers. It addresses in-service training, pre-service training, and management and leadership development, among others. The project will design and implement economic strengthening interventions that are market-driven and contextually relevant. Finally, the project will draw on lessons learned from existing community based DOTS program to increase access to high quality TB diagnosis and treatment services at community level. The project will ensure gender equity in HIV/AIDS activities and services.

Cost efficiency: PATH plans to directly purchase supplies and limited stop-gap commodities, as required for CSO grantees. This purchasing will be done through bulk order procurements to realize cost savings. Such supplies may include LCD projectors, mobile phones, and bicycles, and commodities may include test kits, infection prevention materials, and distribution bags. The SCRHA Project will also continue to lead the bi-monthly PEPFAR partner meetings in Addis Ababa to ensure close coordination of regional HIV/AIDS service delivery coverage. This effort should help PATH and its partners to realize improved cost efficiencies in the use of specific PEPFAR resources.

Monitoring & Evaluation (M & E) Plans: Routine monitoring of activities such as data collection, reporting, analysis and dissemination will be carried out by using the adopted/adapted M&E tools designed for community level HIV/AIDS intervention. By using the quality assurance manual, all data collected in each

intervention areas (such as abstinence, other prevention methods, care and support for adult and children and OVC care), will be reviewed for completeness, reliability and validity. The project will develop a tool to measure the change in quality as a function of the program's interventions, which will provide quantitative indicators of quality for all intervention areas. Mid-term and final evaluations will be conducted Improvements in the quality of live for PLWHAPLWHAA, orphans and changes in risky behavior related to HIV/AIDS prevention will be the key outcome indicators to be evaluated against the available baseline data.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	510,570
Education	516,894
Food and Nutrition: Commodities	2,380
Human Resources for Health	586,899

Key Issues

Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
TB

Budget Code Information

Mechanism ID:	**7525**
Mechanism Name:	**Strengthening Communities Response to HIV/AIDS**
Prime Partner Name:	**Pathfinder Outreach Ministry**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	2,328,728	

Narrative:

The SCRHA project will strengthen and expand adult care and support activities, through community-based palliative care programs in urban and peri-urban areas. Care and support services delivered at the community and household level by volunteers include nursing care, symptom and pain management,

nutrition counseling, preventive education, referral for opportunistic infections, TB and STI screening and referral, social support (through support groups), psychological support (mental health counseling, support for disclosure, and referral for psychiatric illnesses), spiritual support (religious support and life review and counseling) and end of life care. In COP 2010, SCRHA will reach 375, 000 PLWHAA beneficiaries. The project will use community services map to be developed in COP 2010 in targeted regions to facilitate referral of beneficiaries for food, family planning, economic support and other related services. Community engagement workshops (by Alliance) and quarterly review meetings will also be conducted to strengthen client referral and stakeholder collaboration. This will contribute for better client follow-up and retention. The project will work through local CSOs by building technical and organizational capacity to implement community-based care programs. CSOs will receive training 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. Adult care and support activities will be implemented in the eight regional states (Afar, Amhara, Benishangul Gumuz, Diredawa, Gambella, Oromia, SNNP, and Tigray) in 200 urban and peri-urban towns with high HIV/AIDS prevalence.
Quality assurance of services and products will be a critical component of this program. SCRHA will work closely with PLWH and volunteers to ensure confidentiality is observed as well as appropriate disposal of medical waste. SCRHA will apply a tool to measure the quality of services provided by CSOs as a function of program interventions. Routine data will be collected using community based HIV/AIDS service provision recording format. Supportive supervision as well as regular meetings to analyze collected data and use it for decision making will ensure data quality.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	800,000	

Narrative:

SCRHA priority areas are OVC household/family strengthening, promoting community support/coordination and improving quality of services. In family strengthening, this project will provide economic strengthening. OVC support services will include educational support for school OVC, financial support for food, nutrition counseling, psychosocial support and healthcare (medical refund). To this end, OVC volunteers will be deployed to support the children for an effective outcome of each service. OVC will also benefit from the economic strengthening program of SCRHA project. In this case, economic strengthening strategies may include linking to vocational training centers, support for business plan development, and/or linkages to ongoing efforts in agricultural areas. To strengthen community support and coordination, this project intends to organize anti-stigma events among community members of targeted towns. Both male and female preschool children, school children and adolescents will be beneficiaries of the OVC package of this project. The project intends to reach 15,000 OVC in 200 towns across eight regions of Ethiopia (Afar, Amhara, Benishangul Gumuz, Diredawa, Gambella, Oromia,

SNNP, and Tigray). Families and OVC will also receive information on needed referrals and linkages to programs, such as food and nutrition support, clinical health services, and legal aid. SCRHA will work to strengthen the organizational and technical capacities of local implementing partners to implement and monitor economic strengthening activities. The SCRHA project recognizes that assuring the quality of services and the quality of the data which is collected, transmitted, and used in reporting as being inseparable. To ensure this, a data quality assurance (DQA) tool will be used during facilitative supervision. In addition, a quality of service (QoS) monitoring tool for CSO activities will be used. This will permit the supervisors to monitor the changes in the quality of CSO services as a function of the project's interventions. Data collection, analysis, and reports will be generated by using a standardized care/support format which will capture OVC separately or through a standardized economic strengthening format.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	216,000	

Narrative:

SCRHA project will mainly focus on promotion of adherence to HIV treatment, referral for TB and STI treatment, and referral for treatment of HIV/treatment complications. Adherence promotion will be provided by PC volunteers. For effective adherence promotion, volunteers will apply the 5As (Assess, Advise, Agree, Assist and Arrange) approach stipulated in the integrated management of adult and adolescent illness (IMAI) guideline for Ethiopia. In doing so, volunteers will help clients to develop their individual plans to address problems of non-adherence. This individual plan will be monitored regularly by the volunteers to refine and materialize it. Techniques like memory box will also be piloted in some beneficiaries of this project. Among the 374,400 PLHA beneficiaries of this project, all patients who started or are on ART will be provided with adherence promotion and counseling. Clinical mentoring for adherence support and other treatment services will be provided by part time mentors in each town. SCRHA will also work with all stakeholders at the district level to improve linkages between community care and the health system. Adherence suport will be implemented in the 8 regional states (Afar, Amhara, Benishangul Gumuz, Diredawa, Gambella, Oromia, SNNP, and Tigray) in 200 urban and peri-urban towns with high HIV/AIDS prevelance. SCRHA project will use family-centred palliative care services model. The project activities will also address treatment adherence for children. The SCRHA activities will promote HIV testing for family members. PC volunteers will be trained on how to deal with confidentiality matters. SCRHA program will have regular meeting with facilities to assist with tracing of treatment defaulters and linkages of pre-ART patients to clinical services. The project's Quality of Services (QoS) diagnostic tool will be used to monitor quality based on the training and supervision manual for care and support. Data Quality Assurance (DQA) tool and supportive supervision will assure data quality. CSO as well as volunteers will be encouraged and capacitated to use the routinely collected

data for decision making. SCRHA will also endeavor to ensure linkages of community information system with HMIS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,669,534	

Narrative:

Strengthening Communities' Response to HIV/AIDS (SCRHA) will provide capacity strengthening for HIV/AIDS CT services in community and household settings through local community-based organizations, using household-based strategies, home-based services, and information campaigns. Activities target the families of HIV positive individuals and households in target communities. The communities include 150 towns in urban and periurban areas with high HIV/AIDS prevalence rates and relatively large population sizes, in eight regions (Afar, Amhara, Benishangul Gumuz, Diredawa, Gambella, Oromia, SNNPR, and Tigray). The project will work closely with urban health extension workers to increase CT access in populations not currently accessing facility-based CT. This activity will expand CT services at the community level to ensure the provision of effective and quality HCT services; develop referral and network linkages to care services in facilities and address testing needs; and reach higher numbers of at-risk populations in high-prevalence areas. SCRHA will use a data quality assurance (DQA) tool during facilitative supervision. A key activity will be to increase the capacity of data/service providers in better interpreting and using data for management and quality improvement. SCRHA will ensure that counselors receive appropriate knowledge, skills and training approved by MOH; the physical space for providing HCT affords confidentiality; CT supplies are available; CT is conducted as per the national protocols and appropriate client flow. Burnout of CT providers will be prevented through supportive supervision and work place programs. HIV testing will be done using serial test algorithm with test kits validated by EHNRI. Testing materials will be stored appropriately and IP practice will be in place. In addition, the CHCT team will deliver samples for EQC to the respective local health facilities, to be forwarded to the EQC Lab. HIV positive clients will be referred and linked to the nearest health facility for HIV care/support and treatment. Data collection, analysis, and reports will be generated using standardized HCT recording and reporting format adopted/developed for this community-level HIV/AIDS intervention.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	200,000	

Narrative:

SCRHA will provide pediatric care and support services at household level for HIV positive infants and children, including: symptom management, in particular pain; nursing care; adherence counseling; referral; preventive health education; and nutrition counseling. With technical support from part-time

mentors and civil society organizations (CSO), palliative care volunteers will be responsible for providing these services at the household level.
HIV positive children will be identified and provided with pediatric care/support services. Among the 15,000 orphans and other vulnerable children, all children who are HIV positive will get pediatric care services. Within the palliative care framework, infants born from HIV positive women will be referred for early infant diagnosis, prophylaxis, and treatment of opportunistic infections. A system to track and follow up pre-antiretroviral children will be developed to ensure a continuum of care.
Quarterly review meetings among pediatric care service providers will be conducted to improve referral for food, education, and other services. The project will work through local CSOs by building technical and organizational capacity to implement community-based care programs. Civil society organizations will receive training in delivering family-centered palliative care with a focus on the priorities set by the family.
SCRHA will also work with all stakeholders at the district level to improve linkages between community care and the health system for routine pediatric care, nutrition services, and maternal health services.
Pediatric care and support activities will be implemented in 200 towns in the eight regional states (Afar, Amhara, Benishangul Gumuz, Diredawa, Gambella, Oromia, SNNP, and Tigray).
Quality assurance tool will be used to assure quality of CSOs services, such as referrals and accompanying caregivers or children to a health clinic, or work with health extension workers to facilitate their visits to the child's home for clinical care and follow-up. A community based information system will be used to routinely collect data and will also be linked to the HMIS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	304,756	

Narrative:

This is a new activity.
The activity will support community level non health and health related HIV/AIDS information management and use at sites where PATH is implementing comprehensive HIV/AIDS care and support program. The activity will be implemented in urban/peri-urban areas in Afar, Amhara, Benishangul Gumuz, Dire Dawa, Oromia, SNNP, Gambella and Tigray regions.
Specific activities include identifying selected community level indicators to track health and non health related data on communities' responses to HIV/AIDS including for palliative care, Economic Strengthening, and community TB DOTs; build the capacity of CSOs and GOE stakeholders in the generation, analysis and utilization of site level data for decision making, and put in place a mechanism to ensure the quality of data reported from community programs. The partner will also support the generation of strategic information from community interventions and will facilitate timely dissemination of such information. The SCRHA Program will collaborate with other partners and stakeholders in

supporting the design and implementation of Community Based Health Information System (CBHMIS) in the country.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	476,250	

Narrative:

This activity addresses two system barriers: lack of a comprehensive, coordinated and strategic approach to providing community care; and a shortage of social workers. Given the dearth of social workers and the newness of the program, the scope of practice and the role of the social worker still need to be clarified. Also, the lack of comprehensive integration of HIV/AIDS prevention, care, and treatment in the pre-service curricula of most cadres of health care workers is an obstacle to rapid scale up of quality programs. Inadequate infrastructure, faculty, and resources at training institutions also hamper the delivery of quality education. This activity addresses these barriers in a broad and systemic manner, including infrastructure support, training of faculty (and perhaps also hiring of faculty), curriculum revisions and enhancement, clarification of scope of practice, and support of a professional body for social workers; all this in addition to classroom and practical training of students. Strengthening Communities' Response to HIV/AIDS (SCRHA) will provide support to pre-service social work education and training to ensure PLWHAA, those vulnerable to HIV infection and OVC have better access to comprehensive social support services at the community level. This will alleviate the burden at health facilities, which are often required to provide psycho-social care and support. The intervention will also improve community-level HIV/AIDS information management which contributes to improved health service planning and decision making. SCRHA will enhance curricula (based on needs assessments), and support integration of community-based palliative care guidelines and support materials into private and public social work training institutions. SCRHA will recruit, place, and support the first cohort of student interns and post-graduate fellows within CSOs, directly linking this increased health worker capacity with organizations working in communities. SCRHA will develop a reporting format and system on pre-service strengthening at educational institutions. When interns and fellows are working with CSOs, SCRHAs standardized, regular data collection , analysis, and reports will monitor performance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	164,000	

Narrative:

This is a continuing activity. AB sexual prevention messages will be provided by community home-based palliative care providers (CHBPCPs) to PLWHAA and families at the household level. Strengthening Communities' Response to HIV/AIDS (SCRHA) intends to reach 200 towns in eight regions (Afar, Amhara, Benishangul Gumuz, Diredawa, Gambella, Oromia, SNNP, and Tigray. AB messages will be

provided along with information on other prevention and health messages that support healthy living among PLWHAA and their families. In reaching PLWHAA, AB messages will promote secondary abstinence and prevent risky behaviors such as multiple sexual partnerships, concurrent relationships and alcohol addiction. AB primary prevention messages will reach both males and females of all ages (perhaps as young as 10 with more emphasis on females) who have a variety of potential behavioral risks. CHBPCPs will use BCC pamphlets and cue cards to help meet information needs during household visits. AB messages will also be integrated into community mobilization activities promoting palliative care services through coffee ceremonies and other community gatherings. SCRHA has planned to organize PLWHAA and community support groups in each target town. In each support group, two sessions will be conducted in each month where AB messages will also be included. AB messages will be part of a community mobilization module which will be used as a tool to facilitate community support groups. For PLWHAA support group sessions, lead PLWHAA members will be trained on AB. SCRHA will work to strengthen the organizational and technical capacity of local implementing partners to implement and monitor the provision of accurate and consistent AB information and messages. The quality of AB messages and services will be ensured through training of CHBPCPs on interpersonal communication skills and provision of cue cards. SCRHA will continue to work closely with other partners to ensure AB messages are reinforced while planned frequent home visits will ensure repeated dosages are received.

SCRHA will continue to collaborate with other partners to ensure community-based information systems are strengthened and linked to HMIS. Volunteers participating in the program will routinely collect data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	656,000	

Narrative:

The Strengthening Communities' Response to HIV/AIDS (SCRHA) project is a continuing activity. Through provision of subgrants to local organizations, other sexual prevention messages will be part of the overall package of palliative care information and services provided by community home-based palliative care providers (CHBPCP) to families and individuals at the household level and as a counseling topic as part of HIV counseling and testing supported by SCRHA. SCRHA intends to reach 200 towns in eight focus regions (Afar, Amhara, Benishangul Gumuz, Diredawa, Gambella, Oromia, SNNP, and Tigray) during the year. Other sexual prevention messages will target sexually active males and females. SCRHA's development of other prevention messaging will carefully consider issues related to gender norms and stigma. HIV prevention messages and condom information will also be integrated into community mobilization activities. SCRHA will work to strengthen the organizational and technical capacity of local implementing partners to implement and monitor provision of accurate and consistent HIV prevention information and messages. CHBPCPs will also provide linkages and referrals to other

large-scale prevention efforts, such as TransACTION.
Quality Assurance of service delivery for HVOP includes QA components such as interpersonal communication skills (IPC), completeness and accuracy of the messages delivered, and privacy. These and other components are all addressed through the project's training and in the QA supervision manuals being developed. Because this prevention area also includes sale/purchase of and proper use of condoms, specific behavior change to promote prevention, and changing cultural norms, these issues are addressed in the project's training and supervision.
Monitoring and evaluation of this intervention is largely focused on routine data collection and analyzing tends over time (number of beneficiaries with each intervention methods). By combining with other methods of prevention, this will strengthen to measure change in behavior created in a certain geographical areas (persistent condom usage, willingness to be treated for STIs and others.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	476,250	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	1,131,700	

Narrative:

The SCRHA project is a continuing activity, building on the existing community-based DOTS model and partner experience to increase access to priority TB case detection, diagnosis and treatment services. SCRHA will build capacity among local CSOs for DOTS and TB/HIV services. The services will primarily reach PLWHAAs, and their families. SCHRA will train and deploy community DOTS agents for the provision of these services. SCRHA will develop a standardized tool to assess readiness for community-based DOTS at district level that will provide key information for planning and rolling out services. Specific services include home-based TB symptom screening, TB infection control, home- and community-based DOTS, and referral for HIV care and treatment services available through other CSOs and/or local public or private health facilities. Delivery of community and home based TB DOTS services will commence in Tigray and South regions followed by phased roll out to all the eight regions (Afar, Amhara, Benishangul Gumuz, Diredawa, Gambella, Oromia, SNNP, and Tigray) are covered. SCRHA will also work with all stakeholders at the district level to improve linkages between community care and the health system across TB and HIV services. The quality of TB/HIV services will be addressed through ongoing mentoring, supportive supervision and review meetings with the CSOs and community-based palliative care teams. This will include regular coaching of TB DOTS agents, routine on-the-job training, needs assessment and provision of refresher trainings to maintain screening, adherence counseling,

treatment support, health education and referral skills. Data quality assessment will be key element of supportive supervision, particularly routine checking of standard DOTS recording and reporting forms. Data collection, analysis, and reporting will be supported with a standardized palliative care format that includes key data elements to monitor implementation of TB/HIV services at the community level. These data elements will be harmonized with routine requirements of the National TB Program and the national Health Management Information System to ensure that SCRHA provides necessary inputs for monitoring DOTS implementation in Ethiopia.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7527	**Mechanism Name: Preventive Care Package for HIV/AIDS Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,290,000	
Funding Source	**Funding Amount**
GHCS (State)	2,290,000

Sub Partner Name(s)

IntraHealth International, Inc	Population Council	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	6,270

Food and Nutrition: Policy, Tools, and Service Delivery	19,961
Gender: Reducing Violence and Coercion	26,244
Human Resources for Health	131,004
Water	364,199

Key Issues

Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Military Population
TB
Family Planning

Budget Code Information

Mechanism ID:	**7527**
Mechanism Name:	**Preventive Care Package for HIV/AIDS Project**
Prime Partner Name:	**Population Services International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	2,290,000	

Narrative:

COP 09 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 FY 2006 that received FY 2007 supplemental funding. The supplemental funding was recently obligated to the partner, and implementation is beginning in late FY 2007. 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 36% 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 PLWHAPLWHAA. This is important as there is ample evidence that simple safe water interventions radically improve the quality of life for PLWHAPLWHAA. 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 PLWHAPLWHAA 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 (now known as Integrated Family Health Program), 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 PLWHAPLWHAA 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 FY 2007, and continuing into FY 2008, 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 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.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7528	Mechanism Name: Food by Prescription
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Save the Children Republica Dominicano	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,377,780	
Funding Source	**Funding Amount**
GHCS (State)	4,377,780

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Clinical malnutrition is a risk factor for HIV progression and mortality for pre-ART and ART patients, as well as for birth outcomes among HIV-positive women. Ethiopia is a chronically food insecure country with high levels of malnutrition. 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. The goal of the Food by Prescription (FBP) program is to provide food and nutritional support to malnourished HIV+ individuals in the form of therapeutic and supplementary feeding at health facility (hospital, health center) level. PEPFAR Ethiopia piloted an FBP program in FY 2007 in 20 hospitals and 25 health centers. In COP 2010, the program will expand to approximately 35 new health facilities and enroll severely malnourished PLWHAA, HIV-positive pregnant women in PMTCT programs, HIV-positive lactating women in the first six months post-partum, their infants, and OVC in Amhara, Oromia, SNNPR, Tigray and Addis Ababa.

The program involves the procurement and distribution of ready-to-use therapeutic foods (RUTF) and a nutrient-dense blended flour product to targeted health facilities for 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. Procurement of RUTF is through PSCM. A significant part of this program will focus on linkages and coordination with the MOH/HAPCO, UNICEF, WFP, and other implementing partners. Since the food can only be targeted to PLWHAPLWHAA, 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 program. The program will provide food support to approximately 28,000 malnourished PLWHAPLWHAA at 80 HIV care and treatment facilities, contributing to improved ARV adherence and nutritional status which will ultimately lead to improved treatment outcomes of beneficiaries.

The program will also serve as a critical component of PEPFAR Ethiopia's broader effort to strengthen integration of nutrition into HIV services. The assessment and counseling services offered through this integration effort will be important components of the Food by Prescription program. Severely malnourished PLWHAPLWHAA (pre-ART and 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 order to reduce the cost associated with the importation of nutrients and food commodities, the program in collaboration with the public and private sector, will explore the possibility of local production for some of the required food commodities.

Program activities will need to be carefully assessed for their effectiveness in reaching target populations and achieving overall program impact. The partner will adapt or establish the necessary baseline and monitoring information systems to allow monitoring of progress towards anticipated results. This will require extensive collaboration with Regional Health Bureaus and USG partners. Data quality must be at a level sufficient to allow confident assessments of the effectiveness and coverage of food supplementation. The partner is expected to provide reports to USAID/Ethiopia on utilization, consumption and graduation data. These reports should meet PEPFAR reporting requirements. Intermediate outcomes and graduation rates should be monitored to assess the effectiveness of the FBP supplementary and therapeutic foods and the partner should help beneficiaries link to the continuum of care where they will be able to maintain their weight gain. This is to be coupled with annual technical analyses of program efficiencies, effectiveness and impact.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	1,000,000

Key Issues

Child Survival Activities

Safe Motherhood

TB

Budget Code Information

Mechanism ID:	**7528**
Mechanism Name:	**Food by Prescription**
Prime Partner Name:	**Save the Children Republica Dominicano**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,797,862	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,240,468	

Narrative:

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 are critical to improve ART adherence and treatment outcomes. PEPFAR Ethiopia will continue to implement therapeutic feeding in the form of food by prescription (FBP). The program will expand to more sites and enroll severely malnourished PLWHAA and OVC.

Clinical malnutrition is a risk factor for HIV progression and mortality for pre-ART and ART patients. As HIV infection progresses, hyper-metabolism, mal-absorption of nutrients, diarrhea, and anorexia increase, adversely affecting nutritional status. In addition, poor nutritional status and inadequate dietary intake affects adherence to and efficacy of drug treatments. According 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. Clinically malnourished PLWHAPLWHAA 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.

FBP was awarded in October 2009. The principal activities are to provide technical assistance in the delivery of therapeutic and supplementary food products; integration of nutritional assessment and counseling services through in-service training; support for local production, marketing and distribution of therapeutic foods through local commercial organization(s); and the creation of economic opportunities for beneficiaries along the value chain. Procurement and distribution of a ready-to-use therapeutic food (RUTF) and a nutrient-dense blended flour product will be done by the PSCM project. Anthropometric entry and exit criteria based on WHO classification of malnutrition will be used. Beneficiaries will also receive nutritional counseling and education. This activity will provide food support to approximately 18,000 malnourished PLWHAPLWHAA. Clients receiving FBP will be linked to WFP. A tool will be developed to track clinical outcomes and for supportive supervision activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	464,450	

Narrative:

HIV-infected children are among the most vulnerable population groups to malnutrition – especially in resource-limited settings. They have relatively higher nutritional requirements that often can not be obtained through their regular diets. In response to this situation, PEPFAR will implement a therapeutic feeding program, in selected hospitals and health centers, for children with moderate-severe malnutrition who are HIV-exposed, pre-antiretroviral therapy, and for children on antiretroviral therapy (ART). This program will be part of a comprehensive pediatric care package.

The lead partner, Save the Children US, will work with Management Sciences for Health/ Supply Chain Management System (MSH/SCMS) to quantify, procure and distribute ready-to-use therapeutic food. To minimize costs and promote local ownership and sustainability, priority will be given to locally-produced food.

In collaboration with Food and Nutrition Technical Assistance/Academy for Education Development (FANTA/AED) and university partners, technical assistance will also be provided, including reviewing, developing, producing, and disseminating job aids and other resource materials; conducting didactic and on-the-job training; and providing supportive supervision. Health workers will be equipped with knowledge and skills in such areas as nutritional assessment, child nutritional education/counseling, and food prescription. Children eligible for therapeutic food will be identified using standard anthropometric parameters.

Quality of the services will be ensured through competence enhancement approaches, including training health workers; facilitation with job aids; use of standard nutritional protocols and tools; and regular quality assessment.

For effective quality, comprehensive, and integrated service delivery, linkages and coordination between the relevant partners will be encouraged. The Government of Ethiopia will be involved in all the phases of

the program, which will promote local ownership and sustainability.
The Food by Prescription project is expected to improve nutritional status and ART adherence of the exposed/infected children resulting in better quality of life and treatment outcomes with increased child survival.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	875,000	

Narrative:

Food by Prescription (FBP) for pregnant and lactating women and exposed infants is a continuing activity with a target population of HIV-positive pregnant women and their infants over six months of age at health facilities in urban and peri-urban sites. FBP for PMTCT clients is part of comprehensive PMTCT services at health. In view of the low PMTCT uptake in the country, it is hoped that the initiation of the FBP program will play a key role in encouraging pregnant and lactating mothers to use health facility services by generating routine attendance at ANC, assisted delivery and postpartum follow-up. FBP program has the opportunity to decrease malnutrition rates among HIV-positive pregnant and lactating women.
The program is being implemented by partners in Ethiopia in coordination with the MOH and with technical assistance from the FANTA project. The program involves procurement and distribution of a ready-to-use therapeutic food 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 HIV-positive pregnant and lactating women.
Supplementary food will be provided on a monthly basis for women in select PMTCT programs during pregnancy until the infant is weaned 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 for the low-cost, nutrient dense supplementary food(s) to be procured under this activity.
This activity will provide food support to over 8,000 HIV-positive women and their infants at HIV care and treatment facilities, contributing to improved functioning, quality of life, and treatment outcomes. The activity aims to improve ARV/for PMTCT adherence and the nutritional status of the beneficiaries.
A significant part of this activity will focus on linkages and coordination with the MOH/HAPCO, UNICEF, WFP, and other implementing partners to ensure that the FBP activity will not cause negative consequences in health facilities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7529	Mechanism Name: Targeted HIV Prevention Program
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,800,000	
Funding Source	**Funding Amount**
GHCS (State)	1,800,000

Sub Partner Name(s)

Abt Associates	EngenderHealth / AMKENI Project	Population Council

Overview Narrative

This is an ongoing activity funded in the FY 2006 supplemental that began in late FY 2007.
Utilizing existing behavioral and HIV prevalence information, the Targeted HIV Prevention Program (THPP) will support targeted condom promotion activities including: market analysis; materials production; technical leadership and technical assistance to USG partners on condom programming to reach targeted most at risk populations; and specific high risk settings and geographic areas in several regions. In these areas intensive promotion to most at risk populations, accessible and subsidized condoms, 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 target 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 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 most at risk populations.

Condom targeted 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 PLWHA 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.
(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 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 utilization among at risk groups.
(4) Provide technical assistance to several government bodies with capacity building to implement evidence-based HIV prevention activities to at risk populations. Government bodies include: 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.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	32,850
Human Resources for Health	76,505

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Family Planning

Budget Code Information

Mechanism ID:	**7529**
Mechanism Name:	**Targeted HIV Prevention Program**
Prime Partner Name:	**Population Services International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,800,000	

Narrative:

Targeted Condom Promotion

ACTIVITY CHANGED IN THE FOLLOWING WAYS:

This is an ongoing activity funded in the FY 2006 supplemental that began in late FY 2007.

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 (PLWHA) 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.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7530	**Mechanism Name: Corridors**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Save the Children Republica Dominicano	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 8,976,568	
Funding Source	**Funding Amount**
GHCS (State)	8,976,568

Sub Partner Name(s)

AED	Marie Stopes International	Mekdim Ethiopian National Association
OSSA-Organization for Social Services and	PSI Social Marketing	

Overview Narrative

This is a continuing activity from the FY 2007 supplemental and receives HVAB, HVOP and HVCT

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

Towns along the following transportation corridors will be targeted: 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.

Target populations include various subpopulations of adult men and women residing in and transiting through 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 of ABC interventions and services to reduce their risk of becoming infected with HIV. 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 at-risk population 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.

The 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 services. The activity will utilize structured implementation approaches to facilitate and sustain the adoption of prevention behaviors. It 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.

The new activity will aim to build on 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 the activity will be strong referral to HIV/AIDS and TB services offered by public and private health facilities, mobile voluntary counseling and testing services, and community-based care programs within program implementation areas.

The main approaches in the program, BCC and peer education, have built-in cost effectiveness. The

incremental cost of training and material production will gradually reduce as the program reaches more people over time. In many settings, the act of combining HIV prevention services is a cost effective way of reducing new infections over time; this should apply to this program also.
The activity will blend sub-partnering and direct implementation to address USG priorities. The implementing partner will engage in civil society local technical capacity building 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 that the partner will leverage both USG and non-USG resources to increase at-risk women's access to productive income and services. Additionally this program will be subject to mid-term and end-term external evaluations.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	800,000

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Mobile Population

Budget Code Information

Mechanism ID:	**7530**
Mechanism Name:	**Corridors**
Prime Partner Name:	**Save the Children Republica Dominicano**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	2,463,234	

Narrative:

As part of the strategic objectives aimed at preventing new HIV infections among at risk populations, COP 2010 activities strengthen linkages to care and support services in towns and commercial hotspots along or linked with major transportation corridors.

In COP 2010, eight training for new CHBC groups will be conducted for 50 trainees. Each training is expected to last 14 days. Twelve training sessions will be organized for 80 nurse supervisors. Twenty spiritual counselors will also be trained to complement the service provision. Monthly supervision meetings will be held to improve the service efficiency. Peer support groups (PLWHAPLWHAA) will be established or strengthened. Seventy-six referral systems will be in place and in use. Tear-away forms coming back through tracking system, and able to generate data on completed referrals and counter referral. The 36 town based referral advocacy meetings will be followed by a referral directories with a list of the health network members as well as the local NGOs and their partners to facilitate two-way referrals from the NGOs/communities to health facilities and vice versa. 17,949 individuals will be provided with HIV-related palliative care through 96 service outlets. It is home/patient and family-centered care that optimizes the quality of life of adults and children living with HIV through the care and support services. TransACTION ensures the quality of the care and support program by providing refresher training to CHBC. PLWHAPLWHAA associations and other community-based organizations will receive capacity building support and will be involved in addressing MARPs through the comprehensive care and support package.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	843,334	

Narrative:

TransACTION will expand access for HIV and STI services (both static and mobile) through a network of private providers (private for profit, NGO clinics, and pharmacies) in 36 new towns along the South-East, South, South-West and West corridors. Mechanisms such as community mobilization (supported by mini and mass media), structured peer education focusing on at risk mobile populations and safety stops will increase demand for services to serve 120,000 MARPs. Finger prick algorithm will be used to avoid the need for cold chain and address the mobile population in a more effective and economic manner. One hundred and fifty professional, semi professionals or lay persons will be trained in PICT, STI syndromic management and couples testing to complement demand generated from comprehensive prevention education. TransACTION will address the needs of discordant couples and model effective approaches to couples HCT. MARP-friendly events or market places with HCT services will also be organized. To measure client satisfaction and monitor quality at mobile and static sites, supportive supervision, mystery client and exit interviews using national guidelines and an agreed upon strategy will be conducted. The program will support community awareness activities such as coffee ceremonies, drama and community meetings to address identified service barriers and gender and social norms. TransACTION reflects partner commitment to MARP-friendly services and the meaningful engagement of MARPs beneficiaries throughout the program cycle, including in the participatory Partnership Defined Quality.

The program will support provider training, utilizing participatory learning exercises, discussion,

practical examples and role plays. The program will utilize existing HIV/AIDS job aids and develop additional aids as needed. As part of a continuum of care services, TransACTION will refer beneficiaries for HIV prevention services through peer educators and establish a referral to link clients to organizations and facilities providing HIV/AIDS-related services. Referral directories will include a list of the health network members and local NGOs and their partners to facilitate two-way referrals from NGOs/communities and health facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	567,000	

Narrative:

TransACTION reaches MARPs populations concentrated along the transport corridors. Though TransACTION is focusing on MARPs, addressing them will require active engagement at the community and household levels. TransACTION trains a cadre of peer educators, selected with pre-determined criteria, on comprehensive HIV prevention topics. In this effort, they will target families, discordant couples and individuals who are not yet sexually active, but potentially at risk. Ideally the project trains one peer educator for one-to-one counseling and/or at the household level. The education sessions use peer interpersonal communication to teach positive behaviors, including abstinence and being faithful. TransACTION may organize events addressing the families of MARPs and aimed at reducing stigma. Mentorship support and supportive supervision will be conducted regularly to ensure and reinforce quality and consistency of AB messages. The quality of peer education and communication skills will be assessed using jointly agreed upon criteria which may include exit interviews, supervisory checklists, a self-assessment tool, content knowledge, use of participatory teaching methods, and standardization of delivery. A consultative process will be undertaken to define key evaluation questions, and to finalize the outcome evaluation agenda. A quantitative behavioral assessment will take into account other planned studies that may be occurring as part of national surveillance and AIDS control activities such as BSS and HIV surveillance.

In 2010, 19,500 most at risk individuals located in the 36 towns along the South-East, South, South-West and West corridors are being counseled and educated about risk reduction through peer educators and health care providers. The peer education sessions will depend on the size of the total population but will cover a two-five day TOT. Twenty rounds of peer educators and counselor trainings will be organized for 350 participants.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	5,103,000	

Narrative:

In COP 2010, TransACTION will reach 33,852 MARPs, CSWs, long distance truck drivers and mobile

daily laborers. It will expand access to key combined preventive information and services among MARPs, reaching 36 new towns located in the West, North West and South West transportation corridors of the country.
MARPs will be reached by interventions that meet at least the minimum standards of service. Correct and consistent use of condom messages combined with STI treatment and HCT services and economic strengthening will be used. With PSI and DKT, 250 condom service outlets will distribute 228,000 condoms.
76 safety stops will be linked with health facilities for referral and will be used as hubs for outreach, providing information materials and condoms for MARPs. Each safety stop will have four peer educators linked to it. TransACTION will create a multi-channel campaign linking radio, peer education, service providers, and community mobilization, all reinforcing the themes of risk reduction and further spread of HIV.
TransACTION will provide HIV counseling and testing (HCT), referral and linkage to ART and other HIV/AIDS-related services among MARPs and their families. MARPs will have an enabling environment by expanding the alternative for sources of MARPs friendly clinical care service for HCT and STI treatment. Economic support will be provided for 2,400 beneficiaries through income generating activities (IGAs) for vulnerable groups and MARPs. Activities involve the formation of savings groups and addressing the skills development of selected IGA operators (240 beneficiaries) to improve the quality of their products and services through providing support for market-based vocational/apprenticeship training programs.
TransACTION will develop and support networks of private health facilities in the targeted geographic areas to provide quality STI management and HIV HCT services. Private providers that are included in the proposed health network will include both commercial and NGO providers. Technical capacity will be improved in 60 health facilities to provide MARP-friendly services; 444 health workers will be trained in provision of MARP-friendly HCT and STI treatment.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7531	**Mechanism Name: Health Center Renovations**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	Redacted
Education	Redacted
Food and Nutrition: Commodities	Redacted
Food and Nutrition: Policy, Tools, and Service Delivery	Redacted
Human Resources for Health	Redacted

Key Issues

Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**7531**

Mechanism Name:	Health Center Renovations		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7533	**Mechanism Name: Private Health Sector Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,606,309	
Funding Source	**Funding Amount**
GHCS (State)	5,606,309

Sub Partner Name(s)

Banyan Global		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7533**
Mechanism Name:	**Private Health Sector Program**
Prime Partner Name:	**Abt Associates**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,575,000	

Narrative:

This is a continued activity aiming at expanding ART service at private higher clinics. Despite a delay in the initiation of ART through private clinics, the Private Health Sector Program (PHSP) during FY 2009 overcame many of the policy issues that were barriers for the expansion of ART services at private sector run clinics. PSP is now on track to expand to an initial 16 private higher clinics in Addis Ababa with the vision to expand to 60 private clinics in major urban centers during succeeding years. Better quality and confidentiality offered at private clinics will provide an option for ART clients who are economically better off who may opt to follow treatment at private clinics.

PHSP will finalize minor policy issues related to the expansion of ART at private clinics, especially the provision of ART drug dispensing. It will also provide refresher and continued comprehensive clinical training for professionals at 50 private clinics and evaluate clinical outcomes, both on individuals and as a cohort, using CD4, weight and functional status as monitoring parameters. Adherence to treatment will be facilitated through counseling by ART nurses and linkages with community health workers supported by partner organizations. At initial stage, implementation will be aimed at 8 selected higher clinics after joint assessment and selection process with AA regional health bureau.

PHSP will also work to improve the quality of laboratory services through supportive supervision and the use of QA and QC tools and build the capacity of RHBs, District and City health offices to supervise private sector providers. PHSP aims to increase the demand for health services at private clinics through awareness creation. The program will prioritize identification and enrollment of pregnant women for ART in selected high-volume private clinics. The activity will ensure that private facilities which provide integrated TB and HIV services will have strong functional linkages between TB and HIV services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HVCT	1,457,209	

Narrative:

This is a continued activity. PHSP will implement activities in support of expanding access to and demand for HIV counseling and testing services. The type of activity for HCT services will be mainly client-initiated testing and a mobile outreach activity. The mobile HCT will target MARPS and vulnerable groups such as CSWs, daily laborers, truck drivers, university students and women. The geographic coverage of the mobile HCT activity will be on urban centers and small towns along the high-risk transportation corridors. In providing mobile HCT, PHSP will use the national testing algorithm.
The activity will expand mobile HCT services in parallel with expanding long-term, facility-based CT services in the workplace and for-profit private clinics. The program takes into consideration the challenges posed by the intermittent nature of mobile CT services, especially the linking and channeling of demand created by social mobilization for the mobile HCT towards facility-based CT services.
Supervision of the mobile HCT activity will be done jointly with Regional HAPCO offices and PHSP mobile HCT field officers, using nationally approved supervision tools. In order to ensure quality of service, aside from field supervision, PHSP will ensure that HCT services are provided only by qualified health workers. After every round of services, selected test results will be sent to regional labs for quality control. The test results will be recorded using nationally approved HCT formats and forwarded to city health offices.
PHSP understands the importance of linking HIV-positive clients to treatment facilities; providing care and support services is key to implementing successful mobile HCT services. PHSP will continue to strengthen referrals and linkages so that clients who receive HCT will be efficiently referred to treatment and care providing facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,452,500	

Narrative:

This activity comprises seperate entities: (1) The absence of a comprehensive accreditation manual for health facilities and a proactive monitoring tool to help facilities improve their services is a critical barrier for quality delivery of health services. Poor state of health education in the country and the lack of appropriate screening mechanisms to ensure that training graduates have learned the essential materials of a training program are major barriers that impact on the quality of health services. There is also a push to increase the number of health professionals being graduated. While this might address the current shortage of manpower, if they are not well trained, they may deliver substandard services which impact negatively on the quality of the program. The following core activities in the quality assurance program are aimed at addressing these barriers.
Medical services: The implementing partner will support the production of comprehensive licensing and

accreditation manuals for different health care providers, under the leadership of DACA. The implementing partner will engage different professional bodies to get their buy-in for the accreditation program. Capacity building of DACA and Regional Health Bureaus: The implementing partner will work to build the capacity of DACA and regional health bureau staff to implement comprehensive licensing and accreditation manuals and implementation of practice of the incentive based monitoring exercise through supportive supervision. The implementing partner will work with the central DACA office and the five regional health bureaus in Addis Ababa, Oromia, SNNPR, Amhara, and Tigray. The QA activities will be linked to other health system activities supporting pre-service training programs. The following are key indicators for the QA program: national dissemination of the accreditation and licensing manual, number of staff trained on the implementation of incentive based supportive supervision in DACA and the five regional health bureaus. (2) The activity provides specialized technical assistance to financial and micro credit institutions to improve lending practices. By working with local financial institutions to promote the health sector and lending to microcredit institutions, including bank training, loan product development, market assistance and close lending to microcredit institutions, including bank training, loan product development, market assistance and close collaboration with USAID's Development Credit Authority (DCA) program the technical assistance has the ability to improve the credit-readiness among recipients. Training and technical assistance also addresses skills to improve business skills, access loans and implement on-going financial management. Additionally, the technical assistance provider will build market linkages for private providers or micro credit institutions, financial institutions and other business support providers.

In FY 2010 this activity will provide technical assistance to private sector participants including bank employees, private health practitioners and microcredit/finance providers to support business and loan training to improve access commercial credit activities by private health providers and microcredit providers. Training initiatives would target commercial banking staff to catalyze lending to private health and microcredit institutions. In addition basic networking activities between banks, insurance companies and the private health sector will occur.

This activity is linked to activities addressing private sector providers including hospitals, higher and medium clinics, laboratories, pharmacies and private medical teaching institutions. 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. (3) 'The activity provides specialized technical assistance to financial and micro credit institutions to improve lending practices. By working with local financial institutions to promote the health sector and lending to microcredit institutions, including bank training, loan product development, market assistance and close lending to microcredit institutions, including bank training, loan product development, market assistance and close collaboration with USAID's Development Credit Authority (DCA) program the technical assistance has the ability to improve the credit-readiness among recipients. Training and technical assistance also addresses skills to improve business skills, access loans and implement on-going financial management. Additionally, the technical

assistance provider will build market linkages for private providers or micro credit institutions, financial institutions and other business support providers. In FY 2010 this activity will provide technical assistance to private sector participants including bank employees, private health practitioners and microcredit/finance providers to support business and loan training to improve access commercial credit activities by private health providers and microcredit providers. Training initiatives would target commercial banking staff to catalyze lending to private health and microcredit institutions. In addition basic networking activities between banks, insurance companies and the private health sector will occur. This activity is linked to activities addressing private sector providers including hospitals, higher and medium clinics, laboratories, pharmacies and private medical teaching institutions. 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. (4) 'This is a continuing activity. This activity supports implementation of the Development Credit Authority funded in FY2008 on health sector by PEPFAR and will provide support to a COP09 Development Credit Authority with the aim of increasing access to commercial credit for private health institutions who wish to improve quality of service by upgrading the technical and managerial capacity. The program will be collaborating with local private banks to increase their confidence so that loan portfolio to the health sector increase so more and more private health institutions will have access to credit. Currently the commercial credit is largely given out to the construction sector. Due to high collateral, small private clinics and retail drug stores are unable to access credit from private banks. The PEPFAR DCA fund will be used to establish a risk sharing mechanism with selected private banks for loans provided to private health clinics. PEPFAR DCA fund will be used to guarantee a portion of potential lose due to defaulting private clinics or retail drug stores. It is expected that the banks will lower their collateral in their loans to private health institutions as a result of PEPFAR DCA guarantee. The decrease in collateral for private health sector is expected to increase demand for credit loan products among the private health sector institutions.
The program will work both from the supply side to improve lending practice and work on the demand side to promote awareness among the private health institutions. The program will be implemented in towns and cities with high HIV prevalence including Addis, Amhara region, Oromia Region, SNNPR, and the emerging regions like Gambella, Afar. The target beneficiaries are small and medium level clinics that provide largely outpatient care, small drug stores and vendors, private laboratories and medical teaching institutions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	500,000	

Narrative:

The HVOP program is linked to other component programs implemented by PHSP, including the mobile HCT services and facility-based STI, TB and HIV services at private clinics. PHSP will work to satisfy the

demand created as a result of social mobilization for HIV testing activities. PHSP will promote the proper and consistent use of condoms among high-risk and vulnerable groups, such as commercial sex workers, daily laborers, truck drivers, university students, women and other vulnerable groups.
Barriers to condom use and attitudes and knowledge on condom use in the context of HIV and family planning (FP) will be assessed through a meta-analysis of existing research. Health information-education-communication packages will be disseminated at large and medium-size companies and private health facilities along the high-risk corridor where the mobile HCT is provided. The geographic coverage of the program will be largely in the urban centers and towns along three high-risk corridors (Addis –Metema; Addis- Dijibuti; Addis-Moyale routes). The health IEC package will feature other common health problems, including malaria, TB, FP, and diabetes which will maximize benefits from costs associated with developing and disseminating these materials. The packaging of HIV-related messages with other messages will have cost savings and increase listener attentiveness.
PHSP will have field officers that will be trained to teach negotiation skills for women to use and demand the use of condoms during sexual encounters. The quality of the promotion activity will be monitored with field technical officers who will ensure that condoms are distributed to vulnerable groups and that high-risk individuals receive information on the benefits of correct and persistent condom use.
In addition, performance-based contracts will be outsourced to local private institutions to promote early treatment seeking for STIs, create awareness of the link between STIs and HIV, and distribute STI drugs to private and company based clinics. This activity will also engage pharmacies and druggists to refer STI cases to facilities and will train and build the capacity of private company clinics for STI management and condom use.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	150,000	

Narrative:

This program supports selected private clinical laboratories in Addis Ababa where a significant amount of HIV and TB related laboratory services are provided through the private sector. Anecdotal data suggest that 50% of HIV counseling and testing and 20% of TB diagnosis in Addis Ababa occurs in the private sector. Due to the variability of service quality and the limited capacity of the government to regulate the sector, it is necessary to provide laboratory technical assistance to the private sector.
The activities to be carried out, through technical assistance and collaboration with EHNRI, will work to strengthen the capacity of five private laboratories to provide services to private clients. The project will collaborate with EHNRI to support the national laboratory strategic plan with a focus on improving quality laboratory services; develop a mechanism for branding laboratory services that meets standards set through a central accreditation process; improve the monitoring and quality control of private clinics through supportive supervision; and, advance private-public partnership in resource sharing through

qualified referrals for selected services, training and shared manuals.
Facility-level activities include organizing training for laboratory staff, in collaboration with EHNRI, on lab diagnosis of communicable diseases and other conditions relevant to HIV, STIs and OIs, using a centrally developed training manual, as well as training on proper documentation of lab results to facilitate accurate forecasting, planning and budgeting; developing standard operating procedures for individual labs and providing related mentorships; collaborating with EHNRI /DACA offices to develop standard accreditation and supportive supervision tools; establishing a functional recording and reporting system that is in compliance with national recording and reporting requirements; implementing appropriate quality control and quality assurance measures to ensure an acceptable level of accuracy and precision in lab test results; and creating a functional linkage with other laboratory services for effective and efficient service continuity.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	471,600	

Narrative:

Private Health Sector Program (PHSP) will provide technical support to 94 private clinics providing TB services in four administrative regions (Amhara, Oromia, SNNPR, and Tigray) and two cities (Addis Ababa, Dire Dawa). The program will be engaged in the various core activities in implementing support for TB/HIV services at for-profit and large and medium company clinics.
The program will link TB service provision at private clinics with national TB policy by collaborating with the Regional Health Bureaus (RHBs) in selecting private clinics eligible to provide TB/HIV services, by ensuring the use of national TB formats for patient registration and ensuring that TB drugs are provided for free, in accordance with national policy. The program will coordinate with other partners through the national TB technical working group. In the face of high attrition among health personnel, the program will support training in participating health facilities in order to ensure sustainability of high-quality services in the private clinics.
PSHP will implement a monitoring and evaluation activity that includes supportive supervision, conducted jointly with RHBs. Further, it will support external quality control activities to ensure high quality laboratory diagnosis.
The establishment of a public-private referral network, the initiation of TB services in more than 50 new facilities, and the use of a supportive supervision tool to standardize monitoring and evaluation are key achievements upon which the program will build in the COP 2010. A tracking mechanism for TB defaulters at the facility level and connecting activities at private clinics to community level activities remains a challenge. PHSP will collaborate with partners working at the community level to help establish a tracking mechanism for TB patients at private clinics.
PHSP will provide technical support for the integration of HIV prevention and counseling activities into

workplace clinical settings, using existing materials. Also, the project will conduct an internal evaluation to assess the effectiveness of the HIV prevention program in FY2010.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7564	**Mechanism Name: Demographic and Health Survey**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Macro International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (State)	500,000

Sub Partner Name(s)

Central Statistical Authority (CSA) of Ethiopia		

Overview Narrative

As part of its support for closing data-gap on health information, USAID is supporting the planning and implementation of Demographic Health Surveys (DHS) in Ethiopia. So far, two rounds of DHS were successfully implemented in 2000 and 2005. The current (third round survey) will continue the tradition of employing cutting edge-approaches to make quality data available for program and policy decisions. The planning for the Ethiopian Demographic Survey 2010 (EDHS 2010) was started in FY 2009.
Similar to the 2000 and 2005 EDHS, the primary objective of the 2010 DHS will be to provide national and regional level up-to-date information for policy makers, planners, researchers, and program managers. The result is used for planning, monitoring and evaluation of population and health related programs in the country. The information obtained from the DHS will provide critical information for the monitoring and evaluation of the country's Plan for Accelerated and Sustained Development to End Poverty, the national

Health Sector Development Program, and assist in the monitoring of the progress towards achieving the Millennium Development Goals. The support will also strengthen the technical capacity of the Central Statistical Agency to plan, conduct, process, and analyze similar survey data.
The survey operation will be closely monitored and implemented by Macro International for ensuring quality data, based on their international experience. The EDHS 2010 will be implemented under the supervision of the Federal Ministry of Health and implemented by the Central Statistical Agency. The EDHS 2010 will be fielded in February 2010 and the analytical report and final summary of documentation of findings will be published in February 2011. The final report will be reviewed and disseminated at national and regional levels starting April 2011.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7564**		
Mechanism Name:	**Demographic and Health Survey**		
Prime Partner Name:	**Macro International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	500,000	

Narrative:

PEPFAR in collaboration with other health programs is supporting the planning, implementing and disseminating activities of the 2010 Ethiopia Demographic and Health Survey (EDHS).
The support will be used for planning and disseminating the EDHS 2010 result at national and regional level.
The current EDHS is designed to collect comparable and comprehensive nationally and regionally representative data on various health-related variables including immunization, maternal health, fertility, family planning services, malaria and HIV/AIDS. These data will be further analyzed at various levels to enhance better understanding of specific findings and will be shared with key stakeholders including

front-line health program implementers at the regional levels. The EDHS 2010 will be fielded in February 2010. Analytical report and final summary f findings will be published in February 2011. The final report will be reviewed and disseminated at national and regional level starting April 2011. These data need to be analyzed further to explain findings so they can be disseminated and utilized effectively at national and regional levels. The EDHS findings need to be shared with "front-line" health program implementers to help inform and guide their work. PEPFAR support though COP 2010 will be used to support further analysis and dissemination for front-line health program planners and implementers. Specifically the support will be used for: planning and implementing further analysis at various levels to enhance better understanding of specific findings on selected topics (detailed reports on select topics will be prepared, printed and disseminated); preparing regional level factsheets (4 regions); planning and conducting regional level dissemination workshops (4 regions); and strengthening the technical capacity of the CSA to plan, conduct, process and analyze similar survey data.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7566	**Mechanism Name: ENHAT CS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHCS (State)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the Malaria Laboratory Diagnosis Monitoring (MLDM) project, which is being implemented by International Center for AIDS Care and Treatment Programs (ICAP), is to provide technical, strategic,

managerial and operational support to implement and strengthen malaria laboratory diagnosis activities in Oromia, thereby contributing to the goal of the President's Malaria Initiative (PMI) goal of achieving a 50% reduction in malaria-associated mortality by 2010. The objective of the program is to ensure availability of quality malaria laboratory diagnosis at health facilities in five administrative zones of Oromia by improving smear microscopy and utilization of RDTs.

The MLDM Project is being implemented in selected health facilities in Oromia Regional State, which is the focus state for PMI in Ethiopia. The health facilities in Year 1 of the MLDM Project have been purposefully selected and will gradually increase to 167 facilities by Year 4. Facilities include a mixture of hospitals, health centers and health posts. The target population of the MLDM Project is suspected malaria patients attending selected health facilities, i.e., populations at risk of malaria living in the facilities' catchment areas.

The MLDM Project strengthens health systems by improving malaria laboratory diagnosis at health facility level through a combination of capacity building, provision of laboratory materials, comprehensive supervision, provision of quality assurance and control, adherence to national laboratory and case management guidelines. As a result, the overall laboratory diagnostic capabilities of supported health facilities should be strengthened.

The project addresses two cross-cutting areas: (1) Human resources for health -- health care workers at supported facilities are trained to provide comprehensive laboratory diagnosis services; and (2) Construction/renovation-- to strengthen laboratory best practice, laboratory safety at a selected number of facilities will be assessed, including the rehabilitation of a limited number of medical waste incinerators.

From the outset the premise of the MLDM Project was to leverage existing USG investment. Thus, PMI support for malaria laboratory strengthening activities is being implemented by ICAP, an organization that has been for many years an USG implementing partner for HIV laboratory strengthening, diagnosis and treatment under PEPFAR. With PEPFAR and ICAP support, the MOH and its regional references laboratories have strengthened hospital laboratory HIV/AIDS diagnosis, patient management and follow-up; laboratory curriculum and standard operating procedure development; training of clinical and laboratory health personnel; quality assurance/quality control and supervision of laboratory strengthening activities. The MLDM Project leverages a lot of these efforts and systems, thereby maximizing USG investment.

The MLDM Project has a comprehensive performance monitoring plan, measuring project outputs as well as impact. Many of the indicators outlined in the plan are standardized PMI indicators that are collected at facility as well as aggregate level. A baseline assessment of 60 health facilities will serve as reference to which the implementation of the MLDM Project's activities will be compared. Monitoring and evaluation will be accomplished through a range of activities, including regular field visits as part of the establishment and implementation of the laboratory quality assurance and control systems as well as a follow-up health facility assessment.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	5,000
Human Resources for Health	48,000

Key Issues

Malaria (PMI)

Budget Code Information

Mechanism ID:	**7566**
Mechanism Name:	**ENHAT CS**
Prime Partner Name:	**Columbia University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	300,000	

Narrative:

In September 2009, ICAP was awarded, under PMI, a Cooperative Agreement (Malaria Laboratory Diagnosis Monitoring Project, MLDM). The objective of this project is to strengthen the capacity of laboratories at health facilities in the Oromia Regional State to diagnose malaria. The MLDM Project is implemented in close collaboration with MOH, EHNRI, RHB and other PMI implementing partners. MLDM activities will include developing national malaria laboratory guidelines; training laboratory and clinical health facility personnel; assessing health facility laboratory capacity; developing, piloting and establishing a malaria diagnosis QA/QC system; and monitoring anti-malarial drug efficacy in selected sites. The current PMI support is not sufficient to address the biological interactions between HIV and malaria or to maximize the integration of malaria laboratory diagnosis activities into existing laboratory activities for HIV and TB.

PMI funds will be leveraged to strengthen integrated laboratory diagnostic activities, particularly at the health center level. The project will work to link resources from both Presidential initiatives (e.g. laboratory curriculum and SOPs; QA/QC systems and supervision), maximizing USG investments. The following activities are to be carried out under the MLDM Project: health facilities with up-to-date national guidelines on HIV and malaria case management; training of clinical and laboratory health facility personnel in HIV and malaria laboratory diagnosis, treatment and data reporting; integrated supervision

of HIV/malaria laboratory diagnostic services; reporting of health facility level HIV/malaria case data; and implementation of facility safety program, ensuring laboratory best practice at supported health facilities. The quality assurance and control system to be developed will be implemented through regular monthly visits to health facilities, on-the-spot trainings and supervision, and regular dissemination of facility reports on HIV/malaria data. This activity will track the: number of government health center facilities capable of laboratory diagnosis of malaria diagnosis in HIV patients; and the number of HIV patients referred to laboratory for malaria diagnosis.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7567	**Mechanism Name: Health Systems 20/20**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 507,840	
Funding Source	**Funding Amount**
GHCS (State)	507,840

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this program is to provide costing tools and sustainability analysis models to key stakeholders including the MOH, FHAPCO, Federal Ministry of Finance (MOF) and others in order to assess HIV/AIDS program sustainability in Ethiopia. The program will work with key stakeholders from the MOH, FHAPCO, MOF, WHO, World Bank, UNAIDS, UNDP, UNICEF, and Gates Foundation, CHAI, JSI/RPM, ITECH, JPIEGO, Columbia University, civil society and other local organizations.

The objectives of the activity are to provide capacity building technical assistance to MOH, FHAPCO and other national and sub-national stakeholders on the use of available analytical tools and models for

costing resource requirements to inform short, medium and long term policy decisions. In addition, the partner will conduct analysis of pricing and affordability of HIV/AIDS program services in the private and public facilities including unit cost of services. This will provide critical data on resource requirements for HIV/AIDS programs in short, medium and long term and under different policy scenarios. The results will inform the national health system in taking alternative policy decisions during planning, financing and resource allocations to ensure sustainability of HIV/AIDS programs in the country. The program will also build the capacity of local institutions to conduct periodic program costing and sustainability assessments for a more strategic decision making, which will ensure sustainability of the program. This may also have a spill over effect for other health programs and the strengthening of the health system management and leadership in general.
Finally, the partner will put in place an M&E system to track progress and a mechanism to ensure data quality during collection, reporting, analysis and dissemination of results.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7567**
Mechanism Name:	**Health Systems 20/20**
Prime Partner Name:	**Abt Associates**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	507,840	

Narrative:

This is a continuing activity with the following modifications.
This activity represents a sustainability assessment of Ethiopia's HIV/AIDS program and limited technical assistance. PEPFAR Ethiopia supported the assessment of HIV/AIDS program sustainability analysis in COP 2009, using the HIV AIDS Program Sustainability Analysis Tool (HAPSAT). The technical assistance partner developed the 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. The analysis in COP 2009 has provided PEPFAR Ethiopia with costing data under different policy scenarios to inform COP 2010 planning. In addition, it stimulated discussions on costing and sustainability of HIV/AIDS programs among GOE stakeholders, PEPFAR partners and other donors. In Ethiopia a number of models are used for costing components of different program areas. This has resulted in the generation of various data sets that can create confusion. In COP 2010, the activity will support a synthesis of current models in order to maximize the benefits of the different analytical tools used in assessing HIV/AIDS program sustainability in Ethiopia. To effectively address the sustainability of HIV/AIDS program in Ethiopia, the MOH and HAPCO need to have the capacity to utilize the available analytical tools and models for costing resource requirements to inform short, medium and long term policy decisions. This activity will provide capacity building technical assistance to MOH, FHAPCO and other national and sub-national stakeholders. In addition, the activity supports the analysis of pricing and affordability of HIV/AIDS program services in private and public facilities including unit cost of services per individual.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7572	**Mechanism Name: Construction Inspection and Technical Support**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Global Architect-Engineer (A&E) Infrastructure Services IQC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,500,000	
Funding Source	**Funding Amount**
GHCS (State)	1,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity from COP 2009. United States Government (USG) regulations require that specific construction, design, contracting and building maintenance standards be met for all construction activity. As such, a U. S. architecture and engineering (A&E) firm, selected competitively, will work closely with PEPFAR's implementing construction/renovation partner currently being selected, providing design services and external quality assurance. A&E will work with the partner as it constructs new Nucleus B Health Centers, renovates and improves existing health centers and expands and/or builds commodity warehouses. The target population for this activity includes all Ethiopians utilizing health facilities.

The selected partner may also work with the Project Management Unit (PMU) of the Ministry of Health Public Health Infrastructure Directorate (PHID) and regional health bureaus (RHBs), ensuring that USG regulations are met for any facilities built with PEPFAR funds. This will result in capacity building in this area.

To ensure that USG regulations and standards are met, Global A&E will coordinate with the Assisting the Health Sector Expansion Construction/Renovation Technical Assistance activity under Chemonics and the Renovations-Health Facility ART/Strengthening HIV Infrastructure to Increase Service Delivery Access activity currently under procurement. Finally, any training needs identified during the QA and design process will be referred to the Chemonics Technical Assistance activity which may provide needed support in this area.

There are no PEPFAR indicators related to this activity. Specific indicators to measure progress will be developed in Year One of the project.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	1,500,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7572**
Mechanism Name:	**Construction Inspection and Technical Support**
Prime Partner Name:	**Global Architect-Engineer (A&E) Infrastructure Services IQC**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,500,000	

Narrative:

This is a continuing activity from COP 2009. United States Government (USG) regulations require that specific construction, contracting, design and building maintenance standards be met for all construction activity. This activity will utilize a U. S. architecture and engineering (A&E) firm, selected competitively, to work closely with PEPFAR's implementing agency currently being selected for constructing new Nucleus B Health Centers, renovating existing health centers and improving/expanding commodity stores at these sites, and expanding or constructing commodity warehouses. Design and external quality assurance (QA) will be provided through this partner. The implementing partner may also work with the Project Management Unit (PMU) at the newly organized Ministry of Health (MOH) Public Health Infrastructure Directorate (PHID), as well as Regional Health Bureaus (RHBs), ensuring that USG regulations are met for any facilities built with PEPFAR funds. This will result in capacity building in this area.

The activity will provide design and QA services to other USG-funded construction activities, including supportive supervision where indicated.

This activity, under a pre-competed mechanism at USAID/Washington, will coordinate closely with the Assisting the Health Sector Expansion Construction/Renovation Technical Assistance activity under Chemonics and the Construction and Renovation Services for USAID Ethiopia Health Infrastructure Program activity currently under procurement, ensuring that USG or other relevant standards are met for all activities.

There are no PEPFAR indicators related to this activity. Specific indicators with targets to measure performance will be developed in Year One of the project.

Limited training may occur, but it is probable that any training needs identified during the QA and design process would be referred to the Chemonics Construction/Renovation Technical Assistance (TA) activity which may provide needed support in this area. No clinical services or adherence activities will occur under this project.

Target populations include all Ethiopians utilizing health facilities to be renovated, constructed or expanded with USG funds.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10513	Mechanism Name: USAID-CRS
Funding Agency: U.S. Agency for International	Procurement Type: Cooperative Agreement

Development	
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,249,288	
Funding Source	**Funding Amount**
GHCS (State)	1,249,288

Sub Partner Name(s)

Ethiopian Catholic Church Social and Development Coordination Office	Medical Missionaries of Mary	Missionaries of Charity
Organization for Social Services for AIDS (OSSA)		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	150,000
Food and Nutrition: Policy, Tools, and Service Delivery	150,000

Key Issues

Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**10513**

Mechanism Name:	USAID-CRS		
Prime Partner Name:	Catholic Relief Services		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	549,288	

Narrative:

Narrative:
Care and support for PLWHAPLWHAA
ACTIVITY UNCHANGED FROM FY2008
This is a continuous wrap around activity continuing with the same activities as is described in COP 2008.
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 FY 2006 Catholic Relief Services (CRS) combined PL 480 Title II and PEPFAR Ethiopia resources for care and support for PLWHAA. 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 PLWHAA 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 PLWHAA 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 FY 2008, 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 PLWHAA 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 FY 2008, CRS will work to strengthen the counseling and referral of PLWHAA 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 FY 2007

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 PLWHAA 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 PLWHAA.

During FY 2006 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 FY 2007, 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. FY 2008 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 FY 2008 will therefore decrease.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	700,000	

Narrative:

COP 2009 NARRATIVE

Faith-based Catholic Care

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 FY 2007, 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 Adigrat in the Tigray region. In COP 2008, CRS used 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 COP 2008, CRS continued 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 COP 2008, 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 FY 2008, CRS built 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 FY 2008 will therefore decrease.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10515	Mechanism Name: Laboratory Standards Improvement
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Clinical and Laboratory Standards Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Clinical Laboratory Standards Institute (CLSI) has been supporting and will continue to support the improvement and expansion of the national laboratory quality systems with the objective to implement the quality management system and internationally recognized laboratory standards in national and regional laboratories. In addition, CLSI will work to progressively raise the laboratory assessment scores through the WHO-AFRO accreditation scheme and/or achieve accreditation by alternative international standards accreditation process. CLSI will ensure increased development of national laboratory operational and quality management for sustainability of quality management system (QMS) and achieve accreditation status at targeted laboratories. The QMS and accreditation will continue to expand to all laboratory tiers throughout Ethiopia. The support is critical for the realization of the goals set by the Ethiopian laboratory system in the national integrated laboratory strategic plan for 2009-2013.

CLSI's standards-driven approach, together with the implementation of QMS bridges the gap between pre-service training and in field application. This foundation prepares laboratory personnel to successfully implement and sustain the technical assistance of laboratory coalition partners across all laboratory disciplines. The technical assistance by CLSI includes laboratory technical operations, operational and quality management. The management and quality staffs are supported continuously to ensure ongoing progress and accountability. Leadership development is enhanced through sponsored membership in CLSI including opportunities to participate in CLSI standards development committees and professional conferences. CLSI therefore, will focus on fostering strong leadership among the quality officers,

laboratory management and technical staff at national and regional laboratories in order to sustain laboratory improvements and standardize training and improvement methods across various sites and within the tiers of the laboratory system.

CLSI to address the important objectives follows very thoughtful and systematic laboratory support approaches that starts with the needs assessment. Based on the gaps identified during the assessment process, CLSI will assign mentors to the targeted laboratories to work with laboratory management, quality officers and technical staff for skill transfer and sustainability. In addition, CLSI will develop comprehensive work plan on specific training needs, corrective actions and continuous quality improvement plans. There will always be training and educational sessions and continuous mentoring programs associated with gap analysis activities. In general, CLSI has the ability to utilize all available tools and technologies including teleconferences, communication systems and internet technology, file sharing software, the WHO-AFRO accreditation assessment tools, WHO-CDC-CLSI QMS training materials and laboratory standards to equip laboratories to meet quality and accreditation goals. CLSI works very closely with CDC, EHNRI and other implementing partners to support the implementation of the national integrated laboratory strategic plan. The scope of work is regularly reviewed and aligned based on the specific needs of the national laboratory program. CLSI has established strong monitoring and evaluation process which involves laboratory self assessment and gap analysis process based on the QMS and the criteria of selected accreditation agencies (e.g. SANAS, JCI, CAP, WHO-AFRO).
CLSI maintains no in-country presence and works in tandem with local CDC laboratory personnel who are co-located in EHNRI, thereby maximizing efficiency in terms of cost and having technical assistance appropriately targeted in advance.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	90,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10515**
Mechanism Name:	**Laboratory Standards Improvement**

Prime Partner Name:	Clinical and Laboratory Standards Institute		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10516	**Mechanism Name: Rapid Expansion of ART for HIV Infected Persons in Selected Countries**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 12,422,861	
Funding Source	**Funding Amount**
GHCS (State)	12,422,861

Sub Partner Name(s)

Adama Life Saving Association	Dire Dawa RHB	Family Guidance Association of Ethiopia
Harari RHB	Mekdim Ethiopian National Association	NEP +
Oromia RHB	Somali RHB	TBD
Yetesfay Bisrat Misrak Association		

Overview Narrative

The International Center for AIDS Care and Treatment Programs (ICAP) at Columbia University is one of the world's largest multi-country HIV/AIDS programs and a global leader in HIV programming. Rooted in comprehensive, family-focused services, ICAP-CU provides TA and supports site implementation of innovative approaches in resource-limited settings. ICAP is part of a consortium of US-based universities supported by CDC to support specified regions that accounted for approximately 69% of PEPFAR-supported patients on ART in Ethiopia as of October 2009.

ICAP-CU's strategy aims at supporting the full continuum of HIV-related services including counseling and testing; adult and pediatric care and treatment; nursing capacity initiative; PMTCT; injection safety; STI/TB/HIV integration; integration of prevention with care and treatment; lab support; safe water interventions; peer worker support; community mobilization; outreach; and SI.

ICAP-CU has been able to:

• Establish strong relationships with Federal Ministry of Health (MOH), Federal HIV Prevention and Control Office (FHAPCO), Ethiopia Health and Nutrition Research Institute (EHNRI), Regional Health Bureaus (RHBs), and other partners;

• Develop scopes of work that are fully integrated and consistent with the national program;

• Respond to changes in national program orientation, funding, policies, and evolving standards of care;

• Work effectively with RHBs to decentralize services;

• Expand the scope of services to encompass the full prevention and care continuum while fostering coordination and integration with other program components;

• Increase government and local partner capacity to manage key aspects of service programming, including financial management;

• Respond to health systems challenges including HR, logistics and infrastructure;

ICAP-CU works in Oromia, Somali and Harari Regions, Dire Dawa Administrative Council, and nationally. Combined, these regions include 93,000 PLHWA in need of ART, or 28% of the national projected need as of 2009. ICAP will target 65 health facilities in the four regions will a catchment population of over 32 million.

ICAP's program now includes a range of comprehensive support to MOH, four RHBs and 55 service delivery sites, including initiating services, developing mentoring approaches, strengthening lab services, expanding pediatric care and treatment services, involving PLHWA, and building multi-disciplinary teams to implement the ICAP-CU model of care. ICAP-CU's approach emphasizes skills transfer to government to ensure long-term sustainability.

ICAP-CU will also continue national-level TA to the MOH in key areas such as PMTCT, pediatric care/ART, early infant diagnosis, TB/HIV, safe water, sanitation and hygiene integration, PLWHAA involvement, and adherence. At regional and sites level, ICAP-CU's own multi-disciplinary teams will provide TA to RHBs and site staff to enhance knowledge and skills in standard of care assessments for quality improvement, clinical supervision and mentoring.

ICAP-CU strengthens quality laboratory services following the health network model through which

services are delivered. Quality laboratory services are as described by strategic objectives in the lab master plan and implementation strategies devised through joint planning with EHNRI and RHBs. Training and WHO accreditation of laboratories constitute key strategies for health system strengthening and ensuring sustainability.
ICAP-CU supports task shifting, non-monetary incentives, and program management staffing to support HRH. Pre-service training programs, especially in medicine, receive support, as do Jimma and Haramaya Universities to mainstream HIV into pre-service training and serve as regional hubs for HIV training and TA. In collaboration with WFP, UNICEF, and others, ICAP-CU will expand nutritional counseling, assessment and support at facilities and link the facilities with organizations providing food support and food by prescription. ICAP-CU will work with the GOE and WHO/UNICEF to harmonize activities with child survival initiatives like IMCI and EPI. In collaboration with RHBs, ITNs will be made available to all PLWHAA living in malaria endemic areas; malaria diagnosis and treatment will be enhanced through the ICAP-CU/PMI Project. In partnership with PSI, ICAP-CU will expand provision of safe drinking water to clients. ICAP will support expansion of mobile CT services to the nomadic, hard-to-reach populations in Somali Region. The ICAP-CU approach includes:
• TA to MOH regarding program planning and development, and development of guidelines, training materials and provider support tools.
• Regional level assistance in program development, implementation, supervision, and M&E.
• Facility-level TA for implementation of high quality prevention, care, and treatment services.
• Assistance to PLWHAA associations, private facilities and civil societies in program development and service delivery.

ICAP-CU innovations include the family enrollment form; intra-partum CT for mothers and partners; point-of care rapid HIV testing; family screening of TB contacts, and prevention of in-facility TB transmission. ICAP-CU will continue to support M&E systems at national, regional and site levels, giving attention to site-level capacity to utilize assessment tools, analyze and use data, and improve integration with the national HMIS. ICAP-CU's experienced M&E teams will provide TA and supervision to support implementation of activities.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	550,000
Food and Nutrition: Policy, Tools, and Service Delivery	250,000
Human Resources for Health	4,500,000

Water	260,000

Key Issues

Malaria (PMI)

TB

Budget Code Information

Mechanism ID:	**10516**
Mechanism Name:	**Rapid Expansion of ART for HIV Infected Persons in Selected Countries**
Prime Partner Name:	**Columbia University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	598,519	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	6,318,481	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	468,834	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	182,400	

Narrative:

The budget for this activity was increased by more than 20% because of the need to expand to new facilities and to improve care and support services. ICAP-CU is playing a lead role in pediatric care and

support (C&S) programs. In FY 2009, ICAP-CU supported basic pediatric C&S services at 40 facilities. Activities included initial assessment of site-level palliative care services, training of the multidisciplinary teams, clinical mentoring, data collection and reporting, and supportive supervision. Quality of pediatric HIV care and treatment service was assessed and monitored using ICAP SOC. Other activities included training and supervision on providing CTX, TB screening, and nutritional assessments. Pediatric services were successfully decentralized to four health centers.

In COP 2010, ICAP will build on COP 2009 by:

1. Strengthening the intra-facility and intra-facility linkages required to identify HIV-positive children and provide them with access to care and treatment.
2. Ensuring that all HIV-positive children receive careful and consistent clinical, developmental, and immunologic monitoring to promptly identify those eligible for ART.
3. Providing on-site implementation assistance, including staff support, implementing referral systems, and supporting monthly pediatric HIV/AIDS team meetings.
4. Providing training in pediatric C&S and pediatric preventive care package including nutrition.
5. Providing clinical mentoring and supervision to multidisciplinary teams for care of HIV-exposed and infected children.
6. Developing and distributing pediatric provider job aids and patient education materials related to pediatric C&S.
7. Identifying and sensitizing community-based groups to palliative care and the importance of adherence to both care and treatment services.
8. Improving nutritional assessment of children at health facilities.
9. Promoting interventions to ease distressing pain or symptoms and continuing patient management after hospital discharge if pain or symptoms are chronic.
10. Linking families with community resources after discharge.
11. Providing safe water interventions like point of use water treatment by disinfectant.

The partner being within PEPFAR will play its part in Global Health Initiative (GHI).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	1,230,927	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	200,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	458,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	100,000	

Narrative:

One of the critical challenges to Ethiopia's program to expand access to HIV/AIDS services is human resource shortages mainly due to low production and attrition. Scarce HR resources need to be protected from occupational hazards by effective work-related infection prevention (IP) initiatives. The Ethiopian MOH is collaborating with partners to undertake a number of IP activities, including establishing an IP Technical Working Group, development of national IP guidelines and procurement and distribution of IP materials.

To support this initiative, ICAP-CU collaborates with Ethiopian MOH and other USG-funded partners, especially JHPIEGO. Activities in previous years included: active membership in the national TWG, support for IP implementation at health facilities through sponsorship of on-site IP trainings and facility level IP working groups. ICAP-CU has also supported an initiative to incorporate IP service into Post Exposure Prophylaxis (PEP) activities at facilities.

In COP 2010, ICAP-CU will continue to be an active member of the national IP TWG and to strengthen activities at Regional Health Bureaus and facilities. ICAP-CU will carry out the following activities:
1. Building the capacity of the RHBs to coordinate IP activities at facilities by organizing IP trainings for RHBs staff and involving them in supportive supervision and on-site IP trainings for facility staff.
2. Organizing off-site IP trainings for RHBs staff and members of the working groups.
3. In collaboration with JHPIEGO, conducting HR inventory related to IP training.
4. Organizing on-site IP trainings for facility and non-health staff of public, private and NGO hospitals based on need assessments; non-health staffs include cleaners, porters, guards, etc.
5. Providing limited infrastructure support to strengthen IP activities in the facilities.
6. Working in collaboration with MOH, RHBs and other partners to facilitate provision of IP materials to health facilities.
7. Developing, adopting, distributing, and encouraging utilization of IP materials targeting providers.
8. Strengthening IP working groups at facilities and implementing IP activities including PEP.
9. Closely monitoring and evaluating IP implementation at RHBs and facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	50,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	200,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,200,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	672,000	

Narrative:

This activity has a significant change in scope and should be part of a streamlined COP10 submission. In COP09, ICAP provided integrated laboratory service support to 55 health facilities and three regional laboratories. ICAP also provided technical and logistics support in the roll-out of the early infant diagnosis program at national, regional, and site levels. ICAP's laboratory support activities in FY10 will include:

• Providing site-level laboratory support to 60 health facilities and three regional laboratories for high-quality integrated laboratory services. ICAP will provide ongoing supportive supervision, coaching and mentoring of laboratory staffs at all sites to ensure strong referral linkages, improved inventory systems, preventive maintenance, and troubleshooting of equipment failures.

• Availing and use of SOPs at sites for integrated laboratory tests, specimen management, safety manuals, documentation, and recording. ICAP will provide technical and logistics support for participating tier-level laboratories and points of testing in EQA programs.

• Supporting the establishment of a regional laboratory in Somali in collaboration with CDC, EHNRI and the Somali Regional Health Bureau. Five hospital laboratories will be renovated, furnished and equipped to improve quality of services

• Supporting the establishment of HIV DNA PCR testing capacity at Nekemte Regional and Jimma University Hospital Laboratories.

• Facilitating the establishment of viral load testing capacity at regional laboratories.
• Providing technical and logistic support towards establishing TB culture facility.
• Supporting the establishment of clinical bacteriology diagnostic capacity at selected hospitals.
• Supporting and providing trainings on different thematic areas that include POSRHT, ART laboratory monitoring, TB smear microscopy, OI and STI diagnosis, EID and HEI care, HIV DNA PCR, quality assurance, laboratory management, and accreditation of five laboratories using WHO-AFRO scheme.
• Ensuring sustainability by building capacity of regional laboratories to independently evaluate and monitor their respective sites and to follow operational plans for accrediting laboratories.
• Facilitating training of university staffs on ART laboratory monitoring; strengthening pre-service training of graduating students.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	743,700	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10517	**Mechanism Name: HIV/AIDS Antiretroviral Therapy Program Implementation Support Through Local Universities**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Hawassa University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 161,000

Funding Source	Funding Amount
GHCS (State)	161,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Hawassa University is a university in the Southern Nations Nationalities and Peoples Region (SNNPR), which has a population of approximately 15 million. It was established in December of 1999. Transactional sex is evident in the social dynamics of the university campus. All Ethiopian universities have clinics that are supposed to provide comprehensive, primary-level healthcare service to all registered students. But because of the diverse needs of the student body and the limited capacity of the clinics, the clinics are not well-utilized and are not providing standardized and quality HIV/STI prevention services. The university teaching hospital has the largest number of patients on ART in the region as of October 2009 (1,527).

The main goal of the Hawassa University project is to strengthen the prevention activities within Hawassa University and to the surrounding communities. Specific objectives include production and distribution of IEC/BCC materials on sexual prevention; promotion and distribution of condoms; increased access to diagnosis and management of STI/HIV services and other reproductive health services for the university community. The project will be linked to other HIV/AIDS programs in the University and other NGOs working in the surrounding area.
The geographic coverage would include Hawassa University and the surrounding area. The target populations are the Hawassa University Community comprised of students, teachers, administrative staffs and the people living in the surrounding area.

Health systems in the SNNPR region will be strengthened through training of health care workers (through in- and pre-service training) and collaboration with the regional health bureaus and other health institutions in the area. Cross-cutting programs like gender (including gender-based violence), youth-focused activities, and care and treatment for persons living with HIV/AIDS will also be addressed.

Hawassa University will use different strategies to accomplish the goals and objectives of the project. These include working closely with University leaders, and supporting anti-AIDS clubs, women and youth offices in the University to mainstream STI/HIV programs in all the University programs and University sectors. Hawassa University will work closely with technical agencies (CDC and Johns Hopkins University) to ensure standardization and quality of programs. Hawassa University will further harmonize and coordinate efforts with the Regional Health Bureau and the Regional HIV/AIDS Prevention and Control Office.

Monitoring and evaluation plans will be carried out through follow-up and supervision, regular CoAg reviews, and quarterly and annual monitoring, evaluation and reporting.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	30,000

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**10517**		
Mechanism Name:	**HIV/AIDS Antiretroviral Therapy Program Implementation Support Through Local Universities**		
Prime Partner Name:	**Hawassa University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	81,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	8,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	72,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10518	**Mechanism Name: IS for HIV/AIDS ART Program through Local Universities in the FDRE under PEPFAR**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Defense University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 120,000	
Funding Source	**Funding Amount**
GHCS (State)	120,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Defense University ((DefU), located in Addis Ababa, is the only university providing training and technical support for members of the military and care for 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 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 DefU teaching hospital is the major referral facility for the military and dependents and currently handles a huge patient load, including those with HIV/AIDS.

The uniformed services (including the military, police, prison), 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. To date, the uniformed health services accounts for approximately 5,000 (3%) of the national total of 167,000 patients currently on ART as of October 2009.

Through the support of the University of California, San Diego (UCSD), DefU will continue to coordinate and scale up the response to HIV/AIDS it has initiated. The university will build on previous support and

the achievements gained through its collaborative activities with PEPFAR Ethiopia. The university and its teaching hospital will work with the military and police health networks to deliver care and ART services. The university (and its teaching hospital) will have 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 technical and administrative capacities. 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 DefU to be in a position to take over the technical support currently provided by UCSD.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

Key Issues

Addressing male norms and behaviors
Military Population

Budget Code Information

Mechanism ID:	**10518**
Mechanism Name:	**IS for HIV/AIDS ART Program through Local Universities in the FDRE under PEPFAR**
Prime Partner Name:	**Defense University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	120,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10519	Mechanism Name: Rapid expansion of successful and innovative treatment programs
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 12,777,696	
Funding Source	**Funding Amount**
GHCS (State)	12,777,696

Sub Partner Name(s)

Afar Regional Health Bureau	Afar Regional Network of Persons Living with HIV Association	African Services Committee
Amhara Development Association	Amhara Regional Health Bureau	Ethiopian Nurses Association
Ethiopian Orthodox Church Western Tigray Diocese	Family Guidance Association of Ethiopia	Mekdim Ethiopian National Association
Organization for Social Services for AIDS - National and Addis Ababa Branch	Save Generation Association Tigray	Tigray Regional Health Bureau
Tsadkane Mariam Mihrete Bizuhan Mahber		

Overview Narrative

I-TECH's goal is to provide technical and financial assistance to the GOE to build human and organizational capacity and ensure sustainability in the scale up of effective HIV services that are integrated within the general health structure. I-TECH works with health bureaus, MOH, HAPCO, facilities, and NGOs to improve access to care/ART, monitor treatment standards and ensure quality services to decrease morbidity, mortality and ultimately improve quality of life of PLWHAA and curb the incidence of HIV infection. ITECH is part of a consortium of US-based universities funded through CDC that account for 69% of patients on ART in Ethiopia as of October 2009.

I-TECH provides TA that enhances effective prevention, care and ART service delivery through

operational support and human resource development and quality improvement strategies to 42 facilities and is working in eight program areas. In COP 2010, it will add three new facilities and new programs (infection prevention, HIV pre-service and pre-service training for medical doctors) under flat funding. I-TECH operates in Afar, Amhara and Tigray regions, accounting for 40% of the HIV burden in Ethiopia. Target populations include PLWHAA, including children and pregnant women in all public hospitals in Tigray, Amhara & Afar and health centers in Afar. In COP 2010, I-TECH will target clients in selected private hospitals and health centers accredited by RHBs.

Eleven field based teams provide comprehensive onsite mentoring on prevention, and care/ART, including associated OIs, TB, STI, PMTCT, HCT, PWP and palliative care. Programs are evaluated and recommendations made for improving service delivery systems. Clinical mentors' pilot and implement draft tools, algorithms, and guidelines to help providers offer quality care. Quality improvement strategies such as CME, continuous quality improvement (CQI) & plan-do-study–act cycles are utilized. In-service trainings, consultation support and advanced training opportunities are availed to I-TECH mentors, university faculty, and facility level providers. Sustainability strategies include training, TOTs for national trainers, TA in developing policies and procedures and strengthening committees.

Task shifting is supported through training, curriculum development, and piloting as exemplified by case management and nurse prescriber initiatives. Facility-level performance reviews, quality improvement activities, and university staff retention by secondment of staff to Gondar & Mekele Universities will continue. Mentoring of Mentors insures that mentors are capable. Strengthening universities by supporting pre-service training and subcontracting in-service training to them will be implemented. I-TECH's clinical staff and mentors will be engaged in the pre-service effort as voluntary faculty. I-TECH, a joint program of the Universities of Washington and California San Francisco draws on deep clinical & pedagogical expertise to strengthen local educational institutions to design, deliver, monitor and evaluate educational programs and activities.

ITECH strengthens quality laboratory services following the health network model through which services are delivered. Quality laboratory services are as described by strategic objectives in the lab master plan and implementation strategies devised through joint planning with EHNRI and RHBs. Training and WHO accreditation of laboratories will constitute key strategies for health system strengthening and ensuring sustainability.

I-TECH will support implementation of the national HMIS at facilities including staff training, renovation of card rooms, and the purchase of furniture and equipment including support for installation of the electronic medical record. Renovation/construction efforts to improve quality of care will continue as needed, including support for the Center for Outpatient Care (COC) at GU. Renovations will incorporate sound infection prevention principles, including TB and hand washing. Procurement of equipments for medical, diagnostic and educational needs remain a priority.

I-TECH works closely with RHBs, HAPCOs and stakeholders to harmonize and coordinate service delivery and will continue supporting review meetings, participation in TWG and partner forums. It fosters

public-private sector partnership led by regional health bureaus through sub-contracting and capacity building, I-TECH fosters meaningful involvement of PLWHAA associations, religious organizations and local NGOs by partnering with them and works towards sustainable, cost effective program implementation and improved services. Through patient support initiatives I-TECH will support patent education, safe water and healthy living initiatives, I-TECH supports decentralization strategies and strengthening support functions for efficient service delivery.
Programs will have in built CQI initiatives that contribute to meet service standards. Operational research that addresses key questions will be done. Mechanisms to monitor and evaluate programs will be incorporated that will be led by the M&E department according to national HMIS and revised PEPFAR indicators.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	1,350,000
Food and Nutrition: Policy, Tools, and Service Delivery	630,000
Human Resources for Health	2,070,000
Water	112,500

Key Issues

TB

Budget Code Information

Mechanism ID:	**10519**
Mechanism Name:	**Rapid expansion of successful and innovative treatment programs**
Prime Partner Name:	**University of Washington**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	480,230	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	6,827,073	

Narrative:

This is a continuing activity. In COP09, I-TECH supported HIV treatment and care in 42 facilities in Afar, Amhara and Tigray Regions. Initiatives to improve standards and quality of care included standardizing and broadening on-site mentoring, mentoring of mentors, introducing quality improvement cycles (PDSA), case-based learning, expanded Case Management/Adherence Support (CM/AS) services, and greater involvement of PLHIV associations. In COP10, these initiatives will be strengthened with continued support of ART service to enroll new ART eligible clients through continued technical assistance (TA) to RHBs/HAPCOs. Other activities planned by I-TECH in COP10 include:

• Expanding the multi-disciplinary mentoring program to 45 facilities.
• Continuing to support two private hospitals and increase ART access to urban and pastoralist community in Afar with expansion of ART service to three new health centers.
• Ensuring functional intra-facility linkage among services using CM service.
• Collaborating with partners to have robust inter-facility referrals for transfers.
• Retaining targeted adults with advance HIV infection receiving ART.
• Building capacity of care providers on ART monitoring through in-service training, on-the-job mentoring, and case-based discussions.
• Strengthening on-going CM/AS at facility and community levels to improve adherence and retention.
• Expanding adherence support to in-patient wards.
• Developing adherence education materials in appropriate languages.
• Devising adherence sessions and teaching pill-counting to ART clients that are being transferred out.
• Tracing lost to follow-up clients.
• Building capacity of facility HIV committees and care providers on continuous quality assurance to monitor for desired ART outcome.
• Providing service harmonization, equipment and commodity support to GU Center for Outpatient Care.

Under this activity in COP 2010, the partner is allocated additional funding to carry out basic function restoration (including ensuring consistent supplies of water and electricity) in selected care and treatment facilities in its operational zone. The partner being within PEPFAR will play its part in Global Health Initiative (GHI).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	469,017	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	136,800	

Narrative:

The budget for this activity was increased by more than 20% because of the need to expand to new facilities and improve care and support (C&S) services. I-TECH is currently providing technical and material support to 42 sites on pediatric C&S. In COP 2010, I-TECH will continue to support implementation of appropriate C&S for HIV-exposed or infected infants, affected children and their families to improve their quality of life in 45 facilities. Onsite clinical mentorship, basic C&S provision, training, and supportive supervision will be conducted to improve the quality of care.

I-TECH will emphasize successful implementation and scale up of EID for early identification of HEIs; routine PITC for any infant or child with an indication for HIV infection and their parents; prevention and treatment of OIs and other HIV/AIDS-related complications including malaria and diarrhea; pain and symptom relief giving special attention to access to opioids for children; and nutritional interventions including integrating food provision with PMTCT and pediatric care programs. In addition, I-TECH will consolidate child survival interventions, including safe water and hygiene, micronutrient supplement, growth monitoring, improved infant and young child feeding, and treatment of life threatening childhood illnesses.

I-TECH will support counseling for disclosure and treatment and care adherence support group formation for children, adolescents, caregivers and families to enhance adherence to interventions. I-TECH will also support bereavement interventions and appropriate succession planning.

I-TECH will provide technical support for the provision of preventive services including infant feeding counseling; multi-micronutrient supplement; CPT, enhanced TB case-finding and provision of IPT; malaria screening and distribution of ITNs for HIV+ pregnant women and children <5 in endemic areas; and POU water sanitation, hand washing and personal and household hygiene. I-TECH will work with partners to conquer challenges for scaling up CPT for HEI and infected children. In addition, special emphasis will be given to enhance the documentation of all infants' HIV exposure status and follow-up. The partner being within PEPFAR will play its part in Global Health Initiative (GHI).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	1,328,576	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	HVSI	200,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	459,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	100,000	

Narrative:

In COP 2009, I-TECH received funding to improve infection prevention (IP) practices in health institutions in its operational regions. I-TECH will do replacement in-service onsite training for health care providers (HCP) to address staff turnover. I-TECH will supply IP and personal protective equipment (PPE) items as needed and support facilities through mentorship, TA and conduct baseline assessment and gap filling interventions. I-TECH will avail National IP Guidelines and IEC materials.

In COP 2010, I-TECH will provide replacement in-service trainings to HCP working in health institutions with high staff turnover. It will provide IP training to support non-clinical staff (housekeeping, laundry, kitchen, etc.) in both public and private hospitals in I-TECH's operational regions as well as selected NGOs and regional FGAE clinics. I-TECH will also provide clinical mentorship in IP in addition to the onsite and offsite trainings. It will supply critical IP items and PPEs to health institutions and support the establishment and strengthening of IP committees. The committees will follow and be responsible for the implementation of optimal IP practices in their respective hospitals. In addition, I-TECH will strengthen the existing HIV post exposure prophylaxis (PEP) practices by availing PEP protocols, PEP kits and assigning point persons. I-TECH will work with hospital management to avail the service at all times. It will also support health institutions in its regions in areas of health care waste management by renovating and constructing incinerators and placental pits and by availing sharps disposal containers. Moreover, it will renovate selected center of excellence facilities to assure functional hand-washing basins with water supply to promote hand washing, a core IP component.

I-TECH will provide support and TA to RHBs for the coordination of IP programs and support five medical universities in pre-service integration of IP trainings and provide TOT training to the university staff to enable them to do in-service training as a strategy for sustainability. M&E will target key areas such as hand washing and PEP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVAB	55,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	220,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,300,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	624,000	

Narrative:

This is a continuing activity with a new goal emphasis and is part of the streamlined COP 2010 submission. In COP09, I-TECH is providing comprehensive technical assistance (TA) and implementation support to strengthen the laboratory system and improve service quality in 42 laboratories in its supported regions through on-site mentorship; strengthening QA programs; renovating and furnishing laboratories; and providing lab equipments and trainings on HIV, EID, TB and malaria laboratory diagnosis. I-TECH is also providing ART monitoring and supporting EID service expansion from 3 to 37 sites.

In FY10, I-TECH will continue to provide high quality HIV/AIDS services such as laboratory capacity building and system strengthening through on-site mentoring of lab technicians in 45 sites. I-TECH will provide in–service trainings using nationally-approved curricula and provision of TA to strengthen and standardize laboratory policies, protocols, guidelines and program evaluations. I-TECH supports the implementation of laboratory information systems in selected hospitals and continues to scale-up ART intakes through uninterrupted laboratory services at all sites.

Together with EHNRI, I-TECH will build regional capacity for laboratory equipment maintenance and will strengthen the laboratory quality systems. I-TECH will also:

• Improve laboratory service quality through on-site mentorship on QC/QA and implementation of national and international EQA.

• Renovate and furnish high patient-burden hospital laboratories in the three regions.

• Support six laboratories for accreditation using the WHO-AFRO accreditation scheme.
• Support the implementation of viral load testing and TB culture in selected university and hospital laboratories.
• Introduce POC testing, along with PATH and the University of Washington.
• Provide TA to EID program.
• Provide TA to the national TB program through training on TB diagnosis and strengthening regional laboratories with TB culture implementation targeting >50% TB detection rate in the three regions.
• Conduct M&E of programmatic successes and failures.
• Strengthen partnership with major stakeholders like EHNRI, CDC and USG partners.
Support I-TECH laboratory staff skill development through south-to-south programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	578,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10520	**Mechanism Name: Support for program implementation through U.S.-based universities in FDRE**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Johns Hopkins Bloomberg School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 13,641,216

Funding Source	Funding Amount
GHCS (State)	13,641,216

Sub Partner Name(s)

AAU	Ethiopian HIV/AIDS Counselors Association	Ethiopian National Disability Action Network
Family Guidance Association of Ethiopia	Hawassa University	HCP/AED
JHPIEGO	Johns Hopkins Bloomberg School of Public Health	Networks of PLWHA Association
TheraSim		

Overview Narrative

The goals of Johns Hopkins Bloomberg School of Public Health through Technical Support to Ethiopia for HIV/AIDS Initiative (JHU-TSEHAI) include primary HIV prevention through HCT, PMTCT, male circumcision, injection safety, and PEP; improve HIV/AIDS, STIs, TB care and treatment; strengthen national, regional, and facility HIV/AIDS program management capacity; increase human resources for health (HRH) through partnerships with local universities; and improve data collection & use.

Specific objectives include increasing the number of:
• individuals who receive HCT services and test results
• persons with appropriate ARV prophylaxis (PMTCT, PEP)
• persons with STIs treated
• adults and children with advanced HIV infection started/continued on ART
• persons with HIV receiving a minimum of one clinical care service
• patients in HIV care/treatment programs who started TB treatment
• labs with testing capacity
• men receiving male circumcision
• organizations that collect/use data to manage HIV program
• health students, including medical students, who enter and graduate and join the workforce

JHU-TSEHAI aligns with national/regional HIV/AIDS plans towards universal access prevention, care, and treatment goals. Geographic coverage includes 75 hospitals and health centers in four regional health bureaus (RHBs), including the city of Addis Ababa, Southern Nations and Nationalties Peoples Region (SNNPR), and the "emerging regions" of Gambella and Benishangul Gumuz. It also partners with Addis Ababa and Hawassa Universities, PLWHAA associations in Addis Ababa, and the private sector. Its Advanced Clinical Monitoring project includes seven local universities, the Ethiopia Health and Nutrition Research Institute, Ministry of Science and Technology and MOH/ FHAPCO. It is part of a consortium of CDC-funded US-based universities that support sites accounting for 69% of patients on ART.

JHU-TSEHAI is a major supporter of service delivery including:
• PMTCT integration into ANC and delivery for safe motherhood

• Comprehensive maternal and infant care
• Outreach activities to increase service access
• Adherence supporters/ mother support groups to strengthen follow-up
• Quality improvement approaches and teaching skills for program management
• Infection prevention
• Workplace improvement to expand services & retain workers
• Network focused catchment meetings to improve linkages between hospitals, health centers, regional and district health offices
• Support to local universities to increase capacity for pre-service training, especially medical doctors

JHU-TSEHAI coordinates with partners to maximize effective and sustainable use of resources, including:
• Adherence support planning with PLHA associations
• The Ethiopian Orthodox Church, Ethiopian Muslim Development Agency and Evangelical Churches Association partnership for PLHA support
• The World Food Program and local NGO partnership to ensure targeted food supplementation
• FANTA and UNICEF for food by prescription
• Fostering integration of private sector into national ART program
• Seconding technical advisors to the MOH to support national guidelines and policy development

Support for use of data for decision-making includes use of performance and QI approach to site mentoring, site level and regional health bureau (RHB) management and analysis of data, national HMIS activities at the site level, deploying multidisciplinary teams to visit sites, assisting AAU and Hawassa University faculty to prepare for professional meetings and peer-reviewed publications, and enhancing local capacity to provide support to sites.
Site-level support to build capacity includes mentoring and technical support teams, supplying small equipment, supplies, reference materials and clinical management tools, providing analysis and data feedback to multidisciplinary teams for quality improvement and problem solving, using demonstration care centers such as Gandhi Hospital integrated PMTCT/ART and St Peter's hospital integrated TB/HIV, renovating sites to meet service expansion needs, providing technical advisors to RHBs, and financial support to RHBs and universities to enable integration of clinical mentoring.
JHU-TSEHAI strengthens quality laboratory services in these regions following the health network model through which services are delivered. Quality laboratory services are as described by strategic objectives in the lab master plan and implementation strategies devised through joint planning with EHNRI and RHBs. Training and WHO accreditation of laboratories will constitute key strategies for health system strengthening and ensuring sustainability.

Cost-efficiencies are being identified through shared resources system (e.g. videoconferencing center),

and collaborative procurement systems with other partners. JHU-TSEHAI coordinates service delivery with other partners in the public and private sector through collaborative pre-service trainings and curricula development, sharing training facilities/trainers, private hospital technical support to provide comprehensive services, and farm/company based partnerships for community level service provision. Program coverage is being expanded with low marginal costs through using site support systems for regional supervisory visits, and utilizing outreach PMTCT and HCT activities to provide follow-up care. PEPFAR and key process, outcome, output program indicators are used to monitor project performance, as well as through regular CoAg monitoring.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	693,563
Economic Strengthening	100,000
Food and Nutrition: Policy, Tools, and Service Delivery	85,000
Gender: Reducing Violence and Coercion	100,000
Human Resources for Health	4,956,759
Water	25,000

Key Issues

TB

Budget Code Information

Mechanism ID:	**10520**
Mechanism Name:	**Support for program implementation through U.S.-based universities in FDRE**
Prime Partner Name:	**Johns Hopkins Bloomberg School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	398,792	
Narrative:			

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	5,854,025	

Narrative:

This is a continuing activity. Since COP05, JHU-BSPH has supported the scale-up of comprehensive HIV care and treatment including the implementation of Adult ART in over 55 sites in Addis Ababa, SNNPR, Benishangul-Gumuz, and Gambella Regions. JHU-BSPH supported ART sites included public and private hospitals in Addis Ababa City Administration, public hospitals in SNNPR, and public hospitals and health centers in the emerging regions of Benishangul-Gumuz and Gambella. In COP10, JHU-BSPH will continue Adult ART support for over 60 public and private facilities in the four regions. JHU-BSPH will continue to build the capacity of RHBs in the four regions by: supporting regional review meetings, human capacity building of RHB staff in the areas of program monitoring and supervision, and providing personnel to support ART site level activities. JHU-BSPH will also continue to tailor programs to the specific needs of the regions. JHU-BSPH will continue to support the expansion of catchment meetings. JHU-BSPH will continue to provide assistance to all sites at all levels of ART provision, including multidisciplinary team mentoring, with a specific focus on mentoring for nurses involved in task shifting to support their new clinical responsibilities.

JHU-BSPH will continue to strengthen linkages between ART, CT, TB, antenatal clinics, sexually transmitted infections clinics, PMTCT services, and community-based care services. JHU-BSPH will support the transferring out of ART patients from hospital to health center. In COP10, Ethiopia's goals for expanding access to HIV/AIDS prevention, care, and treatment services consistently face common and recurring challenges, particularly with regard to human resources.

Under this activity in COP10, JHU-BSPH is allocated additional funding to carry out basic function restoration (such as ensuring consistent supplies of water and electricity) in selected care and treatment facilities in its operational zone. The partner being within PEPFAR will play its part in Global Health Initiative (GHI).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,803,334	

Narrative:

This activity has had a significant budget increase. In COP10, four activities (national HCT support, establishment of model VCT centers, Ethiopia HIV/AIDS Counselors Association [EHACA] support, and marketplace VCT) which were formerly reflected as a separate JHPIEGO entry are being subsumed under the JHU-BSPH umbrella.

JHU-BSPH will conduct basic HCT trainings for 85 community counselors and HCWs. PITC trainings will target at least 8-25 trainees per site. Trainings will ensure provision of high quality HCT and PITC. JHU-BPSH will support sites in testing 100% of in-patients and 50-80% of patient visitors. JHU-BSPH will target MARPs and hard-to-reach populations with outreach. JHU-BSPH will support promotional media activities, HCT Week and other events to promote HCT and PITC with a focus on couples and family testing. JHU-BSPH will continue support to sites to carry out case review meetings to improve quality of HCT services provided in collaboration with EHACA.

JHU-BSPH will support sites and regions to analyze CIR data to identify HCT trends and share findings. JHU-BSPH will work with ENDAN to reach the disabled and will conduct trainings for 20 signers and establish pilot sites to provide HTC to the disabled.

JHU-BSPH will conduct the following HCT interventions:
• Translate HCT/PITC protocols and training materials into local languages.
• Build capacity by training 24 trainers in HCT, PICT, Couples HCT, stress management, and ongoing counseling.
• Use training packages developed in FY09 to conduct training in pediatric disclosure, youth and family counseling, and support the adaptation and development of a child HCT training package.
• Build capacity of EHACA to support counselors through training 581 providers. EHACA will continue training in CHCT and stress management, HCT, and HCT in sign language. EHACA will establish offices in Afar and Somali and scale up marketplace HCT in the five regions.
• Scale up the pilot integration of family planning with HCT in selected facilities with 22 providers in both areas; establish one new regional HCT model site will be established in Benshangul- Gumuz.

JHU-BSPH and its subpartners being within PEPFAR will play their part in the Global Health Initiative.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	150,480	

Narrative:

The budget for this activity was increased by more than 20% because of the need to expand to new facilities and improve care and support (C&S) services. In FY09, JHUBSPH supported pediatric palliative care (PC) and nutrition services in over 60 public and private facilities in Addis Ababa, Benishangul-Gumuz, Gambella, & SNNPR regions. In FY10, JHUBSPH will continue to:

• Support national and regional health bureaus; assist with regional planning and guideline and material development; and participate in technical working groups.

• Train providers on pediatric PC, nutrition and symptom management; carry out site level mentoring, minor renovations, and provision of IEC materials and job aids.
• Ensure training, distribution, implementation, and monitoring of the pediatric preventive care package.
• Ensure pediatric drug formulations; utilization of cotrimoxazole prophylaxis (pCTX); TB screening; malaria prevention and treatment including ITNs; prevention and treatment of diarrhea; linkages to immunization programs; Isoniazid prophylaxis (IPT) for HIV positive children; and promoting healthy hygiene and safe water interventions.
• Promote interventions for pediatric patient pain management.
• Ensure sites implement early infant HIV diagnosis using DBS techniques and all eligible HIV-positive children are promptly referred for ART care.
• Ensure nutritional counseling and assessments are completed at all entry points, targeting pediatric patients and HIV exposed and infected infants through training and site level mentoring; liaise with partners to ensure availability of supplemental feeding products.
• Strengthen internal and external referral linkages to identify and link HIV-positive children and OVCs to facilities for care and community-based programs for family, social and adherence support, pain management, spiritual support, and end of life care.
• Establish HIV positive adolescent support groups to promote adherence and positive living.
• Integrate infant feeding counseling and maternal nutrition in PMTCT programs.
• Focus on quality improvement and M&E of pediatric PC and nutrition services including tool development, training and mentoring to ensure proper utilization.

The partner being within PEPFAR will play its part in Global Health Initiative (GHI)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	1,025,273	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	300,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	813,800	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	500,000	

Narrative:

Recent scientific evidence indicates that male circumcision (MC) provides up to 60% protection against female-to-male HIV transmission. Ethiopia has a high MC prevalence rate for cultural and religious reasons, but there are some segments of the society where MC is not practiced routinely; these populations are disproportionately affected by HIV/AIDS. Taking the evidence into consideration, the FHAPCO/MoH has made MC a part of its HIV prevention strategy, and established a national MC TWG in 2009. (Jhpiego serves as secretary).

With its significant global experience in MC programs, Jhpiego initiated the first MC program in Ethiopia in FY08. Using a modified version of the WHO/UNAIDS/Jhpiego MC training package, Jhpiego trained a cohort of providers in MC surgical skills to commence MC services in three sites in Gambella Region. In FY09 MC services will be started in three additional in Gambella and also SNNP region. Objectives of the FY10 program will be to strengthen safe clinical MC services in the existing six sites and expand to three additional sites in both regions. The program will target sites offering the minimum package including testing and counseling services. Another 12 providers from Gambella and SNNP regions will receive in-service training in MC surgical skills and MC kits for three new sites will be procured and distributed. Six outreach MC clinics in the targeted regions will be conducted. A total of 4,000 men will be circumcised.

In collaboration with the Surgical Society of Ethiopia, Jhpiego will conduct bi-annual coaching and supportive supervision visits to all sites. To ensure quality assurance, MC clinical care standards will be introduced through the adaption and field testing of MC standards (1,000 copies of the standards will be printed and distributed).

Building on public health messaging initiatives started in FY08/09 to promote MC services, more billboards, posters and leaflets will be developed, printed and distributed. Gender sensitive community sensitization events to promote MC services will be conducted and an Amharic TV spot on MC will be developed and broadcast in collaboration with the AIDS Resource Centre. An annual review meeting on MC will also be conducted.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	164,512	

Narrative:

In FY09, JHU-BSPH assumed responsibility for infection-prevention training for facilities in Addis Ababa, SNNPR, Gambella and Benshangul Gumuz regions from national partner Jhpiego. In COP10, JHU-BSPH will continue to provide IP training to Universities, RHBs, facilities and NGOs. Activities will

include:
• Support national and regional IP/PEP working groups to update training, guidelines and incorporate guidance into new BPR activities at site level.
• Conduct replacement IP trainings with university and region-based TOTs to ensure sustainability.
• Implement a simplified training package for use in training auxiliary hospital workers, develop cost-effective methods of delivering this training to supporting staff, and work with facilities to have functional IP committees and occupational health activities.
• Ensure functional PEP activities for adults and children at all sites and ensure PEP for sexual assault.
• Support IP pre-service education for medical doctors and develop e-learning modules/materials.
• Conduct advocacy workshops for national IP program and ensure availability of IP supplies at facilities.
• Strengthen supportive supervision to facilities to ensure proper IP practices.
• Partner with Jhpiego for locally produced, low-cost, personal protective equipment (PPE), antiseptic hand rubs and aprons, customized basic IP supplies. Local Technical and Vocation Education and Training institutions (TVET) will be supported to produce some selected IP supplies for healthcare facilities.
• Support infection control activities as part of the 3Is for TB which will include isolation of coughers, co-horting of TB patients in the inpatient setting, and minor environmental renovations to improve air flow.
• Support national MDR/X-MDR TB prevention efforts through environmental and administrative means and supply N95 masks in limited quantities to facilities.
• Strengthen M&E activities, ensure sustainable supply of documentation tools and training on how to use them, and strengthen site level IP/PEP data use.
• Assess the current documentation practices for IP services and propose improved mechanisms; improve the quality of services by identifying gaps using the LQAS techniques.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	25,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	305,000	

Narrative:

Since COP07, JHU-TSEHAI has supported the implementation of facility-based STI activities in 52 sites in Addis Ababa; Benishangul-Gumuz; Gambella; and Southern Nations, Nationalities, and Peoples (SNNPR) regions.
In COP 2010, JHU-TSEHAI will work in all JHU-TSEHAI-supported ART sites to:

1. Provide onsite mentoring on the screening of all clients coming to health facilities for STI services. This will be done in every service outlet by using the STI screening questionnaire.
2. Bolster M&E, recording and reporting of STI treatment and prevention activities and site- level STI data to improve service delivery.
3. Actively participate on the national STI technical working group and provide technical assistance in the validation study and resulting revision of the STI guidelines.
4. Conduct training using innovative onsite or group-based approaches to ensure large numbers of workers are trained at the site level; focus on ensuring HIV and STI linkages at facility level.
5. Mentor healthcare providers so that they can establish a good rapport with patients and give youth, adolescent, women and MARPS-friendly service.
6. Ensure that adequate patient education and counseling is given to all patients diagnosed with STIs.
7. Verify that all clients diagnosed with STIs are offered HIV testing and all clients found positive are enrolled in HIV care.
8. Confirm that partner management is addressed for all STI cases according to guidelines.
9. Collaborate with appropriate partners to ensure that all appropriate STI drugs and supplies are available at site level.
10. Establish that condom supplies are adequate and available in all STI outlets.
JHU-TSEHAI will continue to support STI services in the private sector in Addis Ababa and it will reinforce linkages to local NGOs and community-based organizations such as the Family Guidance Association of Ethiopia (FGAE). Innovative partner referral mechanisms will also be explored. The handover of services to local partners will be secured through improved ownership of the program at site and regional levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,300,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	528,000	

Narrative:

This is a continuing activity with a new goal emphasis and should be part of the COP 2010 streamlined submission. In FY09, JHU-BSPH provided comprehensive HIV/AIDS services to 64 hospitals and health centers in Addis Ababa, SNNPR, Gambella, and Benshangul-Gumuz Regions. JHU-BSPH conducted site assessments, provided trainings, established and strengthened QA programs, supported specimen referral linkage between testing hospitals, referring hospitals and health centers, and assisted

implementation of electronic laboratory information systems. JHU-BSPH supported the integration of laboratory systems and assisted in the establishment of regional laboratories in Gambella and Benshangul Gumuz. JHU-BSPH supported renovation and furnishing of laboratories for DNA PCR, viral load and TB culture. JHU-BSPH, along with FIND and EHNRI, supported the establishment of MDR-TB diagnostic laboratory in St. Peter's Hospital.
In FY10, JHU-BSPH will provide comprehensive laboratory technical assistance and support to all 64 sites. These activities include:
• Strengthening of site-level laboratory quality systems, with emphasis on initiation and expansion of quality assurance programs through preparation of SOPs for integrated laboratory testing procedures.
• Providing ongoing supportive supervision, coaching and mentorship on good laboratory practice and management, testing procedures, safety, and QA/QC programs.
• Supporting seven sites in the preparation of WHO/AFRO step-wise accreditation process.
• Renovating and laboratories and assisting with the preventive maintenance of laboratory equipment.
• Rolling out standardized trainings for in-service and pre-service programs.
• Supporting specimen referral system for different tiered laboratory networks.
• Providing technical assistance to support HIV DNA PCR, viral load and MDR-TB testing capacity in regional labs.
• Developing, implementing and enhancing laboratory inventory systems in hospital networks and ensuring availability of reagents and consumable supplies.
• Assisting in the expansion of electronic and paper-based laboratory information system and proper data collection, storage, analysis, and reporting systems.
Ensuring sustainability by working closely on joint planning and implementation mechanisms with EHNRI and regional health bureaus.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	473,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10523	Mechanism Name: EGAT-Small Scale Dairy Wraparound
Funding Agency: U.S. Agency for International	Procurement Type: Cooperative Agreement

Development	
Prime Partner Name: Land O'Lakes	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,187,136	
Funding Source	**Funding Amount**
GHCS (State)	1,187,136

Sub Partner Name(s)

Anti Malaria Association	Association of Hope for Life Tigray (AHLT) (Mekelle)	Boru Abdi PLHIV Association (Fitche)
Dawa PLHIV Association (Fitche)	Dawn of Hope (Debre Birhan) Developing Families Together (DFT)	Dawn of Hope PLWHAA Association (Bahir Dar Branch)
Down of Hope PLWHA Association (Addis Ababa)	Eli Derash (Debre Zeit)	Family Guidance Association of Ethiopia (FGAE) (Asella)
Genet Church (Addis Ababa)	Gudina Wolin PLHIV Association (Fitche)	HIV/AIDS Prevention Care and Support Organization (HAPCSO) ((Addis Ababa)
Mekidem Ethiopia National Association (addis Ababa)	Mekidim Ethiopia National Association (MENA) (Bahir Dar Branch)	Organization for Social Service for AIDS (OSSA) (Humera)
Orphans and Girls Assistance Organization (OGAA) ((Addis Ababa)	Progress Integrated Community Development Organization	Ransom Integrated National Association (RINA) (Debre Markos
Save Generation Association of Tigray (SGAT) (Humera)	Social Welfare Development Association	Society for Women and AIDS in Africa Ethiopia (SWAEE) ((Addis Ababa))
Tesfa ((Addis Ababa))	Tesfa Birhan PLHIV Association (Fitche)	Wogagen PLWHAA Association (Bahir Dar)

Overview Narrative

The Land O'Lakes Dairy Income Generating activity is an amendment to its Ethiopia Dairy Development

Program and has the goals of creating and strengthening livelihoods for People Living with HIV/AIDS (PLWHAA), OVC, and caregivers through income generating activities (IGA) in the dairy sector. It will strengthen the organizational capacity of PLWHAA associations to provide care and support services to members while also promoting HIV awareness and prevention along the dairy value chain and in the agricultural sector more broadly.

The project operates geographically in urban and peri-urban areas of Amhara, Oromia, Tigray, the Southern Nations, Nationalities, and Peoples region, and Addis Ababa. It will reach 7,000 direct beneficiaries and benefit more than 35,000 household members and 50,000 HIV care and support association members.

While this program does not strictly aim to strengthen the health system, it does so indirectly. Strengthening the capacity of CBOs to provide care and support services to members reduces the care burden on health facilities and health workers. Additionally, engaging community volunteers - on whom the health system greatly depends - in IGAs is strongly motivating and encourages sustained work.

This cross-cutting, economic strengthening program promotes income generation through microenterprises in the dairy sector. Value chain analyses conducted in COP 2009 identified dairy available and profitable IGAs, determined the number of IGAs supported by the local market, and computed capital, input, training, and labor requirements. Value chain and profitability analyses will continue to be conducted and updated in COP 2010. Moreover, an IGA toolkit will be completed, with market assessment, value chain analysis, and capital, labor, and training needs calculator components.

Land O'Lakes will expand program coverage, engaging more beneficiaries and associations of PLWHAA, while supporting existing beneficiaries to continue their IGAs as well as to support other members of their CBO to become engaged in IGAs. Land O'Lakes links groups of PLWHAA to microfinance institutions and supports CBOs through sub-grants to access funds to purchase input supplies for the IGAs. The training package developed in COP 2009 will continue to be utilized, with components in financial and cooperative management, business development skills, group savings, and specialized technical skills. This prepares beneficiaries to undertake the IGAs they have selected. Group and individual dairy IGAs will be supported, including microenterprises in dairy processing, retail sales, and dairy cattle rearing, as well as transportation, feed production, composting, and calf-fattening.

The key issue of gender is addressed through the strong emphasis and involvement of women in income generation. Land O'Lakes reached an agreement in COP 2009 that a minimum of 60 percent of beneficiaries be women. A variety of IGAs are identified in order to empower the women to select the IGA that best accommodates their abilities, interests, access to land, and childcare and household responsibilities.

Land O'Lakes will apply a number of strategies to enhance program cost efficiency and sustainability. Training sessions and input supply purchases are aggregated to achieve efficiencies of scale. Microenterprises are registered as cooperatives, facilitating access to credit from microfinance institutions, thus reducing the need for future grants. A training of trainers approach ensures that CBO

leaders can support additional PLWHAA to engage in IGAs, promoting sustainability and cost-savings. Additional savings are incurred by linking this program to other PEPFAR implementing partners (e.g., Management Sciences for Health, Save the Children US, International Orthodox Christian Charities, World Food Programme, Tesfago, Mekdim) and the Ethiopian government (e.g., HIV/AIDS Prevention and Control Office, Ministry of Agriculture and Rural Development, Cooperative Agency), as other care and support needs are already met, beneficiaries are already organized, and community resources (e.g., agriculture extension and animal health) already developed. These networks and partnerships will continue to help facilitate donations or reduced cost of rental of land or working space for IGA implementation. A dairy market promotion campaign underway by the Land O'Lakes Ethiopia Dairy Development Program will increase market demand for dairy supplies and services, thus supporting future dairy IGAs. Finally, HIV awareness and prevention education will also be integrated along the dairy value chain through CBO partners, expanding their coverage through efficient, existing agricultural networks, for farmers, input supplies, cooperatives, milk collection centers, processors, markets, and consumers.

Land O'Lakes will continue monitoring and evaluation efforts by collecting and analyzing performance data for PEPFAR and non-PEPFAR indicators, tracking outputs of program activities, and developing recommendations for improved implementation. In addition to the PEPFAR Reporting System, a poverty assessment and final program evaluation will be conducted. Surveys will validate program indicators, targets, and strategy; measure impact; and identify lessons learned.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	1,187,136

Key Issues

Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**10523**
Mechanism Name:	**EGAT-Small Scale Dairy Wraparound**
Prime Partner Name:	**Land O'Lakes**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	1,187,136	

Narrative:

Land O'Lakes program creates and strengthens livelihoods for PLWHAPLWHAA, OVC, and caregivers through IGAs in the dairy sector, such as dairy processing, retail sales, rearing, and feed production. The community-based project operates in urban and peri-urban areas of Amhara, Oromia, Tigray, the Southern Nations, Nationalities, and Peoples region; and Addis Ababa. It will contribute to the Multisectoral Plan of Action for Universal Access to provide IGA support to OVC and to the Strategic Plan for Intensifying Multisectoral HIV/AIDS Response to reduce the socioeconomic impact of HIV by reaching 7,000 direct beneficiaries and benefiting more than 35,000 household members and 50,000 HIV CBO members.

Beneficiaries select from a variety of IGAs that best accommodate their abilities and interests, thus promoting retention and ownership. A value chain approach guarantees no single IGA is promoted beyond market demand, ensuring profitability and sustainability. Integration of beneficiaries into the dairy sector is facilitated by the ongoing Dairy Development Program. For sustainability, NGO, CBO, and government partners are being trained to engage PLWHAPLWHAA in IGAs. These partners also identify and refer beneficiaries.

Besides PEPFAR reporting requirements, the project assesses on entry and supports beneficiaries continuously to overcome challenges. Capacity building of CBO focal points enables them to support members over time. Field staff regularly meets to discuss program challenges and solutions. The IGA toolkit and training package have quality assurance tools. Land O'Lakes takes part in WFP coordination committees. A stigma assessment is planned to gauge community stigma related to HIV and the dairy sector. Indicators are tracked monthly and reviewed to identify and address problems. A poverty assessment is planned.

This activity has engaged more than 3,000 beneficiaries and 15,000 household members in 2009, with enthusiastic reception from all partners. Individual IGAs are more popular than groups. Some IGAs have higher than expected start-up costs, leading to value chain reanalysis for additional opportunities. Integration with PEPFAR partners has greatly facilitated program initiation.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10524	**Mechanism Name: Leadership Governance and Management**
Funding Agency: U.S. Agency for International	Procurement Type: Contract

Development	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a new activity in 2010, which builds on Management and Leadership and Sustainability (LMS) Program, implemented by MSH. The MSH/LMS Program supported people and organizations in Ethiopia to strengthen the way they lead and manage programs to achieve measurable improvements in health and comprehensive HIV and AIDS programming. LMS provided technical support for regional and zonal HAPCOs and health bureaus and offices at zonal and the district level in a total of 10 zones in Oromia and Amhara regions.

Building on the MSH/LMS program initiatives and achievements, the new activity will expand to include Tigray, and SNNPR regions to improve management and leadership systems, tools and processes in the RHBs and zonal health offices; will provide support in human resources and minimum equipment grants to create an environment conducive to effective management and leadership of HIIV/AIDS programs. The activity will also provide technical assistance in coordination with PEPFAR and GFATM resources at all levels and work to improve coordination and partnerships among PEPFAR partners, non-PEFAR partners, and GOE stakeholders, and strengthen the overall leadership and governance role of the FMOH and RHBs in policy, strategy and program design, implementation and M & E. The partner will also support regional and woreda planning process in the target regions.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10524**
Mechanism Name:	**Leadership Governance and Management**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

This is a new activity from in 2010 to strengthen the management and leadership of HIV/AIDS and other health programs at the national, regional and sub regional levels to improve program outcome. The activity builds on the USAID's Leadership, Management and Sustainability (LMS) Program achievements and initiatives in Ethiopia.

The program will work to improve management and leadership systems, tools and processes, provide support in human resources and minimum equipment grants to create a conducive environment for effective management and leadership of HIV/AIDS programs, provide technical assistance in coordination and alignment of PEPFAR and GFATM resources at all levels, including possible involvement in costing and proposal development, improve coordination and partnerships among PEPFAR partners, non-PEFAR partners, and GOE stakeholders and strengthen the overall leadership and governance role of the MOH and RHBs in policy, strategy and program development.

In 2010, the Ministry of Health plans to revise the Health Sector Policy and Strategy, a process directly linked to strengthening leadership and management. This activity will support the MOH in policy formulation and the development of HSDP IV through providing TA by a high caliber professional with sound experience and skills in policy development process, health economics, financing and costing to the Ministry's Planning, Policy and Directorate and other technical assistance as appropriate.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10525	**Mechanism Name: RPM Plus/SPS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement

Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,000,000	
Funding Source	**Funding Amount**
GHCS (State)	3,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Strengthening Pharmaceutical Systems (SPS) Program is the follow-on to the Rational Pharmaceutical Management Plus (RPM Plus) Program, active in Ethiopia since 2004. SPS provides technical and material support to 400 ART sites in all areas of dispensing of medicines, including the maintenance of Pharmaceutical Management Information Systems (PMIS). SPS assists ART facilities and Ethiopian Government stakeholders to strengthen the rational use of medicines (RMU), including antiretrovirals (ARVs), medicines used for tuberculosis (TB), malaria, opportunistic infections (OIs), and other diseases.

The assistance being provided by SPS not only contributes towards meeting specific short-term program targets (e.g. antiretroviral therapy or ART uptake targets), but also plays an important part in assuring the sustainability of interventions by strengthening human resource (HR) capacity and introducing robust systems for patient-oriented pharmacy services in general. SPS strives to build institutional capacity and sustainability by providing technical assistance and resources to key pharmacy stakeholders, such as the Drug Administration and Control Authority (DACA), the Pharmaceutical Fund and Supply Agency (PFSA), schools of pharmacy, the Ethiopian Pharmaceutical Association (EPA), Ethiopian Druggists Association (EDA), Regional Health Bureaus (RHBs) and health facilities.

SPS support to DACA in the area of Pharmaceutical Good Governance will continue, as will support to strengthen its regulatory operations. The pharmacy professional associations will be supported to conduct their programs of Continuing Education and trainings on Pharmaceutical Ethics to pharmacists and druggists, including those in private practice.

Ethiopia is rapidly losing many of the cheap and effective antibiotics, including many of the drugs used by people living with HIV/AIDS (PLWHAPLWHAA) for the prevention and treatment of OIs, due to the development of microbial resistance. With the help of the National Antimicrobial Resistance (AMR) Committee that SPS helped establish, SPS will provide technical assistance to health facilities and stakeholder institutions to optimize the use of antibiotics and other infection prevention agents in a bid to

contain resistance to these agents. SPS will continue to support DACA in its work to record and report Adverse Drug Reactions (ADR) and implement a national system for pharmacovigilance, while working with PFSA and health facilities on interventions to minimize medication errors and recognize and prevent ADRs.

The availability of medicines alone doesn't guarantee improvement in the health of a population; available medicines should be used rationally for this. SPS will continue its work to strengthen the capacity of health facilities, RHBs, PFSA and DACA to develop, disseminate, use, monitor and evaluate different tools that improve the rational use of medicines by prescribers, dispensers, regulatory and service-providing bodies. In collaboration with stakeholders, trainings in RMU will be provided to service providers, while 35 SPS staff on the ground throughout the regions will provide mentorship. Patient education materials on medicine use and the importance of adherence to treatment will be produced and disseminated to facilitate the job of dispensers and empower patients in the use of their medicines.

The Ministry of Health requires hospitals to have Drug Therapeutic Committees (DTCs) as part of their management structure, and DTCs are considered a key intervention in the World Health Organization Global Strategy for Containment of AMR. By establishing/strengthening DTCs, SPS plans to build the institutional capacity of facilities for the selection, prescribing and dispensing of medicines, and conduct medicine use reviews in order to optimize the use of medicines and contain their cost. The current outpatient and inpatient pharmacy services have been described as "unacceptable" by the MOH's Business Process Reengineering (BPR) reorganization. SPS will work to bring a fundamental change in patient-orientated pharmacy services by collaborating with DACA to introduce pharmacy service standards. Likewise, SPS will assist PFSA to prepare and implement clinical pharmacy/pharmaceutical care manuals and guidelines to improve treatment outcomes. For the same purpose, SPS will support health facilities to expand use of the current SPS-designed electronic and paper-based inventory and patient medication recording tool (AIDS Dispensing Tool, now updated as the Essential Drugs Dispensing Tool or ADT/EDT) for ART clients at hospitals and health centers, respectively.

SPS conducted several assessments on ARV adherence, AMR, private sector pharmacy initiatives, and pharmaceutical management. These findings have been disseminated to partners and stakeholders. In collaboration with key stakeholders, SPS is undertaking activities to address the gaps identified in the assessments. There is a mechanism for the sharing of resources, experiences, and information to bring synergy to the joint effort. To avoid duplications and leverage resources, SPS will collaborate with the existing USAID-funded MSH programs and with partners such as DELIVER, Johns Hopkins University, the United States Pharmacopeia (USP), ITECH, ICAP, CHAI and others. Cross-cutting activities include pharmaceutical management information systems to improve program outcomes, support to pharmacy training and curriculum review, AMR and infection prevention, and RMU and injection safety.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,267,200

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10525**
Mechanism Name:	**RPM Plus/SPS**
Prime Partner Name:	**Management Sciences for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	3,000,000	

Narrative:

This is a continuing activity from COP09, moved from ARV Drugs to Health Systems Strengthening. To promote rational drug use (RDU), Management Sciences for Health/Strengthening Pharmaceutical Systems (MSH/SPS) will provide tools to support good prescribing and dispensing practices. SPS will provide supportive supervision, training and mentoring to all antiretroviral treatment (ART) sites. SPS will give technical assistance and support to the Drug Administration and Control Authority (DACA), regional health bureaus (RHBs) and the Pharmaceutical Fund and Supply Agency (PFSA), to strengthen their capacity in implementing regulatory and service aspects of RDU, and will introduce Pharmaceutical Good Governance. To promote transparency and enhance pharmaceutical management and leadership skills; the Ethiopian Pharmacists and Druggists Associations (EPA and EDA) will receive support to conduct pre- and in-service training. SPS will support their continuing education programs, trainings on relevant topics and professional events such as workshops, meetings and public awareness campaigns. Schools of pharmacy will receive assistance to build their capacity to conduct trainings on RDU and pharmaceutical care.

SPS will support ART facilities to contain antimicrobial resistance (AMR) through interventions that discourage liberal use of antibiotics, promote adherence, ensure medicine safety/pharmacovigilance through quality assurance and rational use, and introduce pharmaceutical care to improve treatment outcomes. Patient- and product-related information, and inventory control and reporting at the dispensing level will be strengthened using manual and electronic pharmaceutical information tools, including the electronic dispensing tool (EDT), manual medication registers and reporting forms. Drug and therapeutic committees (DTCs) will be established and strengthened to ensure team work at facility level and

introduce a system for the selection, procurement, prescribing and dispensing of medicines; providing information, patient education, medication use review, and disposal of expired medicines. DTCs will receive support through training, mentoring, supply of basic office equipment and reference materials.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10527	**Mechanism Name: Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ethiopian Health and Nutrition Research Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 6,872,188	
Funding Source	**Funding Amount**
GHCS (State)	6,872,188

Sub Partner Name(s)

(No data provided.)

Overview Narrative

As a result of the recent reorganization of the Ethiopian Federal Ministry of Health (MoH), the EHNRI has been tasked to assume the lead for i) national laboratory services, ii) coordination, implementation, and knowledge transfer for all health-related research, surveys and public health surveillance activities in the country, and iii) public health emergency management. CDC currently has a significant co-location of all programmatic staff at the EHNRI headquarters, but will retain only the laboratory and strategic information branches at EHNRI once the new embassy compound is completed in 2010.

To better coordinate and strengthen laboratory activities, EHNRI developed a five year integrated laboratory master plan with clear objectives. PEPFAR supports the plan and, through close engagement

by co-location of CDC's laboratory team at EHNRI, provides daily support to address standardization of laboratory services within the health network model, targeted training programs, integration of services, regional laboratory capacity development for sustainability, improvement of lab commodities procurement/distribution, strengthening and expansion of the national laboratory quality systems, management of equipment maintenance services, laboratory networking and sample referral from health centers and hospitals, development of an efficient data management system, laboratory workforce development, lab manager mentorship and coaching skills, and evaluation of new technologies that inform policy decision. PEPFAR will support EHNRI to lead accreditation efforts of 26 laboratories using the WHO/AFRO accreditation scheme. CDC's co-location with EHNRI greatly facilitates implementation, timely and targetted capacity building, country ownership and sustainability. And the CoAg providing direct-funding to this local institution enhances cost efficiency and leveraging of funds with the Global Fund, eg, for the purchase of laboratory equipment that is part of the national platform for hospitals down to health centers.

Strategic information is crucial particularly since the HIV/AIDS epidemic in Ethiopia is one of substantial geographic and population heterogeneity. There is a pressing need to generate more accurate and timely estimates on trends in prevalence, incidence, MARPS, and the impact of interventions. With support from PEPFAR, EHNRI recently developed a new five-year (2010-2014) strategic plan for HIV surveillance. The goals of this plan are two-fold: 1) to provide high-quality timely information from national surveillance activities and surveys that monitor HIV prevalence, incidence, and HIV-related risk behaviors; and 2) to support evidence-based decision making for program management and policy formulation. EHNRI requires considerable capacity-building support from PEPFAR to operationalize this critical plan. Co-location of the CDC SI team and the CoAg for direct-funding to support surveillance activities will facilitate this process.

EHNRI, with support from PEPFAR, has produced and disseminated the "AIDS in Ethiopia" report using mostly results of previous rounds of ANC-based HIV surveillance activities. EHNRI conducted country-wide trainings for the 2009 round of sentinel ANC surveillance, and data and specimen collection is being finalized from the 115 sentinel sites. Also with PEPFAR support, EHNRI developed the TB/HIV and STI/HIV surveillance protocols through local technical working groups. In COP09, site assessment and selection for TB/HIV sentinel surveillance in 35 health facilities was completed and regional-level Training of Trainers will begin in early FY10. A major development in mid-2009 was a new request from EHNRI for PEPFAR to support Ethiopia's first national population-based survey on HIV, Hepatitis B/ C, and Herpes Simplex Type II. Led by EHNRI, funding is being leveraged with the Global Fund and extensive technical assistance is being provided by CDC to conduct this critical survey in 2010.

Though public health emergency management is not a focus of PEPFAR, EHNRI is the major

implementing partner along with Addis Ababa University for the PEPFAR-funded Field Epidemiology and Laboratory Training Program that is funded through the Ethiopia Public Health Association. PEPFAR funds are also leveraged with pandemic influenza funds from CDC to develop this new cadre of epidemiologists and public health leaders, an important undertaking for human resource development.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,090,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10527**
Mechanism Name:	**Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE**
Prime Partner Name:	**Ethiopian Health and Nutrition Research Institute**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	750,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	5,169,188	

Narrative:

This activity comprises of two seperate entities: (1) This is a continuing activity with expansion of targets and an increase in budget and should be part of the COP10 streamlined submission.
Equipment preventative maintenance and curative maintenance play critical roles in ensuring quality laboratory testing and uninterrupted service delivery as care and ART services are rolled out. While preventive and curative equipment maintenance constitute a key strategic objective in the national laboratory strategic plan, implementation remains a major challenge. The Maputo Declaration is being

implemented; all ART laboratories are receiving limited maintenance service of equipment, inventory laboratory management and on-site practical training. However, significant gaps and challenges remain as ART services roll-out to more than 200 health centers.
In FY09, EHNRI conducted 286 curative maintenance services for ART monitoring instruments. Six engineers were hired by EHNRI and provided with training on maintenance of different platforms. EHNRI has developed standard operating procedures for equipment preventative maintenance and for use in instrument operations that are routinely used. EHNRI has provided training on equipment maintenance and tool kits to 23 lab technicians. EHNRI is also pursuing 'bundling' of maintenance services with procurement of reagents with the vendor of Facscount and Facscalibur. Several spare parts were bought for repair and scheduled maintenance of ART equipment. However, the establishment of a permanent service contract still poses a challenge, largely due to foreign exchange restrictions in Ethiopia.
In FY10, EHNRI will continue building local capacity for the preventative and curative maintenance of major and ancillary equipments. EHNRI will hire 30 engineers for national and regional maintenance workshop centers. The purchase of spare parts and tools for local engineers in building of regional equipment maintenance capacity along with training at national and regional levels will continue. EHNRI, through SCMS, will pursue and expand 'bundling' to include other equipment vendors. EHNRI's establishment of service maintenance contracts with vendors is imperative for major and sensitive pieces of equipment. EHNRI will support improved mechanisms for proper documentation and reporting of damaged equipment and their repair from regional and reference laboratories. (2) This activity has had a significant budget increase. EHNRI has supported hospital laboratories with its electronic and paper-based Laboratory Information Management System (LIMS). For this purpose, a site level LIS license, Polytech LIS software, computers and accessories have been procured and distributed to four pilot sites and 20 expansion sites. Thus far, the system is operating at 24 hospital laboratories. More than 70 technical and administrative laboratory personnel have been trained as "end-users" and "super-users". EHNRI, in collaboration with APHL, is managing the LIS and IT support contract. In COP10, EHNRI, along with APHL, CDC-Ethiopia, university partners, and regional health bureaus, will expand LIMS to 30 sites. These sites will support routine laboratory operations and quality assurance activities in regional and hospital laboratories. LIMS will enable sites to have quality data and generate reports. This will also contribute to national laboratory monitoring and evaluation of program, as well as the implementation of WHO/AFRO's Step-Wise Laboratory Accreditation. In COP10, the following LIMS expansion work will be accomplished: (1) procurement of an additional 120 sets of LIMS software and site licenses for 30 sites; (2) procurement of 30 barcode printers, 120 barcode readers and 75 barcode printer papers; (3) training of 120 laboratory technicians and 30 receptionists in LIMS; (4) procurement and provision of 120 computers and accessories; (5) design and implementation of a peer-to-peer network for selected regional and hospital laboratories; (6) installation and configuration of LIMS in selected regional and hospital laboratories, including linking the hospital laboratories via dial-up with their respective regional laboratories, and linking regional laboratories with the EHNRI reference laboratory; (7) installation of

telephone lines at regional and hospitals laboratories to support implementation of LIMS; (8) technical support to COP09-funded LIMS sites; (9) support for local travel to carry out technical support and international travel for experience sharing with APHL facilities on LIMS; and (10) planning for evaluation of the system and a further expansion phase.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	953,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10528	**Mechanism Name: HHS/CDC/Ethiopian Medical Association/GHAI**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ethiopian Medical Association	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

Ethiopian Medical Laboratory Association	Ethiopian Nurses Association	Ethiopian Pharmaceutical Association
Medical Association of Physicians in Private Practices		

Overview Narrative

The Ethiopian Medical Association, the prime local partner, implements the project with the goal of contributing to HIV/AIDS impact mitigation by scaling up ART uptake. This partnership is also important to a sustainable approach for health worker retention because of the growing importance of continuing education in Ethiopia to maintain professional registration under the recently approved health regulations act.

The objectives of the project are to: improve the health professionals' knowledge and skill in the provision of comprehensive HIV/AIDS clinical services, including PMTCT, PWP, and care/ART; support the national HIV/AIDS road map in achieving universal access; and support MOH/HAPCO in the process of standardization of HIV-related technical and programmatic normative tools and standards.

EMA implements the project in partnership with four other local professional associations: Medical Association of Physicians in Private Practice - Ethiopia, Ethiopian Nurses Association, Ethiopian Pharmaceutical Association, and Ethiopian Laboratory Association. The association also works in close collaboration of the Federal Ministry of Health, Federal HIV/AIDS Prevention and Control Office and PEPFAR partners.

The association has four branch offices: Tigray, Gondar, Jimma and Haromaya and plans to open another branch office at Hawassa through which our activities will then be well-represented nationwide. The project focuses support on national comprehensive HIV/AIDS care, including ART, to scale up in high prevalence areas through health professionals who are equipped with skills and knowledge to provide quality HIV/AIDS care nationwide.

The association basically works on strengthening the health system: Human Resources for Health, through in service training and continuing medical education on HIV/AIDS to support the country's ART scale up program.

The implementation strategies are providing Trainings and Continuing Medical Education on HIV/AIDS to health professionals working at health facilities through the professional associations and providing periodic HIV/AIDS updates through medical journals.
The implementation of the program will be routinely and periodically monitored and evaluated based on the set program indicators and the CoAg review process. Monitoring formats and schedules are designed based on the indicators.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10528		
Mechanism Name:	HHS/CDC/Ethiopian Medical Association/GHAI		
Prime Partner Name:	Ethiopian Medical Association		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10529	**Mechanism Name: Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ethiopian Public Health Association	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,038,000	
Funding Source	**Funding Amount**

GHCS (State)	3,038,000

Sub Partner Name(s)

AAU	Arbaminch University	EHNRI
EPHLA	Federal HAPCO	Gondar University
Jimma University	Mekele University	Private Health Facilities
Regional HAPCO's	Regional Health Bureaus	Save Your Generation

Overview Narrative

The Ethiopian Public Health Association (EPHA), along with its partners and sub-partners, is a local institution focused on improving public-health practice and service delivery around a range of public health challenges, including HIV/AIDS. Its objectives under this collaboration include to:
1) Build local capacity in Ethiopia for evidence-based decision-making, including the generation, dissemination, and use of strategic information related to HIV/AIDS, STIs, and TB;
2) Expand and strengthen HIV/AIDS prevention, care, and treatment to most-at-risk populations (MARPs), including men who have sex with men (MSM);
3) Expand HIV/AIDS prevention, care, and treatment in private health institutions in Ethiopia, eg, through support to the Ethiopian Public Health Laboratory Association (EPHLA) and Ethiopian Society of Obstetricians and Gynecologists (ESOG);
4) Improve care, eg, through support to the standardization of a basic care package for HIV programs in Ethiopia;
5) Improve overall HIV prevention efforts, eg, through support to youth leadership using a multi-sectoral approach to prevent or reduce multiple concurrent sexual partnerships;
6) Improve specific aspects of surveillance, eg, to provide estimates at the national level on HIV prevalence in and size estimation of MARPs;
7) Improve specific human resource gaps, eg, through support to the MPH-level Field Epidemiology and Laboratory Training Program (FELTP) implemented by Addis Ababa University (AAU) and the Ethiopia Health and Nutrition Research Institute (EHNRI);
8) Build its own institutional capacity and develop a management system for EPHA so as to ensure the sustainability of activities for a broad health agenda in Ethiopia.

This partnership's various activities are national in scope. Some focus on major cities and address various target populations that include, but are not limited to, Regional Health Bureau managers and experts; laboratorians; MARPs, including MSM; private and public sector health care providers working on the provision of basic care services for PLHA, pregnant women and their newborns; high-risk youth; and

people and their families affected by HIV.

EPHA's unique niche in Ethiopia often serves as a catalyst for new thinking and action and supports strengthening of the health system in several ways through:
• Providing strategic information by conducting or supporting the conduct of public-health evaluations/operations research to provide information for evidence-based policies and interventions. One example is the Amhara MARPS Study conducted in 2008, the findings from which have motivated the government to launch a national MARPS study, to include MARPS in ongoing surveillance, and which are being used for designing HIV prevention programs for MARPS in the Amhara Region. While Amhara accounts for 20% of the population in Ethiopia, it accounts for 30% of the PLHA. EPHA has subsequently begun a new collaboration with the EHNRI to conduct the national MARPS study in 2010. EPHA is also an active participant in the national surveillance technical working group.
• Supporting human resources for health (HRH) development through in-service and pre-service training programs. These include adapting CDC's Leadership in Strategic Information Training Program (LSITP), which teaches program managers how to use information from the HMIS, surveillance, and other sources of program data to support decision-making. EPHA also provides resources and equipment to AAU to implement the FELTP program, which is a two-year on-the-job training program in epidemiology housed primarily in the Public Health Emergency Management Directorate of EHNRI.
• Providing technical and managerial support to universities and sister associations as sub-partners, including the Ethiopian Society of Obstetricians and Gynecologists and the Ethiopia Public Health Laboratory Association.

Direct funding to a national indigenous organization like EPHA achieves certain cost efficiencies and supports long-term sustainability and ownership of the public health agenda. In order to become more cost-efficient over time, EPHA is engaging its membership from the public and private sector, who now number more than 3,000 and are working throughout the country. Aligning and harmonizing its activities with all the relevant stakeholders (governmental and NGOs), its networking and close collaboration with other professional associations, improving its partnership with the public as well as the private sector are some of the strategies EPHA is applying in order to improve its sector wide engagement and efficiency while implementing the various projects.

A comprehensive Monitoring and Evaluation plan with specific indicators for each of the project activities will be rolled out in order to track the progress of activities and to evaluate if objectives are achieved or not. Regular discussions, the CoAg review process, visits to partners, regular project coordinators as well as management committee meetings, bi-annual Review meetings and quarterly and semi-annual reports will be integral components of the comprehensive M&E plan.

Cross-Cutting Budget Attribution(s)

Education	100,000
Gender: Reducing Violence and Coercion	20,000
Human Resources for Health	620,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10529**
Mechanism Name:	**Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery**
Prime Partner Name:	**Ethiopian Public Health Association**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	458,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	2,100,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	38,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVOP	342,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	100,000	

Narrative:

This activity has expanded scope of work and a substantial budget increase and should be part of the streamlined COP10 submission.

In FY09, the Ethiopian Public Health Association (EPHA) supported local capacity development in partnership with the Ethiopian Public Health Laboratory Association (EPHLA). EPHA continued technical assistance to EPHLA to work with all relevant stakeholders to develop skilled laboratory professionals to improve the quality of laboratory services. EPHLA was instrumental in filling the gaps in laboratory training programs in the private sector, emphasizing the development of laboratory management capacity. This effort complemented the national effort to address laboratory management gaps identified in many facilities. EPHLA also supported the development and review of the National Laboratory Policy Guideline.

In COP 2010, EPHLA will continue to strengthen its capacity and system development. It will build its capacity for project management and evolve as a national resource center in the professional field of public health laboratory science. EPHLA will also work toward empowering laboratory professionals by supporting and strengthening capacity-building trainings to member public- and private-sector laboratory professionals in collaboration with EHNRI. EPHLA is in the process of developing its five-year strategic plan. It will work closely with the National Laboratory Technical Working Group and sister associations such as the Ethiopian Medical Laboratory Association (EMLA). Together they will advocate for the implementation of laboratory policies. EPHLA will support the development of local organizational capacity through laboratory education, workplace HIV/AIDS interventions, publications, dissemination of research findings, and strengthening public health laboratory systems.

In partnership with the Associations of Public Health Laboratories/USA, EPHLA will continue supporting local professional associations. It will conduct annual review meetings on laboratory services that support the HIV/AIDS prevention, care, and treatment program. In addition, EPHLA will work with training institutions to advance their development, harmonize and standardize laboratory trainings, and develop accreditation systems for laboratories and laboratory professionals.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10534	Mechanism Name: Improving HIV/AIDS Prevention and Control Activities in the FDRE MOH
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Federal Ministry of Health, Ethiopia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,447,034	
Funding Source	**Funding Amount**
GHCS (State)	4,447,034

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ethiopian Federal Ministry of Health (MOH) was awarded direct funding in COP07 and began implementing its activities in FY08 in collaboration with CDC, PEPFAR partners, and other stakeholders. Due to major reorganization in 2009, all management of HIV/AIDS activities in the health sector moved from the Federal HIV/AIDS Prevention and Control Office (FHAPCO) to the MOH. The FHAPCO remains responsible for multi-sectoral planning, monitoring and evaluation, resource mobilization, and quality assurance. This transition is also underway at the regional level. This has major implications for the future nature of PEPFAR's engagement with the MOH. Direct funding to the MOH through a CoAg improves PEPFAR's working relationships, promotes country ownership, enhances prospects for sustainability, achieves cost-efficiency, and provides flexibility to the MOH for leveraging PEPFAR resources with the Global Fund, GAVI, World Bank, and others.

Funding in COP10 will be similar to COP09 to allow additional time for program and management consolidation, but the MOH will be a target for increased funding in COP11 as other partners are transitioned. The key Directorates for engagement under this activity include the Policy and Planning Directorate (PPD) for the Health Management Information System (HMIS) and Human Resources for Health (HRH); the Medical Services Directorate (MSD) for blood safety, quality assurance, and the chief executive officer (CEO) program (a new TBD); and the Health Promotion and Disease Prevention (HPDP)

Directorate for HIV prevention, PMTCT, HCT, TB/HIV, strategic integration of services, and comprehensive care/ART.

Rollout of the MOH's new HMIS is well underway, though challenging in a country as large, complex, and resource-constrained as Ethiopia. With support from PEPFAR, Global Fund, GAVI, and others, 18 million household folders are being printed for distribution by Health Extension Workers (HEWs); health facilities are transitioning to one record room to store the new patient record; new paper-based registers with integrated HIV information for MCH/FP, EPI, ANC/LD, TB, etc are being distributed; and the electronic medical register (EMR) has been adopted as the MOH standard. Tulane remains the lead TA provider at the national level. PEPFAR will continue to do its part to support the HMIS, including greater support and direction to partners in the field to provide more support at the facility level. The HMIS does not adequately capture all facility-based next generation indicators which will need to be the subject of negotiations with the MOH. Federal HAPCO is also working on development and piloting a community information system to capture data for monitoring non-health sectors.

Support for blood safety is addressed under a separate TBD mechanism in COP10 to transition from "Track 1" to a new sole-source CoAg with the MOH. The two CoAgs will then be merged in 2010. The MOH is currently reviewing options for assuming responsibility for the national blood transfusion service due to serious underperformance by the Ethiopian Red Cross. The outcome of this decision will have major implications for future PEPFAR support to blood safety in Ethiopia, which has historically performed poorly. Nonetheless, this is a positive sign indicative of the new reorganization and leadership structure in the MOH.

Support for HCT and TB/HIV will be transitioned from FHAPCO to HPDP in COP10. In fact, this already occurred in late 2009 when the MOH utilized HCT funds from the CoAg to address a funding shortfall for training urban HEWs to provide household VCT. This will also benefit PMTCT effectiveness in urban settings. The MOH will continue to use TB funds to improve TB detection. FHAPCO will also continue supporting the HIV prevention program for by involving the Ethiopian Parliaments. A resource center is being established in the Parliament, whose members mobilize the population they represent and participate in awareness creation forums for HIV prevention.

The major challenge to sustaining the HIV/AIDS response in Ethiopia is the lack of trained health workers to provide the needed services with acceptable quality. This gap has become more evident as services are being scaled up nationwide. An urgent need still exists to train health workers on national scale and then to follow up with continuing medical education (CME). This becomes more important considering the high attrition rate of Ethiopia's health workers, leaving behind a vacuum in service delivery, impeding scale-up, and compromising quality.

The MOH has made a strong commitment to establish ALERT Hospital in Addis Ababa as a National Centre of Excellence for continuing medical education. This center, which serves an impoverished community and has the second largest ART population in Addis Ababa (4,945 patients on ART as of October 2009), would combine clinical training, research, and health service provision and will be much more sustainable in the long-run than "hotel-based" training and the piecemeal approach to in-service training to date. ALERT Hospital is widely recognized as having an excellent regional reputation in research, training, and services, both in the Ethiopian health sector and at the international level. Its existing in-patient and out-patient hospital care, its community outreach program, and its continuing medical education and research institute makes it an ideal site for a high-quality training center.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,772,493

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10534**
Mechanism Name:	**Improving HIV/AIDS Prevention and Control Activities in the FDRE MOH**
Prime Partner Name:	**Federal Ministry of Health, Ethiopia**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	405,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	310,334	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	2,500,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	1,131,700	

Narrative:

Narrative:

This activity has had a significant budget increase. Persons with HIV have to be properly screened for TB to receive directly observed therapy, short course (DOTS) for active TB cases or INH prophylaxis for those free from TB. However, diagnosis of TB in HIV+ persons remains a challenge in Ethiopia, where both diseases are prevalent. Diagnosis of TB is also difficult in children as most cannot produce sputum and a significant number have extra pulmonary TB. Hence, X-ray diagnostic services are very important for diagnosis of TB in children and ruling out active TB in children exposed by household contacts before prescribing INH prophylaxis.

In FY 2009, MOH focused on improving TB diagnostic facilities at the regional level, including expansion of TB liquid-culture capacity, exploration of the feasibility of different diagnostic methods (e.g., florescent microscopy, FNA, Microscopic Observation Drug Susceptibility assay), and improvement of X-ray services. MOH used previous year funds to assess the availability and functionality of chest X-ray machines in PEPFAR- supported hospitals and built the capacity of the RHBs to improve TB diagnosis, train health care professionals on X-ray reading and interpretation, and provide fluorescent microscopy for health facilities with high patient loads. MOH further assessed the availability and functionality of X-ray machines to prioritize and make informed decisions.

In FY 2009, nine hospitals without X-ray machines and those with large number of TB/HIV cases have been provided with the machines, of which one is digital. In COP 2010, MOH will procure ten more X-ray machines including back-up generators for hospitals with outstanding needs identified in the recent assessment. The procurement and distribution will be facilitated by the Pharmaceutical Fund and Supply Agency (PFSA) of the MOH.

COP 2010 activities will include: purchase, distribution and installation of X-ray machines; maintenance

of malfunctioning machines; in-service training of technicians and physicians to read and interpret X-rays; and minor renovation of x-ray rooms to meet the Ethiopian Radiation Protection Agency quality standards. MOH being within PEPFAR will play its part in Global Health Initiative (GHI).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10536	**Mechanism Name: ATEP-Agribusiness and Trade Expansion Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Fintrac Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,212,540	
Funding Source	**Funding Amount**
GHCS (State)	1,212,540

Sub Partner Name(s)

Abebech Gobena Yehetsanat Limat Dirijt	Chadet	CVM Gondar
Ethiopian Kalehiwot Church	Ethiopian Kalehiwot Church Medanact Dilla Branch	Jimma Bonga Catholic Secretariat
Kulich Youth Reproductive Health and Development Organization	Mums for Mums	OSSA Bahirdar Branch
OSSA Jimma branch	Tigray Youth Association	Women support association/WSA

Overview Narrative

The overall goal of the ATEP-Health program is to improve HIV/AIDS prevention and support services in the regions where it is currently active. Specific objectives include: (1) providing need-based capacity building to at least 12 selected local NGOs; (2) mainstreaming HIV/AIDS policy and programming in 50 ATEP lead clients workplaces as well as in ATEP's office; (3) increasing awareness on HIV/AIDS

prevention for 50,000 ATEP program beneficiaries; (4) strengthening the referral system for HIV/AIDS counseling and testing (HCT), involving at least 7,500 ATEP targeted beneficiaries including migrant and seasonal workers; (5) increasing condom promotion and distribution to ATEP's beneficiaries; and (6) improving income generation activities for at least 3,000 OVC caregivers, PLWHAA and young adolescents across ATEP's beneficiary pool in the four sectors.

The USAID-ATEP Health program encompasses 4 regions (Amhara, Tigray, Oromia and SNNPR) and 34 woredas. The project's target population includes workers of the project's lead coffee, oilseed, and horticultural clients and their households. The project's indirect beneficiaries include a large number of migrant seasonal workers, especially in the oilseed and coffee growing areas. The project aims to reach a total of 70,000 beneficiaries.

The intervention areas are characterized by booming business centers and larger production areas attracting a high influx of seasonal/migrant workers during the peak harvest periods. Notably, in these areas workers are equipped with basic awareness of HIV/AIDS, reproductive health and other sexually transmitted infection; however, behavioral changes have not transferred to the context of workplace mainstreaming. Health services are lacking the proper structures to provide needed assistance as well. The project will target these weakened areas and provide necessary support and training. Program beneficiaries will be referred to nearby health institutions so that HCT uptake can be handled by equipped health institutions. Furthermore, the program will collaborate with local health organizations to strengthen health systems.

The program addresses two cross-cutting areas income generation and gender. The ATEP Health program and subgrantees will work with producer cooperatives to strengthen income generation activities and improve livelihoods for members of the cooperatives and their families. Special effort will be made to address gender gaps in accessing HIV/AIDS prevention, care and support services for ATEP beneficiaries. Since women play a lead role in facilitating access to other family members to health care and other social services, ATEP-Health will also assist households in providing HIV/AIDS prevention, care and support services in coordination with a selected local NGO. These strategies will be made practical by strengthening the referral linkages amongst service providers involved in HIV/AIDS prevention, care and support.

This program will ensure sustainability by strengthening community-based delivery of HIV/AIDS prevention, care and support for the following reasons, among others: (1) capacity building of the selected local NGO partners is expected to remain a local endeavor once the partnership is created by the project; (2) the working linkages created by the project between the communities, the local NGOs and the local and regional health authorities will increase available capacity to better address HIV/AIDS related issues as a unit rather than individually, ensuring a long term partnership; (3) This partnership will also serve to create a platform for ensuring a continuous dialogue for addressing HIV/AIDS related issues at the community level; (4) providing HIV/AIDS prevention, care and support in the workplace environment will improve workers' productivity and enterprise benefits that should in turn encourage the continuous

mainstreaming of HIV/AIDS policies in the existing organizations.
For an effective monitoring and evaluation plan, a baseline knowledge attitudes and practices (KAP) assessment will be conducted at the beginning of this program, and findings from subsequent program monitoring and evaluation activities will be compared with the KAP assessment. Monitoring services provided to the targeted beneficiaries is mandatory to meet the pre-designed goals and objectives of this program. This will be expressed through reporting, review meetings and site visits. Selected USAID-ATEP field health advisers and M&E specialists will play key roles in carrying out effective monitoring activities with the local NGOs. Each sub-partner, in coordination with the assigned field health advisors, will facilitate review meetings with peer educators and lead client HIV/AIDS committee members, stakeholders and donor organization on a quarterly and annual basis. Furthermore, the project will use Fintrac's proprietary software, CIRIS, to monitor results. Evaluation of this award will be conducted at the end of the two year project period and results will be compared with the KAP assessment findings.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	120,000

Key Issues

Impact/End-of-Program Evaluation
Increasing women's access to income and productive resources
Military Population
Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	**10536**		
Mechanism Name:	**ATEP-Agribusiness and Trade Expansion Program**		
Prime Partner Name:	**Fintrac Inc.**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	425,940	
Narrative:			

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	360,000	

Narrative:

Top priority actions: To address OVC group, USAID ATEP Health sector will work on the following top priorities, community support and coordination and family/household strengthening.
Strategies to address the above selected top priorities: a) Community support and coordination: The major strategies to meet this selected priority area are mainly strengthening community and facility level bidirectional referral linkages. The community level referral linkage will be made practical through a series of steps (i.e. selection and mapping of services provider organizations; organizing sensitization workshops on the importance and process of referral linkage; formation of referral steering committee; and assigning roles and responsibilities for the volunteer committee and building the capacity of the referral committee). b) Family/household strengthening: 1) increasing awareness level on HIV/AIDS prevention, care and support service provision, VCT, treatment, ART, PMTCT; 2) trainings on home based care services provisions (management of OI at home level, counseling on ART adherence, nutrition preparation, environmental and personal hygiene etc); 3) economical strengthening by engaging family members in IGA, establishing linkages with local micro-finance institutions, and engaging them in different vocational trainings and increasing access to markets. c) Target sub-populations: OVCs between age ranges of 1 -17 years (both sexes) will be addressed in all impact regions and woredas. d) Type of services given in existing program: In the existing USAID ATEP HIV/AIDS prevention and support program OVCs are addressed indirectly by supporting their guardians with income generating activities. e) Successes and challenges: Our current approach/budget is not comprehensive to address other packages for OVCs like basic education including early childhood development, health care services, food and nutrition including safe infant food and weaning diet, legal support etc.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	85,320	

Narrative:

This program covers four major areas already targeted in 2009. The number of woredas will increase from 34 to 45 as the number of beneficiaries increases from 50,000 to 70,000 due to expanded program areas: horticulture, coffee, oilseeds and leather, hides and skin (HSL) sectors. Beneficiaries are women of reproductive age group (15-49) and are mostly employed in the horticulture sector. These workers or members/employees of the four sectors are mostly in the lower educational bracket and possess insufficient funds to cover basic household needs and work away from home. With minimal knowledge of sexually transmitted diseases, including HIV/AIDS, the working partners are at risk for engaging in risky

behaviors in their workplace.

Intervention areas: AB outreach will target a total of 70,000 beneficiaries, 3,500 peer educators (including the existing 2,000 trained peer educators from 2009 and 1,500 newly added peer educators for 2010). These peer educators will transfer information about delaying sexual initiation, condom use, promoting supportive cultural practices towards AB, and promoting open discussion about faithfulness with partners. They will also reach out to their peers in their respective work places. IEC/BCC material production and dissemination and youth oriented media coverage will also be considered.
Literacy, low knowledge on HIV/AIDS prevention, socio cultural factors, gender inequality, and mobility play key factors targeted by this intervention. For example, the peer to peer education program can increase HIV/AIDS prevention awareness. It will also ensure gender equity and equality, increase condom accessibility and utilization, increase VCT and ART uptake and accessibility to care and support services. Working with partners and guardians to promote open discussion also targets the socio cultural driving factors.
AB can be integrated with VCT, condom promotion and distribution, ART, PMTCT, STI prevention and treatment, and care and support services. The integration level will range from community to facility level referral linkages.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	341,280	

Narrative:

USAID ATEP addresses thousands of migrant seasonal workers in Amhara and Oromia regions (oilseeds and coffee sectors). These in include men who move from their homes to distant places in search of seasonal work (the majority of beneficiaries) and seasonal commercial sex workers. Sexual prevention is mandatory to curve the spread of HIV/AIDS among these groups. An estimated 20,000 target groups will be addressed in OP covering four major intervention areas. The number of woredas will increase from 34 to 45 in 2010. Amhara, Tigray and Oromia regions have a large influx of seasonal workers, especially during the harvesting periods. OP will also address the program's other at risk population.
The major interventions in OP include condom promotion and distribution, STI management and increasing HIV/AIDS prevention awareness levels among the targeted beneficiaries. The awareness rising activity will include: a) establishing a peer group for target clients b) producing and distributing IEC/BCC materials for beneficiaries c) conducting HIV/AIDS campaigns seasonally for migrant seasonal workers and d) Increase condom promotion and education.
The harmonization of program components with national guidelines is also important to ensure quality of the program.

OP will be integrated with CT, ART, PMTCT, care and support, and STI management services.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10541	**Mechanism Name: FBO-IOCC**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: International Orthodox Christian Charities	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,334,173	
Funding Source	**Funding Amount**
GHCS (State)	1,334,173

Sub Partner Name(s)

Ethiopian Orthodox Church		

Overview Narrative

The goal of the IOCC/EOC-DICAC, a care and support program is to improve the welfare and economic sustainability of targeted PLWHAPLWHAA households through the sponsorship of Income Generating Activities (IGAs). The program targets children between 0 and 17 years old and gives special priority to children who have lost one or both parents to HIV/AIDS and/or are HIV-positive. In addition, children of bedridden PLWHAAs are given particular consideration in selection for OVCs service.

The IGA program addresses OVC services in areas where the need is greatest. DICAC works with local Kebele administrations and Community-Based Organizations (CBOs) such as Idris to select OVC households using criteria developed with the aid of OGAC guidelines.

A cross-cutting budget attribution is the provision of medical and educational support as well as spiritual and psychosocial counseling to OVC due to HIV/AIDS. Community-selected para-counselors are trained to provide the abovementioned services to OVC.

IOCC has been providing and will continue to provide several evidence-based interventions defined as a preventive care package to reduce morbidity and mortality of HBC beneficiaries of people living with the virus. The support includes procurement and distribution of safe water systems, personal hygiene supplies, and long lasting insecticide treated nets.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	30,000
Education	25,000
Water	100

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Safe Motherhood

Budget Code Information

Mechanism ID:	**10541**
Mechanism Name:	**FBO-IOCC**
Prime Partner Name:	**International Orthodox Christian Charities**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	167,088	

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 FY 2007 alone, IOCC/DICAC provided over 8,400 individuals (53% women) with general HIV-related palliative care.
In FY 2008, IOCC/DICAC will reach 12,000 PLWHAPLWHAA 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 FY 2008 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 provided HBC services to 3,000 PLWHAPLWHAA 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 PLWHAPLWHAA to seek HIV care and treatment at health centers and hospitals.
In FY 2005, IOCC/DICAC developed a strategy aimed to improve the welfare and economic sustainability of PLWHAPLWHAA households with IGA. In FY 2008, IOCC/DICAC will extend IGA support to an additional 1,500 PLWHAPLWHAA and will indirectly support 6,000 family members. During FY 2008 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 PLWHAPLWHAA 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 PLWHAPLWHAA

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 FY 2008 and will be widely disseminated at public rallies, through the teachings of the church and trained clergy.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,000,000	

Narrative:

Orphans and Vulnerable Children component of the Ethiopian Orthodox Church Development and Interchurch Aid Commission/IOCC HIV/AIDS Response Mechanism Project.
The International Orthodox Christian Charities (IOCC) conducts HIV prevention, care, and support activities with the Ethiopian Orthodox Church's Development Inter Church Aid Commission (DICAC). The Ethiopian Orthodox Church (EOC) has approximately 40 million faithful, over 500,000 clergy and a network of 40,000 parishes found throughout Ethiopia. DICAC operates in over 200 districts in the country. The Church publicly declares that it has an obligation to mobilize human and material infrastructure for the national response to HIV/AIDS and that it should strive to influence positive social change, care for those affected 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 FY 2007, 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 FY 2008, IOCC anticipates supporting 28 diocese equaling about 140 districts in the regions of Addis Ababa, Amhara, Benishangul Gumuz, Oromiya, SNNP, and Tigray.
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 FY 2006, explicit female participation targets were raised to 50% for lay counselor and peer educator staffing, with satisfactory results. IOCC will maintain these targets in FY 2008.

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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	167,085	

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 FY 2006 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 FY2007 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 FY2008, the activity operated 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 FY 2005, DICAC implemented a youth prevention program through the existing Sunday school structure, with 2,000 peer educators reaching 50,000 youth. In FY 2006 and FY 2007, DICAC adapted the Youth Action Toolkit (YAK), produced by Johns Hopkins University/Health Communications Partnership, for the Sunday school setting. In FY 2006, 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 FY 2006 and FY 2007, 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 FY 2008 with strategic emphasis on the vulnerability of young girls and sanctioning male behavior in relation to multiple sexual partnerships and cross generational sex.
In FY 2005, IOCC/DICAC trained 100 clergy trainers who in turn trained 40,000 clergy and community members on key AB issues. During FY 2006, 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 FY 2005, 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 FY 2006 and FY 2007 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 COP 10 will include the above three, as well as supportive supervision of district activities by the Ethiopian Orthodox Church to ensure consistency, quality assurance and improvements in programmatic performance against management indicators. This program will continue to use interpersonal communication through Sunday school and clergy counseling. IOCC anticipates additional technical assistance from the Johns Hopkins University Health Communications Partnership to implement the Youth Action Toolkit to support risk reduction, improved knowledge of HIV/AIDS and adoption of AB practices. Ninety-five thousand youths and young adults will be reached through Sunday Schools. Other strategies include interactive communications and mass rallies with the Patriarch and Archbishops to support changes in social norms and attitudes surrounding HIV/AIDS. The rallies draw on messages that emphasize empowerment, support and empathy for those living with HIV/AIDS and HIV prevention through AB.

IOCC will continue to integrate the HIV/AIDS core curriculum into 18 clergy training institutes and three theological colleges. Training through these outlets will reach 2,000 individuals. The maintenance of training standards will be fostered through the modification of curricula on an as need basis, refresher courses and regular reporting. The program will support in-service training for 10,000 clergy with follow-up from district branch coordinators. IOCC will provide capacity building and exit strategy/planning with the Ethiopian Orthodox Church/DICAC to support a multi-year transition of activities from IOCC to the Ethiopian Orthodox Church, thus assuring sustainability of the program. This program will continue to provide IEC materials on HIV prevention, care, and misconceptions regarding the Ethiopian Orthodox Church's stance on the complementarities of holy water and ART will be distributed. These IEC messages and materials will be reinforced by development and dissemination of new audio visual presentations. Community members and PLWHAA 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, PLWHAA associations and the Organization for Social Services for AIDS. In FY 2008, 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 FY 2006, explicit female participation targets were raised to 50% for lay counselor and peer educator staffing with satisfactory results. IOCC will maintain these targets in FY 2008. 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.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10543	**Mechanism Name: Grants, Solicitation, and Management**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: World Learning	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,734,800	
Funding Source	**Funding Amount**
GHCS (State)	2,734,800

Sub Partner Name(s)

Atetegeb Worku Metasebia Wolaj Alba Hitsanat Merja(AWMWAHM	Care for the Poor (CFP)	Education for Development Association
Ethiopian Inter Faith forum for Development Dialogue and Action (EIFDDA)	Ethiopian Nurses Association	Guraghe Zone Development Association (GZDA)
Kulich Youth Reproductive health	Mary Joy Aid Through	Medico-Socio Development

and Development	Development	Assistance For Ethiopia (MSDAE)
Negem Lela Ken New Association of Women Living with HIV/AIDS	NEP +	Network of Networks of Ethiopian Living with HIV/AIDS (NEP+)
Private Health Facilities Association	Ratson: Women, Youth and Children Development Program	Southern Ethiopia Development Association (SEPDA)
Tila Association of Women Living with HIV(Tila)	Welfare for the Street Mothers and Children Organization	Yezelalem Minch

Overview 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. Applicants were required to meet a 15 percent cost-share, either in monetary contributions or through services, volunteers, property, equipment and supplies. With FY 2008 funding, GSM will maintain support to partners selected in 2007 and add new partners. The 15 percent cost-share will remain a requirement for future applicants.

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 counseling and testing services, as well as other health and HIV services.

In Ethiopia, civil society organizations (CSOs), faith-based organizations (FBOs), local NGOs and the private sector have a considerable stake in responding to HIV/AIDS and in supporting the government's multi-sector interventions. The PEPFAR programs and the GF initiatives have engaged local non-governmental organizations including civil society organizations, professional associations and faith-based organizations to implement HIV/AIDS programs at the grassroots level. Over 600 local associations, NGOs and community–based organizations oversee community/home-based care and support programs targeting HIV/AIDS affected and infected including vulnerable children. Most of these

local organizations are either sub or sub-sub recipients of grants and funds channeled through international, regional or national partners due to lack of capacity to manage and monitor funds/grants. To date significant resources have been leveraged through international and national Prime Partners to these local organizations, and there are only few local organizations whose institutional and project/program management capacity reached a maturity level to directly receive and manage HIV/AIDS funds flowing through various funding agencies.

In FY 2009, World Learning GSM undertook capacity building interventions with prime and sub-recipients of the Global Fund (NEP+ and EIFDDA). The institutional and program management capacity of other local organizations at the grassroots level is lower than that of the national and regional level networks, associations, organizations, and the private sector entities that have a stake in the fight against HIV/AIDS at the community level. As part of the health system strengthening intervention, PEPFAR will aim to scale up the local organizations' capacity to intervene in the fight against HIV/AIDS, strengthen national networks and organizations receiving PEPFAR and GF funds and build links with professional associations like the Ethiopian Nursing Association in order to build their institutional capacity. The Ethiopian Nursing Association contributes to the training of nurses through in-service programs, in setting standards for nursing services, providing to the caregivers who are exposed to dangers of acquiring diseases, including HIV/AIDS due to the nature of their work since there is no wellness center in Ethiopia. As part of COP 2009 reprogramming, GSM were awarded resources to fund unsolicited proposals raninging from $30,000 - $200,000 which met the criteria as to be determined by the Ethiopia PEPFAR team. In COP 2010, larger proposals may be considered.

The main objectives of this activity are to: promote efficient and cost-effective management of sub-grants/funds channeled through PEPFAR, the GFATMand other development partners; enhance program/project management and monitoring capacities of local organizations (CSOs, NGOs, and CBOs); foster sustainability of health services at the grassroots levels through increased community participation and ownership; and build the institutional capacity of local organizations

The major activities to meet the above objectives will be participatory capacity gap assessments; skill/knowledge transfer through tailored trainings in response to the identified needs/gaps; institutional capacity building (provision of tools, materials, equipment); and monitoring of outputs and impacts of the short-term, intermediate and strategic capacity building interventions among the local organizations.

World Learning will conduct TOTs who will cascade the trainings at the partner level, thereby reducing travel needs and make the training cost effective. A regional approach will also be used.

World Learning will have strong post-training supportive supervision. Standardized monitoring and evaluation tools will be used for data capture and quality assurance.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10543**		
Mechanism Name:	**Grants, Solicitation, and Management**		
Prime Partner Name:	**World Learning**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	274,800	

Narrative:

COP 09 NARRATIVE

The GSM program is a continuing, plus-up activity from FY 2007 that is linked to other GSM activities under HVAB (10406), HVOP (10407), and HKID. This activity will also link with other palliative care programs such as WFP (10523), as well as all USG PEPFAR clinical partners working in proximity to projects funded under this mechanism.

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 FY 2006 and FY 2007 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 COP 2008 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 four to six will be funded in 2007. There are a number of different types

of activities that will be supported under the GSM mechanism and most projects will include both prevention and care activities for a more integrated family-centered approach.
Palliative care funding would be added in COP 2008 to ensure that HIV-affected families receive comprehensive support. Local partners would provide community-based care to an estimated 1,000 PLWHAPLWHAA and their families and train 150 community volunteers and family members on how to provide care for bed-ridden PLWHAPLWHAA. Programs supported under GSM will provide a variety of services for PLWHAPLWHAA, including support for positive living, hygiene and nutrition information, linkages to food assistance, prevention education (especially for discordant couples), information/referrals for family planning, PMTCT, and ART services, and income generating activities, such as livestock raising. For sick or bed-ridden PLWHAPLWHAA, a trained family member or community volunteer would make home visits to provide emotional support and monitor the medical needs of the individual. Local partners will be encouraged to hire and engage PLWHAPLWHAA in their programs. Palliative care programs supported under GSM will provide family-centered support by addressing PLWHAPLWHAA as well as their children's needs.
New partners selected under the GSM program will receive technical assistance from World Learning and other PEPFAR partners to ensure quality program design, implementation and monitoring. PEPFAR-supported programs should address how gender based violence (GBV), sexual abuse, cross generational sex, and alcohol use impact HIV transmission and recommend strategies to address these issues. GSM recipients will partner with PEPFAR-supported clinical partners to ensure linkages to counselling and testing services, as well as other health and HIV services. New partners will be required to develop sustainable community-based programs with exit strategies in place. Recipients will also be monitored to ensure that prevention and care activities are well-integrated and focused on serving high-risk vulnerable populations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	300,000	

Narrative:

Grant Solicitation Management (GSM) will follow up 1,500 older OVC affected or infected by HIV/AIDS who were beneficiaries of recently concluded USAID-funded WL school-based interventions. To leverage impact GSM will collaborate with local communities to mobilize OVC who graduated from the eighth grade or above and work with NGOs providing vocational training and business development skills to create opportunities for these OVC. WL will facilitate vocational training and collaborate with local business to facilitate OVC access to income generating activities.
Based on WL's previous experience with school-based OVC support interventions, GSM will build on existing networks and relationships with local communities and NGOs, and to utilize the knowledge of local infrastructure and resources to support successful transition of the OVC into independent and

healthy adult life.
To assure success of this transition, attention will be given to strengthening local NGO capacity to provide quality vocational training and business development skills and better planning and management of OVC support programs. Implementing partners, community members, local government administration and faith-based organizations will establish collaborative working relationships to ensure that quality vocational training and business development skills services are provided. To remove barriers for attendance COP 2010 program interventions will address the changing needs of older OVC, including psychosocial counseling, food and nutrition, referral to health services, provision of training supplies, tutorials and waiver of training fees. Economic strengthening schemes will be developed for OVC and caregivers. Legal protection will be provided for OVC in partnership with local government, CBOs and communities. Girls will receive special consideration, and their specific personal and socio-economic needs will be addressed through family mentors, caretakers and teachers from the community. Expected results include employment and increased income.
The program will implement activities aimed at enhancing community understanding of OVC needs. Awareness-building activities will give particular attention to the issues of stigma and discrimination.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	460,000	

Narrative:

In Ethiopia, civil society organizations (CSOs), faith-based organizations (FBOs), local NGOs and the private sector have a considerable stake in responding to HIV/AIDS and supporting the government's multi-sectoral interventions through PEPFAR programs and Global Fund initiatives. Over 600 local associations, NGOs and community-based organizations oversee community/home-based care and support programs targeting HIV/AIDS affected and infected, including vulnerable children as, sub or sub-sub recipients of grants and funds channeled through international, regional or national partners due to lack of capacity to manage and monitor funds/grants. To date huge amount of resources are leveraged through international and national prime partners to these local organizations; however, few local organizations have the capacity to mobilize resources and implement development programs. Lack of capacity among most of the local organizations to acquire/receive and manage funds has been a barrier to the sustainability of PEPFAR and host government interventions in the fight against HIV/AIDS and overall health system strengthening efforts.

In order to address this barrier, in FY 09 USAID/PEPFAR requested World Learning GSM to undertake capacity building interventions with Prime and Sub- Recipients of the Global Fund- the national Network of Persons Living with HIV/AIDS (NEP+) and the Ethiopian Interfaith Forum for Development and Dialogue in Action (EIFDDA). The implementation of capacity building interventions with these

organizations in FY 2009 focused on : participatory capacity needs/gaps assessment, financial and sub-grants administration training, documentation and record keeping trainings, monitoring and evaluation training, OVC training, life skills and positive living behavior trainings among others.
In COP 2010, PEPFAR will scale up capacity building activities with local organizations, including professional associations such as the Ethiopian Nurses Midwives Association through training for care givers and institutional capacity building identified through a needs assessment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	340,000	

Narrative:

COP 2009 Narrative-
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 COP 2008 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 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.Applicants were required to meet a 15 percent cost-share, either in monetary contributions or through services, volunteers, property, equipment and supplies. With FY 2008 funding, GSM will maintain support to partners selected in 2007 and add new partners. 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 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 FY 2008 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,360,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10545	**Mechanism Name: GIS Support**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: International Rescue Committee	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 120,000	
Funding Source	**Funding Amount**
GHCS (State)	120,000

Sub Partner Name(s)

(No data provided.)

Overview 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, 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 base map 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 on several PEPFAR activities that 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.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10545**
Mechanism Name:	**GIS Support**
Prime Partner Name:	**International Rescue Committee**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	HVSI	120,000	

Narrative:

International Rescue Committee (IRC) will continue to support USAID/Ethiopia Mission and its partners with specialized geospatial data collection, presentation and analysis. IRC has been working with USAID and its partners to collect, present and conduct spatial analysis of existing PEPFAR's implementation patterns, HIV related epidemiological data and other variables; respond to requests from HAPN and the program office for specialized map products and geospatial analysis, and provide technical assistance or professional training when required to selected USAID/Ethiopia staff for conducting Geographic Information System (GIS) activities.

Specific activities in this program include the production of paper and electronic copies of mapping products, geospatial analysis reports of major implementation programs and background variables across USAID/Ethiopia's and PEPFAR Ethiopia's technical offices, technical reports containing methodology and geospatial analysis as requested, and provide basic GIS training to relevant SI or M&E personnel who can implement the use of GIS in their day today program management. Trainees are from implementing partners of PEPFAR/USAID, the host government, and other stakeholders. IRC has a plan of training 100 SI personnel in basic GIS which includes: how to use Global Positioning System (GPS), how to transform GPS data to a map, and the basic applications of ARC GIS software using already available geo data base and practical public health program examples.

IRC has been using satellite images, digitized maps, aerial photographs and data collected in the field with GPS units to enhance its program of work. IRC possesses the necessary software and equipment for digitizing and analyzing spatial and non-spatial data, and scanning up to A3 size and printing up to A0 size map products.

IRC will collaborate with the United States Government (USG) to identify relevant information and support secondary data collection from the USG, the Government of Ethiopia and implementing partners as instructed by USAID/Ethiopia. Where possible, IRC will provide supplementary background information from its own GIS database.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10546	**Mechanism Name: Development and Expansion of Community-based PMTCT**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: IntraHealth International, Inc	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 8,485,184	
Funding Source	**Funding Amount**
GHCS (State)	8,485,184

Sub Partner Name(s)

International Orthodox Christian Charities	PATH	Pathfinder International

Overview Narrative

The goals of the program are to build the capacity of regional health bureaus, zonal and woreda health offices and Community Based Organizations (CBO), and to support and manage community-based PMTCT services. The specific objectives are to:
1) Increase access to Maternal and Child Health and Prevention of Mother to Child Transmission (MCH/PMTCT) services through providing facility and community services; 2) Improve bi-directional linkages/referrals between PMTCT/MCH services at the community, health post, and health center and hospital level; 3) Increase demand for MCH/PMTCT services through community outreach; and 4) Improve the quality of community and facility -based MCH/PMTCT services
Geographic coverage and target population(s)
The Community PMTCT program will work in Tigray, Amhara, Oromia, SNNPR and Addis Ababa. These five regions have a total of 654 health centers and 4,735 health posts all together. These regions are considered high yield as they accounted for about 91% of nationally expected pregnancies in 2009. These regions also have a low percentage of deliveries attended by a Skilled Birth Attendants. The program will work primarily at the health post and surrounding community levels in higher HIV prevalence areas. The program will also work at selected health centers.
A description of the partner/implementing mechanism's cross-cutting programs and key issues:
The partner will work on the four PMTCT prongs which include: 1) male involvement and gender, 2) HIV-related palliative care for women and children, infant feeding and nutritional support, 3) training or capacity building, 4) PMTCT program monitoring, evaluation and quality assurance, system strengthening, integration & referrals. The Program will support the full integration of PMTCT and MCH service provision and ensure linkages to HIV care and treatment services, especially between pediatrics and PMTCT services. Priority will be given to follow-up the mother and infant in the community and linking to health and social services.

Other key issues to be addressed by the partner are: testing and Counseling for women in the reproductive age in general and pregnant women and HIV exposed infants in particular, ARV Prophylaxis & Highly Active Antiretroviral Therapy for eligible HIV positive pregnant women and their babies. This program will introduce a mechanism for effectively linking health facilities and community services, including confidential community registers for HIV+ mothers and exposed babies with regular updating of both registers to capture every mother baby pair. Innovative outreach sessions can also positively impact community PMTCT coverage and should be considered a strategy for addressing the current demand challenge.

Cost efficient strategy will include achieving improved economies in procurement, coordinating service delivery with other partners in the public and private sector, and expanding coverage of programs with low marginal costs.

Monitoring & Evaluation plans for included activities

The partner will have plans to document, monitor and evaluate program performance. The USG in Ethiopia will evaluate progress by monitoring selected indicators and assessing these in relation to the targets and overall objectives set by program staff. Data quality is a critical component of this program and the program will develop systems to ensure data quality and be prepared for data quality audits.

a. Work plan, Exit Strategy and Performance Monitoring Plan (PMP): The partner will have exit strategy documenting steps that it will take to strengthen host country ability to sustain the deliverables of the services that it agreed to render. The initial work plan will include a proposed PMP for the entire period of performance including the process for collecting baseline data.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	500,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Increasing women's legal rights and protection

Malaria (PMI)

Child Survival Activities

Safe Motherhood

Family Planning

Budget Code Information

Mechanism ID:	**10546**
Mechanism Name:	**Development and Expansion of Community-based PMTCT**
Prime Partner Name:	**IntraHealth International, Inc**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	485,184	

Narrative:

The community based prevention of mother to child transmission (CPMTCT) program will promote comprehensive pediatric HIV/AIDS care and support (CPCS) activities. A key activity will be training for health workers 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 maternal and child health (MCH) entry-unit health providers on case detection and referral, and a two-day training for the respective HEW/volunteers on active case detection and referral, adherence to treatment, and defaulter tracing. 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.

The practice of monthly meetings of referring units, particularly the health centers, the woredas, and the community (HEW/volunteers), which are well established in some areas, will be strengthened in many places to improve coordination between all levels of care. CPMTCT program will continue to collaborate with the US universities 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 program will work with orphans and other vulnerable children projects to link clinically malnourished infants to nutritional support and other community services. CPMTCT will also work with Integerated Family Health Program (IFHP)d to identify chronically ill, malnourished, and/or HIV-exposed infants and children in order to refer them for testing and appropriate treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	8,000,000	

Narrative:

The Community PMTCT (CPMTCT) program will work in Amhara, Tigray, Oromia, SNNPR and Addis Ababa to provide integrated PMTCT/MCH services. It will support health posts, over 70 health centers and implement community PMTCT services, including outreach, in partnership with RHBs, with a focus on increasing uptake of services. The program will engage UHEWs, HEWs and other volunteers to sensitize and mobilize communities to create demand and provide access to quality ANC/PMTCT

services at health facilities. The CPMTCT program will ensure that point of service 'opt out' CT is offered to all women in ANC, labor and delivery (L&D), and postnatally in FP units, encourage male involvement through community gatekeepers and use, where available, lay counselors to avoid counselors burnout. The program will ensure that ARV drugs are offered to HIV-positive women, prioritizing identification of women needing highly active antiretroviral treatment (HAART) for their own health. HIV-positive women will be linked to HAART if indicated as well as FP, food and nutrition services. Women who test negative will be counseled to stay negative. MSG and volunteers will track and support mother-infant pairs and link family members to care/support, pediatric treatment, and access to EID and OVC programs. The program will ensure continuum of care through functional referral linkages between hospitals, health centers, and health posts/community services. It will utilize lessons learned and provide single-dose nevirapine (sdNVP) if a woman is identified in L&D and at first contact to ensure that women who deliver outside health facilities have sdNVP. Care and treatment will be provided to qualifying mothers and exposed infants from six weeks until definitive diagnosis. At the national level, the program will participate in the PMTCT TWG and strengthen GOE capacity in quality assurance, supportive supervision and monitoring. The CPMTCT program will advocate and facilitate revisions of key policy issues, such as integrating mother and child health cards, and support regional, zonal and woreda health bureaus in the areas of capacity building, system strengthening, and improved use of strategic information for decision making, among others.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10548	**Mechanism Name: HIV/AIDS Anti-Retroviral Therapy Program Implementation Support through Local Universities**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Jimma University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 161,000	
Funding Source	**Funding Amount**

GHCS (State)	161,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

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. To date, a wide array of anti-HIV/AIDS activities has been initiated by the hospital, including counseling and testing, PMTCT, care/ART, 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 and Tulane. 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 (28 million).

JU has benefited from PEPFAR Ethiopia's regionalized support by partnering with ICAP-Columbia University (ICAP-CU). HIV/AIDS activities in the university are being consolidated. 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 ICAP-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 ICAP-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 ICAP-CU, when the latter pulls out its support.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	30,000

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**10548**
Mechanism Name:	**HIV/AIDS Anti-Retroviral Therapy Program Implementation Support through Local Universities**
Prime Partner Name:	**Jimma University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	81,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	8,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	72,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10557	**Mechanism Name: HIV/AIDS Anti-Retroviral Therapy Program Implementation Support through Local Universities**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Mekele University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 161,000	
Funding Source	**Funding Amount**
GHCS (State)	161,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Mekele University (MU), located in Mekele Town, 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.

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. The university teaching hospital had 3,342 patients on ART as of October 2009, the largest number of any facility in Tigray.

The university has a strong working relationship with its USG counterpart, ITECH. 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 technical and administrative 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. 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.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	30,000

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**10557**
Mechanism Name:	**HIV/AIDS Anti-Retroviral Therapy Program Implementation Support through Local Universities**
Prime Partner Name:	**Mekele University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	81,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVAB	8,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	72,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10558	**Mechanism Name: Comprehensive HIV Prevention, Treatment and Care Program for Military**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of National Defense, Ethiopia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,100,000	
Funding Source	**Funding Amount**
GHCS (State)	1,100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overall objective of Ethiopia National Defense Force HIV/AIDS program in COP 2010 is to avert new HIV infection among soldiers of the Ethiopian National Defense Force, ranging in age from 18 to 40, and

create access for soldiers and their family members to HIV/AIDS services including HIV testing, STI treatment, other opportunistic infections and antiretroviral treatment.

Ethiopian soldiers are among those groups that are at high risk: the majority of the soldiers are young, mobile, and sexually active and have close interactions with other most at risk populations surrounding the military barracks. 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. This data clearly shows that the prevalence of HIV/ AIDS among the soldiers is high. The specific behavioral outcomes under this project include, but are not limited to, increasing correct and consistence use of condoms, increase use of HIV treatment, STI, HCT services; reduction in number of multiple sexual partners; and improve the soldier's ability to discuss risk and stigma associated with HIV/AIDS.

In COP 2010 Ethiopian National Defense Ministry will continue to use different strategies to reach more than 100,000 soldiers and their family members all over the country. Strategies include Modeling and Reinforcement to combat HIV/AIDS (MARCH), IEC/BCC material production and distribution, entertainment education, capacity building, training, provision of prevention commodities and treatment services to avail a comprehensive HIV/AIDS services.

Monitoring and evaluation is the major component of the project to assess progress of implementation. All these strategies listed above will be supported by a number cross cutting programs such as male gender norms, initiatives against gender based violence, and stigma and discrimination to avert new HIV infection in the National Defense Force. The overall prevention strategy uses structured peer-group discussions of smaller groups (5-15) that are based on stories in comic books. The peer outreach also uses mobilizing military anti-AIDS clubs, coffee ceremonies and health education on specific topics.

The prevention activities use entertainment and comics in the printed serial drama, which show benefits of positive and responsible sexual behaviors and consequences of irresponsible and unsafe sexual practices to shape the behavior of soldiers. Soldier peer discussions that happen regularly every two weeks will give the soldiers the opportunity to relate the stories to their personal and social lives. Tailored and evidence based IEC/BCC materials on the lives of soldiers, serving as glue between service seekers and HIV related services, will support the speeding up the behavior change.

Under this activity culturally sensitive and tailored IEC/BCC material such as posters, brochures, leaflets, will be produced and properly disseminated to reach soldiers. Capacity building through training soldiers and support staff in the areas of strategic health communication, health project management, financial management, helps the Ministry of National Defense Force to have trained and equipped soldiers and

support staff to react to the versatile challenges of HIV/AIDS. Systematic referral system plays a big part to sustainable challenge the problem of HIV and AIDS in the National Defense Force; consultation and workshops are to be organized among the different stakeholders working on soldiers to strengthen service linkages. Over all, this activity more strengthen and consolidate service linkage and integration among the different stakeholders working to reach Ethiopian soldiers to support the national effort of reducing the prevalence of new HIV infection and mitigating HIV/AIDS impact.

All prevention programs are rigorously monitored to assess the progress of the project implementation. Periodic reports of peer group discussions, supportive site supervision, and number of education entertainment programs are the major program indicators of the National Defense comprehensive HIV/AIDS prevention project. In COP 2010, the National Defense Force of Ethiopia will finalize MARCH outcome evaluation, and the results will be useful in reviewing, strengthening (designing) the HIV/AIDS prevention and control strategies that were used among the uniform services target population.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	15,000
Human Resources for Health	50,000

Key Issues

Addressing male norms and behaviors
Military Population

Budget Code Information

Mechanism ID:	**10558**
Mechanism Name:	**Comprehensive HIV Prevention, Treatment and Care Program for Military**
Prime Partner Name:	**Ministry of National Defense, Ethiopia**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	110,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	990,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10559	**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**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Alliance of State and Territorial AIDS Directors	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,474,000	
Funding Source	**Funding Amount**
GHCS (State)	1,474,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

NASTAD became a PEPFAR partner in 2001 when it began to establish its long-term relationships with federal and regional HAPCOs. Initially, NASTAD developed and delivered training in community planning and proposal development to assist regions to help woredas to access EMSAP (pooled) funds. In 2004, NASTAD redefined its community planning training model to assist communities to mobilize for support of ART treatment adherence. NASTAD's work coincided with national strategic planning efforts in Ethiopia,

and in 2006, NASTAD began to work with federal HAPCO to integrate its training modules into National Social Mobilization (NSM) trainings. NASTAD has since expanded its work in support of NSM by placing staff in three regional HAPCOs to support planning, referral, and coordination efforts through integrating ART treatment adherence modules into Community Conversation (CC) facilitator training and providing one-on-one follow up for CC staff in selected zones in five regions of the country. In addition, NASTAD began a twinning program, establishing relationships between Amhara and Michigan, SNNPR and Maryland, Oromia and Minnesota, and Dire Dawa and San Diego. As a result, TOT for quality management of CC has been developed and delivered for regional and woreda CC training staff, a collaborative nutrition support program for PLWAs has been established in Oromia, and replication of an evidence-based prevention intervention known as SISTAs is occurring among MARPs in Amhara.

Goals:
1. Strengthen capacity of national and local public sector staff to plan, manage and evaluate and coordinate public sector prevention, care and treatment programs
2. Build organizational capacity of the public sector to support the delivery of national and local HIV programs
3. Create sustainability in national and local programs
4. Capture community-based information from non-health sector in Dire Dawa and Addis Ababa.

Objective 1. Enhance the capacity of zonal and woreda health bureau/HAPCO staffs to manage, coordinate and implement the NSM Strategy, particularly the CC intervention
Objective 2. Integrate adherence promotion into ongoing CC training, planning and implementation.
Objective 3. Enhance existing CC activities in SNNPR to retain individuals in care, both prior to and during ART treatment.
Objective 4. Build technical and organizational capacity of national and regional government agencies to coordinate and sustain comprehensive HIV prevention strategies.
Objective 5: Promote behavior change and demand for prevention servicesamong MARPs in selected zones/kebeles in Dire Dawa, Oromia, Amhara, and SNNPR. Objective 6: Support collection and reporting of community level (non-health) program data.

Target Populations

• Federal level HIV/AIDS agencies
• Regional and Zonal HAPCO staff and woreda health department staff in Oromia, Addis Ababa, Dire Dawa, SNNPR, and Amhara
• CC members
• MARPs in Amhara, SNNPR, Oromia and Dire Dawa, including pregnant women

• PLWHAs

Cross cutting programs
NASTAD will strengthen and support HR within regional and zonal HAPCOs and woreda health offices, support of the nutrition collaborative in Oromia, and address gender and gender-based violence through the dissemination of the SISTAs intervention in Amhara. SISTAs is an evidence-based intervention implemented in partnership with the Michigan state health department which empowers women with negotiating skills around sexual behavior.

Implementation Strategy
NASTAD has a central office in Addis Ababa for programmatic and operational coordination. NASTAD has placed regional coordinators in all five target regional HAPCOs who are responsible for delivery of all activities at the zonal and woreda level in each region. NASTAD also draws upon US state health department twinning partners who, as professional counterparts and peers to RHB/RHAPCO directors, can provide peer-to-peer support, technical and content expertise. Together, these staff and TA providers aim to implement increasingly cost-efficient and sustainable activities by transferring technical and programmatic skills, guidelines and processes to local public health staff, including –
- Strategies, tools and guidelines to support planning, referrals and coordination
- TOT manuals and delivery of training to woreda staff
- One-on-one follow up support and mentorship to woreda staff responsible for managing kebele level CC activities
- Sponsorship of CC refresher trainings and review meetings
- Training and support of CC group members to promote community awareness of loss to care issues and provide support to PLWHAs to retain them in the care system.
- Tools and systems for the collection and utilization of community-level data

Monitoring and Evaluation Plan
NASTAD has developed a comprehensive M&E framework that identifies performance indicators and data collection sources and methodologies. For activities described, NASTAD will establish systems to collect unduplicated numbers of participants, and will rely on pre/post surveys of training participants, and interviews with participating regional, zonal and woreda staff to monitor targets and measure positive changes in performance indicators.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,200,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10559**
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**
Prime Partner Name:	**National Alliance of State and Territorial AIDS Directors**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	680,000	

Narrative:

This activity has expanded its scope and requires streamlined COP 10 submission. NASTAD currently is in the process of strengthening and expanding community planning for its ART adherence program in three target regions and has started conducting review meetings in the focal zones to share lessons learned and to build future activities based on experiences gained thus far.

In 2010, NASTAD is planning to expand its community planning for community ART adherence activity to additional zones of the three target regions and also include Dire Dawa and Addis Ababa as target areas to implement this activity. In addition, NASTAD proposes to pilot an innovative, community based prevention of lost-to-follow-up services program in SNNPR, based both on the request of the region and on recent rapid assessments performed by NASTAD in the region.

The pilot program will have the following objectives:

Objective 1: To integrate the promotion of ART adherence into ongoing Community Conversation training, planning and implementation activities in five regions.

Objective 2: To enhance existing Community Conversation activities in SNNPR to retain HIV-positive individuals in care, both prior to and during ART treatment.

NASTAD will develop this adherence program to enhance its existing work in support of the national

Community Conversations intervention, and using strategies consistent with Ethiopian national adherence guidelines.

This intervention is based upon a model of community engagement and empowerment in which an educated kebele helps to assumes responsibility for its members. Evaluation of this intervention will be two fold: (1) Baseline and follow-up surveys of the general community within a kebele will measure changes in knowledge, attitudes and other parameters before and after the intervention; (2) Adherence to medical visits and default rates at the clinic level will compare those from kebeles where this intervention is and is not implemented. The partner being within PEPFAR will play its part in Global Health Initiative (GHI).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	150,000	

Narrative:

With this new activity, NASTAD will support collection, reporting, and integration of community level (non-health) HIV program data into a community-based information system (CBIS) in Addis Ababa and Dire Dawa.

In FY09, NASTAD developed a framework to monitor and evaluate its programs, and by collaborating with Regional Health Bureaus and HIV/AIDS Prevention and Control Offices (RHBs/RHAPCOs), collects and analyzes data from woredas, community conversations sessions, and other community-based settings. Findings are disseminated to all HIV organizations, particularly at community level. Recognizing that NASTAD is committed to and experienced in collection of community-based data relevant to HIV programs, Dire Dawa RHAPCO, through its twinning partnership with San Diego, requested technical assistance for the development of tools, systems, training, and support for the collection and integration of community-level data into a CBIS system.

NASTAD is planning in COP10 to design and pilot a CBIS to capture HIV program data from the non-health sector of the community. Linking with the Federal HAPCO, and with the objective of strengthening national information systems, the CBIS will be piloted in Dire Dawa and Addis Ababa. These two sites are where NASTAD is currently engaged in community-based activities, including supporting Community Conversations and mainstreaming.

In COP10, NASTAD will:

i) Establish a technical working group (TWG) of stakeholders, including representatives from RBOH/HAPCO, zonal and woreda health departments, and the community;
ii) Assess existing CBIS and with the TWG classify and standardize community-based indicators, data sources, and data collection tools and methods;
iii) Provide capacity building support for the training of community providers and other stakeholders in the collection, management, use, and dissemination of community-level data.

NASTAD will assign a senior CBIS advisor to closely work with the Dire Dawa and Addis Ababa HBs/HAPCOs and will also deploy technical advisors from the San Diego HIV Department.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	644,000	

Narrative:

This activity has had a significant budget increase and expansion of scope. Community capacity enhancement through Community Conversation (CC) is a core strategy of Ethiopia's Social Mobilization Strategy. Since 2007, NASTAD has buildt the capacity of RHB/HAPCO staff to manage CC. In FY 2008, NASTAD placed regional coordinators within the regional HAPCO offices of Amhara, Oromia and SNNPR to deliver technical assistance for i) regional planning, coordination, and referral ii) delivery of CC program management training in three target zones to woreda managers, and iii) for one-on-one follow up assistance, supervision , and mentorship to these managers. NASTAD has also supported HAPCO in the implementation of Social mobilization strategy.
In COP 2010, NASTAD will increase support to four zones in each of the three identified regions of Oromia, Amara and SNNPR, and to four zones/kebeles in Dire Dawa and Addis Ababa.
Objective 1. To enhance the capacity of regional, zonal and woreda health bureau/HAPCO staff in five regions of Ethiopia to manage and coordinate implementation of the National Social Mobilization Strategy, particularly CC.
i) Provide one refresher training on CC program management per zone per region (20 TOTs);
ii) Provide ongoing TA to RHB/HAPCO, zonal and woreda staff through site visits and joint supportive supervision and feedback
iii) Sponsor quarterly zonal level CC review meetings and/or CC refresher trainings (100 meetings);
iv) Technically and financially support regional HAPCOs for monitoring, documentation and dissemination of CC best practices
v) Provide logistic and technical support to US state health department twinning partners to:
• Develop protocols to improve referral linkages between community, community health center, and hospital at the zonal level
• Develop comprehensive HIV planning toolkit and provide training and technical support to selected

zones for development, implementation and monitoring of annual HIV plans • Support HAPCOs to coordinate partners Support implementation of activities identified in specific twinning work-plans: in Amhara, adaptation, TOT and dissemination of U.S. community level evidence-based HIV prevention intervention SISTAS for MARPs of female students and commercial sex workers; in Oromia, development of community collaborative for sustainable nutrition support program for PLWAs; in Dire Dawa development of M&E data base and data collection protocols to improve CC and community based reporting. Other activities will be implemented as identified by twinning partners.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10563	**Mechanism Name: PICASO**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Pact, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,159,200	
Funding Source	**Funding Amount**
GHCS (State)	3,159,200

Sub Partner Name(s)

EECMY-East Gambella Bethel Synod	EECMY-West Gambella Bethel Synod	Ethiopian Evangelical Church (EECMY)- Illubabor Bethel Synod
Ethiopian Muslims Development Agency (EMDA)	Forum on Street Children Ethiopia	Gambella: Ethiopian Evangelical Church (EECMY)
Integrated Service for AIDS Prevention & Support Organization (ISAPSO)	Maedot Child and Women Focused NGO (MAEDOT)	Mary Joy Aid Through Development

Network of People Living with HIV Association	Pact Gambella – in kind and small grants to partners	Pact Jinka – in kind and small grants to partners
Ratson Women, Youth, and Children Development Program (RATSON)	Rohi Weddu Pastoral Women Development Organization (RW)	Save your Holy Land Association
Timret Le Hiwot	Women Support Association (for economic strengthening component)	Zema Setoch Lefitih

Overview Narrative

The PICASO mechanism has three components: PICASO OVC- providing comprehensive services to OVCs in Addis Ababa, Oromia, Amhara SNNPR and Gambella; Prevention Plus in Muslim Communities, which targets Muslim communities in six regions (Amhara, Oromia, Afar, Harari, Dire Dawa and Tigra); and HIV Prevention targeting the most at-risk populations and faith-based communities in the Gambella region.

The goal of the Partnership for Community Action to Support Orphans and Vulnerable Children (PICASO) project is to contribute to reducing the spread of HIV infection and minimizing the social and economic impact of HIV/AIDS on OVC. PICASO will strengthen existing community and family structures to: (1) more effectively use internal and external resources to address the current needs of children, and (2) develop mechanisms to ensure the welfare of families, and consequently, children, long after external support has ended. The overall goal of the Prevention Plus in Muslim Communities project is to decrease HIV prevalence rates among the targeted communities. The goal of the two-year HIV Prevention in Gambella pilot project is to reduce the spread of HIV infection in Gambella regional state, particularly among adults, through the promotion of abstinence and fidelity among faith-based communities and safer sex practices among high-risk groups, including construction workers, truck and taxi drivers, boat operators, commercial sex workers, seasonal laborers, vendors and youth.

Pact is addressing four key issues through PICASO. To increase gender equity in HIV/AIDS activities and services at the NGO partner level, Pact incorporates gender issues through raising awareness of children, communities, and policy makers on how gender relations in the community affect the rights of the OVCs, such as the use resources and inheritance. The project sets up mechanisms for community supervision to protect OVCs from gender imbalances and disseminates information about legal provisions. At the grassroots level, PICASO activities are required to demonstrate gender sensitivity, both in the inclusion of females and males as key actors and participants in the project.

To address male norms and behaviors, PICASO will focus on increasing male involvement as caregivers in the home through mentoring male extended family members (such as uncles and elder brothers) and community leaders to encourage participation in OVC care activities. PICASO will enlist men to become advocates against gender violence and protectors of women's rights.

In order to increase women's access to income and productive resources, PICASO will focus on connecting care-giving women with economic strengthening activities, emphasizing both the woman's role in income generation and her role in decision-making at the household level. PICASO partners will be provided with technical training on alternate models suited to the needs of women in different contexts in order to ensure that income generating activities are sensitive to the needs and roles of caregivers within their own households and communities.

To address mobile populations, the Prevention in Gambella project will work to reduce the spread of HIV infection in Gambella regional state, particularly among mobile adults and youth, including construction workers, truck and taxi drivers, boat operators, commercial sex workers, seasonal laborers, and vendors. The project will reach 21,000 most-at-risk, mobile individuals.

PICASO seeks to improve cost efficiency over time by building the capacity of organizations so that they can effectively implement their work, investing in training so that staff and volunteers can easily increase their breadth of target reach; by procuring commodities in bulk and at the same time; by linking with referral providers who are able to provide more clinical services like VCT and ARH, or other OVC support, such as nutrition and shelter. Through this panoply of approaches and through three very different types of projects, Pact seeks to conserve and extend the impact of the valuable resources provided for the fight against HIV/AIDS.

Pact undertakes all of its M&E and reporting work in a manner that will improve capacity within organizations to institutionalize and sustain prevention, care, and support monitoring and evaluation. The outcome is obtained by introducing and supporting monitoring, evaluation, and reporting systems to provide communities with efficient and effective methodologies to collect, produce, maintain, and distribute information on programmatic outputs, best practices, lessons learned, and effective outreach models. The PICASO project will train and support local NGO partners and community coordinating committees to implement basic data collection and reporting. In turn, these committees will work closely with volunteers to routinely obtain and collate information on key OVC care and support indicators for ongoing program use and inclusion in the national HMIS.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	90,008
Economic Strengthening	208,945
Education	250,734
Food and Nutrition: Commodities	167,156
Food and Nutrition: Policy, Tools, and Service Delivery	125,367

Gender: Reducing Violence and Coercion	85,606
Human Resources for Health	59,335
Water	83,578

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Mobile Population

Budget Code Information

Mechanism ID:	**10563**
Mechanism Name:	**PICASO**
Prime Partner Name:	**Pact, Inc.**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,800,000	

Narrative:

The PICASO OVC Project addresses community involvement and family participation as the vehicle through which support is given to OVCs. Much of the community involvement is demonstrated through the work of community volunteers. Care in the community will be achieved through a family-centered approach that ensures coordinated care facilitated by trained community volunteers with supportive supervision. Supervision will be conducted through community leadership structures and community-based organizations working closely with volunteers. Kebele-based community committees and idirs will identify children using their existing knowledge of families in their communities and through a detailed family needs assessment conducted by volunteers.

With the emphasis on economic strengthening as a core service, volunteers will mobilize other no- or low-cost services from within the community. Referrals will be made by the volunteers with or on behalf of families for appropriate education or healthcare services, for mobilizing food and improved nutrition through community resources, for the repair of houses or improved household materials and/or for legal and protection services. All services will be gender sensitive and age-appropriate as the specific needs of children are addressed.

Over 4,000 volunteer caregivers will receive training in community resource mobilization and, through weekly home visits to beneficiaries, coordinate the appropriate mix of services in their locality, tailored to the needs of 15-20 children (ages 0-17) covering three to five households per volunteer.
This program strategically places family-centered economic strengthening at the core and is best illustrated in the "1+6 approach". Protecting OVCs from the economic effects of HIV requires action to ensure they have access to the six essential services through strengthened economic coping capacities for the families and communities that care for them. The economic strengthening interventions seek to enhance household and community economic resources through community-based approaches with the assumption that, if household economic activities are strengthened, both household and communities will be better positioned to care for vulnerable children.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	719,200	

Narrative:

This activity comprises of two seperate entities: (a) This is a continuing activity that has been folded into the PACT Picaso mechanism. The overall goals of the project are to decrease HIV prevalence rates among the targeted Muslim communities and improve the organizational and technical capacity of partners to ensure effective and sustainable HIV/AIDS prevention programming and activities in and across Muslim communities.
The project's geographic area is Afar, Amhara, Dire Dawa, Harari, Oromia, and Tirgray and the target population is to reach a total of 400,000 individuals in Muslim communities with comprehensive HIV prevention messages. This narrative describes the activities funded under AB.
The program involves PACT providing technical assistance and training on BCC activities as well as organizational development of local partners to ensure they can continue providing quality HIV prevention programs. PACT provides grants to these local partners in order to improve the sustainability and cost-effectiveness of the programs. The local partners work closely with religious leaders and peer educators to increase knowledge and access to HIV prevention services within Muslim communities. The program works with Muslim youth ages 14 and older through youth clubs and youth centers targeting individuals with age-appropriate messages.
The program includes a comprehensive Program Monitoring Evaluation and Reporting Plan with regular monitoring and analysis. PACT will provide ongoing support to partners to ensure data quality during monitoring visits and will conduct a data quality assessment to ensure systems are in place and outlined protocols are followed. In addition to the PEPAR indicators, the program will collect data on the following: number of individuals trained to promote HIV/AIDS prevention; number of project activity sites with A,AB and C promotional services for Muslim communities; number of women involved in HIV prevention and working against gender violence; number of IEC materials developed/adapted and distributed by type;

and, number of individuals referred to HIV/AIDS and health-related services.
(b) SCEPS will provide technical and material support to about 500,000 (LOP) students ages seven to 18 in 500 primary schools with a focus on prevention of HIV/AIDS in school settings and communities during. In the first year of activities, the project expects to reach 150,000 students in 150 schools. The program envisions reaching most students through small group interactions. The geographic focus of the program will be national. Pact will receive a list of schools where World Learning is implementing HIV prevention activities in primary schools to ensure that there is no overlap.

PTAs will be motivated using incentive awards to actively plan, manage and monitor HIV Prevention activities in schools and communities. Program activities will address the needs of young children including out-of-school children who are vulnerable to HIV. The project will provide BCC materials (already developed under other programs), bill boards, strengthening school mini-medias, support sport and drama events, World AIDS Day celebrations, community gatherings, and life skills trainings, peer education and counseling, and referral to health services. Girls will be given special consideration and their specific personal problems in mitigating harmful traditional practices (HTP) will be followed through with great involvement from the Girls Education Advisory Committees, female teachers and well known women from the community. At least 50% of the beneficiaries will be girls.
Pact will conduct supportive supervision visits to all of the schools on a regular basis to ensure that activities are moving forward and being implemented well. They will work closely with the other PEPFAR partners who are working in schools to try and standardize approaches and messages.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	640,000	

Narrative:

The goal of the HIV Prevention in Gambella project is to reduce the spread of HIV infection in Gambella Regional State, particularly among adults through the promotion of safer sex practices among high risk groups, including construction workers, truck and taxi drivers, boat operators, commercial sex workers (CSWs), seasonal laborers, vendors and youth.
Strategies under this project include using faith-based organizations and religious leaders to reach their communities and congregations, as well as peer educators selected from high risk groups to reach their counterparts. This process will involve building on existing training modules and IEC material developed for other target groups and further refining those materials based on language and specific contextual issues of Gambella region. Promotion of VCT will be a central part of outreach, with PACT working closely with Johns Hopkins University and government health posts and clinics to ensure access to mobile and stationary VCT services. PACT will also ensure that all target groups are provided with information related to accessing prevention services as well as available treatment, care and support

services across the region.
This project aims to build the capacity of local Ethiopian partners and communities to ensure more effective and sustainable prevention programming. Project objectives include increasing uptake of VCT services by faith-based communities and high-risk groups; improving information related to preventative services and follow-up treatment and care and support services available throughout the region; increasing condom uptake by high risk groups; and increasing risk perception of informal business operators (vendors, taxi/ truck drivers and boat operators), high-risk groups, and surrounding communities.
The project will reach 21,000 CSWs, construction workers, truck and taxi drivers, boat operators, seasonal laborers, vendors and youth, as well as 7,500 faith-based community members. The project also anticipates that taxi operators will be exposed to repeated messaging during trips.
M&E and Capacity Building Teams will provide assistance and oversight to ensure local partners understand how to monitor, report on, and evaluate their activities

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10564	**Mechanism Name: HIV Prevention for Vulnerable Adolescent Girls**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Council	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,740,000	
Funding Source	**Funding Amount**
GHCS (State)	2,740,000

Sub Partner Name(s)

Ethiopian Muslim Development Association	Ethiopian Orthodox Church Development and Inter-Church Aid Commission (EOC-DICAC)	Ethiopian Women with Disabilities National Association (EWDNA)

Nia Foundation	Organizations for the Protection and Rehabilitation of Female Street Children (OPRIFS)	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	30,000
Economic Strengthening	70,000
Education	100,000
Gender: Reducing Violence and Coercion	150,000
Human Resources for Health	65,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Mobile Population
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**10564**
Mechanism Name:	**HIV Prevention for Vulnerable Adolescent Girls**
Prime Partner Name:	**Population Council**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	400,000	

Narrative:

Adolescent girls, Early Marriage and Migration in Amhara Region and Addis Ababa
ACTIVITY UNCHANGED FROM FY2008
COP 2008 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 7,500 of the most vulnerable migrant girls will be reached in COP 2008 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	468,000	

Narrative:

Adolescent Girls, Early Marriage, and Migration in Amhara Region and Addis Ababa
ACTIVITY UNCHANGED FROM FY2008
46% of girls in Amhara marry by age 15, which makes them vulnerable to HIV infection and divorce. Early marriage is a predictor of divorce with Amhara having one of the highest rates of divorce in the world (Tilson and Larsen, 2000).
Girls who are exposed to early marriage are vulnerable because they tend to migrate into urban areas looking for a better future but often end up in low paying and exploitative domestic work or sex work, which make them susceptible to forced or transactional sex, resulting in negative reproductive health outcomes and exposure to HIV infection. A study in low income areas of Addis Ababa found that 45% of adolescent girls had migrated from rural areas; and the most common reasons given for migration were education, work, and to escape early marriage (Erulkar et. al. 2006). In addition, evidence suggests that girls who marry early may have an increased risk of HIV infection 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 sexual 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.

Orphan girls are more likely to marry early than non-orphans. Few programs, especially OVC ones, have addressed the specific needs of married adolescent girls, which includes the risk of migration to either escape early marriage or to make a new life after a 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. This activity will assist OVC programs to meet the specific needs of adolescent girls who have migrated without adult supervision to urban centers and will complement the continuing Population Council AB activity. It will be implemented in urban and peri-urban areas of Bahir Dar, Gondar, Debre Markos, Dessie, and Addis Ababa, which are along truck routes.
This activity will: 1) develop tools and training for OVC programs to meet the needs of adolescent girls who are escaping from early marriage; and 2) provide services and referrals to female OVC who have migrated to low income urban centers. Services to be provided include emotional and social support; non-formal education; HIV prevention information; livelihoods training (including financial literacy and entrepreneurship); referrals to post-rape counseling, health services, VCT, PMTCT, and ART. The 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.
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 FY 2008 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,872,000	

Narrative:

FY 2009 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 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.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10569	**Mechanism Name: TBCAP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Royal Netherlands TB Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 724,845	
Funding Source	**Funding Amount**
GHCS (State)	724,845

Sub Partner Name(s)

Management Sciences for Health	WHO ARV Stigma Reduction	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	474,845
Human Resources for Health	150,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Mobile Population

Budget Code Information

Mechanism ID:	**10569**
Mechanism Name:	**TBCAP**
Prime Partner Name:	**Royal Netherlands TB Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	724,845	

Narrative:

The new mechanism is expected to work on TB/HIV as one component through which it will strengthen the TB/HIV management and leadership capacity, XDR & MDR management, and the M&E system. To strengthen the TB/HIV management and leadership capacity, the project will provide high level technical and financial support to strengthen the national TB/HIV technical working group; strengthen TB/HIV leadership, through TA, to Regional Bureaus with poor performance, to improve TB/HIV coordination, collaboration and supervision; strengthen advocacy and communication on TB/HIV and XDR & MDR among policy makers and health care management at different levels; strengthen analytical and presentation skills among the TB staff; and increase the capacity of HIV/AIDS staff at various levels on TB. To strengthen XDR & MDR management, particularly of TB/HIV co infected patients, the project will strengthen the management of MDR-TB by training of National Tuberculosis Program (NTP) staff at national regional levels through convenient mechanisms; assist the NTP with scaling-up program management on (X) MDR, particularly in co-infected patients; support implementation of a national Infection Control strategy by renovating selected hospitals; and strengthen the lab referral network between TB/HIV and (X) MDR TB services. To strengthen the M&E system of TB/HIV and (X)MDR TB, TBCAP will train regional and district TB/HIV management staff on data management including analysis and use; procure computers in selected sites to strengthen their capacity to analyze and use the TB/HIV

data; provide TA to improve data flow between the different levels and improve the quality of this data; strengthen analytical skills regarding M&E and data among NTP staff at different levels; and strengthen presentation skills among the TB staff on data management. All activities will be done in collaboration with the MOH and other partner based on priorities set in HSDP. The new mechanism reports on the revised TB/HIV indicators directly related to TB based on lessons learned from COP 2009 for which there was no PEPFAR indicator.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10571	**Mechanism Name: Track 1**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Samaritans Purse	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 902,000	
Funding Source	**Funding Amount**
GHCS (State)	902,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	131,431
Education	131,431
Food and Nutrition: Commodities	131,431

Food and Nutrition: Policy, Tools, and Service Delivery	98,573
Gender: Reducing Violence and Coercion	98,574
Human Resources for Health	147,860
Water	98,574

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**10571**		
Mechanism Name:	**Track 1**		
Prime Partner Name:	**Samaritans Purse**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	902,000	

Narrative:

This project will both strengthen community coordination mechanisms and OVC households. The community structure consists of six Woreda OVC Committees providing leadership and coordination of activities and 30 OVC Support Groups. These structures identify OVC, develop individualized plans of needs-based care for each child and ensure coordination of services from partner agencies. The focus is building the capacity of this mechanism to utilize existing resources to ensure efficiency and sustainability.

Service provision at the household level falls under seven sectors, Education (school materials/uniforms to all OVC and tutorial classes); Healthcare (referral and support for OVC and specific caregivers to access services and prevention training); Food and Nutrition (referral of malnourished children, training of model caregivers and food assistance to the most vulnerable OVC); Psychosocial support (monthly events, home visiting, and life skills training); Legal (child protection training); Shelter/protection (temporary shelter for street children in Dilla and Yirgachefe); Livelihoods (vocation training and start-up kits for OVC ages 15-17 and caregiver self-help groups trained and assisted to access micro-finance).

SP Ethiopia has implemented this current OVC project since 2008. The project is reaching the target

number of beneficiaries with all services apart from legal assistance. Although legal assistance is much needed by OVC households, due to a change in Ethiopian law, NGOs are prohibited from engaging in legal assistance or advocacy. To overcome this challenge the project has partnered with local law enforcement offices, building their capacity to address issues of protection among OVC. The Quality Assurance Manager will ensure this project strives for excellence with sector officers providing quality best practice programming adhering to international standards. The project will be overseen in-country by the Regional Program Manager. In addition the OVC Africa Technical Advisor will provide support to the project.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10574	**Mechanism Name: Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of California at San Diego	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 6,222,236	
Funding Source	**Funding Amount**
GHCS (State)	6,222,236

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The University of California San Diego (UCSD) provides technical assistance in HIV prevention, care and treatment to the Uniformed Services of Ethiopia (USE), including the National Defense Forces of Ethiopia (NDFE), the Federal and Regional Police of Ethiopia, and the Federal and Regional Prison Administration.

UCSD signed a Memoranda of Understanding with the National Defense Forces of Ethiopia and the Federal Police of Ethiopia to support the coordination of its activities within the USE.
UCSD implements its program through collaboration with the Centers of Disease Control and Prevention Global AIDS Program (CDC-GAP), the Federal Ministry of Defense, Defense Health Department, the Federal Police and Prison Health Institutions, the Federal Ministry of Health, and the HIV/AIDS Prevention and Control Office (HAPCO).
UCSD's geographic coverage is country-wide since USE populations are deployed throughout the country, and currently supports 115 sites, of which 35 provide ART and comprehensive services, and 80 are HCT sites. Of those, 57 are defense sites, 17 are Police Hospitals/Clinics, and 41 are prison health centers. In addition to training of clinicians, UCSD partners with USE Colleges/schools and builds capacity through pre-graduate and postgraduate pre-service training. UCSD also provides technical assistance to these colleges to revise their curricula for health officers and nurses and the integration of major competencies of HIV/AIDS prevention, care and treatment programs into curricula.
UCSD's mission is to assist in establishing and strengthening sustainable programs for HIV prevention, treatment, and care for the USE by:
- Building human capacity for supporting HIV/AIDS care, prevention, treatment and support,
- Improving clinical and laboratory infrastructure,
- Providing technical assistance for the accelerated access of ART by those who need it, in a safe and sustainable manner, and
- Creating and strengthening a civil-military alliance in the areas of HIV prevention, control, care and treatment.

UCSD aims to achieve its goals through strengthening existing institutions, as well as helping create sustainable health services systems by focusing in select program areas. Program areas include ART scale-up activities (adult and pediatric), TB/HIV activities, PMTCT implementation, counseling & testing, palliative care activities (adults and pediatric), site-level data and laboratory support, strengthening STI and other prevention activities, pre-service education support and infection prevention activities.
UCSD's focus has been toward sustainability and fostering ownership of the program by the respective Uniformed Service sectors. To this end, the program has emphasized creating better integration and coordination among partners by providing familiarization workshops, training, review meetings for high-ranking medical and non-medical defense, police and prison administration leaders and involving them in the programs. security issues and the sensitive nature of the military require training of trainers and material support rather than direct interaction with those medical personnel in sensitive locations.
The overall strategy for the next phase will be to strengthen the program that has been created thus far by increasing their size, efficiency, quality, and independence from UCSD-E. UCSD will have emphasize program quality by creating capacity within the respective sectors so as to enable them to carry forth the program with decreasing intervention.

Specifically, strengthening USE educational institutions such as the Defense Health Science Colleges (DHSC) and the Police Nursing School will produce larger numbers of better trained providers. For example, "upgrading" programs such as NDFE's Health Officer to MD; Nurse to Heath Officer; and Junior to Upgrading Nurse courses are initiatives aimed at creating new and improved medical providers at multiple levels. UCSD will continue to improve the skills and confidence of our nurse/providers of ART who have begun to carry a large share of ART care through "task-shifting," but need continuing mentoring and support.

Local systems strengthening by supporting institutions is another such initiative, such as the Federal Police creating a regulatory body which would be responsible for all health-related decision-making; supporting the defense in formulating and implementing their long-term HIV/AIDS policy and strategy; and integrating UCSD- supported technical areas in each of the uniformed service institutions.

UCSD strengthens quality laboratory services within the different uniformed services through which services are delivered. Quality laboratory services are as described by strategic objectives in the lab master plan and implementation strategies devised through joint planning with EHNRI and RHBs. Training and WHO accreditation of laboratories will constitute key strategies for health system strengthening and ensuring sustainability.

In addition, cross cutting issues such as gender are an important aspect of UCSD's work.

UCSD has supported the creation of software which will better enable the uniformed service health institutions by better tracking patients as well as making qualitative information available for better assessment of the treatment program. In addition, a functional M&E structure with data flow and feedback mechanism is in place.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	122,417
Food and Nutrition: Policy, Tools, and Service Delivery	31,200
Human Resources for Health	2,366,327
Water	78,081

Key Issues

Military Population

TB

Budget Code Information

Mechanism ID:	**10574**
Mechanism Name:	**Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia**
Prime Partner Name:	**University of California at San Diego**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	320,600	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,698,481	

Narrative:

This is a continuing activity. The University of California at San Diego (UCSD) has supported implementation of ART to the uniformed services at 36 ART sites and three mobile ART units. Activities in COP10 include:

(1) Maintaining technical support to the ART sites in the uniformed services;
(2) Training healthcare workers from health facilities as a gap filling measure;
(3) Training undergraduate and newly trained medical personnel;
(4) Offering clinical mentoring activities to ensure program sustainability through ongoing capacity building;
(5) Working with teams of Defense Health Department, Command Health Services sections, and Division Health Services sections of the NDFE to build their supportive supervisory capacity;
(6) Improving referral linkages to minimize the number of patients lost to follow-up and improving adherence counseling, adherence support and quality of service delivery to optimize ART patient outcomes;
(7) Continuing 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) Addressing the human resource shortage by supporting the government's plan to taskshift and to promote a nurse-centered care model;
(9) Continuing human capacity-building activities by building an HIV/AIDS Resource Center;
(10) Promoting ART via media campaigns;

(11) Supporting PLHIV and others as peer advocates for ART;
(12) Strengthening the case management program;
(13) Supporting the full integration of Prevention with Positives Program in all ART clinics through ongoing training and supportive supervision;
(14) Supporting Continuing Medical Education (CME);
(15) Improving quality of care and treatment at inpatient departments;
(16) Strengthening the collaboration with MARCH projects of defense and police to address barriers to ART initiation, adherence and also promote ART service delivery sites.

Also under this activity in COP10, the partner will undertake basic function restoration (including ensuring consistent supplies of water and electricity) in selected USE care and treatment facilities. The partner being within PEPFAR will play its part in Global Health Initiative (GHI).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	907,668	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	74,261	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	523,842	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	200,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	125,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	100,000	

Narrative:

UCSD has been carrying out various activities to make IP part of routine facility level activity, including training for HCWs and non HCWs, awareness raising and advocacy, as well as developing IP hospital management and SOPs in collaboration with the national TWG. UCSD has also focused on TB ward ventilation and MDR/XDR TB prevention activities.
In COP 10, UCSD will continue its support focusing on capacity building, sustainability and quality improvement of IP practices. Activities will include:

• Support National Defense Force of Ethiopia (NDFE) industry department for local production of some IP materials;
• Purchase and distribute IP materials to 115 health facilities and ensure their proper usage;
• Conduct pre-service training for medical students of the USE colleges with special emphasis for environmental health students;
• Organize onsite and offsite trainings for health care workers and non-health professionals working in the health facilities;
• Create pools of IP trainers in USE by providing ToTs for health professionals working within the defense health department, referral and command hospitals;
• Closely work with defense disease prevention and control unit to build their capacity through trainings, mentoring, supportive supervision, and provision of office and supervision materials. The defense disease prevention and control unit together with sanitation departments of the hospitals will be the focus area of technical and material support to make IP activities sustainable;
• Conduct regular supportive supervision and support IP committees at health facility level;
• Conduct regular review and experience sharing meetings on IP program implementation;
• Update and distribute various IEC/BCC materials;
• Continue to work on ventilation of TB wards and complement the MDR/XDR TB prevention activities of TB/HIV program;
• Continue local capacity building on maintenance of laundry machines and autoclaves by training technicians and responsible workers.
• Expand UCSD comprehensive IP activities to 76 sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVAB	15,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	135,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	500,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	290,584	

Narrative:

The University of California at San Diego will support the facilities in its charge to attain and maintain minimum standards set by EHNRI. In FY10, UCSD's laboratory support will include:

• Strengthening site-level laboratory quality systems, including EQA/PT panel distribution, standard operational procedures (SOPs) preparation and revision, implementation of standard documentation and recording formats.

• Providing supportive supervision, coaching and mentorship to ensure the delivery of high-quality laboratory services as well as systems strengthening, skills transfer, capacity development, and process improvement for accreditation of hospital laboratories.

• Providing technical support for uninterrupted laboratory services at all ART sites which entails assisting with the development, implementation and enhancement of laboratory inventory systems in the hospital networks and ensuring availability of reagent supplies at all sites.

• Building capacity and carrying out minor renovation and refurbishment of facility-level laboratories to improve laboratory organization, layout and work flow, specimen management, testing procedures, standard documentation, record keeping and reporting, stock and inventory management.

• Conducting Standardized trainings using nationally-approved curricula which will include HIV rapid testing, HIV disease monitoring (hematology, clinical chemistry, and CD4), TB smear microscopy, and common OI and STIs diagnosis.

• Establishing systems for specimen collection and referral linkages at health centers and/or peripheral

hospitals, transportation to nearby laboratories, sample tracking, result reporting and expansion, and sustainability and quality of LIS in UCSD-supported sites.
• Providing TA to the early infant diagnosis program and establishing viral load testing facilities, establishing HIV DNA PCR testing capacity at Armed Forces General Teaching Hospital and viral load and TB culture testing at selected facilities as planned by EHNRI.
Supporting three laboratories for accreditation using the WHO-AFRO accreditation scheme.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	331,800	

Narrative:

UCSD will implement its TB/HIV program in line with MOH and OGAC priorities. UCSD will emphasize TB infection prevention (IP), intensified TB case finding and IPT implementation. TB IP will be factored into renovations and refurbishments of health facilities. As a member of the national MDR-TB TWG, UCSD will support MOH's MDR management initiative, both the pilot program at St. Peter's Hospital and the regional expansion plan. To strengthen facilities' TB/HIV HMIS, UCSD will provide training, supportive supervision and mentorship. UCSD will also assist with national and regional review meetings.
UCSD will give more emphasis to pediatric TB diagnosis and TB/HIV co-management. The pediatric TB screening tool and IPT algorithm will be used to evaluate HIV exposed and infected children. UCSD will strengthen PITC for TB patients and refer of eligible co-infected children and adults to HIV services. UCSD will also collaborate with MOH, EHNRI and CDC to establish and strengthen TB culture capacity and initiate MDR-TB management at a uniformed services hospital in Addis Ababa.
UCSD will improve and enhance programs in the existing 35 sites, including prison health facilities with the objectives of reducing the TB burden in people with HIV and vice versa. UCSD will strengthen intensified TB case-finding through screening of people at-risk of HIV and referrals to prompt diagnosis and treatment. TB screening will be established at four regional prisons based on experience from the pilot program at the Central prison. Outreach TB case finding activity will occur at remote police and military camps using mobile teams of clinical and laboratory staff.
TB diagnostic capacity of labs and personnel will be improved through training and supportive supervision. Fluorescent microscopy to diagnose TB will be expanded from four to eight sites. UCSD will support the efforts of MOH, FHAPCO, and CDC to improve TB diagnosis; IPT will be given to eligible adult and pediatric HIV patients. UCSD will help sites establish IP strategies including QA, training, health education, and provision of supplies. UCSD being within PEPFAR will play its part in Global Health Initiative.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10582	Mechanism Name: Nutrition Technical Assistance
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 687,000	
Funding Source	**Funding Amount**
GHCS (State)	687,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

HIV can cause or aggravate malnutrition through reduced food intake, increased energy needs, or poor nutrient absorption. Malnutrition can hasten the progression of HIV and worsen its impact by weakening the immune system, increasing susceptibility to opportunistic infections and reducing the effectiveness of treatment. There is evidence that malnutrition increases the risk of mortality among clients on ART as well as clients who are not on ART. Food and nutrition interventions help to break this vicious cycle by improving immune response, management of symptoms, response to treatment, nutritional status, and quality of life and productivity.

FANTA-2 works with PEPFAR implementing partners and the MOH/FHAPCO to integrate food and nutrition components of care and treatment services. The goal of FANTA-2's work is to improve the quality, reach, and impacts of HIV services by addressing the food and nutrition needs of PLWHAPLWHAA and OVC in conjunction with ART and care services. In particular, this activity supports scale up and quality improvement of nutrition assessment, education and counseling, and provision of therapeutic and supplementary food products for clinically malnourished PLWHAPLWHAA and OVC. FANTA-2 technical assistance to FHAPCO/MOH and updating of guidelines and training materials will be at the national level. Training and other technical assistance to implementation of integrated clinical nutrition care at health centers supported by PEPFAR will be in the five regions with higher prevalences of HIV: Oromiya, Amhara, SNNPR, Tigray and Addis Ababa. This activity links to ART and clinical care activities and to the Food by Prescription program.

The activity builds on and scales up work carried out in COP 2008 and COP 2009 to establish and roll out clinical nutrition services for PLWHAPLWHAA at hospitals and health centers and develop resources for pre-service training of health care professionals and resources for introducing nutrition into community and home-based care services. Under COP 2010 FANTA-2 will continue strengthening FHAPCO/MOH capacity and coordination of nutrition and HIV services; update national training materials, provider and client support materials and as needed guidelines on nutrition and HIV; train 500 health care providers in integrated clinical nutrition care for PLWHAPLWHAA; support supervision, mentorship, and M&E for nutrition and HIV; build on efforts initiated under COP 2008 and 2009 to expand and strengthen quality assurance and quality improvement systems for nutrition and HIV activities; using materials adapted under COP 2009, FANTA-2 will work with the MOH and PEPFAR IPs to integrate nutrition into community-based HIV care and support services; using the pre-service materials developed under COP 2009, FANTA-2 will support training of health professionals in colleges and universities in nutrition and HIV; work with PEPFAR partners to strengthen the design of activities aimed at improving access to food among HIV-affected households and links between clinical and food security services.

Integration of nutrition into client flow, health management information systems, and clinical protocols strengthens the broader health system by helping to routinely and more comprehensively address malnutrition, which is a significant problem among PLWHAPLWHAA and OVC in Ethiopia and which significantly increases mortality risk.

The entire activity supports the cross-cutting area of Food and Nutrition: Policy, Tools, and Service Delivery. While many parts of the activity support provision of nutrition commodities, the activity does not directly support procurement and distribution of commodities. Several aspects of the activity support Human Resources for Health. Training, mentoring, and quality assurance and quality improvement efforts in nutrition and HIV at facility and community levels all serve to strengthen human resources by improving the capacity of health care providers in nutrition care of PLWHAPLWHAA and OVC.

The activity involves working with FHAPCO/MOH to incorporate nutrition-related indicators into the national M&E system for HIV services. Data will also be collected on the results of this specific activity, e.g. people trained, materials developed, etc.

The activity will contribute to the sustainability of nutrition interventions by building the capacity of FHAPCO/MOH and regional health bureaus, by training trainers to be available to train others on an ongoing basis. Integrating nutrition interventions into existing care and treatment services is a cost efficient approach because new service delivery structures are not needed and existing services will yield better results. Supporting scale up of nutrition and HIV services will make these services more cost efficient due to economies of scale for training, coordination, and distribution of materials.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	687,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10582**
Mechanism Name:	**Nutrition Technical Assistance**
Prime Partner Name:	**Academy for Educational Development**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	687,000	

Narrative:

FANTA-2 will support the HIV/AIDS Prevention and Control Office (FHAPCO), Federal Ministry of Health (MOH) and PEPFAR implementing partners (IPs) in scaling up and improving the quality of clinical nutrition care for PLWHAA in the five regions with higher prevalence of HIV: Oromiya, Amhara, SNNP, Tigray, and Addis Ababa. The activity will not directly support provision of nutrition services or food commodities to clients.

FANTA-2 will strengthen FHAPCO/MOH capacity and coordination through continued placement of a nutrition and HIV specialist within the MOH and technical assistance to the nutrition and HIV subcommittee under the national palliative technical working group.

FANTA-2 will also train 500 health care providers from health centers and possibly hospitals in integrated clinical nutrition care for people living with HIV/AIDS (PLWHAA), in collaboration with PEPFAR IPs. The project will also use materials adapted under COP 2009, and in collaboration with MOH and PEPFAR IPs, to integrate nutrition into community-based HIV care and support services.

Building on efforts initiated under COP 2008 and COP 2009, FANTA-2 will expand and strengthen quality assurance and quality improvement systems (QA/QI) for nutrition and HIV activities, including expansion of QA/QI to community settings and incorporation of nutrition into existing QA/QI systems.

FANTA-2 will update national guidelines, training materials, and provider and client support materials to address recent developments and integrate emerging evidence on nutrition care for PLWHAA. The program will also develop and print a pocket guide to clinical nutrition care for PLWHAA for use in clinical and community settings.

Using the pre-service materials developed under COP 2009, FANTA-2 will support training of health

professionals in colleges and universities in nutrition and HIV. It will also support the MOH in developing registers and reporting formats to assist in integrating nutrition indicators and data collection into routine M&E systems. The project will support continued incorporation of nutrition into support supervision and mentoring training and other activities, including through training of mentors and direct support visits by FANTA-2.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10586	**Mechanism Name: MULU Prevention Program for At-Risk Populations I (MULU I)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	Redacted
Education	Redacted
Food and Nutrition: Commodities	Redacted

Food and Nutrition: Policy, Tools, and Service Delivery	Redacted
Human Resources for Health	Redacted

Key Issues

Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**10586**
Mechanism Name:	**MULU Prevention Program for At-Risk Populations I (MULU I)**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10588	**Mechanism Name: Strengthening the Federal**

	Level Response to Highly Vulnerable Children
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This new program will be a follow-on OVC program to the Positive Change: Children, Communities, and Care (PC3) Program. The end date of PC3 was extended through September 2010. USAID intends to solicit a request for application and make a new award before PC3 ends. The new program will be funded with COP 2009 and COP2010 funding to maintain support to an anticipated 110,000 OVC currently being served under PC3. In addition to those beneficiaries, the new project will pick up an additional estimated 115,000 OVC in the first year of the program for a total number of OVC served at 225,000.

The design of the new program is currently underway and procurement sensitive. The geographical focus may be extended to all regions of Ethiopia with a focus on urban and hotspot areas with high HIV prevalence, especially those areas that are not currently being served by an OVC program. In order to most effectively reach the greatest number of OVC, including children living with HIV, a family-centered care and support approach will be a key focus. Keeping parents alive and economically viable and children free from HIV is a major objective.

A great deal of attention will be paid to ensuring that this new program will continue the excellent work begun under PC3 – adopting the wide array of developed guidelines, tools, and materials. There will be a continued focus on sustainability, capacity building of government and civil society, as well as strengthening of referrals, families, and community volunteers to care for OVC. 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. The work with psychosocial counselors, volunteers, Health Extension Workers, and Kebele-Oriented Outreach Workers is noted as a key issue under Human Resources for Health. Other key issues that the program will address will be food, economic strengthening, and education which are three services the program will

aim to provide for some of the vulnerable children and families supported by the program. Additional services include referral to health care, psychosocial support and counseling, housing, and legal protection.
PEPFAR Ethiopia has begun conducting OVC costing exercises. The new OVC program will continue to train and disseminate the OVC Quality Standards that have been endorsed by the Government of Ethiopia. The program will also attempt to better address standardizing OVC services and reporting across PEPFAR partners. Currently, the program design has budgeted $15 per child – which is a loaded estimate that will need to be further explored. A big focus will be on resource mobilization at the community level with technical assistance provided for grant-writing and fund-raising.
This new project will work closely with other on-going efforts around community health management information systems. Technical assistance will be provided to local partners and community groups to improve their ability to monitor child welfare and collect and report data at the community level.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	Redacted
Education	Redacted
Food and Nutrition: Commodities	Redacted
Food and Nutrition: Policy, Tools, and Service Delivery	Redacted
Human Resources for Health	Redacted

Key Issues

Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**10588**

Mechanism Name:	Strengthening the Federal Level Response to Highly Vulnerable Children
Prime Partner Name:	TBD

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

This new project is currently under design and procurement sensitive. The major activities that will be supported under the new program include: capacity building efforts with local, regional, and federal government agencies supporting vulnerable children, as well as community organizations and families; provision of quality household-focused service delivery; and development of improved data management and use for OVC activities. The main strategies will be working closely with government, local partners, community organizations, and children to improve policies and programs for vulnerable children and their families.

This project will extend to all regions of Ethiopia with a focus on gap-filling and addressing previously underserved areas with higher HIV prevalence while maintaining support to current beneficiaries under PC3. In addition to targeting children aged 0-17, the program will also aim to reach parents, grandparents, and other family members who are caring for OVC to ensure they have the resources and support. The program will work to ensure local partners and families can provide the seven basic services as needed for the OVC. There will be greater attention paid to HIV+ families and their special needs and health issues. The project will also aim to better link beneficiaries to family planning, maternal and child health services as well as HIV care and treatment services. There will be renewed efforts on strengthening linkages between the community and clinical providers and improving the quality of the service being provided to vulnerable children and families.

The program will aim to reach 225,000 children below the age of 18 and 56,000 adult caregivers over the age of 18 with care and support services. An estimated 65% of the total number of beneficiaries (281,000) will be female given the fact that there are more female-headed households in Ethiopia. An estimated 7% of extremely vulnerable families will receive food and nutritional support while others will be referred to other support programs such as the WFP or DAI activities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10592	Mechanism Name: Maternal and Child Health Wraparound
Funding Agency: U.S. Agency for International	Procurement Type: Cooperative Agreement

Development	
Prime Partner Name: Pathfinder International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHCS (State)	1,000,000

Sub Partner Name(s)

Acamedy for Educational Development (AED)	Consortium of Reproductive Health Agencies (CORHA)	John Snow, Inc.

Overview Narrative

Ensuring programmatic integration within Integrated Family Health Program (IFHP)

The activities in support of PMTCT are conceived as activities that fully integrate within the overall FP and MNCH mandate of the project and that rely on strategies and approaches formulated in the work plan and approved by USAID and MOH. This integration is achieved by considering antenatal care as the overarching service delivery framework and by considering attention to maternal and newborn health, to specific HIV/AIDS prevention in mother and child and to birth spacing or prevention of unwanted pregnancies as essential and non exclusive components of quality and focused antenatal care.

Structuring IFHP teams in support of functional integration

The IFHP organogram reflects the emphasis of the original RFA to merge two existing programs: FP/RH and MNCH. The introduction of HIV/AIDS interventions that go beyond integration of FP in HIV/AIDS prevention and treatment interventions require different IFHP staff to work in novel coordination structures.

Two Deputy Technical Directors will jointly coordinate the planning and implementation of the combined ANC, PMTCT and FP interventions. Their teams consist of the HIV/AIDS Advisor, the RH/FP Advisor, the Maternal Health Advisor, the CH and Nutrition Advisor, the Adolescent Sexual and Reproductive Health Advisor, the Gender and Harmful Traditional Practices Advisor, the Community Mobilization Advisor, the BCC Advisor and the Systems Strengthening Advisor.

At regional level, the relevant officers (HIV/AIDS/ASRH, MNCH and FP/RH Officers) work together under leadership of the Regional Manager. Cluster coordinators and field officers, in collaboration with IPO program officers, will provide day to day technical support to facilities and community level implementation of ANC, PMTCT and FP (training, supervision and follow up of service providers and

volunteers; supply of FP commodities and job aids).
Collaboration with PEPFAR partners
The suggested activities of Prong 3 (Prevention of Mother to Child Transmission) will be implemented in collaboration with other PEPFAR partners in the regions.
In regions where HIV Care and Support Porgram (HCSP) is the main partner, IFHP focus will be on support to focused antenatal care and integration of FP with HIV services. In Amhara and Oromia where IFHP continues the Intra Health support, the full range of ANC, PMTCT and FP support is provided. With regard to PMTCT, it includes health center based HIV/AIDS counseling and testing and provision of ARV prophylaxis, follow-up of exposed infants and early infant diagnosis.
During the transition of PMTCT sites from IntraHealth to IFHP, support has been given to filling the gaps in staff training, supportive supervision, review of job aids and other materials. Subsequently, technical assistance will continue through training, system strengthening, and mentorship of the comprehensive PMTCT services by IFHP and the Capacity Project.
Consultant mentors on PMTCT will be deployed every quarter from respective nearby hospitals to the operational health centers in coordination with regional HIV/AIDS program officer, cluster coordinators, and zonal health offices
IFHP will collaborate with partners who ensure availability of commodities and supplies required for the implementation of the program: HCT test kits, ARVs for PMTCT. For contraceptives, IFHP already has a system in place.
The overall IFHP result framework is integrative of PMTCT activities. Below are the key result areas: Result 1: Improve health practices at the household and community level. Activities will refer to PMTCT and other HIV prevention methods. Result 2: Improved availability and quality of services, information and products. Activities will refer to PMTCT and other HIV prevention methods. Result 3: Key elements of health system. Activities will refer to PMTCT and other HIV prevention methods. Result 4: Systematic program learning to inform policy and program investment.
Health related wraparounds: Family planning and reproductive health: Expand access to high-quality voluntary family planning services and information, and reproductive health care. This element contributes to reducing unintended pregnancy and promoting healthy reproductive behaviors of men and women, reducing abortion, and reducing maternal and child mortality and morbidity.
Gender: Addressing gender and issues of harmful traditional practices at policy, community and facility level. Integrating gender concerns into various thematic areas.
Malaria: Support the implementation of the President's Malaria Initiative (PMI) to reduce malaria-related mortality.
Maternal, newborn and child health: Increase the availability and use of proven life-saving interventions that address the major killers of mothers and children and improve their health and nutrition status, including effective maternity care and management of obstetric complications; prevention services including newborn care, routine immunization, polio eradication, safe water and hygiene, and

micronutrients; improved maternal, infant and young child feeding; and treatment of life-threatening childhood illnesses.
PMTCT activities which will be implemented in Amhara and Oromia regions. The target population is pregnant women in catchment areas. IFHP will utilize the comprehensive M&E tools developed for other activities and National HMIS system. The M&E tools also address data quality and there is a quality assurance program in place.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	750,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**10592**		
Mechanism Name:	**Maternal and Child Health Wraparound**		
Prime Partner Name:	**Pathfinder International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	1,000,000	
Narrative:			
IFHP will support facility-based PMTCT interventions at 16 health centers (HCs) in Amhara Region and 21 HC in Oromia Region. The program addresses all four PMTCT prongs and emphasizes capacity building of healthcare providers to provide PMTCT services in an integrated manner at predominantly low prevalence sites. FP/SRH, MNCH and PMTCT will be integrated and provided as one service. IFHP,			

through its strong community networks, will also strengthen focused ANC/infant feeding and establish/strengthen linkages with community services, such as nutrition programs. Community facility linkages as well as support groups like Mother Support Groups (MSG) will promote follow up of mother-infant pairs, access to EID, linkages to postnatal care and male involvement. Linkages through referral to HIV care/support for HIV-positive women and exposed children to pediatric and OVC programs will be taken to scale. At Healtb centers (HCs), ANC group counseling with opt out, rapid testing and same day results will be provided. CT as well in labor and delivery (L&D) and postnatally. The ARV regimen will include single-dose nevirapine (sdNVP) where no other alternatives are possible, AZT from 28wks and 3TC and sdNVP in L&D at these low prevalence sites. FP integration into PMTCT will be promoted by IFHP as its area of comparative strength (FP commodities will be supplied by IFHP). FP will be linked to facility-based youth activities. IFHP will promote use of review meetings for HEWs, and other volunteers to provide health workers and other agents with updates on Sexual and reproductive health (SRH), MNCH and PMTCT. This will equip them to influence healthcare seeking behaviors at the household level, resulting in increased referrals to health centers. Training of health care providers on PMTCT, FP/HIV service integration and syndromic management of STIs will be done using the national curriculum as well as ongoing retraining of PMTCT providers to ensure provision of more efficacious ARV regimens. Through integration of FP in HIV care services in 34 health facilities in Amhara, 30 facilities in Oromia, 20 health facilities in SNNP, and 25 health facilities in Tigray, it is hoped that FP needs of HIV infected women will be addressed reducing the number of unwanted pregnancies. These are sites where ART, HCT, CHBC are part of the service package.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10598	**Mechanism Name: Implementation Support for HIV/AIDS ART Program through Local Universities in the Federal Democratic Republic of Ethiopia under PEPFAR**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Haromaya University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 100,050	
Funding Source	**Funding Amount**
GHCS (State)	100,050

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Haromaya University (HU), a large university serving eastern Ethiopia, is a major contributor to skilled health workforce development for the region, as well as the rest of the country. The HU 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. Originally an agricultural college in the countryside, the Faculty uses public hospitals in nearby Harar (1,900 patients on ART as of October 2009), the capital of Harari region, for clinical teaching and practical work.

HU has received support in specific and targeted in-service training programs in the areas of HIV/AIDS, tuberculosis, and sexually transmitted infections. 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 fully participate in the national response to the challenges posed by the HIV/AIDS pandemic.

HU 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.

HU secured direct support from PEPFAR Ethiopia by signing a 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.

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 HU 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. HU 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.

HU, 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 HU 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.

In addition to the support to HU through CU, direct USG funding to an indigenous governmental partner like HU simultaneously optimizes cost-efficiency and promotes sustainability. Monitoring and evaluation is approached through the CoAg review process, regular sites visits, and through other partners' interactions with hU to triangulate information.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	40,000

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**10598**
Mechanism Name:	**Implementation Support for HIV/AIDS ART Program through Local Universities in the Federal Democratic Republic of Ethiopia under PEPFAR**
Prime Partner Name:	**Haromaya University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HTXS	100,050	

Narrative:

This activity has had a significant budget increase. Haromaya University (AU), a university in the eastern part of Ethiopia, is a major contributor to skilled health workforce development for the region and 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.

HIV/AIDS-related initiatives have been spearheaded by the Faculty of Health Sciences and they are currently being introduced in other departments 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.

HU is strengthening its HIV/AIDS-related services to students and staff of the university. With support from Columbia University (ICAP), a PEPFAR Ethiopia partner, it is training health workers to staff its health services and the teaching hospital in Harar. The university will further consolidate its HIV/AIDS initiatives to provide support to four regions of the country – Oromiya, Harari, and Somali Regions and the Dire Dawa Administrative Council.

For this university to establish itself as a long-term technical support center, managerial and leadership capacities need to be expanded. 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. HU 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. The partner being within PEPFAR will play its part in Global Health Initiative (GHI).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10599	**Mechanism Name: Twinning Initiative**
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Health Resources and Services Administration	
Prime Partner Name: American International Health Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,071,328	
Funding Source	**Funding Amount**
GHCS (State)	2,071,328

Sub Partner Name(s)

AAU-Faculty of Medicine/University of Wisconsin, Madison	AAU-School of Pharmacy/ Howard University	AAU-School of Social Work/Jane Adams School of Social Work
AIDS Resource Center/ University of California- SF	Ambo Hospital/Jersey Shore University Medical Center	Debrebirhan Hospital/Elmhurst Hospital Center
Liverpool VCT and Care	TBD	Vision for Development

Overview Narrative

Mechanism Narrative:

The American International Health Alliance (AIHA) -- through a cooperative agreement with the US Department of Health and Human Services' Health Resources and Services Administration (DHHS/HRSA) -- has established an "HIV/AIDS Twinning Center" (AIHA-TC) to support partnership and volunteer activities as part of the implementation of PEPFAR.

The goal of AIHA-TC is to strengthen human and organizational capacity for scaling up HIV/AIDS prevention, care and treatment services in Ethiopia. Through twinning partnerships, volunteers, and supportive assistance programs, the Twinning Center (TC) contributes significantly to strengthening the health system in Ethiopia and improving service delivery. AIHA works in close collaboration and partnership with the MOH, local universities, US partners and local organizations.

AIHA has been working in Ethiopia for three years and currently facilitates seven partnerships at hospital, community and educational institutions. They are:

- ARC/University of California, San Francisco
- AAU School of Pharmacy/Howard School of Pharmacy
- AAU Faculty of Medicine/University of Wisconsin, Madison
- AAU School of Social Work/Tanzania Institute of Social Work/University of Illinois, Jane Adams College

of Social Work (Triangular partnership)
- Debre Berhan Hospital/Elmhurst Hospital Center
- Ambo Hospital/Jersey Shore University Medical Center
- National HAPCO/LVCT Liverpool

The Volunteer Diaspora Initiative has placed 42 highly qualified mostly Ethiopian-American volunteers at hospitals, health facilities and non-governmental organizations. All of the twinning projects are largely voluntary and term-limited in nature with partner institutions that are committed to achieving goals and objectives in a cost-efficient manner. Their contribution to health systems strengthening is more targeted than other implementing mechanisms since the individual projects are well-negotiated and focused on a specific problem in advance of implementation.
AIHA-TC partnerships, and the volunteer program, focus on building health system capacity and developing local institutional ability to provide quality ART services, in collaboration with other USG-implementing partners. USG partners executing the ART services report on the number of individuals receiving HIV clinical services, such as care/ART; thus, the twinning partnerships and volunteer program will report on the number of institutions providing services and the number of service providers trained, to measure the effect of the TC Program on sustainable strengthening of HIV/AIDS ART services in Ethiopia.
AIHA's VCT partnership will focus on strengthening Quality Assurance strategies and are implemented at the national level.
Activities put into operation through the TC strengthen national human resource development covering all areas related to HIV/AIDS and other health issues. The Twinning Center's monitoring and evaluation framework focuses on monitoring & evaluation efforts on three levels: individual partnership, cross-partnership, and program-wide. Progress toward the overall TC project goals and objectives will be measured periodically using the specified indicators and a variety of data collection approaches across the three levels. At the individual partnership level the focus will be on monitoring the successful achievement of measurable objectives and activities as outlined in the partnership workplans. Work plans are developed in line with PEPFAR goals and activities and are implemented on previously agreed upon timelines, which are reviewed periodically with stakeholders. Cross-partnership evaluation will focus on identifying outcomes across partnerships working in similar technical areas. Finally, the program-wide evaluation will focus on the broader outcomes of the partnerships and the impact of the Twinning Center as it relates to sustained human and organizational change which in turn will enhance service delivery.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,100,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10599**
Mechanism Name:	**Twinning Initiative**
Prime Partner Name:	**American International Health Alliance**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	150,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,921,328	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10600	**Mechanism Name: EPHTI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Carter Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 677,120	
Funding Source	**Funding Amount**

GHCS (State)	677,120

Sub Partner Name(s)

Addis Ababa University	Defense University	Gondar University
Haramaya University	Hawassa University	Jimma University
Mekele University		

Overview Narrative

The Ethiopian Public Health Training Initiative II has been implemented since the year 2005 as an Accelerated Health Officers Training Program (AHOPT) mandated by the Government of Ethiopia to train 5,000 health officers to support the primary health care delivery system. The program is ending in September 30, 2011, and the objectives for the COP 2010 are: (1) To establish a system through which the program can continue administratively and technically until the last group of students graduate in 2011; (2) To ensure health officers graduate with a core set of practical skills and a sustainable system is in place by the end of the project period; (3) To monitor the database of post-basic students' profiles to facilitate follow-up of progress in school and after deployment.

The program is implemented by the Carter Center, which has been an implementing partner for USAID Ethiopia for the past 10 years. The project is implemented in seven Universities (Jimma, Mekelle, Gondar, Addis Ababa, Haramaya, Hawassa, and Defense Universities) distributed all over the country.

This project has provided support in the key element of development of human resources for health and strengthening of the quality of primary health care with emphasis on maternal and child health, family planning, prevention and control of diseases such as HIV/AIDS, tuberculosis and malaria, and promotion of health and clinical services.

The project has helped bring together the Ministry of Education and Ministry of Health and created a platform of partnership and collaboration for supporting human resources for health. AHOPT has introduced a unified approach of training of health professionals in Ethiopia.

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 Ethiopian Public Health Training Initiative 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.

The Carter Center has trained health officers that are candidates for advanced training in obstetrics/gynecology, as well as general surgery. The three-year master's level training is being implemented at four universities (Jimma, Gonder, Mekele, and Hawasa), and is going to support major reductions in the maternal mortality rate. Graduates are expected to be deployed at district hospitals,

where emergency obstetric care is provided. Approximately 12-20 health officers are being 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.
The training program addresses cost efficiency in local universities and non teaching hospitals are used as training sites. It also makes use of existing education system and facilities. Students are also sent to the community for practical attachment that enables them to receive valuable education while providing primary health care services.
The overall training and deployment activities are monitored through a database, supportive supervision and regular meetings with higher level program councils at the national level. This monitoring and evaluation scheme is reported in the annual performance monitoring plan.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

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

Budget Code Information

Mechanism ID:	**10600**

Mechanism Name:	EPHTI		
Prime Partner Name:	Carter Center		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	677,120	

Narrative:

The Ethiopian healthcare delivery system suffers from low capacity in terms of healthcare service coverage for the majority, addressing quality and a shortage of human resource. The Accelerated Health Officer Training Program (AHOTP) addresses the issue of ensuring qualified health professionals in response to the plan of the Government of Ethiopia to increase health services coverage through the construction of additional health facilities. AHOTP trains, graduates, and deploys health officers to the areas where the health service need is high.

The program links health services quality and training institutions capacity to answer to the needs of the country. Due to this program non teaching affiliated health facilities have received the necessary inputs for their routine activities as intentional spill-overs.

The supports to this program come from USG and through collaboration with other USG partners the program has benefited substantially. These benefits are sharing experience, providing students with additional training and updating them with new protocols and standards.

This program has a strong support from the Government of Ethiopia through the joint effort of two ministries namely Ministry of Health and Ministry of Education. It is managed through a council represented by high officials from the Universities and the two Ministries.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10601	**Mechanism Name: Addis Ababa University - Strengthening HIV/AIDS, STI & TB Prevention, Care & Treatment Activities**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Addis Ababa University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 531,688	
Funding Source	**Funding Amount**
GHCS (State)	531,688

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Addis Ababa University (AAU) continues strengthening HIV/AIDS, STI, and TB prevention, care and treatment activities within the AAU community in COP 2010 to avert new HIV infections and serve the campus and city with services for comprehensive care and treatment. AAU plans to continue reaching 30,000 academic students primarily in the age range of 18 to 24, and 5,000 acadamic and administrative staff in the age group of 25 to 49 through HIV/AIDS prevention and care and treatment programs in Addis Ababa and nearby towns. With this direct funding in COP 2010, AAU plans to train 4,000 students in AB/OP sexual prevention, including mainstreaming a male gender norms initiative and gender based violence. In addition, AAU plans to engage 400 students through their HIV/AIDS certificate curriculum training to work on community outreach programs to reach a larger audience with AB and OP messages, and motivate service uptake of STI treatment and ART.

Benefiting from this direct funding, AAU uses different strategies to achieve the overall objective of the project. AAU uses Modeling and Reinforcement to combat HIV/AIDS (MARCH), HIV/AIDS certificate curriculum training, tailored IEC/BCC material production, workplace HIV/AIDS intervention, and national capacity building through pre-service training to graduating health care students. AAU strives to create an effective link between behavioral change communication programs and prevention commodities such as condoms, VCT, STI, and comprehensive HIV care/ART services. Housing a large teaching hospital, a strong and effective referral system for the AAU community to access comprehensive services is also a priority. As of October 2009, AAU's referral Black Lion Hospital had 2,600 patients currently on ART.

As part of a broader strategy, the MARCH approach is employed to shape student behavior using an entertaining and engaging printed serial drama showing the benefits of positive and responsible sexual behaviors, and the negative consequences of irresponsible and unsafe sexual practices. Lessons-learned from the evaluation of the MARCH program conducted by the National Defense Force will also be applied to AAU in 2010. Students completing a 64-hour certificate training serve as reinforcement agents around MARCH and organize community outreach programs every month. Community outreach activities create opportunities for community dialogue to reinforce positive characters in the printed serial drama, and to link new service seekers with STI, HCT, ART and other related services. Tailored and evidence-based IEC/BCC materials, serving as glue between service seekers and HIV-related services, accelerate the

behavior change among students, academic and administrative staff. Under this activity culturally sensitive and tailored IEC/BCC material such as posters, brochures, leaflets, and news letters are to be produced and properly disseminated to reach target audiences. Capacity building to graduating health care students and direct technical assistance to the Ministry of Health contributes to national sustainably to address HIV/AIDS. Implementing workplace HIV/AIDS helps to reach academic and administrative staff in a distinctive manner for their unique environment. This workplace HIV/AIDS program trains AAU management staff, faculty and department heads in managing potential and existing problems related to HIV/AIDS in the AAU workplace. In COP 2010, AAU plans to create a synergistic communication among the different stakeholders in the university to link behavior communication programs with prevention commodities, HIV testing and STI and ART treatment options.

As a historical and leading Ethiopian academic institution, AAU is one of the main contributors to development of the health workforce through its contribution to national policy development and strategic planning, its large and wide range of pre-service programs for all health cadres, its contributions to local science, and its advanced degree programs that create the next generation of health system leaders and educators. AAU hosts a broad range of other PEPFAR-supported efforts including Johns Hopkins University (JHU) support for care/ART and human resources for health (HRH), Ethiopian Public Health Agency (EPHA) support for community mortality surveillance, a TBD mechanism for a new Master's in Hospital and Health Management, the MPH in the Field Epidemiology and Laboratory Training Program through EPHA, CDC, and the Ethiopia Health and Nutrition Research Institute (EHNRI), laboratory technologist training, a Master's in Biostatistics, and a new degree program in biomedical engineering. The Minister of Health chairs the governing board of the College of Health Sciences that oversees a broad range of medicine, nursing, pharmacy, laboratory, veterinary, and public health institutions contained within AAU.

In addition to the support to AAU through a range of partners, direct USG funding to an indigenous governmental partner like AAU simultaneously optimizes cost-efficiency and promotes sustainability. Monitoring and evaluation is approached through the CoAg review process, regular sites visits, and through other partners' interactions with AAU to triangulate information.

Cross-Cutting Budget Attribution(s)

Education	331,000
Gender: Reducing Violence and Coercion	10,000
Human Resources for Health	76,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Workplace Programs

Budget Code Information

Mechanism ID:	**10601**
Mechanism Name:	**Addis Ababa University - Strengthening HIV/AIDS, STI & TB Prevention, Care & Treatment Activities**
Prime Partner Name:	**Addis Ababa University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	126,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	81,138	

Narrative:

This activity has had a significant budget increase. Prevention funding for university students includes 90% for OP and 10% for AB.
Objective 1. AAU proposes to strengthen the existing behavior change communication targeting 30,000 students and 5,000 staff members by:
• Strengthening the existing MARCH peer education project and linkages with comprehensive services, including condom access, VCT services, STI management, RH/FP, care and treatment;
• Producing tailored IEC/BCC material focused on the lives of AAU students;
• Providing HIV/AIDS certificate curriculum training to 400 AAU students;
• Organizing outreach programs to reach 30,000 AAU students to increase their knowledge about HIV/AIDS, factors that indirectly promote risk behavior, prevention methods through mainstreaming messaging on gender-based violence and male gender norms;
• Producing 12 editions of "Life 101" comic book and print and distribute in 144,000 copies to AAU students;
• Producing 12 editions of "Beg Tera" newsletter and printing and distributing 144,000 copies to AAU students;

• Organizing 225 student-led peer discussions and other reinforcement activities targeting 30,000 students in all 16 campuses;
• Developing and disseminating different IEC materials to augment other BCC activities organize and undertake different campaigns on World AIDS Day, New Years, etc.
Objective 2: AAU proposes to strengthen the existing workplace interventions targeting over 2,000 faculty and 3,000 administrative staff members in 16 campuses by:
• Undertaking formative assessment on AAU staff and faculty members on HIV/AIDS and service uptake;
• Supporting existing staff anti AIDS clubs at different campuses;
• Producing different strategically designed BCC materials targeting AAU academic and administrative staff;
• Organizing different anti AIDS campaigns for special occasions, commemoration, and holydays.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	324,550	

Narrative:

This activity has had a significant budget increase.
Objective 1: AAU proposes to strengthen the existing behavior change communication targeting 30,000 students and 5,000 staff members by:
• Strengthening the existing MARCH project;
• Producing tailored IEC/BCC material;
• Providing HIV/AIDS certificate curriculum training 400 AAU students;
• Organizing outreach programs to reach 30,000 AAU students to increase their knowledge of basic facts about HIV/AIDS, factors that indirectly promote risky behavior, and prevention methods through mainstreaming gender-based violence and male gender norms;
• Producing 12 editions of "Life 101" comic book and printing and distributing 144,000 copies to AAU students;
• Producing 12 editions of "Beg Tera" newsletter and printing and distributing 144,000 copies to AAU students;
• Organizing 225 student-led peer discussion and other reinforcement activities targeting 30,000 students in all 16 campuses;
• Developing and disseminating IEC materials to augment other BCC activities;
• Organizing and undertaking different campaigns on World AIDS Day, New Year, etc.
Objective 2: AAU proposes to strengthen the existing workplace interventions targeting over 2,000 faculty and 3,000 administrative staff members in 16 campuses by:
• Undertaking formative assessments on AAU staff and faculty members on HIV/AIDS and service uptake;

• Supporting existing staff Anti-AIDS clubs at different campuses; • Producing strategically designed BCC materials targeting AAU academic and administrative staff; • Organizing anti-AIDS campaigns during special AAU occasions, national holidays and commemoration days. • Referring 600 students and staff members to STI and HCT service sites by strengthening existing VCT and STI treatment in health centers on two campuses; • Initiating mobile VCT services to provide friendly services to 2,000 AAU students and 200 staff members; • Initiating linkage with service providers in AAU and its vicinity to make client-friendly services accessible to AAU community members; • Encouraging correct and consistent condom use to sexually active community members by expanding and diversifying existing condom outlets to 24 by the end of the year; • Reaching 300 AAU community members through strengthened STI assessment and treatment services.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10602	**Mechanism Name: Development of Model Voluntary Counseling and Testing Services in the Democratic Republic of Ethiopia**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Addis Ababa HIV/AIDS Prevention and Control Office	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,500	
Funding Source	**Funding Amount**
GHCS (State)	500,500

Sub Partner Name(s)

Addis Ababa - OSSA	Zewditu Memorial Hospital	

Overview Narrative

Coordination of the HIV national response in Ethiopia is critical for mitigating the impact of HIV and decreasing incidence and mortality. Voluntary counseling and testing (VCT) services are key to the success of HIV prevention, treatment, and care programs. Individuals learn about behaviors that put them at risk of HIV infection, and how they can reduce this risk through the counseling process. This information can be a catalyst for people to alter their behaviors.

Having only 6% of the national population, but approximately 17% (20,000) of new HIV infections and 18% (60,000) of people in need of ART, Addis Ababa (AA) is a key PEPFAR partner in increasing access to prevention, care, and treatment services in Ethiopia. As of October 2009, AA accounted for 38,000 (23%) of the 167,000 patients on ART across Ethiopia. The AA HIV/AIDS Prevention and Control Office (AAHAPCO) is a unit within the AA City Government that leads coordination of all efforts in the city, one of the largest in Africa at more than five million inhabitants and experiencing rapid influx of persons from rural areas. AAHAPCO began working with CDC in 2001 to establish and strengthen model VCT centers. Continuing its partnership with CDC, a long-term plan has been made to support AAHAPCO's mobile VCT and palliative care programs.

AAHAPCO, as a prime indigenous partner, has been implementing two model VCT centers since March 2001 in collaboration with the AA branch of the Organization for Social Services for AIDS (OSSA), the pioneer local non-governmental organization in the fight against HIV in Ethiopia, and AA Health Bureau's Zewditu Memorial Hospital model VCT center. Direct USG funding to an indigenous governmental partner simultaneously optimizes cost-efficiency and promotes sustainability. Within the AA governmental system itself, the AAHAPCO also works in close collaboration with the AA Health Bureau to strengthen the various health system components responsive to HIV/AIDS, including leadership and governance, financing, strategic information, and service delivery.

The establishment of National Model VCT sites by the AA City Government was one of the major strategies applied in preventing and controlling the transmission of the pandemic. These services are employed as a tool to help individuals, families, and community to avoid risky behaviors, and as an entry point for linkages to prevention, care and treatment services.

This ongoing activity comprises VCT (stand alone/free standing, integrated, mobile and home-based) and care and support services. Care and support services are built on a continuum of care model, incorporating psycho-social, nutrition, and spiritual care, and are to be delivered in two service outlets in the capital. Referral linkages will be strengthened with hospitals for palliative care service and food, literacy, and other resources in the community. This program will be linked to selected hospitals in Addis

Ababa and to US Universities providing technical assistance, such as JHU. Additionally, PLHAs will be engaged in income-generating activities, and care and support outreach services will be conducted to the needy in the project area. Serving as important centers for in-service VCT training, the model sites will also serve as an important resource in AA for the new rollout in 2010 of door-to-door HIV testing as part of the urban Health Extension Worker program. Monitoring and evaluation is carried out through the CoAg reporting process, regular CDC-AAHAPCO interactions, CDC TA, site visits, and through other partner interactions with AAHAPCO to triangulate information.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	50,000
Education	2,500
Food and Nutrition: Policy, Tools, and Service Delivery	50,000
Human Resources for Health	150,150

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10602**
Mechanism Name:	**Development of Model Voluntary Counseling and Testing Services in the Democratic Republic of Ethiopia**
Prime Partner Name:	**Addis Ababa HIV/AIDS Prevention and Control Office**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,000	

Narrative:

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	300,500	

Narrative:
None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10603	Mechanism Name: Supporting Laboratory Training and Quality Improvement for Diagnosis and Monitoring of HIV/AIDS Patients in Resource Limited Countries through Collaboration with ASCP
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHCS (State)	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The American Society for Clinical Pathology (ASCP) has been providing technical assistance since 2005 with a broader objective of strengthening the national public health laboratory services to support HIV/AIDS, TB, malaria, opportunistic and sexually transmitted infections, care and treatment programs. ASCP introduced the CD4, Chemistry and hematology training package into the Ethiopian laboratory system years ago and now the program has been rolled out to many facilities. Through ASCP's continued support, there are now enough local trainers in country both at national and regional levels on these disciplines which has been central to addressing the high turnover of trained staff. The systematic and rapid expansion of training programs in this regard has been very crucial for expansion of laboratory

monitoring services for patients on ART and for base line assessment of pre-ART patients. The activities contribute to the health system by strengthening laboratory capabilities and service decentralization for better access for the needy.

For long term and sustainable development of the laboratory workforce, ASCP is working with the laboratory schools to standardize training curricula and strengthen the teaching-learning process. Five major local universities have benefited from this program and the support will continue by including more laboratory schools. The process includes mentorship workshops on curriculum creation and revision and teaching methodology, and technical assistance at the schools in order to work closely with current faculty as they implement revised curricula and develop their capacity. This activity has been critical to address future laboratory personnel shortages and helped the laboratory workforce joining the service each year to be well versed on integrated laboratory services. In the long term, this will reduce the time spent on several refresher trainings for the laboratory personnel joining the service from the laboratory schools. The support also addresses transitional plans as improving the educational systems equips the laboratory cadres to work independently within the country to improve laboratory services.

ASCP provides technical assistance for in-service training, standardization and accreditation of laboratory services which has been stated as top priority in the EHNRI's national laboratory strategic plan. Technical assistance provided to prepare the national reference laboratory for accreditation enabled the national reference laboratory to implement the minimum quality standards and the laboratory is now ready for the initial assessment for international accreditation. The process helped the country program to gain experience generally on the laboratory accreditation process and Ethiopia is now in the process of implementing the WHO/AFRO accreditation scheme for hospital and regional laboratories. Assisting laboratories to reach accreditation goals improves diagnostic services and will strengthen laboratory capabilities. Ethiopia has also shown commitment for the materialization of the Maputo report recommendations ASCP has started dialogue with EHNRI and CDC how to support EHNRI in the implementation and coordination of the guidelines recommended in the report. Full implementation of the Maputo recommendation will be important for standardization of laboratory services and equipment platform and maintenance services and ASCP's contribution in this regard will be crucial for local capacity development. To achieve these broad objectives, ASCP will work very closely with EHNRI, CDC and other implementing partners and their scope of work will be revised in country in line with the needs assessment. In addition, ASCP will develop specific monitoring and evaluation processes for all the laboratory support activities in Ethiopia.
ASM maintains no in-country presence and works in tandem with local CDC laboratory personnel who are co-located in EHNRI, thereby maximizing efficiency in terms of cost and having technical assistance appropriately targeted in advance.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	50,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10603**		
Mechanism Name:	**Supporting Laboratory Training and Quality Improvement for Diagnosis and Monitoring of HIV/AIDS Patients in Resource Limited Countries through Collaboration with ASCP**		
Prime Partner Name:	**American Society of Clinical Pathology**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	100,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10604	**Mechanism Name: HIV/AIDS ART prevention and TA collaboration for public health laboratory science**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 150,000	
Funding Source	**Funding Amount**
GHCS (State)	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Association of Public Health Laboratories (APHL) has been involved in technical assistance to MOH and EHNRI for the development of the National Public Health Laboratory System, Ethiopian Public Health Laboratory Professionals Association (EPHLA), expansion of laboratory information systems (LIS) and in service training modules.

APHL will continue technical assistance to MOH, EHNRI, EPHLA and regional laboratories by strengthening the Public Health Laboratory System. APHL will also assist in the expansion of laboratory networking and development of laboratory information systems for the reference laboratory network systems to support ART program implementation in the country. APHL will provide technical assistance in establishing and strengthening quality-assured network of tiered laboratory services.

APHL will also continue to assist the strengthening of local laboratory professional association (EPHLA) including development of strategic planning activities. The association will also technically assist in developing curriculum and training of training of laboratory personnel on equipment maintenance, laboratory management and laboratory information system. APHL will support program implementation by providing support in laboratory management.

APHL will also continue to assign a technical expert for two/three months who will work with the national and regional reference laboratories in implementing the National Quality Assurance Program plan, laboratory networking and development of laboratory information systems for the reference laboratory network systems to support the national ART program.

As a continuation from COP09, APHL will perform the following activities:

1. Provide one training workshop in mentoring, coaching, and supervisory skills to 30 participants by the end of Year 2.
2. Assess and provide technical assistance that will lead to the installation and implementation of

laboratory information systems into at least one new site by the end of Year 2.
3. Dedicate staff and consultant time to the development of the EPHLA network that will result in the drafting of an approved 5-year strategic plan, which will include recruitment strategies, membership structure and bylaws revision, by the end of Year 2.

New activities for APHL in COP10 include:
1. Provide one training in basic equipment maintenance to 10 laboratorians by the end of Year 2.
2. Provide one training workshop in laboratory management to 15 participants by the end of Year 2.
3. Provide one training on biosafety to 10 laboratorians at EHNRI by the end of Year 2.
4. Provide assistance with the implementation of the structured national laboratory quality system plan by the end of Year 2.
5. Provide one training on quality systems to 10 laboratorians at EHNRI by the end of Year 2.

Both paper based and electronic tools will be used to capture training participant data. Pre and post tests as well as training evaluation forms will be shared with all participants from the trainings and workshops. The results from these surveys will serve as the tools to capture the impact effectiveness of the trainings. Follow-up meetings with training/workshop participants will be held to assess longer term outcomes of behavior change. 7% of the APHL budget will be put towards M&E. APHL maintains no in-country presence and works in tandem with local CDC laboratory personnel who are co-located in EHNRI, thereby maximizing efficiency in terms of cost and having technical assistance appropriately targeted in advance.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	70,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10604**
Mechanism Name:	**HIV/AIDS ART prevention and TA collaboration for public health**
Prime Partner Name:	**laboratory science**

	Association of Public Health Laboratories		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	150,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10605	**Mechanism Name: Presidential Malaria Initiative Wraparound**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 850,000	
Funding Source	**Funding Amount**
GHCS (State)	850,000

Sub Partner Name(s)

CARE	Internews	University of Washington

Overview Narrative

Communication for Change (C-Change) will support the MOH and PEPFAR partners by bringing a mix of skills, experience, and creativity in designing and implementing high impact communication strategies. We will integrate mass media, interpersonal communication, and community engagement to empower Ethiopian families to take actions to improve PMTCT uptake and protect their families from malaria. This is a wrap-around activity with the Presidential Malaria Initiative. In addition to developing and disseminating mass communication messaging around malaria prevention, this activity has the following objectives: (1) Increase PMTCT uptake through communication campaigns that promote ANC visits by

pregnant women in Amhara and Oromia; and (2) Integrate messaging on water, sanitation, and hygiene (WASH) into PMTCT and ANC services. Improve WASH practices to prevent diarrheal disease among those infected and affected by HIV.

The program will expand PMTCT promotion activities within Amhara and move into Oromia, targeting women of reproductive age in 20 woredas. It will roll out OVC communication activities in both Amhara and Oromia with health professionals, caregivers and community leaders. And the program will integrate existing WASH materials and training into ongoing OVC and PMTCT programs with PEPFAR partners and in USAID priority regions.

C-Change will strengthen health systems by increasing ANC/PMTCT uptake and training staff in health centers on improved WASH practices and will support stigma reduction and community mobilization efforts.

C-Change is addressing four cross-cutting areas: (1) Health care workers and HEWs will be trained to provide multi-channel communication for ANC/PMTCT and WASH practices; (2) Food and nutrition is an integral part of PMTCT and WASH practices that will be communicated to pregnant women and their partners as well as health and education and community outreach workers; (3) Water is covered in all the planned WASH activities with PMTCT and OVC programs; and (4) All media for PMTCT campaigns will portray males as active, responsible partners and suggest specific beneficial actions they can undertake.

C-Change programs are designed for implementation at scale. Each year, programs have increased their reach and become more cost effective through a combination of strengthened activities, improved supervision and shorter training workshops. C-Change will continue to advocate for increased HAPCO financial support of ongoing prevention activities and leverage support from other partners. Since C-Change harmonizes messages and designs kits and materials in collaboration with networks of partners, many organizations have bought into C-Change programs and are implementing activities that employ either parts of or an entire approach.

A monitoring program is built into each C-Change activity. A baseline for PMTCT work was established in 2009 and a follow-up evaluation will be carried out in 2011. C-Change will ensure that existing WASH indicators are shared with PEPFAR PMTCT partners to monitor changes in coverage and WASH behavior practices through pre- and post- evaluations and routine monitoring.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	300,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Malaria (PMI)
Safe Motherhood

Budget Code Information

Mechanism ID:	10605		
Mechanism Name:	Presidential Malaria Initiative Wraparound		
Prime Partner Name:	Academy for Educational Development		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	100,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	750,000	

Narrative:

For COP 2010 this activity will include activities related to Water, Sanitation, and Hygiene. C-Change will continue conducting a communication campaign to promote uptake of ANC and PMTCT in East Gojjam, North & South Gonder, & South Wollo but will scale-up to 10 additional woredas in Amhara and another ten in Oromia region, intending to reach all pregnant women, their partners and communities. This approach uses a mix of channels to reach target audiences based on studies showing that people receive health information better from interpersonal channels like health workers, Health Extension Workers (HEWs) or community meetings.

The cross-cutting communication strategies are: use of research to inform strategy development and programmatic design; strengthen interpersonal communication; actively engage the community; use mass media to catalyze, change, and unify programs; and strengthen capacity in communication to empower women, men and communities to recognize pregnancy-related HIV risks and to engage in appropriate action.

The malaria prevention and control campaign will continue and emphasize pregnant women, so will integrate ANC/PMTCT promotion into activities. Other additional activities include IEC materials redesigned to promote ANC visits and proper PMTCT actions; new radio spots/drama series linking successful pregnancy outcomes to proper malaria prevention and ANC/PMTCT, with interactive radio listening groups of women; HEWs, volunteers, staff from health centers, school programs and Community Mobilization Committees will promote malaria and ANC/PMTCT "essential actions"; all

existing malaria prevention networks will be tapped to increase awareness of PMTCT benefits; use of referral (tracking) cards to refer women to facilities and confirm attendance. C-Change will build capacity and support existing PEPFAR supported community services and ANC services to integrate WASH into PMTCT programs, document improved WASH behavior within PMTCT households and include WASH in PMTCT encounters. C-Change will also use a stakeholder process to implement the new WHO PMTCT guideline to create broad support for communication approaches, models and tools developed by stakeholders.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10606	**Mechanism Name: ANECCA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: African network for Care of Children Affected by HIV/AIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,081,415	
Funding Source	**Funding Amount**
GHCS (State)	1,081,415

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Ethiopia has a low number of HIV-infected children on ART, comprising only 5.6 percent of all the patients on ART. At the health center level, only 2.0 percent of the patients on ART are children at the HIV/AIDS care and support program (HCSP) sites.

Building on COP 2009 activities, the African Network for Care of Children Affected by HIV/AIDS (ANECCA) will continue to support Ethiopia in decentralizing and scaling up pediatric services in the country, particularly at health center level in Southern Nations Nationalities and Peoples Region, Oromia, Tigray, Amhara, and Addis Ababa regions.

ANECCA's goal will be to build capacity at primary health care level for providing quality comprehensive

pediatric HIV treatment, care and support HIV services.
The objectives of this support will be to: (1) Strengthen technical capacity for improved delivery of pediatric HIV services at health centre level through training of service providers; (2) Promote and support application of skills for delivery of quality and comprehensive pediatric HIV services through support supervision and clinical mentoring; (3) Facilitate decentralized pediatric HIV service delivery with appropriate resource materials; and (4) Strengthen linkages between facility-based pediatric HIV and OVC services.
Technical support will be provided under the following capacity building framework: (1) Needs-targeted in-service training courses for facility-based health care provider teams; (2) Provision of technical support to health training institutions in Ethiopia in revising curricula with regard to pediatric HIV; (3) On-the-job competence building for quality comprehensive pediatric HIV management among health care providers through supportive supervision and clinical mentoring; (4) Updating, strengthening, production, dissemination and promotion of use of appropriate pediatric HIV resource materials including job aids such as: pediatric ART eligibility charts, ARV dosage cards, ART monitoring tools; and (5) Development and replication pediatric HIV quality assurance systems especially at health center level.
To enhance child survival, ANECCA will promote the provision of pediatric HIV services as a comprehensive package comprising of: early HIV diagnosis and enrollment into care/treatment; child growth and developmental monitoring; routine immunization; provision of cotrimoxazole and isoniazid prophylaxis; assessment and prompt treatment of common and opportunistic infections including TB; nutritional counseling and support; safe water, hygiene and sanitation; psycho-social support; provision of insecticide treated nets; and routine deworming. This will be done in liaison with other child survival programs such as the President's Malaria Initiative, TB program; Expanded Program for Immunization (EPI); Water, Sanitation and Hygiene (WASH) program; and food and nutrition program.
To strengthen the general health system, ANECCA will promote the adoption of its pediatric HIV systems and resource materials in the management of other diseases. Further, it is hoped that the knowledge and skills acquired for pediatric HIV management will boost the confidence and competence of health workers at Primary health care level to effectively manage other pediatric illnesses.
The initial costs for capacity building, especially at the primary health care level, are relative high with intensive didactic and practical training; supportive supervision; mentorship; development, production and dissemination of resource materials; and development and replication of health management systems. However, as the project progresses, more health centers will be expected to develop enough capacity for managing pediatric HIV services on their own with little external technical support. In addition, ANECCA will promote a strategy of graduating some health centers into model pediatric HIV service facilities that would then function as preceptorship centers at a lower cost. Further, with revised curricula for health training institutions, it is expected that graduates from pre-service training will be able to manage pediatric HIV effectively in a sustainable manner.
ANECCA's performance will be monitored and evaluated using selected output, outcome and impact

indicators with the aide of a performance monitoring and evaluation plan. The output indicators will include: the number of health workers trained; the number of health clinics provided with supportive supervision and mentorship; the number of job aids and other resource materials developed or updated; number of copies of job aids and produced and disseminated, to mention a few examples. All the capacity building activities will be expected to improve health worker performance resulting in expanded and quality pediatric HIV services. The impact should be a decrease in morbidity and mortality for HIV-exposed/infected children. All these outcomes/impact will be monitored and documented to assess the effectiveness of the ANECCA project.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,081,415

Key Issues

Malaria (PMI)
Child Survival Activities
TB

Budget Code Information

Mechanism ID:	**10606**
Mechanism Name:	**ANECCA**
Prime Partner Name:	**African network for Care of Children Affected by HIV/AIDS**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	456,000	

Narrative:

ANECCA will work closely with the HIV/AIDS Care and Support Project (HCSP) and the Government of Ethiopia (GOE) to strengthen local technical capacity for accelerated expansion of pediatric HIV care and support services particularly at the health center level in the main five regions of Oromia; Amhara; Tigray; Southern Nations, Nationalities and Peoples Region (SNNPR); and Addis Ababa. Priority will be given to high HIV prevalence sites especially those that have a relative high adult HIV patient load. Identification of the sites will be done in conjunction with MSH/HCSP. ANECCA's contribution will be based on its rich

experience in providing technical support for expansion of comprehensive and quality pediatric HIV care and support services in several countries in sub-Saharan Africa.
ANECCA will conduct a series of pediatric care and support refresher courses for the already trained health workers in the selected sites. Health workers will be equipped with knowledge and skills in identification of exposed infants; follow-up for exposed children including cotrimoxazole preventive therapy (CPT); support for safe feeding practices, monitoring growth and development, and DNA-PCR testing; and provision of routine child survival services for HIV-exposed/infected children, including immunization, use of insecticide-treated nets (ITN), safe water, isoniazid preventive therapy (IPT); and nutritional support..
Through expert mentors, ANECCA will equip HCSP mentors with the necessary competence for supporting pediatric care and support health center teams. In addition, ANECCA will provide intensive on-the-job training of health workers in the selected sites.
Further, ANECCA will complement HCSP and GOE efforts in the review, development, production and dissemination of pediatric care and support resource materials – including job aids with due emphasis on health officers and nurses.
To ensure sustainable technical capacity, ANECCA will promote appropriate in-service training with regard to pediatric HIV pediatric care and support. This will be done through curriculum review and development with focus on health training institutions for health officers and nurses.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	625,415	

Narrative:

ANECCA will work closely with the HIV/AIDS Care and Support Project (HCSP) and the Government of Ethiopia (GOE) to strengthen local technical capacity for accelerated expansion of pediatric HIV treatment services particularly at health center level in the main five regions of Oromia; Amhara; Tigray; Southern Nations, Nationalities and People Region and Addis Ababa. Priority will be given to high-yield health centers based on the numbers of adult ART patients and HIV-infected children under care. Identification of the sites will be done in conjunction with MSH/HCSP. ANECCA's contribution will be based on its rich experience in providing technical support for scaling up pediatric treatment services in several resource-constrained African countries.

ANECCA will conduct a series of refresher courses for the already trained health center antiretroviral therapy (ART) teams in the selected sites. Health workers will be equipped with knowledge and skills in evaluating HIV-infected children for ART; initiating of treatment; monitoring children on ART including side effects and treatment failure; and making appropriate referrals as per the Ethiopia national guidelines. The target is to conduct at least two training sessions per quarter each with 25 participants,

making a total of 200 in one year. Through expert mentors, ANECCA will equip HCSP ART mentors with knowledge and skills for supporting pediatric ART health center teams. In addition, ANECCA will provide intensive on-the-job training of health workers in the selected sites to boost their competence and confidence in pediatric ART management. Further, ANECCA will complement the efforts HCSP and GOE in the review, development, production and dissemination of pediatric ART resource materials – including job aids. The materials will be particularly tailored to the health officers and nurses that provide pediatric ART services at health center level. To ensure sustainable capacity building, ANECCA will promote appropriate in-service training with regard to pediatric HIV diagnosis and treatment. This will be done through curriculum review and development with focus on health training institutions for health officers and nurses.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10654	**Mechanism Name: EGAT-Pastoralist Marketplace Wraparound**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Save the Children US	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,140,727	
Funding Source	**Funding Amount**
GHCS (State)	1,140,727

Sub Partner Name(s)

Care International	International Rescue Committee	Mercy Corps International
Save the Children UK		

Overview Narrative

The overall goal of PLI II is to increase the resilience to shocks and ensure sustainable livelihoods for pastoralists and ex-pastoralists in Somali, Oromiya and Afar regions of Ethiopia. This will be accomplished through: 1) strengthening of the early warning system, 2) strengthening protective livelihood based responses and 3) supporting policy initiatives to pastoral livelihoods. As part of strengthening economic opportunities, The program will aim to promote HIV awareness and prevention activities in the pastoralist communities.

The project is implemented by five consortium organizations (Save the Children USA and UK, CARE, IRC, and Mercy Corps) and operates in urban and rural woredas of Somali (Dollo Ado, Dollo Bay, Aware, Degahabur, Kebribeya, Mullu, Babile, Awbere, woredas), Oromiya (Liben, Arero, Yabello, Moyale, Dire, Dhas woredas) and Afar (Gewane woreda) Regions. It will reach 199,786 direct beneficiaries, 1,677,720 indirect beneficiaries and 15 community-based organizations (CBOs).

To address health system strengthening, the program will work to strengthen CBOs' ability to raise awareness, provide preventive, care and support services to PLWHAAs and OVC and mobile HCT. The program will also engage community leaders and community association to rally their support for HIV/AIDS activities and support. Finally, the consortium will hold consultative and review meetings to identify areas of integration of different health programs. The consortium will coordinate activities with those of other USAID-funded programs such as TransACTIONSs.

The program addresses several cross-cutting issues, including: Increased access to community-based health and HIV/AIDS services, HIV/AIDS prevention, and care and support services for pastoral communities with particular emphasis on orphans and vulnerable children and families affected by HIV/AIDS. Gender is another cross-cutting issue that will be strongly addressed in all different program activities. Special emphasis will be put on men involvement. In addition, child survival will be at the center of all activities; specifically ensuring the availability of prevention, care and support services for OVC. Finally, the program will work to ensure that family planning needs of HIV-positive women are met. This will be done by ensuring that FP services are available at all key contacts with HIV-positive women (PMTCT, Antenatal care). CBOs, religious, clan and community leaders will be relied upon to encourage women to seek these services. Community volunteers will provide FP information and education to women so that they are able to identify appropriate FP methods.

The Monitoring & Evaluation Plan for PLI II is based on lessons learned in PLI I, specifically the need for a more coordinated and harmonized system with shared performance indicators and M&E approaches. A full time M&E officer will lead the M&E working group which will meet monthly during the life of the project to ensure that each of the partners is collecting, analyzing and sharing information that can be used to develop good practice guidelines and inform impact assessment. Consistent with the team's history of working in pastoral areas, participatory approaches to M&E including impact assessments will be undertaken to assess the impact of interventions on the different livelihood groups and in this way to develop an evidence base around selected interventions. The PLI II team will work with Tufts University

to develop Participatory Impact Assessment (PIA) approaches. The team will also work with regional and zonal administrators and technical units to build their capacity in establishing and implementing M&E systems.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	70,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Child Survival Activities
Mobile Population
Family Planning

Budget Code Information

Mechanism ID:	**10654**
Mechanism Name:	**EGAT-Pastoralist Marketplace Wraparound**
Prime Partner Name:	**Save the Children US**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	340,727	

Narrative:

This continuing activity will focus on providing viable economic strengthening models, specifically income generation, for persons living with HIV/AIDS and OVC in pastoral areas. It targets 10,000 persons (75% women) living with HIV, enrolled in care and treatment services and their families. PLWHA often lack economic resources for food, shelter and transportation to clinics for services. PLI 11 will offer viable economic strengthening models to PLWHA in a livelihoods insecure setting to promote adherence to ARV and other therapies. PLI 11 will support PLWHA associations and CSOs to provide social support, viable IGA and livelihood options to vulnerable members of PLWHA groups in communities, linked to 30 hospitals and network health centers with a high ART load. HIV +ve women attending care and treatment

services, especially head of households, widows, divorcees, unemployed or women likely to engage in high risk sex, to generate income, will be targeted. Services will be mapped to facilitate referral linkages within the health network model. The IGA support will provide access to families, to address issues like disclosure of HIV status and referral of other family members for HIV testing/services. PLI 11 will establish a sustainable savings and credit scheme for HIV/AIDS infected and affected persons. Through partner organizations, clients will receive other services like counseling and IEC materials. It will improve ART adherence through adherence counseling among support groups. It will contribute to behavioral change, improved living standards and provide better planning and organizational abilities for IGAs, through training. There will be reduced stigmatization against HIV/AIDS infected and affected persons with increased self reliance among PLWHA and their families. 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 USAID activities to increase the number of beneficiaries and households. For COP 10, PEPFAR Ethiopia will continue with its consultations with the OGAC Public Private Partnership TWG and disseminate the results of this activity.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	140,000	

Narrative:

PLI II project will promote sexual abstinence and faithfulness among 20,000 youth and adult pastoralists and ex-pastoralists in five impact sites/towns in Somali, Oromiya, and Afar regions of Ethiopia. Both males and females, in and out of school will be targeted.

To encourage abstinence among youth, PLII will teach skills in refusal, negotiation, and planning in a comprehensive approach, promoting abstinence and faithfulness (AB) for sexually active youth. A peer education program will also teach life skills.

Behavior change materials related to AB will be collected or produced and distributed. Age appropriate life skills training of trainers will be conducted for peer educators for youth, both in and out of school: Beacon School (10-13 old), Sports for Life (14-15 old), and Youth Action Kit (16-25 old). Life skills training packages will be used to train peer educators for the different age groups. Both sexes will participate equally as peer educator and beneficiaries. One hundred peer educators for each package will be trained at the five PLI II impact sites/towns. Following life skills training sessions, peer groups will be formed and encouraged to participate in different competitions including soccer, music, drama, quiz and other sport competitions.

Adults will also be targeted by the PLII program, with a focus on faithfulness and becoming good role models for youth. Awareness raising programs will be employed using influential persons in the community and clans, as well as religious leaders. Behavior change communication materials, which will encourage dialogue, will be distributed. In addition, street shows and role plays will be organized to

entertain and educate the target population. The program promotes open dialogue between parents and children on sexual and reproductive health issues, including delaying sexual debut.
Monitoring and evaluation tools will be developed and introduced to peer-educators and volunteers. The knowledge, attitudes, and practices (KAP) study done in COP09 will provide base line information.
Technical assistance and supervision will be carried out regularly, as will review meetings among peer educators. Activity reports will be collected monthly.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	560,000	

Narrative:

The Pastoralist Livelihoods Initiative (PLI II), which started in COP 2009, addresses target groups, such as at-risk youth who are sexually active with concurrent partners, with other sexual prevention mechanisms like condom promotion. Drivers of the epidemic in PLI II sites located on the Ethio-Djibouti route also include those associated with this transportation route (truck drivers and CSWs). In towns such as Jijiga, the commercial business sector is a driver due to the frequent movement of people in and out of towns.
PLI II will implement condom distribution and education to around 25,000 youth at its impact sites. Peer educators will be trained from among CSWs and youth and provide outreach and education at static information centers. Peer educators have responsibilities of providing leaflets, posters, brochures etc and teach the target groups to protect themselves from acquiring the pandemic. Using syndromic management, volunteer peer educators will encourage target groups to go for testing and treatment services.
Other actors will be tapped to effectively utilize available resources and create a sense of partnership among these organizations and projects. TransACTION, HAPCO, health offices and facilities, Family Guidance Association of Ethiopia (FGAE), DKT, among others are potential partners. Condoms will be bought and distributed from suppliers such as DKT using a social marketing strategy. Hotels will also be encouraged to regularly supply two packets of condoms in the rooms.
PEPFAR and non PEPFAR indicators will be used to monitor progress and evaluate this activity, including the number of condoms distributed, behavior change associated with condom use, and the number of clients accessing STI and other services. Technical supportive supervision will be regularly carried out by the respective organizations of the PLI II consortium. In addition, regular review meetings of peer educators and monthly reports of CBOs will facilitate the monitoring process.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	

Narrative:

The Pastoral Livelihoods Initiative (PLI) II will work to address the low uptake of PMTCT services among pastoral women by integrating PMTCT activities into its programs in all previously identified intervention sites. The program will conduct a baseline survey to assess PMTCT services.
The CBOs established in COP 2009 and community and religious leaders will be used as community mobilizers to encourage around 5,000 pregnant women and 20,000 women of reproductive age group to receive HIV testing and the PMTCT service package.
PMTCT will be addressed under the comprehensive HIV program strategies of PLI II, which will collaborate with PMTCT implementing hospitals and health centers in its impact sites. It will provide trainings on HIV counseling and testing and PMTCT techniques to health workers at facilities to build and strengthen the capacity of government partners. Volunteers from CBOs, clan leaders, and health extension workers will be trained on PMTCT in order to teach and refer mothers to the health facilities.
Community mobilization events, such as women-to-women support group dialogues will raise participant awareness and increase health seeking behavior. Female health workers will provide education on topics including PMTCT, pediatric breast feeding and nutrition, and condom promotion during the events.
Pastoral men will also be targeted to encourage their wives and sisters to receive PMTCT services.
HCT reagents and ART drugs will be supplied to health facilities. Integration of reproductive health services like PMTCT, HCT, family planning, maternal and child health, through review meetings and consultative workshops, would also be one of the core interventions.
PEPFAR and non PEPFAR indicators will be used to monitor the progress of PMTCT services, including the number of women tested for HIV, the number of pregnant women tested for HIV, found positive for HIV and on prophylactic ART, the breastfeeding behavior of mothers with HIV, and the number of babies received prophylactic ART.
Supportive supervision will be carried out by PLI II consortium organizations. Reports from health facilities and CBOs will be collected regularly. Review meetings also will be held with partners on a quarterly basis.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10657	**Mechanism Name: Rapid expansion of ART programs (faith-based)**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,551,899	
Funding Source	**Funding Amount**
GHCS (State)	1,551,899

Sub Partner Name(s)

Constella Futures	Ethiopian Catholic Church Social Development Coordinating Office	Ethiopian Catholic Secretariat
Futures Group, South Africa	St. Luke Hospital	University of Maryland, Institute of Human Virology

Overview Narrative

Mechanism Narrative:

AIDSRelief is a consortium comprised of Catholic Relief Services (CRS), the University of Maryland School of Medicine's Institute of Human Virology (UMSOM-IHV), Futures Group, Catholic Medical Mission Board and Interchurch Medical Assistance. The program works primarily in faith-based institutions in 10 countries (Ethiopia, Kenya, Uganda, Rwanda, Tanzania, South Africa, Zambia, Nigeria, Haiti and Guyana). AIDSRelief began in Ethiopia in COP 2009 working with St. Luke Hospital, a faith-based institution and selected government-owned health centers to develop the network model of care and treatment. Consortium members providing HIV services in Ethiopia under AIDSRelief are CRS, UMSOM-IHV and Futures.

AIDSRelief brings six years multi-country experience in the successful rapid scale up of comprehensive quality HIV care and treatment. As of June 30th 2009, the program has successfully provided ART to 166,593 patients and care for more than 459,972 people working with 240 local partner treatment facilities (LPTFs) across 10 countries. AIDSRelief provides a continuum of comprehensive care extending from health institutions down into communities. It is based on a robust mentorship/preceptorship model with strong patient adherence preparation and a focus on capacity building.

In COP 2010, AIDSRelief Ethiopia will build upon lessons learned from its first year of implementation and plans to expand its model of care and treatment to additional government health centers around St. Luke Hospital and an additional hospital in the southern region. The program will have 2,731 patients on care, including 1,311 on treatment through its 10 health facilities. Most importantly, AIDSRelief will work on demonstrating the effect of the linked care model between the hospital and health centers on patient management, particularly addressing key issues such as lost to follow-up. It will also continue its work in

building the capacity of St. Luke Hospital to provide technical assistance to the health centers, which will function as the satellite sites. This approach, once established, will enable health institutions such as St. Luke's to provide the necessary care and treatment support to their surrounding health institutions, with minimal technical inputs from external partners in the future; this is in line with AIDSRelief transition strategy.

AIDSRelief will concentrate its effort in South West Shoa zone in Oromiya region. This focused zonal approach, covering the majority of the catchment area of St. Luke Hospital and in line with government structures, will enable the program to better define strategies of the care and treatment network model, which could be replicated later in other parts of the region and across the country. St. Luke Hospital provides services to a population of more than 1.2 million people and serves as the referral hospital for 14 health centers. AIDSRelief will target nine of the 14 health centers in COP 2010.

In addition to successful care and treatment program implementation across its 10 country programs, AIDSRelief puts major effort in health systems development of partner institutions focusing in building capacity in supply chain management systems, information systems, human resource development, community mobilization, and grant management. In COP 2009, the program has identified the Ethiopian Catholic Secretariat (ECS) of the Ethiopian Catholic Bishops Conference, as its local partner for sustainability and transition in grant management. AIDSRelief has been working closely with ECS to identify areas to strengthen ECS' capacity in program and financial management for the latter to become a direct PEPFAR grant recipient.

Additional assessments were also conducted to identify local partners for the other technical components such as clinical and strategic information, and to clearly identify the technical transition strategy. In COP 2010, AIDSRelief will focus on finalizing these efforts while making sure that both its technical and programmatic components will be in strong alignment with Ministry of Health guidelines and policies and a close working relationship with MOH and its regional offices will assist shaping this transition process.

AIDSRelief will also coordinate and work closely with other USG implementing partners such as Columbia University – ICAP and Management Sciences for Health working in adjacent geographic areas. These approaches will enable more cost-effective approaches in program implementation.

AIDSRelief in Ethiopia will support PMTCT, ensuring integration into other ongoing services. The PMTCT program will be supported by strong community outreach and follow-up of all HIV positive mothers and their babies. This will include ensuring that all exposed babies receive ARV prophylaxis and that they are tested for HIV. In addition, targeted awareness campaign to women of child bearing age will be conducted to increase the uptake of PMTCT services.

AIDSRelief strategic information activities incorporate program-level reporting and setting up of both paper-based and computerized national Health Management Information Systems (HMIS). AIDSRelief sites will integrate into the National Strategic Information framework that is promoted and supported by the Ethiopian and US governments. Data collected by the facilities is used for informed clinical and programmatic decision-making at various levels including the facility level, the AIDSRelief consortium

level, and the national level.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	24,300
Human Resources for Health	97,200

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10657**		
Mechanism Name:	**Rapid expansion of ART programs (faith-based)**		
Prime Partner Name:	**Catholic Relief Services**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	300,000	

Narrative:

This is a new activity. In COP 2010, AIDSRelief in Ethiopia will start to work in partnership with the Ethiopian Catholic Secretariat (ECS) to provide comprehensive care and support services through two faith-based hospitals and six government health centers in the two hospitals' catchment areas.

AIDSRelief will support palliative care and support services for 4,000 HIV + patients. Services to be provided include clinical follow-up, treatment of opportunistic infections, psychosocial and spiritual support, laboratory testing, nutritional counseling, and provision of nutritional support. This program will support a model of clinical preceptorship for service providers with a special emphasis on maximizing the role of nurses, adherence counselors and community workers. Training to recognize and manage OIs and HIV related diseases for staff will be carried out in collaboration with the MOH and regional health bureaus. In addition, AIDSRelief will strengthen supply chain management systems to ensure uninterrupted supplies of OI drugs and other essential commodities. Pharmacy personnel will be trained in forecasting OI drugs, creating technical drug committees and participating in patient management.

AIDSRelief will assist health facilities to establish linkages with malaria prevention wraparound services

through the Global Fund to provide insecticide-treated bed nets to children and adult PLWHAA in malaria-prevalent areas.

AIDSRelief will assist health facilities to work with community health teams such as health extension workers or other existing community groups led by case managers to support a family-centered model. A multi-disciplinary team will ensure comprehensive care delivery. A core component of the AIDSRelief intervention will be the training and mentoring of health care providers. This intervention will also include formation of support groups for caregivers of PLHIV and encouraging community staff to incorporate local community leaders in patient support. AIDSRelief will build upon existing faith-based networks and other community-based organizations that could support HIV patients at the community level. The partner being within PEPFAR will play its part in Global Health Initiative.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	801,899	

Narrative:

AIDSRelief has six years of experience in providing ART in resource-constrained settings. In COP10, AIDSRelief will continue to work in partnership with the Ethiopian Catholic Secretariat (ECS) to provide comprehensive ART services through two faith-based hospitals (St. Luke and Dubbo Hospitals) and eight government health centers in the two hospitals' catchment areas. Ten percent of those on treatment will be children.

AIDSRelief's clinical support package will include site assessment, training and clinical mentorship, and continuous site capacity evaluation and strengthening. AIDSRelief will actively support health facilities and community-based organizations to implement strong adherence programs and assist health facilities to mobilize their communities and create linkages with existing community programs. Increasing access to ART for children will include technical assistance for health workers to increase their skills in pediatric ART.

AIDSRelief will adapt existing, locally appropriate Information, Education and Communication and Behavior Change Communication materials, as well as identify gaps in these media and develop materials as needed. This work will be done in close collaboration with the AIDS Resource Center and other partners.

Many health facilities providing care and treatment services lack the necessary basic functions that are required for safe and efficient service delivery, such as consistent electricity, water supply and systems, waste water disposal, and waste management. Ensuring these basic functions is an urgent need and is critical for enabling the facilities to function as effective points of delivery for care and treatment services. Under this activity in COP 2010, the partner is allocated $50,000 in additional funds to carry out restoration of hospital basic functions in the care and treatment facilities it supports. The partner being

within PEPFAR will play its part in Global Health Initiative (GHI).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	50,000	

Narrative:

In COP10, AIDSRelief will build on its achievements in COP09 to increase the number of people tested for HIV. AIDSRelief's program which builds upon a strong foundation of community links through faith based networks has the ability to initiate and expand innovative VCT in a variety of settings including the possibility of household level HIV testing. Building upon a family centered care; opportunities will also be explored for getting household members tested. There also exist possibilities of increasing pediatric HIV testing by increasing skills of health workers in pediatric care and treatment using a newly developed AIDSRelief/ANECCA pediatric counseling training curriculum. The program will also capitalize on the technical expertise and community linkages program of St. Luke's public health department to strengthen testing and counseling services. The program expects to have 40,000 people counseled and tested and receiving their results throughout the ten health facilities.

Community volunteers will also be trained to increase knowledge on HIV care and treatment and to reinforce their role in conducting community sensitization on CT services. AIDSRelief will further strengthen existing PLHA networks and will utilize them to sustain the active referral systems between communities and care and treatment services. PLHA will thus be empowered and serve as advocated for counseling and testing services.

In order to complement health facility based testing, alternatives and innovative approaches will be used to increase community and site level counseling and testing sites. Health facility staff will create a mobile site within the communities conducting outreach services once a week. AIDSRelief will also support and strengthen initiatives for facility based provider initiated testing and will encourage access to testing for all patients receiving health care services at facilities it supports. It will also encourage outreach and increased access to testing for high risk such as discordant couples.

CRS will contribute to the national effort to reach more people thorough HCT services and being within PEPFAR will play its part in Global Health Initiative (GHI).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	300,000	

Narrative:

This is a continuing activity from FY 2009. In FY 2009 ICAP, JHU and MSH have supported PMTCT in St. Luke and Dubbo hospitals and surrounding health centers in Oromia and SNNPR regions.

In COP 2010 AIDSRelief in Ethiopia will take over and continue to support the PMTCT program in the

two hospitals and eight health centers. AIDSRelief will work in partnership with the Ethiopian Catholic Secretariat (ECS) to provide comprehensive PMTCT and ART services in the selected facilities. AIDSRelief will provide HCT for all pregnant women in the ten health facilities and through outreach activities. AIDSRelief will provide ART prophylaxis for eligible women, ensuring integration of PMTCT services into other ongoing services provided at the sites.
AIDSRelief will use ANC and labor and delivery as entry points for HIV care and treatment and will emphasize the importance of HCT for both the pregnant woman and her partner as part of the ANC service. AIDSRelief will also strengthen linkages for PMTCT with other services between and within the health facilities. Pregnant mothers will be referred from the satellite clinics to ANC-providing sites following the health network model.

Various community sensitizations for PMTCT will be conducted at site level and through community networks in order to increase women's awareness of the program. Community sensitizations specifically targeting men and opinion leaders will focus on the importance of ANC in general, as well as PMTCT services.

AIDSRelief will give emphasis to ensure:
• Opt out Testing of pregnant women
• CD4 testing and staging for ART;
• Male and family involvement;
• Use of PMTCT TC tool;
• Use of combined prophylaxis;
• Availability of PMTCT commodities and preventive care packages;
• Distribution of job aids and IEC materials;
• Training of service providers in PMTCT, patient-centered care, and infant feeding;
• Strengthening of Mother Support groups (MSG) through training, materials, IGA linkages (i.e. urban gardening program), literacy schemes, mixed male-female groups, and IEC messages to increase male partner involvement;
• Strengthen PMTCT M&E; ensure uninterrupted supply and utilization of national documentation tools; mentor staff for site-level ownership.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	100,000	

Narrative:

CRS/AIDSRelief is a new partner in HVTB. CRS will build on its experience to support TB/HIV services in ten health facilities. CRS will strengthen linkages and referrals between TB and HIV services,

screening all HIV+ clients for TB at each visit, providing PICT for all TB patients, and referring patients into care. HIV+ clients without active TB will be provided IPT. All co-infected individuals will be given CPT and initiated on ART if eligible. In COP 2010, CRS will provide TA to establish intensified TB case-finding at all sites by conducting needs assessment and screening of family members for co-infected patients. TA will promote good TB case management by following national guidelines; reconciling TB/HIV records to ensure patient tracking, effective case finding and referral; and monitoring of MDR-TB. CRS will work with HEWs and existing community groups led by case managers to support an integrated HIV/TB co-infection services via a family-centered approach. This intervention will also include assessing the potential formation of support groups for PLHIV caregivers and encouraging health facility community staff to engage community leaders, religious leaders, and other community stakeholders in patient support. CRS will pilot a community-based TB screening tool, identified as a best practice in Rwanda as a means of intensified case finding and to ensure referral to the nearest health center. Developing treatment preparation, support and community follow-up strategies will assist in promoting adherence to TB treatment and reducing the risk of MDR. To reinforce the linkages and assure the continuum of care, CRS will use existing faith-based networks and other CBOs to support HIV patients at the community level. Training will include TOT skills in order to build capacity of the health facilities to conduct step-down training. Moreover, the program will conduct community sensitizations focusing particularly on community and religious leaders as they will be essential in the success of community level support to PLHIV. CRS being within PEPFAR will play its part in Global Health Initiative (GHI).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10663	**Mechanism Name: Capacity building assistance for global HIV/AIDS microbiological Lab program development**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: The American Society of Microbiologists (ASM)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 175,000	
Funding Source	**Funding Amount**
GHCS (State)	175,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

ASM in coordination with CDC-Ethiopia, MOH, and EHNRI will continue and expand its technical assistance to the Ethiopian public health laboratory network, with emphasis on clinical microbiology, including tuberculosis (TB), other opportunistic infections (OI), and sexually-transmitted infections (STI). ASM will engage indigenous universities and local organizations to build capacity, transfer technology and ensure sustainability. The activities proposed by ASM for COP 2010 are outlined below and are in line with the laboratory master plan:

Objective 1 : Improve human resources and laboratory infrastructure for OI and STI diagnostics

Activity 1: Reinforce core functions of the Central Microbiology Laboratory (CML) -

ASM mentors will continue to provide onsite training to the CML staff in routine and specialized clinical microbiology (bacteriology, mycology and parasitology) procedures, including antimicrobial susceptibility testing; efficient lab operation and workflow; and QA/QC procedures.

Activity 2: Improve surveillance and referral networks for microbiological diseases -

ASM will assist with the development of expanded test panels, national guidelines and SOPs for specimen collection, transport from health centers and hospitals and subsequent testing, as well as recording and reporting of test results

Activity 3: Strengthen pre-service, in-service, and continuing medical education for microbiology-

ASM will partner with EHNRI, I-TECH, major local and US-based universities, and other institutions involved in educating Ethiopian lab scientists to strengthen clinical microbiology curricula.

Activity4: Support for national microbiology External Quality Assurance (EQA) program -

ASM consultants will provide continuous onsite supervision and training for strengthening of national microbiology EQA program. This will include mentoring on providing feedback for supervisory visits and panel test results, and data analysis.

Activity 5: Support implementation of goals set forth by National Strategic Plan -

ASM consultants will provide guidance with implementing the goals defined in the National Strategic Plan for Clinical Microbiology, along with determining how to measure and evaluate implementation.

Objective 2: Improve human resources and laboratory infrastructure for TB diagnostics

Activity 1: Strengthen the National TB Reference Laboratory (NRL) and the regional laboratory at St. Peter's Hospital for TB liquid culture and DST -

ASM mentors will continue to train staff at these labs on basic TB culture procedures, instrument operation and maintenance, and QA/QC
Activity 2: Decentralization of TB liquid culture and DST to regional laboratories -
ASM, in coordination with other stakeholders such as Foundation for Innovative New Diagnostics (FIND) and UNITAID , will assist with decentralization of TB liquid culture and DST in other regional labs.
Activity 3: Strengthen EQA for AFB smear microscopy -
ASM consultants will provide continuous onsite supervision and training for strengthening of AFB microscopy EQA program including blinded rechecking, supervisory visits, and panel testing; providing feedback on results; and data analysis.
Objective 3: Support the introduction of new diagnostic tools for TB, OI and STI

ASM will partner with EHNRI, FIND and other organizations to assess introduction of new diagnostic tools for microbial infectious diseases including PCR for rapid detection of STI and line probe assay for identification and DST of TB.
Objective 4: Assist with creation/strengthening of local microbiological and public health laboratory society(ies)
ASM will use its experience and resources to assist in the development of a formal infrastructure at the national level that can effectively advocate for policy reforms toward improving laboratory quality systems. At the center of the advocacy strategy is the strengthening of Ethiopian Public Health Laboratory Association. This will ensure local capacity building and sustainability.
Objective 5: Support TB/HIV integration
Technical assistance for TB/HIV management -
ASM will assist the MoH in strengthening better management of TB/HIV co-infection, including routine referral of all TB patients for HIV counseling and testing, and prophylactic cotrimoxazole and other preventive therapies to HIV-infected patients who are tuberculin skin test positive.
Monitoring and Evaluation
ASM's M&E expert will work closely with Ethiopian stakeholders to report results according to the nationally developed M&E scheme, as well as assist with identifying additional quality indicators for each activity supported through this funding mechanism. Regular reports to inform progress of the implementation of these strategies will be provided. ASM maintains no in-country presence and works in tandem with local CDC laboratory personnel who are co-located in EHNRI, thereby maximizing efficiency in terms of cost and having technical assistance appropriately targeted in advance.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	80,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10663		
Mechanism Name:	Capacity building assistance for global HIV/AIDS microbiological Lab program development		
Prime Partner Name:	The American Society of Microbiologists (ASM)		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	175,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10670	**Mechanism Name: Drug Quality Assurance**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: United States Pharmacopeia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHCS (State)	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The quality of medicines determines their effectiveness and safety and, hence, the health outcome of the patient. If the quality of medicines is compromised, investments in pharmaceutical commodities, health systems and pharmaceutical management systems are negated. Assuring medicine quality signifies that the medicine reaching the patient is efficacious, safe and of appropriate quality for a positive health outcome.

Developing countries are at particular risk of having counterfeit or substandard medicines circulate in their markets because of a lack of demand for good-quality medicine (undue focus on price over quality), lack of effective regulatory oversight of medicines in circulation, inadequate financing of health programs, and a paucity of skilled personnel in quality assurance and control systems. The reality of weak legislation, lack of political will, and limited commitment to law enforcement also play an integral role in the proliferation of poor-quality medicines.

In order to address these systemic challenges, under this award the United States Pharmacopeia (USP) will draw upon its expertise in pharmacopeia education and standards setting authority to provide technical assistance to the Drug Administration and Control Authority (DACA) of Ethiopia, to strengthen its regulatory functions, quality assurance and quality control capabilities. USP sets standards, recognized by the Congress of the United States which enable the detection of counterfeit and sub-standard medicines world wide. With International Standards Organization (ISO)-accredited quality control laboratories in India, China, Brazil and the United States, USP is aptly suited to conduct testing of various medicines and training of quality control (QC) lab staff in various countries. Under this award, the system of drug registration, post-market surveillance and quality control of medicines will be strengthened, thereby contributing to the strengthening of the entire health system. In addition, USP will work with DACA to develop policies, systems and procedures to promote good practices, increase accuracy, trust and performance.

Specific areas of the health system that will be strengthened include: (1) strengthened regulatory capacity and increased oversight to detect counterfeit and sub-standard medicines; (2) improved governance in licensing and inspection of facilities and established norms and standards in medicine registration; (3) improved knowledge base on quality, safety and effectiveness of medicines and data used to inform medicine selection and regulatory decisions; and (4) an established accredited laboratory institution for the quality control of pharmaceuticals, recognized by international and donor organizations and participating in testing of commodities for such organizations.

The USP intervention will be focused on the central quality assurance and quality control system at DACA in Addis Ababa with the goal of strengthening the regional systems in future interventions.

In order for the award to be cost-effective, USP will leverage the resources of other mechanisms conducting similar or related activities in the country. For example, DACA will be encouraged to include quality assurance and quality control systems strengthening in future Global Fund To Fight AIDS,

Tuberculosis and Malaria (GFATM) proposals. Also collaboration will be established with World Bank health systems strengthening initiatives and activities will be aligned where appropriate. USP activities will be aligned with Management Sciences for Health/Strengthening Pharmaceutical Systems (MSH/SPS), ensuring that they are complementary and not duplicative. USP will work closely with MSH/SPS to align pharmaceutical management activities with quality control of commodities. A joint work plan will be developed to ensure consistency and complementarity.
Under this award, USP activities will benefit both PEPFAR and the Presidential Malaria Initiative (PMI) because DACA will also be used to assure the quality of antimalarials. The quality of anti-TB medicines can also be assessed because similar lab techniques are needed to test these medicines. The benefits of the interventions will also be cross-cutting because they will contribute to human resource development in the areas of improved management skills of DACA staff and improvement in quality systems.
In the area of economic strengthening, laboratories will be equipped to provide testing services for the private sector which would then generate funds to sustain and maintain the equipment.
Monitoring and evaluation measures will be put in place to monitor program effectiveness and impact on DACA in particular and on Ethiopia health system as a whole. Program effectiveness will be monitored and evaluated by the following indicators: number of new medicines registered per year, time taken for dossier review and registration of new products, number of DACA staff trained on good drug registration practices, at least one full round of sampling and testing of ARVs completed by end of 2010, number of regulatory actions taken against unregistered products and sub-standard and counterfeit medicines circulating in the country, all key standard operating procedures (SOPs) drafted and implemented and the quality manual completed by DACA quality control laboratory, and progress made (modules completed) toward accreditation of the laboratory by ISO 17025 and/or World Health Organization (WHO) prequalification.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10670**

Mechanism Name:	Drug Quality Assurance		
Prime Partner Name:	United States Pharmacopeia		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	1,000,000	

Narrative:

The main goal of United States Pharmacopeia (USP) support is to strengthen medicine quality assurance systems in Ethiopia. USP will address the quality assurance gaps by working closely with the Drug Administration and Control Authority (DACA) to strengthen three critical functions in quality control and quality assurance of antiretrovirals (ARVs) and other medicines: 1) Drug Registration; 2) Drug Quality Control laboratory tests, and 3) Post Marketing Surveillance. It received Presidential Malaria Initiative (PMI) funding and leverages this wrap-around resource with PEPFAR funds.

Drug Registration is a major function of DACA and it is critical in assuring quality of medicines. DACA does not have complete control over the medicines circulating in the market because many are not registered. Improving drug registration practices would give DACA better control and oversight of imported and locally produced medicines in the country. Good registration practices ensure that only medicines that meet the strict standards of efficacy, safety and quality are allowed on the market.

Drug Quality Control

DACA operates a drug quality control and toxicology laboratory. Based on recent assessments, major constraints were identified regarding competency of the lab staff, calibration of equipment and lack of proper quality systems in the lab. USP has developed an implementation plan for the DACA lab to become proficient in compendial testing and to be accredited for the International Standards Organization (ISO) 17025 and/or World Health Organization (WHO) prequalification.

Post Marketing Surveillance Program

In an effort to ensure that ARVs imported into the country are of good quality, a robust post-marketing surveillance of the quality of ARVs and other medicines is critically important. The quality of medicines can be compromised by storage and distribution practices and infiltration of counterfeits of legitimate products could compromise treatment programs.

Indicator targets will be established in order to measure the effectiveness of interventions including number of trainings in drug registration, number of samples tested in post-market surveillance, and standard operating procedures developed by the DACA.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11033	Mechanism Name: Strengthening PEPFAR Visibility
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Grant
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 600,000	
Funding Source	**Funding Amount**
GHCS (State)	600,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This program is being implemented by Public Diplomacy TWG and PEPFAR implementing partners in Ethiopia in coordination with the Government of Ethiopia and with technical assistance from USG agencies including the Public Affairs section of the Embassy.

This is a new activity. During the past two years, it has become clear that one of the major challenges for increasing the visibility of PEPFAR Ethiopia success and significant contribution to the changing landscape in AIDS and related areas in Ethiopia is, the absence of clear budget dedicated for public diplomacy activities in the COP and a comprehensive interagency communication plan. During FY 2008 and FY 2009, PEPFAR Ethiopia Public Diplomacy Technical Working (PDTWG) was repeatedly requested for major communication and public relation support activities. There is a palpable need to engage in technical support provision for local health journalists; as well as build the communication capacity of implementing partners. These demands resulted in PDTWG expending the limited human and financial resources to respond to these requests appropriately, in many of which cases the resources obtained did not meet the requirements, and some activities were put on hold because of resource limitations.

In the past years communication activities were carried out with limited budget from the PEPFAR Ethiopia Coordination Office; despite lack of a pro-active annual plan on advocacy. The communication team were also engaged in Non-PD activities and their members have reduced slightly over recent months.

Over the past two years, the PDTWG has greatly contributed to an increase in the visibility of PEPFAR programs through organizing events; various media relations activities; facilitation of site visits; and

production of publicity materials. Over the past two years alone, the PDTWG in collaboration with partners has produces more than twenty stories for the Annual Progress Report, organized capacity building workshops for more than 40 partners and successfully organized several PEPFAR site visits to government delegations including VIPS and CoDels. In addition, in connection with International days, the working group has commemorated different concepts, publicizing them to various audiences. The group has been involved in countering misinformation and managing media crisis.

In light of the underlying significance on how communication efforts must change in line with OGAC's vision for the enxt stage of PEPFAR and the Partnership Framework, PEPFAR PDTWG has adopted a blue print of an agency wide communication strategy and has expanded the team size to help carry out its planned activities.

The overarching strategies that feed in to the overall USG mission are: Create, increase and sustain positive visibility and awareness of USG contribution to improve the public health through PEPFAR in Ethiopia; emphasize the collaboration between the USG agencies, implementing partners and the Government of Ethiopia in the fight against HIV/AIDS in Ethiopia; establishing a clear brand identity for PEPFAR that will position it as one of the leading programs in the fight against HIV/AIDS in Ethiopia; facilitate information sharing amongst stakeholders of the Emergency Plan; underscore partnerships with local leadership and communities in the implementation of PEPFAR; leverage the capacity of local and international journalists and implementing partners to tell the PEPFAR story to Ethiopians and the wider world and work in collaboration with PEPFAR partners to advocate behavioral change.

This activity targets various audiences: the Office of Global AIDS Coordinator; the GOE, PEPFAR implementing partners, international and local media, Ethiopian general public and the USG staff. The group understands that the factors that diversify our audiences not only define the contents of the information but also the method we use to communicate. Some of these factors include, among others, level of involvement in PEPFAR programs, access to information technology, location, interest, and literacy level. In order to reach our audiences effectively, the group will employ a mix of communication mediums and channels.

This activity aims to inform document and disseminate to its audiences that the PEPFAR program is a success story of shared responsibility and collaboration between the USG, GOE and civil society. The activity will also encourage efforts of local non governmental organizations and civil societies to continue to tell the PEPFAR story.

To support the implementation of this strategy, the PDTWG aims to integrate the expertise of USG agencies, partners and work on building and sustaining Public Diplomacy support for PEPFAR programs. This activity will help to increase the quality of PEPFAR success stories; reach target audiences, increase agencies, partners and government of Ethiopia understanding of PEPFAR contribution in the improvement of Public Health in Ethiopia. A standard monitoring and evaluation tool including questionnaire will be prepared and distributed to various audiences to receive feedback in order to verify the effectiveness and responsiveness of this activity.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11033**
Mechanism Name:	**Strengthening PEPFAR Visibility**
Prime Partner Name:	**U.S. Department of State**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	200,000	

Narrative:

PEPFAR II will require a transition from ?emergency to a routine public health service delivery and development program. Thus, in COP10, the PEPFAR Ethiopia SI team will adopt major country specific SI tools to assess the quality of data collected on key PEPFAR indicators, and the data utilization experience for evidence based planning and decision making.

It is clear that the Data Quality Assurance Tool for Program-Level Indicators have not yet been updated to reflect Next Generation Indicators. The PEPFAR Ethiopia SI team will continue to assess the DQA tools to support the strengthening of PEPFAR Ethiopia team's ability to collect, analyze and report (semi-annually and annually) valid, accurate, and consistently high quality data related to implementation that may include the following:

1. In-country use of the PEPFAR Data Quality Assurance Tool for Program Level Indicators
2. Data quality,De-duplication, Use of spatial data for program planning and Other relevant software Training as part of data quality measure will be designed for PEPFAR Ethiopia USG SI staffs, implementing partners and host government partners.
3. Establishing Central database for PEPFAR supported data to be used for evidence based planning and decision making by the interagency USG country team and the hosting government.

4. Design Sensitization and orientation workshops for USG team, Implementing partners, hosting government and other stakeholders on better analysis and use of program monitoring data for Evidence-Based Program Planning and Improvement
5. Strengthen the partnership of SI and programs a future direction is to strengthen collaboration between M&E and program specialists
6. Build country capacity to conduct program evaluation and operations research
7. Build and support a future SI workforce: For COP 10, PEPFAR Ethiopia are planned to consider the following:

a. Sponsorship of short- and medium-term training opportunities for M&E officers
b. Building networks of SI professionals and disseminating monthly PEPFAR Ethiopia Quarterly bulletins
c. Using mentorship and supportive supervision methods to build sustainable SI capacity among PEPFAR Ethiopia partners and sub-partners
d. Development of Interagency SI team capacity in strategic Information
e. Inclusion of PEPFAR Ethiopia program managers and non-SI staff in SI related workshops to promote the integration of SI with program areas and promote data use among non-SI staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	400,000	

Narrative:

This activity comprises of two seperate entities: a) Public Diplomacy - Ensuring PEPFAR has sufficient capacity to strengthen public diplomacy activities through communication efforts to showcase country ownership of the program and to provide needed technical support. In COP 2010 support will be provided to regional level Public diplomacy activities. This will help build the capacity of journalists who report on health related issues as well as educating them on PEPFAR activities.
The new activity will aim to build on sucess stories and build upon USG interagency communication experiences in dealing with media, brand awareness, storytelling for public relations and advocacy, use of technology, and site visits to work towards OGAC's vision of showcasing local organizations' capacity to implements PEPFAR programs; and in the long run, PEPFAR's contribution in building the capacity of local NGOs and the government of Ethiopia.
The program involves various media relation activities, program site visits, capacity building activities, event organizing, publishing PEPFAR stories through major outlets to reach targeted audiences, advocacy and establishing a strong branding identity.
In order to fit in the overall USG mission, a link will be established with communication efforts of other USG funded activities. The activity will leverage resources from wrap around activities funded by USG, among other PMI, TB cap, Education, Gender and family planning.

The plan presents the new approach of organizing and managing the communication flow in an integrated manner; thereby communicating to our audiences a unified message and presence that is consistent with OGAC's vision.
b) PEPFAR Small Grants Program:This is a continuing activity from COP09. The Small Grants Program will continue providing financial support that enables community- and faith-based organizations, as well as groups of PLWH, to implement HIV/AIDS prevention and care and support activities aligned with PEPFAR Ethiopia's COP10 priorities.
Since 2007, this Program has provided financial support to 27 projects – 22 Care and Support and five Prevention- totaling $618,378.57 and benefiting 1,683,756 people living in five regions across the country. Supported projects include: 1) comprehensive support to OVC; 2) generated sustainable income for PLWH, OVC guardians, and those at high risk for HIV/AIDS; 3) raised public awareness of HIV/AIDS with special attention 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 the uptake of HIV/AIDS services.
The program's challenges center on the limited capacity of the applicants, whose program designs, implementation plans and technical proficiency often are inadequate. In response, in COP10 SPO staff will identify and engage prospective applicants and grantees in capacity building opportunities available through PEPFAR Ethiopia. (e.g., PEPFAR Ethiopia New Partners Initiative partner, partners' retreats, and meetings).
Grant applications are reviewed by relevant TWGs for technical soundness; Small Projects Office staff will conduct organizational assessments to determine the grantees.
Emphasis on sustainable programming 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.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11034	**Mechanism Name: Urban HIV/AIDS Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: World Food Program	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 11,177,971	
Funding Source	**Funding Amount**
GHCS (State)	11,177,971

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Since 2003, the World food program's (WFP) urban HIV/AIDS project "Supporting households, women and children infected and affected by HIV/AIDS", has been addressing the food and nutrition needs of people living with HIV/AIDS (PLWHAPLWHAA), women attending prevention of mother-to-child transmission (PMTCT) services and orphans and vulnerable children (OVC). The overall goal of the project is to assist food insecure HIV/AIDS infected and affected households to develop their capacities to cope with the impacts of HIV/AIDS through the provision of food and nutrition assistance.

The general objectives are to: (1) improve the nutritional status and quality of life of food insecure PLWHAPLWHAA on Home Based Care (HBC), Antiretroviral Therapy (ART), and PMTCT, (2) promote adherence to ART and compliance to PMTCT services, (3) to contribute to the improvement of school attendance of OVC and (4) develop the economic capacities of beneficiaries graduating from the project to meet their nutritional needs. The life saving nutritional support will assist PLWHAPLWHAA to adhere to ART contributing to the better outcome of their treatment. By adding a food component to PMTCT services, WFP aims to encourage the enrollment and compliance to the service packages and assist HIV positive pregnant women and nursing mothers to meet their nutritional requirements for better pregnancy and birth outcomes.

The project targets food insecure and malnourished adult PLWHAPLWHAA on pre ART follow up and on ART with a body mass index of < 18.5, women from food insecure households attending PMTCT services and OVC, prioritizing double orphans, child-headed and women-headed households that are food insecure. PLWHAPLWHAA needing food assistance will be identified at a community level by home-based care providers and referred to the project where nutritional and clinical assessment will be conducted for food assistance and referral to health institutions. On the other hand, malnourished PLWHAPLWHAA who had already undergone nutritional and clinical assessments at health institutions but still requiring food assistance will be directly referred to the project. PMTCT service providers will refer clients requiring food assistance to the project while OVC will be selected for assistance at kebele level through a coordination committee established to undertake beneficiary selection and graduation

process. The food ration provided by WFP will complement the food contribution provided by other multilateral and bilateral donors and that received from PEPFAR Ethiopia for individuals infected and affected by HIV/AIDS.

The three categories of beneficiaries will be graduating from the project based on their respective graduation criteria. Graduating beneficiaries will be linked to complimentary sustainable livelihood initiatives. In addition, they will be provided with opportunities to meet and discuss on issues related to HIV/AIDS and provided with services to meet their emotional and information needs. These meetings and discussions will be held every month at food distribution sites and will be facilitated by trained facilitators and invited resource persons to transfer key nutrition, prevention, positive living and reproductive health messages.

The project will be implemented in selected most populous towns in Ethiopia that are food insecure and with a high rate of adult HIV prevalence. These towns include Axum, Adwa, Mekele in the Tigray region, Bahirdar, Gondar, Dessie, Debremarkos, kombolcha, Woldya and Debrebirhan in Amhara region, Debreziet, Adama, Mojo, Shashemene, Jimma and Nekemte in Oromia region, Dilla, Wolayta Sodo, Awassa and Arbaminch in Southern Nation Nationalities region, Harar in Harari region, Addis Ababa city administration and in DireDawa City administration. The project is designed to build upon and compliment existing care, support and treatment services, hence is linked to home based care, ART, PMTCT, pediatric AIDS care and OVC care for maximum impact. Linkages to the upcoming food by prescription and to projects that promote nutritional well being through sustainable community interventions will be created and strengthened. WFP will implement the intervention through a range of government, non government organizations (NGO) and community-based organizations (CBOs) in each project area. Each town has a coordination committee that is composed of representatives of town HIV/AIDS Prevention and Control Offices, health bureau, health service providers, NGO partners, CBOs, PLWHAPLWHAA associations and kebele HIV/AIDS committees. The coordination committee members are also members of their catchment health networks in which PEPFAR partners are participating to further strengthen complimentarity and coordinate service delivery. Home-based care providers of partners working on the food and nutrition assistance project will be trained on nutrition counseling while nutrition assessment and results-based management trainings will be provided to home care supervisors to develop their capacity in appropriate targeting and results-based implementation. In partnership with the World Health Organization (WHO) WFP's existing training manuals will be reviewed to upgrade and keep the quality of the trainings. This project will be monitored through WFP's Results Based Management (RBM) system, the Action Based monitoring (ABM) system and through town level and regional review processes.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	134,323
Food and Nutrition: Commodities	7,366,403
Food and Nutrition: Policy, Tools, and Service Delivery	1,221,734

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11034**
Mechanism Name:	**Urban HIV/AIDS Program**
Prime Partner Name:	**World Food Program**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	4,654,746	

Narrative:

The project will address the food and nutrition needs of 18,719 malnourished and food insecure PLWHAPLWHAA, to improve their nutritional status and quality of life. This will address 33% of the National Multi Sectoral Plan for Universal Access. The project targets food insecure and malnourished adult PLWHAPLWHAA with a body mass index (BMI) of <18.5 on ART and on pre ART follow up. The project is designed to build upon and compliment existing care, support and treatment services establishing linkages to projects promoting nutritional well being and food by prescription. Beneficiaries are identified both at community and health institution level. After six months on food assistance beneficiaries will be nutritionally assessed and those with a BMI of 18.5 and above will start receiving half rations for additional three months before graduating while those with BMI of < than 18.5 will continue to receive food support till they meet graduation criteria. Beneficiaries will be linked to sustainable livelihood initiatives before graduation. The food ration is a supplementary household ration where WFP employs the contribution from other donors to cover the household part. 3,993 metric tons of food will be procured for the food basket which contains cereals to supplement carbohydrate requirements, pulses to supplement proteins, blended foods to supplement micronutrients and vegetable oil to provide energy. Provisions are made for beneficiaries to discuss issues on nutrition and positive living to meet their information needs. The project will be implemented in selected most populous towns in Ethiopia that are food insecure and with a high rate of adult HIV prevalence. These towns are Axum, Adwa, Mekele, Bahirdar, Gondar, Dessie, Debremarkos, kombolcha, Woldya, Debrebirhan, Debreziet, Adama, Mojo,

Shashemene, Jimma, Nekemte, Dilla, Wolayta Sodo, Awassa, Arbaminch, Harar, Addis Ababa and Dire Dawa City administrations. WFP implements the intervention through a range of partners. Equipment for nutritional assessment and trainings on nutrition counseling and assessments will be provided to partners. This project is monitored through WFP Results Based Management (RBM) system and project reviews.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	4,900,825	

Narrative:

The project will address the food and nutrition needs of 20,875 food insecure OVC to contribute to the improvement of school enrollment and attendance. Food and nutrition assistance for OVC has a profound impact in reducing school drop-out rates and promoting enrolment. OVC are selected for assistance at kebele level through a coordination committee established to undertake beneficiary selection and graduation process. Double orphans, orphans in child headed and women headed households and female orphans in food insecure households are given priorities. The project is designed to build upon and compliment existing OVC care and support services for maximum impact. The project is implemented in partnership with a range of government, non government and community-based organizations (CBOs) providing a range of OVC care and support services that include mental, physical, emotional, social and spiritual support. A 2008 annual survey indicated that the percentage of OVC on food and nutrition assistance, in addition to other psychosocial support, enrolled in school had increased from 80.1% to 97.4% while the percentage of those attending 80% of the school days increased from 90% to 98%. 4,453 Metric tons of food will be procured for the monthly food basket which contains cereals, pulses, blended foods and vegetable oil. Provisions are made for older OVC and guardians to discuss issues on HIV/AIDS to address their information needs through beneficiary discussions held at food distribution sites. These discussions are facilitated by trained facilitators and invited resource persons to transfer key messages on nutrition, prevention and OVC psychosocial support needs. The project will be implemented in selected most populous towns in Ethiopia that are food insecure and with a high rate of adult HIV prevalence. These towns are Axum, Adwa, Mekele , Bahirdar, Gondar, Dessie, Debremarkos, kombolcha, Woldya , Debrebirhan, Debreziet, Adama, Mojo, Shashemene, Jimma, Nekemte, Dilla, Wolayta Sodo, Awassa, Arbaminch, Harar, Addis Ababa and DireDawa City administrations. This project is monitored through WFP Results Based Management (RBM) system and project reviews.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,622,400	

Narrative:

This activity will address the food and nutrition needs of 17,597 food insecure women attending ANC/PMTCT services to promote compliance for better pregnancy and birth outcomes. This will address 36% of the national Multi Sectoral target for universal access. Beneficiaries are identified at the community level by home care givers and linked to PMTCT service providers who will screen and refer to the project those requiring food assistance. Each quarter, beneficiaries must present medical certificates issued by PMTCT service providers indicating their compliance. In COP 2008, this demonstrated 100% compliance by all recipients. At 18 months, mothers will have their children tested and after a period of 24 months, mothers of HIV negative children will graduate from the project while mothers with HIV positive children will be reassessed for further assistance. The food ration is supplementary a household ration where WFP employs a contribution from other donors to cover the household part. 3,754 metric tons of food will be procured for the food basket which contains cereals to supplement carbohydrate requirements, pulses to supplement proteins, blended foods to supplement micronutrients and vegetable oil to provide energy. Beneficiaries will be linked to sustainable livelihood initiatives before graduation. Opportunities are created for beneficiaries to discuss issues on PMTCT to meet their information gaps. The project will be implemented in selected most populous towns in Ethiopia that are food insecure and with a high rate of adult HIV prevalence. These towns are Axum, Adwa, Mekele in the Tigray Region, Bahirdar, Gondar, Dessie, Debremarkos, Kombolcha, Woldya and Debrebirhan in Amhara Region, Debreziet, Adama, Mojo, Shashemene, Jimma and Nekemte in Oromia Region, Dilla, Wolayta Sodo, Awassa and Arbaminch in Southern Nation Nationalities Region, Harar in Harari Region and in Addis Ababa and DireDawa City administrations. WFP implements the intervention through a range of partners. Trainings on nutrition counseling and nutrition in PMTCT will be provided to partners in collaboration with the World Health Organization (WHO). This project is monitored through WFP's Results Based Management system and project reviews.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11036	**Mechanism Name: Comprehensive prevention and response program to HIV/AIDS in Adi Harush, Shimelba,MyAyni Refugee camps**
Funding Agency: U.S. Department of State/Bureau of Population, Refugees, and Migration	Procurement Type: Cooperative Agreement
Prime Partner Name: International Rescue Committee	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 838,625	
Funding Source	**Funding Amount**
GHCS (State)	838,625

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives

The goal of this project is to decrease the incidence of HIV infection and to improve the quality of life for those affected by HIV/AIDS in Shimelba, My'Ayni, and Sherkole Refugee Camps and surrounding host communities.

Geographic Coverage and Target Population

Shimelba and My'Ayni Camps have a combined population of 23,499 refugees, composed primarily of young Tigringa Eritrean males. Sherkole Camp has a population of 3,271 refugees of Sudanese and Great Lakes origin. IRC activities will cover the three camps and the rural areas immediately surrounding them.

Health System Strengthening

IRC will conduct trainings for ARRA and IRC health staff and community-based providers in all three camps on needs-assessed topics including palliative care, diagnosis and management of opportunistic infections, drug supply management, clinical care for sexual assault survivors, and universal infection prevention. IRC will provide testing reagents and materials to ARRA laboratories to ensure that they can conduct essential tests to inform treatment of PLWHA. IRC will also support ARRA to establish clinical care audits and checklists and will coordinate with health, protection, legal, and psychosocial sectors to maintain a referral pathway that ensures timely and responsive service delivery.

Cross Cutting Attributions:

Gender: Reducing Violence and Coercion

IRC will strengthen coordination mechanisms, build capacity, and provide training to relevant partners, and increase access to health and psychosocial services for survivors of GBV. IRC will also conduct regular outreach activities to raise awareness on GBV and reduce the fear of social stigma associated with GBV. Additionally IRC will refer rape cases to the ARRA health centers; this will promote access to post-exposure prophylaxis (PEP) and HIV counseling and testing. IRC will directly respond to GBV

through case management and psychosocial support of GBV survivors.

Economic Strengthening
IRC will establish a grants scheme to support income-generating activities for people living with HIV/AIDS (PLWHA), older OVC, and commercial sex workers (CSW). Targeted beneficiaries will submit proposals for income-generating projects, and IRC will provide grants of up to $2,000 per proposal. IRC will also provide beneficiaries with necessary start-up materials and technical assistance.

Education
To encourage access to education, IRC will provide guidance and material support to encourage OVC to regularly attend school. Currently, 100 OVC in Shimelba Camp are accessing tutorial services in the IRC child-friendly spaces; IRC will continue to provide these tutorial services in Shimelba and expand these services to Sherkole. In addition, IRC social workers will regularly follow up on the attendance of OVC in school and conduct home visits for children who have been absent from school to provide necessary support.

Key Issues:
Health-related Wraparound Programs
IRC will integrate family planning and the importance of prenatal, postnatal, and antenatal care into all VCT activities. This will enable clients to make informed reproductive health decisions and improve maternal and child health. IRC will refer PLWHA to the ARRA health center for TB testing and treatment.

Gender
IRC will increase women's legal rights and protection in terms of GBV by working with service providers from the health, protection, legal, and psychosocial sectors in a multi-disciplinary approach. Through behavior change communication (BCC) methods and awareness-raising on GBV and gender issues, IRC will address gender roles and societal norms to promote behavior change. IRC will encourage male involvement in GBV prevention and response activities. Meanwhile, by targeting women as part of the income-generation projects in the camps, IRC will increase women's access to income and productive resources.

Strategy for Cost Efficiency
IRC leverages resources from UNHCR and PRM to ensure cost efficiency when attaining PEPFAR objectives. The Administration for Refugee and Returnee Affairs (ARRA) and UNHCR maintain coordination roles within the camps, and IRC has a close working relationship with both agencies. IRC staff regularly consult and coordinate with these organizations to ensure that efforts are not duplicated and resources are used in a cost-effective and efficient manner. IRC will also strengthen linkages the

Woreda Health Offices, the Regional Health Bureaus, and the HIV/AIDS Prevention and Control Office for work in local communities. Links will also be strengthened with the Assosa and Shire hospitals for delivery of advanced medical services. IRC will work with other PEPFAR partners such as PSI on condom social marketing and access to pre-packaged STI drugs.

Monitoring and Evaluation Plans
Data is compiled by the field staff on a monthly basis to ensure that necessary information can be manipulated to extrapolate pertinent information. Quality assurance of services delivered will be assessed through internal program reviews, including records review, site visits, and beneficiary interviews. IRC will address any bottlenecks in implementation and ensure the participation of the intended beneficiaries. To draw lessons from implementation, IRC will conduct an end-of-program evaluation to serve as the basis for modifying, expanding, and/or strengthening the program.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	7,460
Education	2,850

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Mobile Population

Budget Code Information

Mechanism ID:	**11036**
Mechanism Name:	**Comprehensive prevention and response program to HIV/AIDS in Adi Harush, Shimelba,MyAyni Refugee camps**
Prime Partner Name:	**International Rescue Committee**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	186,620	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	150,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	200,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	17,600	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	158,405	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	126,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11037	**Mechanism Name: IMAI**

Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,500,000	
Funding Source	**Funding Amount**
GHCS (State)	1,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This continuing activity from COP 2009 focuses mainly in developing capacity of health care providers and HIV/AIDS program managers at different levels to provide improved services of comprehensive HIV prevention, care and treatment using Integrated Management of Adolescent & Adult Illness and integrated Management of Childhood Illness (IMAI/IMCI) methodology.

Over the last five years, Ethiopia's response to the HIV/AIDS epidemic has shown considerable progress and achieved encouraging results. This progress was noted across all sectors but, most notably, in the health sector response of HIV/AIDS. Currently the government of Ethiopia is scaling up the HIV prevention, treatment, care and support services towards universal access by 2010. In line with this, the country is decentralizing the HIV treatment (ART) and care services and to date a total of 449 ART sites (125 hospitals and 324 health centers) have started providing the service. As a result, more than 371,000 PLWHAPLWHAA have been enrolled in HIV care and treatment services while more than 206,000 eligible PLWHAPLWHAA have been started with ART in the country.

In support of the scale up, WHO is contributing to the national efforts by providing technical and financial assistance to MOH/HAPCO at different levels through expanding access to HIV testing and counseling, scaling-up ART, care and support, maximizing HIV prevention in the health sector, generating and using strategic information as well as strengthening and expanding health systems. Accordingly, WHO has contributed in development of national normative guidelines, strategic documents, training materials, tools and capacity building of health workers and HIV program managers based on IMAI/IMCI. Additionally, WHO has contributed in conducting national HIV programs' assessments, supportive supervisions and review meetings at different levels.

The geographic coverage for WHO will be national and target groups include general population including PLWHAPLWHAA. In continuing the activities, WHO in collaboration with PEPFAR Ethiopia key partners

will provide on-going technical assistance to MoH/HAPCO at different levels in further scaling up of comprehensive HIV prevention, treatment and care services in the country. This will be based on the principles of comprehensive public health approach which include simplification and standardization; decentralization in integrated delivery of care; equity; task shifting including participation of people receiving antiretroviral therapy and the community.

Activities will include: adaptation, standardization and dissemination of IMAI/IMCI new updates to be addressed in national comprehensive HIV care/ART training curriculum, tuberculosis care with TB/HIV co-management, Prevention of Mother to Child Transmission of HIV (PMTCT), reproductive health (RH) and family planning (FP). The integrated management approaches to health system using IMAI/IMCI will improve the case management of adult & pediatric ART services, TB/HIV co-management, STI management, 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 found the findings and recommendations of the PEPFAR Ethiopia/USAID mid-term evaluation of IMAI program in Ethiopia, September 2008, very crucial and timely in the process of improving the quality of the comprehensive HIV prevention, treatment and care services particularly at the health center level. In view of this, WHO will continue working with other PEPFAR Ethiopia/USAID, notably with MSH Care and Support Contract to address the gaps/challenges identified as well as the recommendations came out from the evaluation.

As to the quality of data on HMIS particularly the patient monitoring, WHO will continue supporting the MOH at different levels in strengthening the monitoring and evaluation system including electronification of patient monitoring data, conducting regular supportive supervisions and review meeting in order to have an improved quality of services. Strengthening of the non-ART data and establishing a coordinated linkage of HIV related activities within health facilities is very crucial. This will be done through regular site visits, during which review of recording and reporting formats will take place.

As one of the major components of health system strengthening is human resource, WHO will continue strengthening the health system through providing technical assistance to MOH on the implementation of the "Treat, Train & Retain" initiatives, seconding expert staff at the federal and regional levels as well as capacity building of the health workforces at different levels. Moreover, WHO will continue supporting the Global Fund Country Coordinating Mechanism (CCM) to facilitate, support and monitor the implementation of the Global Fund.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,162,500

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11037		
Mechanism Name:	IMAI		
Prime Partner Name:	World Health Organization		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	1,162,500	

Narrative:

For the COP 2010 WHO Ethiopia will continue being active member of different national technical working groups on the areas of HIV care and treatment. With this WHO will focus on updating new developments, adaptation, standardization, printing and dissemination of national normative guidelines, strategic documents, training materials, tools including job aids.

Based on IMAI/IMCI methodology WHO will provide trainings for different cadres of health care providers and these include the national comprehensive HIV care/ART training for the health centers' clinical team (physician/health officer, nurse, pharmacy personnel & lay adherence counselor), who treat the adult HIV positive clients in the health centers. In line with this, WHO will provide trainings for the Expert Patent Trainers, who will be utilized as facilitators in the comprehensive HIV care/ART trainings for health workers by simulating (role playing) different cases related to HIV care and treatment. WHO will also provide trainings for heath workers on STI syndromic case management, PMTCT (in context of strengthening and integration of PMTCT in the RH/MCH services), TB/HIV and clinical mentoring.

In building the capacity of health care providers through continued learning process and based on the findings on the national clinical mentoring assessment, WHO will provide support to the RHBs in development of regional clinical mentoring implementation plan and build the regional capacity to coordinate the clinical mentoring program. All these activities will be done in coordination with other PEPFAR Ethiopia partners particularly MSH Care & Support Contract in order to avoid any duplication of efforts.

In the area of strengthening the regional, zonal and woreda health structures on the comprehensive HIV prevention, treatment and care services, WHO will continue providing support to the regional, zonal and woreda HIV/AIDS program managers through District Coordinators Course (DCC) training based on IMAI. And this would capacitate the HIV program managers at different levels to have appropriate planning, regular supportive supervision and coordinate the comprehensive HIV prevention, care and

treatment services.
WHO will closely working with the RHBs, local universities and regional health colleges to create a pool of trainers in all regions. Thus, intensified training of trainers (TOT) will be conducted for the potential trainers selected from regional health facilities, public and private local universities and colleges. This would help the RHBs to cascade the required training of health care providers accordingly. On the other hand, as sustainability of the decentralized ART program is very crucial, WHO in partnership with PEPFAR Ethiopia, RHBs and local universities/colleges will focus on the further development and finalization of the pre-service training curriculum as well as on the pre-service training.
WHO will continue providing technical and necessary logistic support for MOH/RHBs to have regular supportive supervisions and review meetings to improve the quality of services. In the context of data management/monitoring and evaluation, WHO will provide support in capacity building of data clerks and data managers to improve the quality of data handling and reporting. In collaboration with relevant PEPFAR Ethiopia partners, WHO will continue working on the development of electronic (software) of patient monitoring data management system.
In the areas of "Train, Treat and Retain" initiative, WHO continue supporting the capacity building of health workers on Infection Prevention (IP) and PEP and will provide technical assistance MOH at different level in further development of health workers' retaining mechanisms.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	187,500	

Narrative:

World Health Organization (WHO) Ethiopia will continue to be an active member of different national pediatric technical working groups with focus on updating new developments, adaptation, standardization, printing and dissemination of national normative guidelines, strategic documents, training materials, and tools, including job aids.
Based on the integrated management of childhood illnesses (IMCI) methodology, WHO will continue to provide training for health care providers particularly at the health center level. Further, WHO will provide trainings for the expert patent trainers, who will be utilized as facilitators in the comprehensive HIV care/antiretroviral therapy (ART) trainings for health workers. To ensure sustainable technical capacity, WHO will work with the relevant partners to review and develop pre-service training curriculum.
As a way of building the capacity of health care providers through continued learning process, WHO will provide support to the Regional Health Bureaus (RHB) in development of regional clinical mentoring implementation plan and build the regional capacity to coordinate the clinical mentoring program. All these activities will be done in coordination with other PEPFAR Ethiopia partners particularly the MSH Care & Support program in order to avoid any duplication of efforts.
To strengthen local capacity for managing pediatric HIV programs, WHO will continue to provide support

to the regional, zonal, and woreda HIV/AIDS program managers through District Coordinators Course (DCC). Further, WHO will continue providing technical and necessary logistic support for Federal Ministry of Health/RHBs to have regular supportive supervisions and review meetings. In addition, WHO will provide support in capacity building of data clerks and data managers to improve the quality of data handling and reporting. In collaboration with relevant PEPFAR Ethiopia partners, WHO will also continue working on the development of an electronic (software) patient monitoring data management system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	150,000	

Narrative:

The Government of Ethiopia has Country Coordinating Mechanism (CCM) which 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 (2: the WR as CCM Member Representing Bilateral Institutions and the HIV/AIDS Team Leader as CCM Secretary as of August 2008); 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 PLWHAPLWHAA) (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, FY 2006, FY 2007, FY 2008 & FY 2009 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 COP 2010 to assure the successful management of Ethiopia's grants in HIV/AIDS, Malaria, and TB.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11040	Mechanism Name: HIV in Refugee Camps
Funding Agency: U.S. Department of State/Bureau	Procurement Type: Grant

of Population, Refugees, and Migration	
Prime Partner Name: UNHCR	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,293,762	
Funding Source	**Funding Amount**
GHCS (State)	1,293,762

Sub Partner Name(s)

Africa Humanitarian Action	Development and Inter-Church Aid Commission (DICAC)	Government of Ethiopia Administration of Refugees and Returnees Affairs (ARRA)
International Rescue Committee	Mother and Child Development Organization (MCDO)	Zuid OSt Asie (South East Asia) Netherlands (ZOA)

Overview Narrative

Mechanism Narrative:

1.1 Goal

To support and promote HIV and AIDS policies and programs to reduce morbidity and mortality and to enhance the quality of life among refugees and other Persons of concern (PoC) to UNHCR in Ethiopia

1.2 Objectives

a. To ensure that the human rights of UNHCR's PCs are protected in HIV prevention, treatment, care and support programs.

b. To coordinate, advocate for and effectively integrate HIV policies and programs in a multi-sectoral approach for PCs by strengthening and expanding strategic partnerships with key stakeholders.

c. To reduce HIV transmission and morbidity through scaling up effective prevention interventions to UNHCR's PoCs with an emphasis on community participation, especially among women, children and people with special needs, to ensure they have access to HIV prevention information and services.

d. To ensure that PoCs living with HIV have access to timely, quality and effective care, support and treatment services including access to anti-retroviral therapy at a level similar to that of the surrounding host populations.

e. To build and strengthen HIV knowledge and skills as well as to provide necessary technical tools to PoCs and those staff working with them.

f. To ensure that data on UNHCR's PoCs are reflected in national HIV surveillance, monitoring and

evaluation systems; to monitor and report on a regular basis PoCs' access to HIV prevention and treatment programs; to evaluate program performance and achievements using a results-based management approach; and to conduct operational research on new approaches to providing HIV prevention and treatment services to PoCs.

2. Geographic coverage & target population

The program will be implemented in Gambella (Fugnido camp), Benshangul gumuz (Sherkole camp), Tigray (Shimelba and My-Ani camps), Afar (Aysaita), Somali (Kebribeyah, Sheder, Awbarre and Bokolmanyo camps) and in Addis Ababa (urban program). The target population will be men and women refugees and surrounding host population of all age groups. The total target population is about 95,000 refugees (based on UNHCR August statistics).

3. Contributions to Health System Strengthening

• Integration of HIV/AIDS services into health care, strengthening referral linkage between the community and health facility through health education and recruiting social workers. Scale up of PMTCT through MCH integration and strengthening. To adopt and scale up evidence-based prevention services such as male circumcision, Prevention with Positives, syndromic STI management and antiretroviral treatment
• In-service training for health staff on various topics related to health service delivery in the context of HIV.
• Strengthen supply chain and procurement systems for free and socially-marketed condoms from UNFPA and ARV drugs and HIV test kits from regional health bureau offices

4. Cross-cutting programs

Economic strengthening: Vocational training, poultry rearing, multi-storey gardening. The latter involves growing vegetables for both subsistence and economic purposes.

Gender: This includes activities related to increasing women's legal rights and protection; Increasing gender equity in HIV/AIDS activities and services; Addressing male norms and behaviors and increasing women's access to income and productive resources.

TB: This program aims to reduce the number of deaths caused by TB by increasing detection of cases of TB, and by successfully treating detected cases, as well as addressing issues of multi-drug resistant TB and TB/HIV.

Workplace Programs: Activities that encourage implementing partners to provide HIV/AIDS care, treatment and prevention for their members, employees and family members.

Child Survival Activities: UNHCR will support activities related to provision of micronutrients, growth monitoring, improved infant and young child feeding.

Family Planning: UNHCR will strengthen linkages between HIV/AIDS, voluntary counseling and testing, voluntary family planning and reproductive health programs with emphasis on vulnerable populations, including women who are HIV-infected.

Safe Motherhood: This is explained more under MTCT budget code

End-of-Program Evaluation: This is explained under M&E below

5. Cost efficiency strategy
UNHCR will work towards strengthening partnerships and contributions from different funding sources (eg IGAD) and the government of Ethiopia (eg ARV drugs, HIV test kits etc). Wrap around activities will include programs supported by WFP (Therapeutic, supplementary and supplemental feeding), PSI (Training on condom demonstration and related topics and provision of related job aids), JHPIEGO (male circumcision project) and UNFPA (condom supply). JHU, ICAP and I-TECH will partner with UNHCR in providing HIV trainings and technical and material support in M&E). UNHCR implementing partners also take the initiative to co-finance some activities and resources allocated.
6. Monitoring & Evaluation
UNHCR will make use of the Next Generation PEPFAR indicators to monitor program performance. Essential PEPFAR related data will be collected, analyzed and responded to on a routine basis using standard case definitions. UNHCR will also plan joint quarterly monitoring visits to the camp in partnership with RHB (Regional health bureau), RHAPCO (Regional HIV/AIDS Prevention and Control Office) and PEPFAR partners. Capacity building on monitoring and evaluation for technical staff at field and Addis level will be done. Evaluation of the programs will be also done through sentinel surveillance surveys.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	90,000
Economic Strengthening	90,000
Education	14,760
Food and Nutrition: Commodities	31,500
Gender: Reducing Violence and Coercion	67,500
Human Resources for Health	360,180
Water	4,500

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities

Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**11040**
Mechanism Name:	**HIV in Refugee Camps**
Prime Partner Name:	**UNHCR**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	123,051	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	160,500	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	140,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	75,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	68,294	

Narrative:

UNHCR will implement a pilot project to promote implementation of safe medical male circumcision services in addition to raising awareness on the advantages of male circumcision with regards to HIV risk reduction and related prevention measures (such as consistent and correct use of condoms). The target population will be the boys and men in Fugnido refugee camp and the surrounding host population, with possibility of expansion to other camps.

MC services will be integrated with other HIV/AIDS services in the facilities especially with counselling and testing and SRH (sexual and reproductive health) services. Communication strategies will target male and female individuals through coffee ceremonies, community conversations, posters, pamphlets, mini media activities, and health education sessions in the health centre and through other major camp-wide events etc. These activities will be done in collaboration with camp anti-AIDS clubs, PLWH association and social workers. Awareness raising sessions with community leaders, elders and religious leaders will be enhanced so that they can positively influence their communities to promote safe male circumcision of all boys and men and related HIV prevention measures

UNHCR will work in partnership with JHPIEGO (John Hopkins Program for International Education in Gynecology and Obstetrics), RHB and RHAPCO so as to ensure that resources and expertise are well leveraged.

Technical experts from JHPIEGO will train camp health professionals on safe MC techniques and associated SRH services for men and their families.

UNHCR and ARRA will screen the target population for those who are not circumcised. This will be followed by mass circumcision campaigns, in the camp, in partnership with JHPIEGO.

Capacity will be strengthened to ensure appropriate tracking, follow-up and treatment of any post-operative complications.

Efforts will be made to ensure provision of quality health services at health centre to encourage the community to be circumcised at the health centre and not at home. Medical supplies and equipment will also be procured for conducting male circumcision under local anesthesia and post-operative management. This will be done in partnership with JHPIEGO.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	90,950	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	51,097	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	459,870	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	125,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11041	**Mechanism Name: DOD-UCONN-PWP**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: University of Connecticut	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHCS (State)	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The UConn Prevention with Positives and Adherence Support for HIV Positives project is developing, implementing, and evaluating a 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) is working with the (NDFE), UCSD, the US Embassy, DHAPP, CDC, and USAID, other PEPFAR partners, and clinic staff and HIV-positive patients developing a 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 HIV prevention and ARV adherence of HIV-positive soldiers and spouses.

This theory-based program is being adapted to the socioeconomic, cultural, and healthcare context of the Ethiopian military, and will be implemented in multiple military healthcare sites. The NDFE face 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 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.

By reducing the risky sexual and drug use behaviors of PLWH, this program can help prevent the transmission of HIV and other pathogens to uninfected individuals, as well as help protect PLWH from possible reinfection with drug-resistant strains of HIV and other STI. CHIP has an extensive history of developing effective health-promotion and disease-prevention programs internationally, with particular expertise in HIV risk-reduction programs and ARV adherence-support programs. The program which has been used effectively with a variety of populations in Africa, the US, Europe, and Asia, uses Motivational Interviewing (MI) techniques to identify individuals' informational, motivational, and behavioral skills barriers to safer sex and drug-use practices and to convey critical HIV risk-reduction information, motivation, and behavioral skills content to them in order to help motivate them to engage in safer behaviors.

The PWP program is based on a program developed by the CHIP team for South African PLWH in clinical care called "Izindlela Zokuphila/Options for Health." A rigorous evaluation of "Options for Health" revealed that it significantly reduced risky sexual behavior among participants. It can be delivered by anyone who provides ongoing care to PLWH, such as doctors, nurses, adherence counselors, and health educators. The program consists of a collaborative, patient-centered discussion between the provider and the patient in which the provider uses MI techniques to: assess the patient's risk behaviors; identify his/her specific barriers to the consistent practice of safer behaviors; elicit strategies from the patient for overcoming these barriers; and negotiate an individually-tailored risk-reduction goal or plan of action that the patient will work on between clinic visits. These discussions of HIV risk-reduction are individualized for each patient based on the patient's risk assessment and current readiness to change his/her risk behavior, and they are designed to be brief and to occur on an ongoing basis when the patient comes to the clinic.

The program will utilize educational materials already developed by the PEPFAR PwP taskforce and

adapted for the PEPFAR Ethiopia program.

GOALS and OBJECTIVES
(1) Conduct a needs assessment to a) identify the dynamics of non-adherent behavior and, b) identify the prevalence and dynamics of HIV risk behaviors among HIV-positive soldiers and spouses, and to determine what types of HIV-prevention programs are feasible and practical to do in NDEF healthcare settings. (2) Based on the findings from the needs assessment, develop a tailored PwP and ARV adherence-support program that addresses the specific adherence and risk reduction needs of HIV-positive military and spouses in Ethiopia. (3) Train Ethiopian military interveners in the PwP and ARV adherence-support program. (4) Implement the program at multiple military healthcare sites within Ethiopia. (5) Evaluate the effectiveness of the PwP and adherence-support program by comparing the pre-program self-reported HIV transmission risk behaviors and ARV adherence to the post-program self-reported HIV transmission risk behaviors and adherence of 150 to 200 PLWH.

Cross-Cutting Budget Attribution(s)

Water	20,000

Key Issues

Military Population

Budget Code Information

Mechanism ID:	**11041**
Mechanism Name:	**DOD-UCONN-PWP**
Prime Partner Name:	**University of Connecticut**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	100,000	

Narrative:

Based on findings from the needs assessment, develop a tailored Prevention-with-Positives program addressing the risk-reduction needs of HIV-positive NDFE soldiers and spouses. The assessment and multidisciplinary collaboration will allow us to tailor the PWP program to the clinic site and the particular

needs of its HIV-positive patients. (3) Train Ethiopian military interveners in the PWP program. Interveners (e.g., doctors, nurses, psychologists, counselors, pharmacists, and/or peer educators) will be jointly trained by the US team. One or more of the interveners will be selected and trained as a master trainer and will continue to provide training at other military healthcare sites in Ethiopia once the US-led portion of the project is completed. Materials will be provided to the interveners to give to the patients to supplement their discussions. (4) Implement the PWP program at two military healthcare sites in Addis Ababa. Each session will consist of a one-on-one patient-centered discussion in which the intervener works with the patient to: (1) identify patient's HIV risk behaviors; (2) understand the dynamics of the behaviors; (3) determine the barriers to consistently practicing safer behaviors; (4) provide critical HIV-prevention information, motivation, and behavioral skills to overcome barriers and reduce risky behavior; and (5) set a specific goal for the patient to accomplish between visits to reduce risky behavior or maintaining safer behavior. Subsequent discussions between the HIV-positive patient and the intervener will occur at each medical visit and will focus on monitoring the patient's progress toward the risk-reduction goal; providing information, motivation, and behavioral skills training; and negotiating a new goal, as appropriate. (5) Evaluate effectiveness of the PWP program by comparing, pre and post intervention, the self-reported HIV transmission risk behaviors. (6) Train Ethiopian healthcare providers as master trainers in the PWP program to allow the PWP program to be disseminated to additional sites and to function independently of the US team. The long-term goal is to provide sufficient training to the master trainer(s) so that they can independently maintain the program.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12298	**Mechanism Name: Human Resources for Health Development**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Formerly mech00683_4

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12298**		
Mechanism Name:	**Human Resources for Health Development**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12299	**Mechanism Name: Care and Services for HIV-infected and Affected OVC**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Organization for Social Services for AIDS (OSSA)	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,500,000	
Funding Source	**Funding Amount**
GHCS (State)	2,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Formerly mechanism 00683_5 : Organization for Social Services for AIDS (OSSA) is a pioneer indigenous not-for-profit organization which is committed and has been working on HIV/AIDS prevention and control interventions in most parts of the country since 1989. The core businesses of the organization are prevention of the spread of the pandemic and alleviating its impacts through sustainable community participation.

The project is entitled Care Services for HIV-infected and Affected Orphans and Vulnerable Children. The general objective of this project is to improve the wellbeing of HIV-infected and affected OCV and their families by providing quality, comprehensive, multi-sector, and coordinated community care and support activities through meaningful involvement of local community and government structures.
The project focuses mainly on providing comprehensive care and support services for HIV-infected and affected OVC and their families; creating and strengthening partnership and networking with different government, NGO, and civil society organizations to address the unmet needs of OVC; building the capacity of families and communities to protect and care for OVCs; and establishing and strengthening strong monitoring and evaluation systems at all levels.
It is implemented in five regional states (Oromia, Amhara, Tigray, SNNPR, Harari) and two city administrations (Dire Dawa and Addis Ababa) covering a total of 36 woredas/sub-cities/towns. The direct beneficiaries of the project are 55,000 OVC, ages 0-17 years and an estimated 275,000 families; tcommunities who are living in the targeted 36 woredas are indirect target beneficiaries.
To address the different needs of the target beneficiaries, OSSA will attribute different cross-cutting programs and key issues. This includes in-service training for community volunteers and support program staff to improve the quality of services; community-based food support for nutritional rehabilitation of severely and moderately malnourished OVC; ia variety of economic strengthening activities to improve the living conditions of the target OVC and their families; and, formal and informal education through delivering tutorial class and life skills training.

The project will also leverage and link its activities with other program sectors such as WFP, in order to provide comprehensive support services. In addition, OSSA will conduct child survival activities, increase gender equity in the HIV/AIDS activities and services, and conduct midterm and terminal program evaluations.To ensure the proper implementation and coordination of the project in a more cost effective way, OSSA will strengthen and augment the participation of the communities in identifying, and prioritizing and addressing of the problems of OVCOSSA will exert maximum efforts to enhance community involvement and the empowerment of targeted OVC in exploring and looking for possibilities to address problems. To strengthen this OSSA will make use of its existing partnerships and networks with CBOs, FBOs, kebeles, schools, health facilities, social courts, police offices, NGOs, and other government line departments.

During project implementation, OSSA will conduct supportive and monitoring supervision visits at all levels. OSSA will employ monitoring tools such as checklists, focus group discussions, in-depth interviews, child status index, and other quality assurance tools to improve the quality of services rendered to OVC. Moreover, bi-annual technical review meetings among regional offices will be conducted to facilitate exchange of experiences, identiybest practices and challenges and prepare annual joint plans. OSSA will also undertake mid-term and terminal evaluations in conjunction with USAID, line government offices and the community.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	19,500
Economic Strengthening	330,587
Education	903,171
Food and Nutrition: Commodities	262,800
Human Resources for Health	581,701

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Child Survival Activities

Budget Code Information

Mechanism ID:	**12299**

Mechanism Name:	Care and Services for HIV-infected and Affected OVC		
Prime Partner Name:	Organization for Social Services for AIDS (OSSA)		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	2,500,000	

Narrative:

The aim of OVC programs is to enable children who are vulnerable due to HIV/AIDS to develop and thrive in a safe and healthy environment. Their complex needs require a multi-sector approach that begins with an understanding of the assets and resources available within a community. In order to meet the needs of vulnerable children OSSA will address quality service delivery through house hold – centered and community based support approach by strengthen systems at community level and enhance data collection and communication. In this case services should be offered in the context of a community-based, child-centered process that includes such elements as identification of needs and assets, training, monitoring, and evaluation.

In addition to the above mentioned approaches, OSSA will address the unmet needs of OVC by ensuring access to essential services including education, vocational training, health care, legal services, and other resources; strengthening the capacities of families and communities to protect and care for OVC by meaningful involvement of the local community structures and integration of this project with other projects such as WFP Urban HIV/AIDS projects, government's productive safety net programme and microfinance institutions; Raising awareness at all levels through advocacy and social mobilization to create a supportive environment for OVC; helping OVCs acquire the necessary skills and knowledge to protect themselves from HIV infection and other risks and by monitoring and tracking children's well being.

OSSA has been providing six core service areas that can be used in combination with economic strengthening efforts to assist children, families, and communities. Taken together these seven components OSSA will try to define a broad continuum of care that can provide for the complex needs of children. These are: food and nutrition support, protection, shelter and material care, educational support, heath care, psychosocial support and economic strengthening. In doing so, services are targeted for 55,000 OVC age 0 – 17 years who are living in the targeted geographical areas.

To facilitate the achievements of the planned project objectives and activities, OSSA will undertake different supportive supervisions and quality assurance activities. To this end, OSSA will conduct field visits at all levels by employing different monitoring tools including child status index, conduct review meeting with community volunteers, staffs and other different actors. Moreover, supportive supervision

and monitoring training for community volunteers and staffs will be conducted.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12300	**Mechanism Name: 0**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,565,840	
Funding Source	**Funding Amount**
GHCS (State)	1,565,840

Sub Partner Name(s)

(No data provided.)

Overview Narrative

formerly mech 00603_1

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

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

Budget Code Information

Mechanism ID:	**12300**		
Mechanism Name:	**0**		
Prime Partner Name:	**John Snow, Inc.**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	1,565,840	

Narrative:

The goal of USAID/UHEP is to support at scale, implementation and monitoring of the Government of Ethiopia's Urban Health Extension Program (UHEP) and improve access to and demand for health services.

The organizing principle of the UHEP is provision of "household-centered" services with strong referral linkages to public sector health facilities. Urban HEWs will be placed in the health centers so as to bridge households, communities and the Health Center. Overall, it is expected that more than 6,400 UHEWs will be recruited, trained and deployed. This activity will continue to support the launching of the UHEP beyond Addis Ababa including supporting pre-service and in-service training focusing on key HIV/AIDS messages and information including: provision of counseling to community members, provider initiated HCT, home based care and support, PMTCT, syndromic management of STI, adherence counseling (and defaulter tracing) for ART and TB. The activity will also focus on providing UHEWs skills and capacity to work with and engage their communities. The activity will alsgo support pre-service and in-service training of UHEW supervisors including adaptation/development of tools to promote timely and supportive supervision. Community mobilization and BCC for health prevention, promotion and risk reduction will be key to increasing demand for public health services to promote improved health seeking behavior by communities and more specifically targeted towards at risk population.

What is the systems barrier/s that this mechanism/activity addresses? In Ethiopia the highest concentration of people living with HIV/AIDS is in the urban areas. Due to high levels of stigma and low levels of income, at risk groups in urban areas have some of the lowest rates of access to health services.

How does mechanism/activity address this barrier? Through provision of technical support, this activity will work to enhance the capacity of the GOE to implement the UHEP effectively. To this effect, the activity will provide technical support in areas such as: developing the skills of UHEWs on how to work with communities, and specifically MARPs and developing the skills of UHEWs on how to collect, analyze

and use data for decision.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12301	**Mechanism Name: Injection Safety Track 1**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: AIDSTAR I, Task Order#1	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 350,000	
Funding Source	**Funding Amount**
Central GHCS (State)	350,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12301**

Mechanism Name:	Injection Safety Track 1		
Prime Partner Name:	AIDSTAR I, Task Order#1		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	350,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12302	**Mechanism Name: Technical Assistance to the Modeling and Reinforcement to Combat HIV/AIDS (MARCH) and the National AIDS Resource**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Formerly mechanism.new022.TA :The activity is having an implementing mechanism narrative because the Cooperative Agreement with JHU/CCP will end by July 2010 and there is a need to have a new Funding Opportunity Announcement (FOA). The goal of this activity is to build on the previous activities by Johns Hopkins' Center for Communication Programs/AIDS Resource Center (CCP/ARC) which served

as a hub of HIV and AIDS information and plays a vital role in supporting local prevention and treatment efforts in Ethiopia. This will continue standardizing comprehensive peer education program linked with services targeting uniformed service and university students. It will also support 25 existing and new AIDS resource centers. In addition, capacity building and technical assistance in creating enabling environment for HIV/AIDS programming will be incorporated.

The strategic approach to fighting the epidemic includes technical assistance in strengthening and establishing AIDS Resource Centers, support local indigenous partners through capacity building in planning, management and monitoring of behavior change programs. This TBD will work very closely with the National and Regional MoH bodies to realize the SPMII (specifically, Strategic Plan for intensified HIV Prevention part of the strategic plan 2010-2014). The strategic approach to fighting the epidemic also includes technical assistance in strengthening targeted Community Conversation , Strategic Communication, tailored messaging, peer outreach and drop-in trainings with standardized and regular way.

The Technical assistance to local partners includes but not limited to Federal Police, National Defense force Ethiopia and Addis Ababa University. It also includes user-driven services such as toll free hotline counseling that provide participatory and interactive information on HIV/AIDS, sexually transmitted infections (STIs), tuberculosis (TB), and related topics, and technical assistance for innovative behavior change communication (BCC) for activities of government and non-government organizations in strategic health communication focusing on prevention of sexual transmission of HIV.

The goals of the TBD partner are to carry out culturally relevant, quality research-based health communication interventions and materials for the target population and health care providers; use knowledge management to facilitate learning and disseminate lessons from Ethiopia, the region and the world; and advance the field of health communication in Ethiopia. The objectives are:

1. Provide technical assistance to local partners in implementing behavior change communication programs for HIV/AIDS program for uniformed services and university students.
2. Provide Ethiopians with comprehensive knowledge on HIV/AIDS and related issues such as STI, and TB via a hub of user-driven resources and services, interpersonal small and individual level standard discussions/session linked to HIV/AIDS services in the national and regional centers with high-speed computer terminals with Internet access, databases of information pertaining to HIV/AIDS, a clearinghouse, information technology support, a toll-free HIV/AIDS telephone hotline, and a service provider call-in center.
3. Develop and support local partners in developing high quality, evidence based, HIV/AIDS prevention and treatment strategic health communication interventions

4. Build the capacity of health care providers working on ART service sites with up-to-date HIV clinical information and expert case consultation

Provide minimum package of services for Most at Risk Population. The current interventions have geographic coverage in multiple cities and small towns in 11 of Ethiopia's regions. These programs target a wide range but specific groups of individuals that are affected by the mixed epidemic in Ethiopia and include HIV service providers, people living with and affected by HIV/AIDS, young people aged 15-24, religious and community leaders, and most-at-risk populations such as uniformed officers, university students and mobile workers.

TBD contributes to Ethiopia's health system via two ways – 1) through creating demand for HIV/AIDS services via providing information to, increasing awareness of and encouraging health seeking behavior of targeted segments of the population in the Ethiopia's 11 regions, and 2) through building the capacity of local institutions and health care providers to provide accurate and up-to-date information and quality communication and counseling services to health seeking clients.

Many of the programs are cross cutting and address key issues such as human resources for health, addressing male norms and behaviors, military and police. These activities include community outreach activities in small towns, and quality improvement components to increase the quality of service within different user driven services.

These and other prevention and treatment activities will be targeted to most-at-risk populations such as uniformed officers, university students and mobile populations.

All the programs need to be evidence based and have integrated monitoring components and data feedback systems. In COP 2010, the partner will build on the progress made to link all ARC programs to an overarching performance monitoring plan. This plan will form the foundation of existing and new knowledge management and behavior change communication frameworks and interventions pertaining to this implementing mechanism. Lessons learnt from previous year's implementation are considerations for future implementation.

Cross-Cutting Budget Attribution(s)

Education	Redacted
Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Military Population

Budget Code Information

Mechanism ID:	**12302**
Mechanism Name:	**Technical Assistance to the Modeling and Reinforcement to Combat HIV/AIDS (MARCH) and the National AIDS Resource**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

This continuing activity was previously carried out under a cooperative agreement with Johns Hopkins University Center for Communication Programs (JHU-CCP). This cooperative agreement is expiring and will be re-competed for COP 2010. In FY08, this activity established a service provider call center (Fitun Warmline) for health care providers working in ART service outlets across Ethiopia. Fitun Warmline 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 center is a valuable asset for service providers wishing to gain one-on-one consultations, patient-specific information, HIV/AIDS materials, and addressing gaps in HIV supplies and equipment.

CCP strengthened Warmline operations through intensive promotion, collaboration with key stakeholders to increase utilization and service quality, and introduction of a drug and supply procurement referral service for callers. In FY10, the identified partner will build on CCP's successes to improve service, address information and communication gaps, and better support treatment efforts by implementing the

following key activities:

? Increasing internet access for 19 hospitals and 100 health centers;
? Providing phone access for 100 hospitals and 150 health centers;
? Identifying gaps in provider knowledge and capacity, and fill these via collaborative trainings with other partners;
? Instituting a continuous quality improvement program that will help Warmline staff assess, analyze and improve the quality of the Warmline's varied components;
? Expanding and strengthening the Warmline's capacity to respond to needs through training of staff and focal persons;
? Strengthening promotion strategy by conducting targeted promotional outreach activities to health facilities in remote and underserved areas;
? Improving networking relationships with local organizations and continuing to cultivate twinning relationships with international universities;
? Ensuring that gender-related issues are understood and taken into account by health professionals.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

This is a continuing activity previously funded by a Cooperative Agreement with Johns Hopkins Center for Communication Programs. This Cooperative Agreement is expiring and is being re-announced competitively.

The activity has four components:

• The National AIDS Resource Center library houses 4,000 titles covering a range of HIV/AIDS topics and draws 160 visitors daily. In FY10, the partner will continue providing current AB information and translating materials into local languages. The Wegen Talkline provides accurate AB information and anonymous counseling to callers.

• The partner will support Regional AIDS Resource Centers and outreach by working with regional HAPCOs to establish and standardize RARCs in hot spots and conduct outreach to promote healthy behaviors and RARC usage. The partner will strengthen AB inclusion in RARCs and outreach, and link activities with services and commodities.

• The partner will support World AIDS Day by providing media and events coordination and developing mass media materials to support Federal and regional HAPCOs.

• The partner will support HIV programming for School Net by broadcasting AB media content in high schools that is culturally relevant, age-appropriate and skills based. The partner will explore public-private partnerships to support School Net.

The MARCH activity includes providing TA to the National Defense Forces, the Federal Police Commission and Addis Ababa University to implement BCC projects using the Modeling and Reinforcement to Combat HIV/AIDS (MARCH) model for behavior change. The partner will incorporate AB prevention strategies into the comic books, linked reinforcement activities, and other activities as appropriate.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

This is a continuing activity previously funded by a Cooperative Agreement with Johns Hopkins Center for Communication Programs. This Cooperative Agreement is expiring and is being re-announced competitively.

The Technical Assistance for the BCC activity has the following components:

• The National AIDS Resource Center library houses 4,000 titles covering a range of HIV/AIDS topics and draws 160 visitors daily. In FY10, the partner will continue providing current other prevention including evidence based standard interventions. The materials devlloped by the ARCs will be translated in to local languages. The Wegen Talkline provides accurate OP information and anonymous counseling to callers. It will also produce inventory and referral linkage that will be regularly updated.

• The partner will support Regional AIDS Resource Centers and outreach by working with regional HAPCOs to establish and standardize RARCs in hot spots and conduct outreach to promote healthy behaviors and RARC usage. The partner will strengthen OP inclusion in RARCs and outreach, and link activities with services and commodities.

• The partner will implement the Youth Media Program, an entertainment-education intervention broadcast on radio and in schools to build the self-efficacy of youth aged 15-24 through behavioral role modeling. YMP explores topics such as sexuality, transactional sex, stigma and discrimination, peer pressure, alcohol and HIV, gender-based violence, and reproductive health. Listening discussion groups allow youth to discuss episodes and audio production training empowers youth to produce their own programs.

• The partner will support World AIDS Day by providing media and events coordination and developing mass media materials to support Federal and regional HAPCOs. • The partner will build the capacity of public and private media to raise awareness, mobilize communities, reduce stigma and discrimination, and promote HIV services through innovative media. In FY10, topics will include discordance, stigma, gender norms, risk reduction, underage access to alcohol, and adherence. The MARCH activity includes providing TA to the National Defense Forces, the Federal Police Commission and Addis Ababa University to implement BCC projects using the Modeling and Reinforcement to Combat HIV/AIDS (MARCH) model for behavior change. The partner will incorporate OP strategies into the comic books, linked reinforcement activities, and other activities as appropriate. PLHA Radio Diaries create a supportive environment for PLHA and promote access to HIV services. The partner will produce and promote, coordinate LDGs, and monitor feedback. The partner will target underserved groups such as mobile workers; enhance program sustainability via new and existing partnerships; explore PwP issues; address community stigma and discrimination though marketing and community radio stations; and carry out M&E to measure exposure and effects.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12303	**Mechanism Name: Behavioral Interventions for general pop, youth, and MARP in Ethiopia**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The activity is having an implementing mechanism narrative because the Cooperative Agreement with JHU/CCP will end by July 2010 and there is a need to have a new Funding Opportunity Announcement (FOA). The goal of this activity is to build on the previous activities by Johns Hopkins' Center for Communication Programs/AIDS Resource Center (CCP/ARC) which served as a hub of HIV and AIDS information and plays a vital role in supporting local prevention and treatment efforts in Ethiopia.

This will continue standardizing comprehensive programming for the general population, youth and Most at Risk Population. The intervention includes design, development, and dissemination of culturally appropriate message using a multi channel approach; peer outreach, and mass media program for PLHIV. It also includes Anti-Retroviral Treatment (ART) communication and strengthening referral linkages with services. In addition, capacity building and technical assistance in creating enabling environment for HIV/AIDS programming will be incorporated.

The intervention includes innovative behavior change communication (BCC) interventions on HIV prevention and treatment. In collaboration with local and international partners, the TBD partner also builds the capacity of government and non-government organizations in strategic health communication/BCC focusing on prevention of sexual transmission of HIV. The goals of the TBD partner are to carry out culturally relevant, quality research-based health communication interventions in support of HIV/AIDS and other national health programs; use knowledge management to facilitate learning and disseminate lessons from Ethiopia, the region and the world; and advance the field of health communication in Ethiopia. The objectives are:

1. Develop and support local partners in the regions in developing high quality, evidence based, HIV/AIDS prevention and treatment strategic health communication interventions with locally relevant languages aimed to increase comprehensive knowledge, prevention skills and access for condoms; health seeking behaviors and quality and demand for HIV/AIDS services.

2. Build the capacity of CCP/ARC partners in strategic health communication and knowledge management, with a particular emphasis on the Ethiopian government's HIV/AIDS Prevention and Control Office (HAPCO).

The current interventions have geographic coverage in multiple cities and small towns in 11 of Ethiopia's regions. These programs target a wide range but specific groups of individuals that are affected by the mixed epidemic in Ethiopia and include HIV service providers, people living with and affected by HIV/AIDS, young people aged 15-24, religious and community leaders, and most-at-risk populations such as uniformed officers, university students and mobile workers.

TBD contributes to Ethiopia's health system via two ways – 1) through creating demand for HIV/AIDS services via providing information to, increasing awareness of and encouraging health seeking behavior of targeted segments of the population in the Ethiopia's 11 regions, and 2) through building the capacity of health professionals and government and non-government organizations to provide accurate and up-to-date information and quality communication and counseling services to health seeking clients.

Many of the programs are cross cutting and address key issues such as human resources for health, addressing male norms and behaviors, military, police and mobile populations. These activities include in-service training for health facility service providers, para-social workers and communication, and information technology, community outreach activities in small towns, and quality improvement components to increase the quality of service within different user driven services. TBD will also continue development of gender focused media interventions that stimulate dialogue around the ways that men are socialized to behave in order to influence the norms that encourage risky sexual behaviors.

All the programs need to be evidence based and have integrated monitoring components and data feedback systems.

In COP 2010, the partner will build on the progress made to link all ARC programs to an overarching performance monitoring plan. This plan will form the foundation of existing and new knowledge management and behavior change communication frameworks and interventions pertaining to this implementing mechanism. Lessons learnt from previous years implementation are considerations for future implementation

Cross-Cutting Budget Attribution(s)

Education	Redacted
Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Military Population

Budget Code Information

Mechanism ID:	**12303**
Mechanism Name:	**Behavioral Interventions for general pop, youth, and MARP in Ethiopia**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

This continuing activity was previously carried out under a cooperative agreement with Johns Hopkins University Center for Communication Programs (JHU-CCP). This cooperative agreement is expiring and will be re-competed for COP10. The major purpose of this program is to implement a comprehensive communication program to create demand for quality HIV/AIDS service provision and increase ART adherence.

The program component includes development of communication materials targeted to PLHIV, their caregivers, health providers, and community leaders. The program supports government and partner efforts to provide improved ART services, enhance demand for quality of services, and improve adherence.

The partner will work to generate awareness among the general public, increase ART adherence and uptake, and improve the quality of services. The program will focus on promoting pediatric and adult ART, allowing for a more holistic communication program that reflects the treatment options available. Interventions will focus on adapting and distributing targeted communication materials to meet regional and rural community needs and promote adherence. The partner will collaborate with PLHIV associations to strengthen the communication and counseling skills of PLHIV community workers. These capacity-building activities will use existing support systems as springboards to engage PLHIVs in their communities.

The partner will adapt successful capacity-building activities completed with the Ethiopian Orthodox Church and Muslim leaders to other religions communities. The partner will also develop new tools to support community conversations around ART, including a documentary video and an accompanying discussion guide. In addition, efforts will be made to reach low-literacy audiences in rural and urban areas.

The partner will collaborate with US universities and other partners to organize and implement public awareness campaigns on ART. The MOH and HAPCO will be actively supported to lead activities related to this project in order to build local capacity to meet immediate implementation needs, as well as to sustain the activities. The partner being within PEPFAR will play its part in Global Health Initiative.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

This activity was previously funded through a cooperative agreement with Johns Hopkins University Center for Communications Programs (JHU-CCP). That agreement is expiring and is being re-announced for competitive bid.

Since its inception, this activity has empowered people to access voluntary counseling and testing (VCT), and works with service providers to help them provide quality VCT services via the production of strategically targeted communication materials. This activity has also played a major role in establishing the annual National VCT Day on the eve of the Ethiopian New Year. In collaboration with HAPCO and partners, JHU-CCP has coordinated the last four national VCT Day campaigns.

In COP 2010, the TBD partner will continue to support HAPCO and partners in implementing and coordinating HCT Day 2010 by producing campaign materials (toolkits, posters, flyers, radio/TV spots, and newspaper ads); organizing and coordinating media coverage; coordinating street shows, music, and theater events; and delivering information to the public through its Wegen Talkline and to providers through its Warmline. The campaign will develop promotional messages approved by the current VCT Task Force led by HAPCO. Campaign activities and inputs will be monitored and feedback solicited from stakeholders and participants.

New approaches will include regional HCT campaign activities in selected locations deemed as "hot spots" with higher than expected HIV prevalence. In these areas, the partner will target current and emerging MARPs such as rural residents, migrant workers and daily laborers to increase their uptake of HCT. The partner will utilize networks and collaborations with regional HAPCOs and RHBs to ensure

continuity and ownership. These activities will serve as an important entry point in HIV prevention and early access to treatment, care and support. Involvement of various stakeholders and target audiences in the campaign design and forging linkages with participatory community outreach events will help guarantee the effectiveness and sustainability of the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

This activity was previously funded by a cooperative agreement with Johns Hopkins University Center for Communications Programs (JHU-CCP). That agreement is expiring and is being re-announced for competitive bid.

This activity expands access to HIV/AIDS information and services by strengthening IT and clearinghouse functions and services of the National AIDS Resource Center and regional satellites.

I. Website and virtual information center: This activity strengthens, maintains and promotes an interactive website (www.etharc.org) initiated by JHU-CCP. The website provides online resources on HIV, STI and TB and had more than 4.3 million hits in 09. The TBD partner will update the website and databases, maintain systems and applications, design new activities and pages, and introduce social networking mechanisms that facilitate HIV information exchange. This site will provide a platform for partners to network and discuss national activities.

II. IT support to National and Regional ARCs: This component focuses on providing IT networking, web and email services, maintenance, training, and troubleshooting support to FHAPCO and regional ARCs, HAPCOs, and health bureaus. The partner will provide TA to all regional ARCs and HAPCOs to increase their capacity to manage their IT systems. TA will include maintenance, configuration support, training, data security upgrades and optimization of WAN connections. The partner will connect additional regional HAPCO offices to the main ARC IT system. IT enhancement at the national ARC will strengthen regional ARCs' capacity, increase collaboration and resource-sharing, and improve workflow between National and regional ARCs.

III. Maintain IEC/BCC Clearinghouse: This component focuses on expanding collection and distribution of the ARCs' clearinghouse of IEC/BCC materials. The clearinghouse distributes an average of 11,404 materials per month through regional ARCs, Peace Corps volunteers, and targeted delivery of materials. The partner will strengthen the clearinghouse by restocking materials, streamlining existing distribution channels, instituting new distribution systems, and establishing new systems for remote areas

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12304	**Mechanism Name: Technical assistance and collaboration with country and regional programs**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,593,100	
Funding Source	**Funding Amount**
GHCS (State)	1,593,100

Sub Partner Name(s)

Association of PLHA	EHNRI	EPHA
FMOH	RHBS	

Overview Narrative

As the global directing and coordinating health agency of the UN system, WHO's mission is to assist its Member States in achieving the highest possible level of health. In Ethiopia, WHO's Country Office has worked for over 50 years and achieved notable contributions in strengthening the capacity of the FMOH to develop and manage the country's health care delivery system, communicable disease control (e.g. HIV, TB, malaria, polio, neglected tropic diseases, cholera, pandemic flu, etc) and non-communicable disease control as well as MCH/RH (e.g. EPI/polio, safe motherhood, child survival, etc) priorities. In support of the national HIV/AIDS response, WHO is contributing by providing technical and financial assistance to MoH/HAPCO at different levels through expanding access to HIV testing and counseling,

scaling-up ART, care and support, maximizing HIV prevention in the health sector, generating and using strategic information as well as strengthening and expanding health systems. Accordingly, WHO has contributed in development of national normative guidelines, strategic documents, training materials, tools and capacity building of health workers and HIV program managers based on IMAI/IMCI. Additionally, WHO has contributed in conducting national HIV programs' assessments, supportive supervisions and review meetings at different levels. The geographic coverage for WHO is national and target groups include general population and MARPS, including PLWHA.

In strengthening health systems, WHO continues to contribute to FMOH's efforts to strengthen all 6 components for stewardship/governance (WHO is a lead FMOH partner in strategic planning of the HSDP, is a co-signatory of Ethiopia's IHP+ Compact and its JFA, is HPN Partners Forum Co-chair, JCCC Member, HIV Donors Forum Member; Joint UN HIV/AIDS Core Group Chair, CCM-E Member & Secretary), health human resources (WHO contributed to development of National HRD Strategy, HEW Program and HRH training), health care finance (WHO contributes to Social/Community-based insurance schemes, NHA, etc), health information systems (WHO contributes to HMIS development, disease surveillance, etc), service delivery quality and organization and infrastructure/commodity supply/technology requirements (WHO is member of the National LMIS TWG).

The WHO strategy to improve prospects for sustainability, quality and efficiency in the scale up effort uses a public health approach which involves strengthening national capacity to establish simplified and standardized ART/HIV care standards and training guidelines at all levels of care; decentralized and integrated service delivery organization; ensuring equity in access; ensuring quality of service delivery outcomes; task shifting to maximize use of limited HRH (including participation by PLWHA in service delivery); maximizing prevention in the health sector; establishing effective support for adherence and monitoring of HIV drug resistance to reduce treatment failures and switch to expensive 2nd line regimens; operational coordination and collaboration among partners to reduce unnecessary waste and overheads.

WHO uses its established systems for M&E, primarily through supportive supervision and review meetings, periodic site visits/assessments and program analysis.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	773,400

Key Issues

TB

Budget Code Information

Mechanism ID:	**12304**		
Mechanism Name:	**Technical assistance and collaboration with country and regional programs**		
Prime Partner Name:	**World Health Organization**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	650,000	

Narrative:

As member of the Ethiopian National HIV Surveillance TWG, chaired by MOH/EHNRI, and using funding from WHO's Regular Core Budget, Bill Gates Foundation and CDC in previous years, WHO has continued its partnership with CDC on strengthening national capacity to generate and utilize strategic information relevant to HIV/AIDS. This included close collaboration with CDC to support MOH/EHNRI in conducting ANC (2005, 2007 and 2009); in reconciling the ANC 2005 and DHS2005 estimates into the National Single Prevalence Point Estimate currently used for planning purposes; in planning the national MARPS survey and in developing the National HIV Drug Resistance Plan 2007-9; and implementing some of its key components such as the early warning indicator survey (EWI) and Threshold Survey (TS).

Furthermore, at a national surveillance summit sponsored by CDC and supported by WHO in 2009, the MOH/EHNRI has identified HIVDR as a key area requiring increased focus to ensure the sustainability of the ART program. Currently, WHO is providing TA to MOH/EHNRI in consultation with CDC to finalize EHNRI HIVDR lab accreditation by WHO. As part of the national HIV surveillance and Surveys TWG, WHO is also collaborating in providing TA in a population-based multi-marker survey (HIV/HBV/HCV/syphilis/H2S), conducting the 2009 ANC, developing sentinel surveillance for MARPS, conducting a national MARPS survey and conducting a DHS2010 survey.

By the end of COP 2009, EHNRI through support from WHO and CDC, will have completed Ethiopia's second HIVDR Threshold Survey, while the National HIV lab would have progressed to receiving WHO accreditation for performing genotyping. In COP 2010, WHO's continued involvement will support the provision of TA SI priorities identified by MOH/EHNRI. With this PEPFAR support WHO in close collaboration with CDC will undertake in country and HQ based TA to assist MOH/EHNRI in HIVDR particularly the EWI survey, provide trainings related to this , and support in conducting field monitoring

assessments and reviews (e.g. HIVDR prevention monitoring surveys, EWI surveys, technical review meetings and workshops among stakeholders).			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	943,100	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12305	**Mechanism Name: Community outreach and social mobilization**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 476,250	
Funding Source	**Funding Amount**
GHCS (State)	476,250

Sub Partner Name(s)

Church Social Development Coordinating Office	Ethiopian Catholic Church Social and Development Coordination Office	Ethiopian Catholic Secretariat

Overview Narrative

HIV prevention program at CRS has 6 years experience in providing behavior change intervention to the youth in and out of school, the general population including married couples and health professionals. The project is build upon CRS and partners' experience, structures and activities of the Abstinence and

Be Faithful (AB) Track 1.0 projects, and care and support for PLWHA and OVC programming. Under COP10 funding, the HIVAB program will continue to work featuring the promotion of abstinence, mutual fidelity, prevention of mother-to-child transmission; Reducing misconceptions and stigma and discrimination also leads to use of HIV related services and better care and support for the PLWHA and orphans and vulnerable children (OVC). The project will also continue to support activities that promote a critical reflection on the social norms and gender dynamics that influence individual decision-making. that has long been a hallmark of CRS HIV/AIDS programming in partnership with the Ethiopian Catholic Secretariat and the Addis Ababa Archdioceses, and involve The Ethiopia Inter-Faith Forum for Development Dialogue and Action (EIFDDA), the Network of Networks of HIV Positives in Ethiopia (NEP+), HIV/AIDS Prevention and Control Offices (HAPCO), the Health Extension and Education Center (HEEC-Ministry of Health), as well as the line ministries of the Government of Ethiopia. In COP10, HIVAB program will build on the successful experience in its first year of program implementation in the two most underserved regions for HIV/AIDS awareness and services, namely Gambela and Benshangul-Gumuz regions. It will continue to serve the 15 and above years old of the 62% population.
The Goal- the impact of HIV is mitigated in two regions in Ethiopia.

Strategic objectives- HIV incidence is reduced in target population; PLHIV access care, treatment and support; Indigenous organization have capacity to support and carry out HIV programming; HIV related stigma and discrimination is reduced.
Strategies I. Social Marketing and Community Mobilization: Based on it experience in the first year, the project will continue to develop and strengthen a series of social marketing campaigns featuring safe behaviors that reduce the risk of HIV transmission, increase demand for HCT and ART services, as well as reduce stigma surrounding accessing HIV care and treatment services. To enhance community ownership, the social marketing campaigns will be complemented by social and community mobilization activities using tools that have already been used successfully by CRS and its partners in Ethiopia.
II. Community Organizations: in COP 10, the HIVAB project will train 600 lay outreach volunteers in 10 Catholic parishes in The Faithful House. These volunteers, mostly married couples, will reach out at least 10 other couples of all faiths with messages and advice on how to build a strong marriage and maintain fidelity. Government line ministries and extension workers in all targeted woredas, who have already been trained in Community Action Cycle, will experience the learning and action module We Stop AIDS and make action plans for reaching out. In COP 10 the project will work with local CBOs, such as Idirs (funeral savings societies), using We Stop AIDS. It will also offer 27 schools with students, staff and some parents with training on In Charge! The project will continues to organize school Anti-AIDS clubs, and offer the life skills training course Youth Action Kit to members of Anti-AIDS clubs, reaching over 8,112 students and adults directly, and 102,600 youth (including out-of-school) and adults indirectly through events and secondary contacts. III. Health Services: The findings of the formative research to assess gaps in VCT, PMTCT, TB and STI services and ART adherence done in COP09 will be shared with the

Ministry of Health at the woreda level, in order to determine the types of training needs. In COP10 234 health workers will be trained on these services and stigma reduction. IV .Mass Media: The project will initiate working with the Ethiopian Radio and Television Agency at Federal level, and mass media agencies in both regions. The messages will be half-minute spots, radio dramas and talk shows which focus on four main topics: 1) HIV/AIDS transmission and prevention, including prevention for positives; 2) Stigma and discrimination including legal protection; 3) Care and support of PLWHA and OVC; and 4) ART Adherence, VCT, PMTCT, TB, STIs and use of services.

Strategic Information

HIVAB strategic information (SI) activities incorporate program level reporting and setting up of both paper-based and computerized Management Information Systems (MIS) for HIVAB supported activities. HIVAB sites will integrate into the National strategic information framework that is promoted and supported by the Ethiopian and US governments. Data collected by the project sites will be used for informed programmatic decision making at various levels.

Monitoring:. Monitoring system design will incorporate mechanisms to facilitate disaggregation of output and results data on the basis of gender. Partners will use data collection tools and reporting formats developed in consultation with CRS. In addition periodic monitoring visits involving interviewing of target groups, small questionnaire surveys, and direct observation will be used as sources of information. The information will be analysed on a quarterly basis and will be presented to CDC and the concerned GOE offices.

Transition: CRS Ethiopia has developed its transition strategy from the onset of the program.. In COP09, the program has successfully identified the Addis Ababa Archdiocesan and Ethiopian Catholic Secretariat (ECS) of the Ethiopian Catholic Bishops Conference, a CRS partner for more than 50 years on health and development projects, as its local partner for sustainability and transition in program management. Past experiences with AAC, ECS and others partners has identified capacities required to become a direct PEFFAR grant recipients. In COP10, HIVAB project, there will be a scaling up of the use of tools such as We Stop AIDS, In Charge! and Youth Action Kit which empower individuals to protect themselves from HIV/AIDS with knowledge and life skills, and ensuring that both the technical and programmatic capacities are strengthened in strong alignment with the PEFAR/CDC and Ministry of Health guidelines and policies.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12305**		
Mechanism Name:	**Community outreach and social mobilization**		
Prime Partner Name:	**Catholic Relief Services**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	95,250	

Narrative:

Catholic Relief Services (CRS) will carry out strategic objectives that focus on building the capacity of Woreda line ministries, communities, schools, FBOs and health workers; on community conversations and mobilization; and prevention and transmission education to effectively implement the AB program in nine woredas of Gambella and Benshangul regions.

CRS staff will facilitate 42 different workshops and trainings including Community Mobilization, We Stop AIDS, Community Conversation, and Training for Religious Leaders. In the Training for Religious Leaders Program, 180 inter-denominational religious leaders will be trained on HIV prevention. Woreda training on We Stop AIDS and Community Action Cycle includes a six-day TOT at partners' level for HAPCO, MOH, woreda line ministries, and diocese staff. In each of the nine woredas, 25 participants from line ministries and health workers will experience the participatory learning and action module We Stop AIDS during a two-day workshop and make action plans for reaching out to their woredas. Also, 180 health workers will participate in a 3-day workshop on stigma and discrimination. The woreda training on We Stop AIDS and Community Action Cycle will include sensitization sessions on community and social mobilization, using Community Action Cycle tools.

CRS will further support HIV/AIDS Coordination Committees. Partners will support a monthly coordination meeting with six participants in each of the nine woredas. CRS will assist woredas with at least 35 community outreach events. This activity with further train two facilitators in each of the nine woredas on community conversations during a two-day training. CRS will carry out TOT for In Charge! to reach school staff, students and parents in 27 schools around HIV prevention and transmission. To further reach young people, CRS will carry out a TOT for the Youth Action Kit (YAK) and organize 27 school anti-AIDS clubs to reach at least 25 participants each. YAK participants create an outreach event at the end of each school year. CRS partners will also carry out regular project field monitoring, quarterly reviews with local government staff and the community, and prepare progress reports for CRS.

Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVOP	381,000	

Narrative:

These activities focus on key strategic objectives, including building the capacity of Woreda line ministries, communities, schools, FBOs, and health workers; on community conversations and mobilization; prevention and transmission efforts to effectively implement the OP program in nine woredas of Gambella and Benshangul regions.

CRS will facilitate 42 different workshops and trainings including community mobilization, We Stop AIDS, Community Conversations, and Training for Religious Leaders. In the Training for Religious Leaders effort, 180 inter-denominational leaders will be trained on HIV prevention. Woreda training on We Stop AIDS and Community Action Cycle will include a six-day TOT at partners' level for HAPCO, MOH, woreda line ministries, and diocese staff. Furthermore, in each of the nine woredas, 25 line ministry officials and health workers will experience the participatory learning and action module, We Stop AIDS, during a two-day workshop and will make action plans to reach out to their woredas. Additionally, 180 health workers will participate in a three-day workshop on stigma and discrimination. Woreda training on We Stop AIDS and Community Action Cycle will include sensitization sessions on dommunity and social mobilization, using Community Action Cycle tools.

CRS will enhance the efforts of HIV/AIDS Coordination Committees by having partners support a monthly coordination meeting with six participants in each of the nine woredas. CRS will assist 35 woreda community outreach events. Additionally, two facilitators will be trained on community conversations in each of the nine woredas during a two-day training.

To reach youth, CRS will carry out TOT for school staff on "In Charge!", ultimately reaching students and parents in 27 schools around HIV prevention and transmission. Another TOT will focus on the Youth Action Kit and organize 27 school Anti-AIDS clubs for at least 25 participants each. YAK participants create an outreach event at the end of each school year. Partners will also carry out regular project field monitoring, conduct quarterly reviews with local government staff and the community, and prepare progress reports for CRS.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12306	**Mechanism Name: Increasing Access of VCT services to hot spot urban-rural setting and**

	improving care and support at the community level in Federal Democratic Republic of Ethiopia under the President's Emergency Plan for AIDS
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Organization for Social Services for AIDS (OSSA)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,117,534	
Funding Source	**Funding Amount**
GHCS (State)	2,117,534

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Mechanism Narrative:

Organization for Social Services for AIDS (OSSA) is a pioneer indigenous not-for-profit organization, established in 1989, that has been working on HIV/AIDS prevention and control interventions in most parts of the country. The core businesses of the organization are HIV and AIDS prevention and alleviating its impacts through sustainable community participation. Recently, OSSA has won a project which will be implemented in 8 regions for five years (2009 to 2013) under CDC Ethiopia, making it a new graduate from being a sub to a direct grantee.

The project is entitled "increasing access of Voluntary Counseling and Testing services to the Hotspots, Urban and rural settings, and improving care and support services at community level". The general objective of this project is to contribute towards the national efforts in reducing the transmission and impacts of HIV/AIDS through providing quality VCT service to urban and rural hot spots and underserved populations; and, to improve the quality of life of the infected and affected persons through strengthening a community home-based comprehensive care, treatment and support.

Specific Objectives of the project are:

• To enhance mobile VCT services in 8 regions both at urban and rural "hot spot" areas through 10 project sites to reach 400,000 most at risk people by 2013;

• To improve the quality of life of 200,000 pre-ART and on ART clients and their families through the provision of comprehensive community home-based care, treatment and support by 2013;

• To strengthen the organizational, technical capacity and knowledge base of 50 community based service outlets, CBOs, FBOs, PLWHAA associations, and other stakeholders working on HIV/AIDS community response through training and material backstopping by end of 2013

The other key issues to be addressed are the integration of other HIV prevention activities including screening for sexually transmitted infections (syphilis) and promotion of safe sexual behavior which includes male condom promotion and distribution. Linking PLWHAA to other projects like World Food Program (WFP) and other sources in order to provide comprehensive support services is also a priority. This project directly and indirectly supports the national health service expansion and strengthening by filling gaps that the public programs have not addressed, specifically the expansion of VCT services to MARPs, strengthening referral linkage and networking, and adherence counseling on. In addition health promotion and education activities through trained volunteers and mass education campaigns in high prevalence communities will improve the health seeking behaviors of the beneficiary communities. OSSA will work with regional Laboratories to conduct the quality assurance of HIV Testing services and maintain the quality of counseling through counseling supervision.
OSSA will perform regular monitoring activities through case conferences, counseling session observations and supportive supervision by OSSA Branches and Regional HAPCOs; on a quarterly basis by OSSA Head office and Jointly with Federal HAPCO and the funding agencyBi-annual and annual review meetings with relevant stakeholders will also be conducted.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	100,000
Food and Nutrition: Commodities	100,000
Human Resources for Health	300,000
Water	50,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12306**

Mechanism Name: Prime Partner Name:	Increasing Access of VCT services to hot spot urban-rural setting and improving care and support at the community level in Federal Democratic Republic of Ethiopia under the President's Emergency Plan for AIDS Organization for Social Services for AIDS (OSSA)		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,099,200	

Narrative:

This activity has had a significant budget increase. COP 2010 resources will provide care and support and improve the quality of life of 40,000 PLWHAA. . OSSA's care and support services are planned mainly to be implemented through community-based service outlets. In 2010, 50 community based service outlets will be organized and supported to provide comprehensive care and support services These include , community home based care services by volunteers, psychosocial support, spiritual support, referral for clinic-based care, support and treatment including Anti-Retroviral Treatment (ART), adherence counseling, Prevention with Positives (PwP), prevention of and referral for opportunistic Infections (OIs), establishment and strengthening of peer support groups, provision of hygienic and therapeutic food support and income generating activities. These care and support services will be provided in collaboration with other PEPFAR partners, health institutions and service providers using strong and effective referral linkages and feedback mechanisms.

In COP 2010, OSSA will closely work with I-TECH to complement and strengthen the PwP efforts at community level. OSSA will adopt the training materials prepared by CDC-Ethiopia and translate them into appropriate local languages to use in PwP client education. OSSA will also be represented in the national care and support task force by a focal person assigned to the Head Office. Regular and close follow-up by volunteer care providers and establishment of client support groups will ensure good client retention. OSSA's community linkages uses partners' networks to address other services that are not included in the project. The performance and quality of care and support services will be monitored by trained nurse supervisors locally at each project site level and through periodic supportive supervision by senior program staff at central level. The partner being within PEPFAR will play its part in Global Health Initiative.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,018,334	

Narrative:

OSSA will reach 80,000 MARPs both in rural and urban settings with quality, same day result, mobile

HCT services using national HCT algorithms. To achieve this target, OSSA will promote HCT services through different means including volunteer HCT promoters, post test clubs, mass media, provision of same-day results, and mobile HCT services to MARPs, including factory workers, workers on large plantations (e.g. flower farms), truck drivers, commercial sex workers, and rural and urban men and women. OSSA will also organize and use special events like national HCT Day, World AIDS Day, March 8th Women's Day Celebrations, and public holy days to provide HCT services in collaboration with other partners. OSSA will also give special attention to reach more women and couples with mobile HCT services.

In COP 2010, OSSA will incorporate other sexually transmitted Infection (STI) prevention and treatment activities especially syphilis screening and referrals to health facilities if found to be infected. To ensure quality HCT services, OSSA will implement case conference meetings, session observations and laboratory QA techniques. OSSA will conduct regular supportive supervision visits to each project site to monitor project performance. HCT services, client-centered data are collected and reported using EPI Info software. Data will be compiled, analyzed, summarized, and reported at site and central level. OSSA will submit an annual report with best practices to share with other partners. All clients found HIV positive will be referred to nearby health facilities using the standard referral formats. OSSA will strengthen strong linkages with health facilities to ensure follow up and appropriate use of services. OSSA will conduct quarterly review meetings with relevant stakeholders at project site level. OSSA being within PEPFAR will play its part in Global Health Initiative (GHI).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12307	**Mechanism Name: Prevention of Cervical Cancer among HIV positive women in the Federal Democratic Republic of Ethiopia**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Pathfinder International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 452,300

Funding Source	Funding Amount
GHCS (State)	452,300

Sub Partner Name(s)

Stanford University school of Medicine - Spires program		

Overview Narrative

Mechanism Narrative:

Pathfinder has developed an efficient, cost-effective and sustainable strategy to increase access to and use of cervical cancer prevention services among HIV positive women in Ethiopia. Pathfinder will build upon its extensive and strongly-rooted USAID-funded reproductive health and HIV/AIDS activities in Ethiopia and close working relationships with the MOH at national, regional, and community levels. Pathfinder will continue to pilot and document whether an integrated, single-visit approach to cervical cancer screening and treatment is safe, acceptable, and feasible in 14 health facilities providing HIV care and treatment. These facility-based activities will be complemented by community-based sensitization and mobilization as well as system-level leadership and facilitation aimed at integrating cervical cancer prevention into the national HIV care and treatment plan. Pathfinder will partner with the SPIRES program at Stanford University's School of Medicine to bring technical knowledge, evidence-based training materials, and established base of experience in introduction of VIA and cryotherapy to low-resource settings.

Geographic scope: The regions of Addis Ababa, Amhara, Oromia, Tigray, and SNNPR have been targeted for the pilot project based on: 1) higher HIV prevalence and burden (collectively they account for >90% of the HIV epidemic); 2) greater availability and uptake of HIV care and treatment services; and 3) existing human resources and infrastructure. Final selection will be made in close collaboration with national and regional stakeholders, including the MOH, Regional Health Bureaus (RHBs), the cervical cancer TWG, HIV care and treatment implementing partners, and other key stakeholders. Pathfinder is currently working in these regions and has close working relationships with the RHBs, Woreda health offices, and at the community level.

Pathfinder will build on its existing strategic alliances to collaborate with the MOH, RHBs, hospital managers, USG implementing partners, and professional organizations (such as the Ethiopian Society of Obstetricians and Gynecologists and Ethiopian Nurses Association) to: 1) identify national, regional and local champions and empower them with credible evidence on cervical cancer; 2) foster discussions around the scientific evidence of the single-visit approach and its potential impact on improving HIV care in Ethiopia; and 3) organize attention-generating events to create national, regional, and local visibility on

the issue. Pathfinder will take the lead in convening a National Cervical Cancer Technical Working Group, which will develop standard operating procedures and clinical protocols for integrating the single-visit approach, as well as partnering with the MOH and other relevant stakeholders to revise the existing reproductive health strategy and palliative care training materials to include prevention and treatment of cervical cancer for women living with HIV.
Pathfinder's M&E system is three-pronged to: 1) monitor performance, 2) support stakeholder use and mid-course corrections, and 3) evaluate impact, to allow M&E results to guide project management and program improvement, as well as meet reporting requirements to CDC and satisfy information needs of stakeholders. The project's M&E system will measure, analyze, interpret, and report on program results in a way that provides accurate and useful information at all levels. Data obtained will be used to assess and report on the extent to which the program achieves its desired results, providing CDC, GOE, and partners with a record of evidence-based progress, outcomes, and lessons learned. Partners and stakeholders will be involved during all phases of M&E activities to instill ownership of the process, avoid duplication of effort, and ensure better use of the resultant data. In addition, monitoring data will be used to ensure transparency of operations toward project beneficiaries as well as other stakeholders.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**12307**
Mechanism Name:	**Prevention of Cervical Cancer among HIV positive women in the Federal Democratic Republic of Ethiopia**
Prime Partner Name:	**Pathfinder International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	452,300	

Narrative:
In FY 2009, Pathfinder and SPIRES partnered with facility-based, government, and community partners to build the system and technical foundation needed for introducing the single-visit approach, including establishing five Regional Cervical Cancer Prevention Centers of Excellence (COEs). Selection of sites for COEs is participatory, involving the MOH, RHBs, the cervical cancer TWG, and regional HIV care and treatment implementers. The Regional COEs serves three important roles as: 1) service delivery models for integration of cervical cancer screening and treatment into HIV care; 2) training centers for cervical cancer screening and treatment; and 3) referral facilities for women with advanced cervical cancer or complicated cases. In COP 2010, Pathfinder will expand to nine additional health outlets, implementing the procedures, training, referral mechanisms, and lessons learned from the COEs, and adapting them as needed to the new sites. The selection of these sites will be made collaboratively with key government, technical, and community stakeholders. Pathfinder will focus on institutionalization and refinement of the single-visit approach and its associated procedures via on-going supportive supervision and feedback from monitoring data. Pathfinder applies international best practices and "safe, acceptable, effective, and pragmatic public health approaches." These include: supporting comprehensive facility services for quality and impact; building community education, support, and linkages; and establishing strategic alliances and partnerships. Pathfinder will continue to support comprehensive facility services for quality and impact. In COP 2010, master trainers will train provider teams from the nine new pilot facilities. Pathfinder and the regional stakeholders will support trained staff at each facility to integrate and introduce the single-visit approach and to provide referrals for advanced cases. Thorough analysis of monitoring data collected during site development, training and implementation will take place and results and lessons learned will be used to strengthen implementation of cervical cancer screening and treatment across all 14 sites. The partner being within PEPFAR will play its part in Global Health Initiative.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12308	Mechanism Name: Community outreach and Social Mobilization for prevention
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,439,376	
Funding Source	**Funding Amount**
GHCS (State)	1,439,376

Sub Partner Name(s)

CARE	Save the Children UK	

Overview Narrative

Mechanism Narrative:

1. Goals: Reduce sexual HIV transmission and impact of HIV/AIDS including stigma and discrimination in the general population of two selected regions of Ethiopia .

Objectives: 1) Increase correct and consistent adoption of HIV risk reducing behaviors, 2)Increase number of people with the motivation to access HIV services, 3)Reduce stigma and discrimination, 4) Increase capacity of local government/NGOs to implement effective HIV services/outreach activities.

2. Geographic Coverage: Afar and Somali regional states.

3. Target population: General population and MARP groups residing in urban and peri-urban settlement areas. Specific target population will be identified in consultation with the regional health bureau/HAPCO, CDC and local partners.

4. Contribution to the health system

The project (COSM) contribution focuses on the service provision related activities through promoting the prevention of sexual HIV transmission and the demand for HIV/AIDS services. Among the eight components of the Ethiopian government HSDP, the project will contribute on four of them: human resource development, IEC, health service delivery and quality of care, M&E.

5. Cross-cutting programs and key issues

The following cross-cutting issues will be addressed:

• Human resource for health: Train health care providers on the importance of integrating HIV/AIDS prevention and treatment services.

• Gender: monitor and ensure gender equality throughout the HIV/AIDS prevention campaigns and service uptake. In collaboration with UNFPA, which supply's female condom for free, female condom will be available. Addressing male norms and behaviors is another approach the project will adapt in mitigating the impact of HIV/AIDS.

6. Implementation strategy

COSM technical approach is built on evidence based and innovative approaches; building on existing/proven interventions; capacity building; effective partnerships.

COSM scale-up its reach in a cost effective way by working with multiple local organization and PEPFAR partners operational in the impact regions. Small grant scheme is designed to grant to local NGOs/CBOs and execute community outreach/social mobilization activities. To address PEPFAR/local partners' challenges towards increasing the uptake for HIV/AIDS services, the project demand creation campaign will be made in a coordinated manner. For instance, the project's road show/MVU will be made in consultation with regional health bureaus and partners providing mobile HCT (OSSA/Abt/RHB).

Promotion of correct and consistent condom use will be implemented in partnership with the "USAID Targeted HIV Prevention Program;" STI/ART/PMTCT with USG universities and other actors.

COSM implementation strategy focuses on social/community mobilization and capacity building initiatives. Leveraging the skills of local project partners, it will conduct intensive community outreach and social mobilization and communication activities. Effective from second year, these activities will be supported by complementary mass media which will promote comprehensive HIV prevention, care and treatment, and combat common myths and misconceptions which fuel stigma and discrimination. At the local level, community empowerment and engagement will be the primary focus to ensure long-term sustainability achieved through local ownership and transfer of best practices and implementation tools.

7. M&E Plan

COSM uses community based MIS. Monitoring data will be collected regularly and fed into PSI's database system, which provide monthly/quarterly summarized information by region and zone.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	25,000
Human Resources for Health	200,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Mobile Population

Budget Code Information

Mechanism ID:	**12308**		
Mechanism Name:	**Community outreach and Social Mobilization for prevention**		
Prime Partner Name:	**Population Services International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	191,563	

Narrative:

This activity comprises of two seperate entities: (A) The Community Outreach and Social Mobilization (COSM) for Prevention of Sexual HIV Transmission and Integrating Sexual Prevention in Care and Treatment Project primarily focuses on other sexual prevention; however, a significant level of effort will be given to AB initiatives. The AB initiatives focus on promoting abstinence, fidelity, reducing multiple concurrent partners, and social norms that affect these behaviors.
Afar and Somali Regions cover major parts of Ethiopia's borders with Djibouti and Somalia. Contraband trade routes are pervasive in these corridors, attracting men with money, young smugglers and laborers, and a range of displaced individuals. These regions attract MARPs that challenge local norms and aggravate the spread of HIV. COSM's AB initiatives strive to avert this by launching innovative community outreach and social mobilization activities. COP2010 AB activities focus on achieving the following outputs:

• Increase target communities' ability and motivation to reduce risk of HIV through use of appropriate community-based and interpersonal HIV prevention techniques.
• Increase individuals' ability and motivation for adopting behaviors that reduce risk of HIV transmission.

The AB campaign will target in-school adolescents and sexually active men and women (aged 15-49) who have the potential to be attracted by and to the MARP groups. COSM will address the HIV prevention needs of junior and secondary high schools, preparatory and college students, youth associations, and anti AIDS clubs. Women's associations and workplaces are targeted to reach sexually active adult women and men. (B) This is an activity carried out in previous years by Population Services Incorporated that will be re-announced with COP10. The aim is to deliver AB messages and 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. Funding for this effort is shared with the HVOP program area.

In FY08, PSI distributed 60,000 STI (urethral discharge) treatment kits to patients through private health facilities in STI/HIV hotspots in Addis Ababa. PSI further trained 137 health workers in private facilities on STI syndromic management and distributed over 5,000 posters and point-of-sale materials. In FY09, kits for the treatment of urethral discharge and genital ulcers were developed and distributed in private facilities in STI/HIV hotspots, targeting MARPs. These kits contained STI drugs, educational materials that included AB messaging, partner-notification cards, condoms, HIV testing information, and vouchers to access free HIV tests.
Kit distribution is accompanied by promotion activities to generate demand for quality HIV/STI services.

Because of the stigma associated with STI, most STI patients still visit lower-level and private facilities. Private facilities have poor STI reporting and recording systems, and few training opportunities are available to providers in private facilities. Therefore, in FY10, emphasis will be given to strengthening private facilities. In addition, the project will procure STI drugs for MARPs for inclusion in the kits. HIV patients in ART or on palliative care will also receive STI treatment and messaging from this project.

In COP 2010, the partner will carry out the following major activities in collaboration with the Federal Ministry of Health (MOH) and regional health bureaus (RHB):
1) Distribute of STI treatment kits through private and public facilities, ART clinics, and high risk corridor centers.
2) Link STI services to HIV counseling and testing.
3) Train private-sector providers on syndromic management of STIs.
4) Promote quality STI services and pre-packaged treatment kits.
5) Strengthen and improve STI recording and reporting
6) Strengthen STI partner notification and management

COSM targets populations residing in urban and peri-urban settlements of these two regions' major hotspots and high risk corridors. COSM, in partnership with regional government and local partners, organizes community outreach, social mobilization/marketing campaigns, and produces AB communication messages and materials. Gender equity will be monitored throughout the implementation process. To ensure quality of the project campaign, the project's social and community mobilization activities will be closely monitored through regular supportive supervision visits and collection of monitoring reports.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,247,813	

Narrative:

This activity comprises of two seperate entities: (A) PSI will continue to implement Community Outreach and Social Mobilization for Prevention of Sexual HIV Transmission and Integrating Sexual Prevention in Care and Treatment Interventions (COSMs). COSM's technical approach is built on four pillars: evidence based and innovative approaches; building on existing and proven interventions; capacity building; and effective partnerships.

COSM focuses on seven intermediate results; 1) Increasing adoption of safer sexual behaviors; 2) Enhancing communities' use of HIV/AIDS services; 3) Increasing involvement of health care providers; 4) Reducing stigma and discrimination; 5) Increasing correct and consistent condom use among MARPs; 6) Increasing awareness and demand for early treatment of STIs; 7) Enhancing ART adherence and PLHIV's knowledge on PwP.

In COP 2010, activities will focus on achieving the following outputs:

1. Increase target communities' ability and motivation to reduce risk of HIV infection and transmission through use of appropriate and consistent community-based and interpersonal HIV prevention techniques.
2. Increase the ability and motivation of health care providers to promote HIV/AIDS services.
3. Increase individuals' ability and motivation for using comprehensive HIV/AIDS knowledge to adopt behaviors that reduce risk of HIV transmission.
4. Increase individuals' ability and motivation for using HIV/AIDS services.
5. Increase the capacity of local organizations and individuals to implement COSM activities.

COSM focuses on high-risk corridors. The primary target populations are MARPs, which include CSWs, sexually active youth, mobile population and migrant workers, persons in multiple concurrent partnerships, transactional sex workers, and PLHIV in Afar and Somali regional states. PSI, in partnership with regional governments and local partner NGOs/CBOs, organizes different community outreach and social mobilization/marketing campaigns, and produces communication messages and materials. PSI utilizes IPC, community media, and mass media approaches. Social and community mobilization activities will be closely monitored through regular supportive supervision visits and collection of regular monitoring reports. (B) The aim of this new activity is to increase demand for quality HIV and STI prevention services through social marketing of STI treatment services that are linked to HIV counseling and testing. The intervention includes intense STI service promotion and demand creation activities.

A recent study by CDC and the Ethiopia Public Health Association in selected urban and rural areas

identified a number of barriers that limit utilization of STI services. Some of these barriers include space constraints, shortage of diagnostic equipment, failure to follow syndromic management guidelines, lack of BCC/IEC materials, poor recordkeeping, and a lack of confidentiality. Providers lack training, counseling and education skills, and can be judgmental. In urban areas, STI sufferers buy drugs to treat their disease without consulting health care, indicating that they view government facilities as their last resort, because of a fear of stigma, judgment, lack of confidentiality, and long waiting times.

In COP 2010, the awarded partner will carry out the following major activities in collaboration with the Federal Ministry of Health and the Regional Health Bureaus:

• Distributing 200,000 STI treatment kits through private and public facilities, ART clinics and high-risk corridor settings. The kit will be used for the treatment of urethral discharge, genital ulcer, and recurrent genital ulcer disease. The kit is an essential tool for providers, as it prescribes the correct medication and dosage as well as condoms and STI-related IEC materials.
• Linking STI services to HIV counseling and testing.
• Training providers in syndromic management.
• Increasing awareness and demand for STI services.
• Improving STI recording and reporting.
• Strengthening STI partner services.
• Expanding coverage areas to other major towns in Ethiopia.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12309	**Mechanism Name: Prevention in Urban and Rural Hotspots/Amhara MARPS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Family Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,537,803	
Funding Source	**Funding Amount**

GHCS (State)	1,537,803

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism was a TBD in FY2009, but was awarded to Family Health International (FHI) as a new activity to address HIV prevention in most-at-risk populations (MARPs) in Amhara Region.
FHI has supported HIV/AIDS and reproductive health programs in Ethiopia since 1992. It works to increase the capacity of the Government of Ethiopia, local NGOs and CBOs, and selected private sector partners to implement an expanded and comprehensive response to AIDS. This includes building capacity to scale up quality HIV prevention, care, treatment and support interventions across an expanded and comprehensive response continuum. FHI has a country office in Addis Ababa and branch offices in the regions of Amhara and SNNPR. Its purpose is to contribute to a broader goal of improving the quality of life of Ethiopians in the face of HIV/AIDS and extreme poverty, in part by improving the coping capacity of communities (community groups, individuals and families affected by AIDS).
This implementation mechanism is a follow-on response to the CDC-supported MARPS study conducted in partnership with the Amhara Regional HIV/AIDS Prevention and Control Office (AHAPCO) by the Ethiopian Public Health Association (EPHA) in 2008. AHAPCO wanted this study, the first of its kind in Ethiopia, because while Amhara Region accounted for only 20% of national population in 2009, it accounted for an estimated 40,000 (31%) of the 131,000 new HIV infections nationwide, 107,000 (32%) of the 336,000 PLWHAA in need of ART, and an even more disproportionate share of OVC, having 340,000 (40%) of the 856,000 AIDS orphans nationwide. Why Amhara's HIV burden is disproportionately higher than other regions remain unclear. Being largely rural and agrarian in nature, bridging populations exist between rural and urban "hotspots" where commercial sex work (CSW) is common. These dynamics are thought to play a central role in transmission. HIV prevalence (n=400 in each subgroup) in the Amhara MARPS study was 37% among CSWs, 15% amongst casual day laborers in towns, and 15% amongst mobile merchants who move from marketplace to marketplace to trade agricultural and other goods. CSWs likely serve as the "core-transmitters" to these mobile, yet relatively affluent groups, who travel back and forth between the countryside and towns. Disturbingly, HIV prevalence among 400 secondary students (median age 19 years) from non-randomly selected schools within suspected urban "hot spots" was 12% overall, including 16% in males and 8% in females. The hypothesis is that secondary education being largely unavailable in rural areas is resulting in large numbers of students migrating to towns where they lack support systems and engage in high-risk behavior. All of these groups are considered MARPs in Amhara Region.

Since starting in mid-2009, FHI has moved quickly to conduct an initial desk review, mapping of the target

groups and service availability, and a regional dissemination meeting in collaboration with AAHAPCO. Numerous gaps geographically and in combination prevention interventions were identified. FHI is now implementing evidence-based, replicable "Demonstration Models" for effective delivery of a comprehensive package of HIV prevention services to MARPs in identified hotspot areas. These include strategic behavior change communication (SBCC) approaches to reduce risky behaviors, increasing access to condoms and user-friendly STI/HIV/AIDS services, and linkages to other services. The package of services is being based on draft guidelines for MARPs currently under development by the National HIV Prevention Advisory Group. Early access to ART for those with a CD4<350 will also be emphasized. Male circumcision is already routinely practiced in Amhara but it needs to be confirmed if practices have changed.

In COP 2010 targeted inter-personal communication activities with individual and peer outreach and peer group discussion will continue with the support of communication material. This will be supported with 'YeWein Zelela' strategy to address sexual mixing between groups. As a continuation of 2009, core trainers will roll out peer leadership training to select Peer Leaders who didn't receive training and will conduct supportive supervision of outreach workers to monitor the ongoing activities.
SBCC activities will be complemented with a tailored service delivery and referral strategy package, which includes MARPs-accessible HIV/AIDS/STI service. Refresher training will be provided to service providers and monitoring of service will be conducted to enhance the access to MARPs friendly service.
Commodities like STI drugs will be procured only to address short-term shortages of drugs and condoms which will be made available freely at selected service outlets.
The project will organize quarterly project supervision and annual project review to see project progress, present analysis of project and quality improvement. The partnership with AHAPCO is strong which will facilitate ownership and sustainability. A quality assurance and improvement process involving close monitoring and site supervision takes rapid feedback into account to identify solutions to address gaps, and propose small cycles of improvement. Discussions are ongoing with AHAPCO, other PEPFAR partners, and CDC–Ethiopia to expand coverage to reach more MARPs groups and areas with targeted interventions to have a significant population-level impact on HIV prevention in the region.

Cross-Cutting Budget Attribution(s)

Education	200,000
Gender: Reducing Violence and Coercion	50,000
Human Resources for Health	400,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Mobile Population

Budget Code Information

Mechanism ID:	**12309**
Mechanism Name:	**Prevention in Urban and Rural Hotspots/Amhara MARPS**
Prime Partner Name:	**Family Health International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	140,191	

Narrative:

Under this project in FY 2009 FHI conducted desk review of existing documents, mapping of the target group, partners and service delivery stations. FHI has also started the implementation of evidence-based, replicable "Demonstration Models" for effective delivery of a comprehensive package of HIV/AIDS/STI prevention services to MARPS in selected hotspot areas in Amhara region.
In COP 2010, inter-personal communication activities with individual and peer outreach and peer group discussions will continue with the support of communication material including targeted radio programs using local FM radios. This will be supported with the 'YeWein Zelela' strategy to address sexual mixing between groups.
To advance activities from FY 2009, core trainers will continue to roll out peer leadership training to select peer leaders and will conduct supportive supervision of outreach workers to monitor the ongoing activities. FHI will provide refresher training to service providers and monitor services to enhance the availability of MARPS-friendly services.
SBCC activities will be complemented with a tailored behavior change communication strategy focusing on reducing sexual partners and being faithful, building negotiation skills, and creating an enabling environment for implementation, service delivery and referrals to MARPS friendly HIV/AIDS/STI services.
The project will organize quarterly project supervision and annual project reviews to assess progress, and to present analysis of project and quality improvement. This will be done in consultation with the regional MARPs Taskforce. The quality assurance and improvement process will focus on monitoring and supervisory feedback, identifying solutions to address gaps, and proposing incremental steps for

improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,397,612	

Narrative:

In COP 2009, FHI conducted desk reviews of existing documents and mapped target groups, partners and service delivery stations. FHI has also started the implementation of evidence-based, replicable demonstration models for effective delivery of a comprehensive package of HIV/AIDS/STI prevention services to MARPS in selected hotspots in Amhara region.
In COP 2010, interpersonal communication efforts with individual and peer outreach, as well as peer group discussion, will continue with the support of communication materials. These communication materials will use a combination of targeted radio programs using local FM radios. This will be supported with the 'YeWein Zelela' strategy to address sexual mixing between groups.
In continuing activities from COP 2009, core trainers will continue to provide training to peer leaders and will conduct supportive supervision of outreach workers to monitor ongoing activities. Refresher training will be provided to service providers and monitoring will be conducted to ensure the availability of MARPS-friendly services.
SBCC activities will be complemented with tailored behavior change communication for MARPs focusing on condom promotion and distribution, STIs detection and treatment referrals, HTC and service delivery, and a referral strategy package. The package of services will be basing the minimum package of services for MARPs that is suggested by the National HIV Prevention Advisory Group.
The project will organize quarterly project supervision and annual reviews to assess progress and to present analysis of the project and quality improvement efforts. This will be done in consultation with the regional MARPs taskforce. Quality assurance and improvement process was developed and is being implemented. FHI will continue to discuss monitoring and supervision feedback, identify solutions to address gaps, and propose incremental steps for improvement.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12310	Mechanism Name: Strengthen Laboratory Pre-service Training Through Partnership
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

Addis Ababa Technical and Vocational Training College	Jimma University	

Overview Narrative

The goal of this activity is to strengthen pre-service training through partnership with two local training universities that have a biomedical equipment maintenance unit.

To accomplish this goal, the TBD partner will work with two indigenous institutions in the Oromia region in Ethiopia: Jimma University and Addis Ababa Technical and Vocational Training College. The partner will provide the capacity for these local institutions to have a holistic approach to maintaining equipment. This pre-service training program will involve developing curricula, establishing inventory systems, and conducting preventive and curative maintenance of equipment. It will also involve providing equipment for hands-on practice. Graduating engineers will be properly trained and can immediately provide high-quality services upon leaving school. Challenges in equipment maintenance will be properly addressed through timely diagnosis and repair, which will help avoid any interruption of services. As part of the health care workforce, engineers trained in these skills constitute a critical element in health systems strengthening.

This approach to strengthening health systems and addressing equipment maintenance challenges is cost-effective when compared to procuring contracts, which are often protracted when dealing with equipment manufacturers. In addition, the response time from qualified, locally trained engineers is likely to be faster than engineers who are solicited from outside vendors or manufacturers. The effects of this program will be national in scope. The results can be easily evaluated through survey questionnaires completed by the laboratorians who are using this equipment and by tracking the response times following notifications of equipment failure.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12310**
Mechanism Name:	**Strengthen Laboratory Pre-service Training Through Partnership**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

This new TBD award to support training of biomedical engineers or technicians in laboratory equipment maintenance is cross-cutting with Human Resources for Health (HRH) and should be part of the streamlined COP10 submission.

The rapid expansion and decentralization of HIV-related services, along with the increasing level of technical sophistication and complexity found in clinical and laboratory instrumentation, demands considerable attention to maintaining and servicing equipment. Failure to address this need can seriously disrupt services. Equipment maintenance begins with the planning and conceptualization phase of the platforms to be obtained and maintained for a country. Addressing equipment maintenance also begins the moment the equipment engineers are trained in school. Assuming greater local responsibility for ongoing equipment maintenance will be included in the Partnership Framework being developed with the Government of Ethiopia.

A lack of formal curriculum-based training, along with a shortage of engineers, the absence of model equipment for training, limited or no access to spare parts, non-strategic decision-making regarding instruments and types of tests, an acute shortage of local capacity, and costly service contracts with private vendors. This approach seeks to address these problems by developing a National Health Workforce for equipment maintenance to ensure local capacity building, ownership and sustainability. Two teaching institutions – Jimma University and Addis Ababa Technique and Vocational Training

College – have recently initiated degree and diploma programs in biomedical equipment maintenance. Between them, they graduate 60 engineers a year who are proficient in biomedical equipment maintenance. Jobs are easily available in the public and private sector. These qualified individuals will help strengthen the health workforce, which is a core principle for PEPFAR II in health systems strengthening, HRH and local ownership. PEPFAR-Ethiopia will partner with these institutions to develop a standardized curriculum that looks at a holistic approach to equipment maintenance rather than the "broke-and-fix model". These funds will help to provide tools, test equipment, instructors and service manuals to these institutions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12311	**Mechanism Name: Ethiopia Hospital and Health Care Administration Initiative**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

AAU	Jimma University	

Overview Narrative

Goals and objectives: The purpose of this program is to improve the management capacity in government hospitals and health facilities throughout Ethiopia so that they maximize the productivity of their human,

financial, and infrastructural resources and deliver the highest possible quality services to their patients. The system of health care delivery in Ethiopia, provided by the approximately 102 government hospitals and 800 health centers requires sustained attention and specific skill sets to improve and to retain its health workforce. The Ethiopia Hospital and Health Care Administration Initiative (EHHAI) represents a systems-based approach to improving the functioning and quality of government hospitals and health centers in Ethiopia and reflects a strong and successful collaboration among governmental, non-governmental, and educational partners.

The objectives of EHHAI will be achieved through the provision of technical support to government units (at Federal Ministry of Health and Regional/City Health Bureaus) to monitor functioning and quality of governmental hospitals and health centers in Ethiopia; and creating an educational degree program in hospital and health care administration to foster a pipeline of well-trained administrators and managers to sustain the functioning and quality of government health (and potentially private) facilities in Ethiopia.

The purpose of the EHHAI is to continue to produce a new cadre of Chief of Executive Officers (CEOs) with Masters of Hospital and Healthcare Administration (MHHA) at Jimma University and to help launch a similar program at Addis Ababa University. The CEO will help building management capacity in the areas of process improvement, plant and faculty design and maintenance, financial management and budgeting, program planning and evaluation, and regulatory affairs and governmental interactions.

Geographic coverage – The program will be implemented at the national level for technical assistance and at Jimma and Addis Ababa Universities for the MHHA program.

Contribution to health system – The Ethiopian health system is undergoing dramatic change and improvement to provide higher quality and more accessible care for the country. Therefore, this initiative will help to improve the quality and functioning of government hospitals throughout Ethiopia through improved governance, leadership, finance, and human resource retention.

Monitoring and Evaluation: Indicators to evaluate the success include the following: a) evidence of improvements in hospitals' adherence to national standards for management and to national standards for diagnostic and treatment services, b) existence of government units for hospital monitoring at the federal and regional levels with clear domains of responsibilities, c) evidence of regular governmental monitoring of hospitals adherence to national standards and use of effective, remedial actions as needed, and d) existence of an educational degree that prepares and supports professional hospital chief executive officers (CEOs) in Ethiopia.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12311**
Mechanism Name:	**Ethiopia Hospital and Health Care Administration Initiative**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

The Ethiopia Hospital Management Initiative (EHMI) is a new activity and represents a systems-based approach to improving quality and streamlining operations of government hospitals in Ethiopia. It reflects a strong and successful collaboration among governmental, non-governmental, and educational partners.

Key management functions of hospitals includes governance, financial management, human resource management, hospital general management and operations, and quality M&E. In Ethiopia, the Federal Ministry of Health (FMOH) and Regional Health Bureaus (RHBs) have been actively engaged in discussions around these issues and are now prepared to implement agreed-upon policies. However, as is often the case, a gap exists between policies and implementation.

FMOH and RHBs are designing a system of governance. Four government referral hospitals are directly managed by FMOH. The remaining government hospitals are managed by their respective RHBs. Despite agreement on this general framework, extensive work remains to be done to implement effective governmental and managerial systems to ensure high-quality service and efficient functioning of hospitals.

In COP2010, the awarded partner will:

• Refine the national Standards and Supporting Blueprint for Hospital Management.

• Set national standards for diagnostic and treatment services. • Support the development of needed structures and capacities in FMOH and RHBs. • Monitor the implementation of national standards for hospital management and for diagnostic and treatment services. • Train prospective hospital CEOs through the EHMI, conferring an MHA degree upon completion. • Transfer the program to Jimma University and ensure that it is fully operational and embedded. • Assist hospitals in establishing and maintaining management systems consistent with the Blueprint. • Support equipment and infrastructure as needed to meet national standards and deliver higher quality care. • Support design and implementation of governmental hospital M&E procedures. • Support hospitals' adherence to national standards for management and for diagnosis and treatment. • Support the monitoring of hospital utilization, key clinical metrics, and patient satisfaction.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12312	**Mechanism Name: Strengthening Integration of PMTCT/STIs/HTC with Reproductive Health Services at Family Guidance Association's of Ethiopia Clinics and Youth Centers**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuation activity from FY08 and FY09 after US-based universities have partnered with the Family Guidance Association of Ethiopia (FGAE) to initiate PMTCT, HCT and STI activities in their existing reproductive health (RH) service outlets. In COP 2010 these activities will continue and expand but under a new TBD mechanism. This mechanism will help to facilitate graduation of local sub-partners to prime partners that are capable of carrying out the activities by their own. Furthermore, it will contribute towards ensuring sustainability while reaching high-risk populations at the same time.

Because of very low ANC coverage, Ethiopia has the lowest PMTCT uptake of all the PEPFAR countries in Africa. The PMTCT program in the NGO health sector has been initiated to contribute to the overall effort of improving the uptake of ANC, labor and delivery, in addition to PMTCT services in the country. The project has the objective of expanding PMTCT in FGAE health facilities, as these facilities are located in urban settings where the HIV prevalence is highest in Ethiopia. In FY08 and FY09, JHPIEGO has supported the FGAE to integrate PMTCT into existing RH services.

A recent survey in Ethiopia has shown that STIs are common among MARPs, who tend to seek STI treatment from drug vendors, traditional healers, and open marketplaces. Services provided in these facilities are inferior in terms of provider knowledge, condom promotion, demonstration, and supply, as well as linkage to HIV/AIDS services, including VCT, care/ART, PMTCT, and education. Therefore, confidential, user-friendly clinics for MARPs are essential for providing them with comprehensive prevention, care, and treatment services for STIs and HIV. Urban settings have a high concentration of commercial sex workers (CSWs) in Ethiopia.

The FGAE is a local NGO established in 1966 advocating for the promotion of RH rights and in improving access to RH services. At present, the association runs a network of 18 comprehensive RH clinics, 28 multi-service youth centers, and 850 community-based and 250 outreach service delivery outlets. Starting from early 2002, FGAE has managed to make significant contributions in HIV prevention by integrating VCT, PICT, PMTCT, STI services and community home based care.

The PMTCT services that have started in FY08 continued to expand in FY09 to reach 22 FGAE clinics under a different mechanism, with JHU/TSEHAI as the prime partner and JHPIEGO as a sub-partner because the cooperative agreement with JHPIEGO had expired. In FY09, FGAE expanded HCT services to 39 sites. In FY09 US-based universities partnered with FGAE to establish six confidential STI clinics for CSWs in Addis Ababa, Eastern Oromyia and other major urban centers in Ethiopia.

In COP 2010, the PMTCT activity will be strengthened in 22 FGAE clinics and HCT services will be initiated in 23 FGAE youth centers. The activities include:

1. Training of FGAE staff working at health clinics, community-based and outreach services.
2. Assist and facilitate implementation of the revised PMTCT guidelines
3. Ensure regular supply of PMTCT commodities including test kits and ARV drugs
4. Establish 2 additional labor and delivery services at 2 sites
5. Establish Mother Support Groups (MSG) at 5 sites
6. Support initiatives to expand PMTCT services in the private/NGO sector
7. Regular mentoring and supportive supervision.

In COP 2010, the HCT activities will continue to be expanded and strengthened at 40 sites. The activities include:
1. Training of FGAE trainers in VCT, Couple HCT, and PICT
2. Training providers in PITC and training VCT counselors (including community counselors) and FGAE counselors in Couple HCT and burnout management
3. Supporting VCT, Couple HCT and PITC services at all sites
4. Train and support 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

In COP 2010, the Confidential STI Clinics will expand to 12 sites in other major urban towns in Ethiopia. The following major activities will be undertaken to realize the project objectives:
1. Identification of clinic sites and implementing partners for the confidential MARPs clinics.
2. STI diagnosis and treatment, including drug provision for MARPs,
3. Condom promotion and provision,
4. Establishment of peer-support groups, STI education
5. Counseling and referral linkages to VCT, ART and PMTCT
6. Communications skill training will be provided to clinic staff to improve service delivery and to make user-friendly.
7. Support renovation of the confidential clinics
8. Promotion of clinics emphasizing their low cost/free services, confidentiality, and quality of service (including hospitality)

Cross-Cutting Budget Attribution(s)

Construction/Renovation	Redacted
Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**12312**
Mechanism Name:	**Strengthening Integration of PMTCT/STIs/HTC with Reproductive Health Services at Family Guidance Association's of Ethiopia Clinics and Youth Centers**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

This activity was previously funded through a cooperative agreement with Jhpiego. That agreement is expiring and is being re-announced for competitive bid.
The Family Guidance Association of Ethiopia (FGAE) is a local NGO delivering sexual and reproductive health services in an integrated fashion. Services family planning, cervical cancer diagnosis, care for rape victims, management of sexually transmitted infections (STI), and HIV services (e.g., VCT, condom promotion and distribution, treatment of opportunistic infections). FGAE's programs and services cover many parts of the country through branches in regions, sites in workplaces, youth centers, and outreach and marketplace activities.

In FY 09 through PEPFAR/Jhpiego support, FGAE expanded HCT sites to 39 and the number of people tested reached more than 35,000 in the last half year (SAPR 09). Through this support FGAE will strengthen VCT and introduce PITC services in 40 clinics and youth centers. Outreach workers will be

trained to provide education and referral for HCT services. Sample collection through finger prick will be used in all sites.

For FY10, the FGAE activities will continue to expand current activities, including:

1) Training of FGAE trainers in VCT, CHCT, and PICT;
2) Training providers in PITC and training VCT counselors (including community counselors) and FGAE counselors in CHCT and burnout management;
3) Supporting VCT, CHCT and PITC services at all sites;
4) Training and supporting 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 unable to be leveraged from sources funded through the Global Fund for AIDS, Malaria, and Tuberculosis;
7) Support FGAE to provide outreach CT programs at marketplaces and during community mobilization.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

This is a continuation activity that is being re-competed in COP10. In FY09, US-based universities partnered with Family Guidance Association of Ethiopia (FGAE) to establish confidential STI clinics in Addis Ababa and other major urban centers. The objectives of this activity are to establish comprehensive services for MARPS including STI, and to link with other services like mobile counseling and testing, ART, PMTCT, and prevention education.

STIs are common among MARPs, which include commercial sex workers (CSWs) and their clients, long-distance truck drivers, vulnerable women, substance abusers, street people, migrant workers, and bar owners. Due to stigma and lack of accessible and affordable health services, MARPs with STIs tend to seek treatment from drug vendors, traditional healers, and marketplaces. The services provided in these venues are inferior in terms of provider knowledge; condom promotion and supply; linkages to HIV/AIDS services; and prevention education. Confidential clinics are essential to reach MARPS and provide them with comprehensive services.

In FY09, six confidential STI clinics were established in FGAE clinics in Addis Ababa and Eastern Oromia Region which provide comprehensive STI/HIV services, reproductive health and post-exposure prophylaxis services for MARPs, CSWs and rape survivors. Previous efforts have established FGAE's

links to HCT and ART services and have improved confidential clinical STI/HIV/RH services.

In FY10, this activity will expand to several other major urban towns. To ensure sustainable programs, this activity will ideally be transferred to local institutions with capacity to assume the activity. FGAE's university partners will help develop a transition plan.

The major activities of this project are to:
1) Identify MARP clinic sites and implementing partners.
2) Provide STI diagnosis and treatment.
3) Promote and provide condoms.
4) Establish peer-support groups and STI education.
5) Counsel and refer clients to VCT, ART and PMTCT.
6) Provide communications skills training to staff to improve service delivery and user-friendliness.
7) Support renovation of confidential clinics,
8) Promote clinics, emphasizing their low cost/free quality services, confidentiality, and hospitality.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

This is a continuing activity. In COP08, JHPIEGO supported expansion of PMTCT services to FGAE clinics throughout Ethiopia. In COP09, JHU/TSEHAI further expanded PMTCT services to 22 FGAE clinics through JHPIEGO. To date, 10 FGAE clinics have been able to offer HTC services to all ANC clients. JHPIEGO and FGAE are negotiating with the officials from Regional Health Bureaus to make ARVs available to HIV-positive pregnant women. Currently, this group is being referred to nearby health facilities because of an ARV shortage at FGAE clinics.

JHPIEGO has trained FGAE staff on the new PMTCT guidelines and efforts are also underway to renovate and equip two labor and delivery clinics at Hawassa and Harrar. JHPIEGO has also established referral networks to link HIV-positive women to ARV services in all regions.

In COP2010, this activity will continue with a TBD prime partner, selected on a competitive basis. To ensure sustainability, the sub partner (FGAE) is also being encouraged to compete for the award on its own.

In COP, the partner will:

• Strengthen ongoing PMTCT activities in FGAE clinics. • Expand to 18 additional FGAE clinics, bringing the total number of sites to 40. • Continue supporting established L&D services. • Ensure the availability of ARVs at all FGAE clinics. • Undertake extensive community level PMTCT awareness campaigns in all catchment areas through outreach and CBRHAs. • Establish and support Mothers Support Groups at five FGAE sites. • Undertake minor renovations to improve service quality. • Strengthen the integration of PMTCT into routine FGAE activities • Ensure the organized and integrated implementation of the four-pronged approach to PMTCT. • Support the implementation of quality improvement models. • Improve the PMTCT M&E system and documentation of best practices for FGAE clinics. • Boost counseling on infant feeding options. • Conduct training on PMTCT/ART/infant feeding. • Design and implement family-based approaches to improve male involvement in PMTCT. • Ensure that the necessary job aids, IEC materials, PMTCT testing and counseling tools are available in FGAE clinics that provide PMTCT services.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12313	**Mechanism Name: Support for the Greater Involvement of People Living with HIV/AIDS (GIPA) in the Federal Democratic Republic of Ethiopia**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The comprehensive goal of case management is to strengthen the meaningful involvement of People Living With HIV (PLHIV) in the implementation of the national HIV/AIDS program through their associations by initiating a case management program which is client centered and goal oriented. The main objective of the program is to focus on assessing the needs of HIV/AIDS clients so as to achieve maximum ART program and treatment adherence including raising awareness towards positive prevention.

The Implementing Mechanism is planned to reach a local organization as the prime partner which will work per the PEPFAR-supported national guidelines for case management issued by FMOH/FHAPCO in July 2009 for GIPA in Ethiopia. The case management program will be led and coordinated by FMOH and Regional Health Bureaus to ensure that it is integrated into the existing health care delivery system and has strong ownership by the local system per partnership framework.

Case management is a program covering the entire country where ART activity is rolled out to about 500 sites at both hospital and health center levels. The largely US-based PEPFAR partners currently working in the area and employing case managers will be transitioning this activity to local ownership.

Case managers will get training based on the nationally standardized and accepted training manuals. The program recruits, trains and deploys "lay persons" who are mostly PLHIV to work on case management which is in line with the task shifting policy of the Government of Ethiopia to increase access and leading towards efficiency and cost-effectiveness.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12313**
Mechanism Name:	**Support for the Greater Involvement of People Living with HIV/AIDS (GIPA) in the Federal Democratic Republic of Ethiopia**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

This is a new activity for streamlined COP 10 submission. High rates of patient attrition from HIV care and treatment services, as well as early patient mortality among those starting ART are serious program challenges in Ethiopia. Following successful introduction by US-based partners, the GOE believes the establishment of a new cadre of case managers will help to address adherence-related issues, better link patients and families to important community resources, and help decongest overcrowded health facilities. The GOE is considering integration of case managers into the GOE workforce.

The primary focus of HIV/AIDS case management (CM) is the development of a purposeful and proactive approach to the prevention of patient attrition and optimizing adherence to recommended care and treatment services. This approach ensures a continuity of care for patients through the use of trained lay persons who are often PLHA that link patients to the services available at different levels. CM is a client-centered, goal-oriented process for assessing the needs of an individual patient for particular services and actively linking the client with those services. A well-implemented CM program establishes connections between the different tiers of the health system with community services assisting the facilities to prevent patient loss-to-follow-up, tracking lost patients, and minimizing the number of clients that default. CM seeks to enhance the coordination and integration of the health care system by ensuring the continuity of service delivery, facilitating referrals and improving the function of the health network model.

The CM program should be led and coordinated by the Federal Ministry of Health and the Regional Health Bureaus to ensure that it is integrated into the existing health care delivery system and has strong ownership by the local system. The program will be managed and coordinated at different levels, including national, regional, zonal, woreda, health facility, and community levels.

The CM program will be implemented according to the national HIV/AIDS CM guidelines and standards.

There will be regular supportive supervision provided to ensure compliance with guidelines and accountability. The CM program will have its own monitoring and evaluation plan and reporting system. The partner being within PEPFAR will play its part in Global Health Initiative (GHI).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12314	**Mechanism Name: Expansion and Strengthening of the PMTCT Services in the Private Health Facilities in Ethiopia**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity from 2009 but a new mechanism. Over the past several years, the private-health sector in Ethiopia has been expanding very quickly and significantly contributing to the delivery of health services in Ethiopia, particularly in urban settings. A considerable proportion of pregnant women in big cities and towns, where the HIV prevalence is high, attend ANC, labor, and delivery services at private health facilities. However, until recently, little or no effort was made to introduce PMTCT in these facilities.

To fill this gap, the PMTCT private-sector initiative was launched in FY07 to expand PMTCT services at private health facilities with two primary objectives: (1) contributing to the reduction of HIV transmission through extensive training of health care providers and (2) promoting the widespread application of

recommended national PMTCT strategies in the private health sector. This initiative, which began in Addis Ababa, has continued in FY08 and FY09. Over the last few years PMTCT services has been expanded to 40 private health facilities in Addis Ababa through the technical support and partnership involving the Ethiopia Public Health Association (EPHA), Johns Hopkins University (JHU), the Ethiopian Society of Obstetricians and Gynecologists (ESOG), and the Addis Ababa City Administration Health Bureau.

In COP 2010 this activity will continue under a new TBD partner. The TBD partner will support and strengthen expansion of PMTCT services to the private health facilities in major cities of Ethiopia. The TBD partner will strengthen the PMTCT services in the 40 health facilities in Addis Ababa and will also expand to additional 10 facilities in and outside the capital by providing mentorship and technical support to facilities, capacity building of private facility staff through trainings, improving the M&E of PMTCT program and strengthening referral linkages within and between facilities.

The TBD partner will also work closely with Regional Health Bureaus and FMOH to ensure service integration and collaboration at all levels. It will also be active member of the National TWG to contribute to the national effort in standardizing and ensuring quality of the PMTCT services.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

Safe Motherhood

Budget Code Information

Mechanism ID:	**12314**		
Mechanism Name:	**Expansion and Strengthening of the PMTCT Services in the Private Health Facilities in Ethiopia**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	MTCT	Redacted	Redacted

Narrative:

This is a continuing activity from COP07, COP08 and COP09. EPHA as a prime partner has sub contracted the activity to the Ethiopian Society of Obstetricians and Gynecologists (ESOG). The private sector initiative was started as a collaborative effort by signing Memorandum of Understanding (MOU) between Addis Ababa Regional Health Bureau, EPHA/ESOG, JHU/TSEHAI and private health facilities.

EPHA has provided technical assistance to ESOG in implementing this project. To date the project has trained 158 relevant health care providers in four rounds and initiated a minimum package of PMTCT services in 24 service outlets in Addis Ababa.

Currently EPHA is working closely with ESOG and AARHB to increase the number of service outlets providing the minimum package of PMTCT services to 40 including facilities outside Addis Ababa.

Given the fact that, the private health facilities are providing services to a considerable number of clients including ANC attendants, the expansion of PMTCT services in these private facilities is expected to increase the PMTCT coverage in the country.

In COP 2010 this activity will continue with a new mechanism, TBD. The prime partner for this activity will be determined through FOA with limited competition.

In COP 2010, TBD partner will:

• Strengthen ongoing activities and continues supporting expansion of PMTCT services in Private/NGO health facilities. Expand the service to 10 additional sites - this brings the total number of sites to 50
• Ensures implementation of the revised national PMTCT Guidelines in Private/NGO health facilities.
• Continue strengthening and establishing collaborations with all relevant stakeholders, in order to harmonize and avoid duplication of efforts in implementing PMTCT services in Private/NGO health facilities.
• Provide PMTCT training and mentoring for health professionals working in Private/NGO health facilities.
• provide technical support to FMOH and RHBs to expand PMTCT services in the private sector and actively participate in the national and regional PMTCT/Pediatrics TWGs

• Support integration of PMTCT with MNCH services and strengthen linkages of HIV positive pregnant women to treatment and care services.
• support follow-up of HIV-exposed infants and early infant diagnosis (EID) programs

• advocate for the availability of pediatrics ART in private health facilities • strengthen documentation and overall M&E of PMTCT activities in private facilities

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12315	**Mechanism Name: Scaling Up Faith-based Responses to HIV and AIDS through Multi-religious Collaboration**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: World Conference of Religions for Peace	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

Ethiopia Inter-faith Forum for Development, Dialogue and Action (EIFDDA).		

Overview Narrative

The three year New Partner's Initiative (NPI) Project 'Scaling Up Faith-based Responses to HIV and AIDS through Multi-religious Collaboration' is awarded to the World Conference of Religions for Peace and implemented through the Ethiopia Inter-faith Forum for Development, Dialogue and Action (EIFDDA). The goal is to increase the scale and sustainability of faith-based organization (FBO) initiatives to provide care and support to those most affected by HIV and AIDS– consistent with and contributing to national goals and strategies. The project will contribute significantly towards achieving key PEPFAR objectives for care and support, and strengthening the capacity of local organizations. EIFDDA will achieve this through the following strategic objectives (SO):

SO 2: Expand and strengthen quality of orphan and vulnerable children (OVC) services provided by FBOs
SO 3: Strengthen support to people living with HIV and AIDS (PLWHA) through FBOs, particularly in reducing stigma
SO 4: Strengthen the capacity of national inter-religious bodies to serve as effective coordination mechanisms for broad FBO responses and as key partners in national HIV and AIDS policy bodies

Geographic Coverage and Target Populations
EIFDDA works with 9 member sub-recipients (SR) that are development wings of religious organizations. In Amhara Region, there is EMDA in South Wollo, EFGBC in Behirdar, and EOC-CFAO in Gondor. In Tigray Region, there is EOC-DICAC in Mekele. In Oromia Region there is EMRDA in Arsi, ECS in Adama, EECMY in West Shoa, and MKC also in West Shoa but in a different woreda. In SNNP, there is EKHC in Dilla. In each location there are activities for OVC and for PLHA.

Crosscutting Programs and Key Issues

Human Resources for Health (HRH)
Performance Assessment/Quality Improvement: EIFDDA has undergone technical capacity assessment and identified areas for improvement and action.
Salary Support: EIFDDA's project staff salaries are supported by the project.

Economic Strengthening
EIFDDA provides follow-up and technical support to 147 OVC guardians and OVC headed households and 88 PLHA who took business training in FY09, received seed money, and are now developing and growing their businesses.

Education
Educational support is provided to 500 OVC in the form of school supplies, uniforms and school fees when needed. In addition the project provides life skills training to OVCs over age 10.

Gender:
A gender workshop will be held with EIFDDA and SR to ensure that a gender perspective is integrated into all project activities and that the gender specific aspects of HIV and AIDS are recognized and addressed throughout.

Health –Related Wraparound
EIFDDA has support from Global Fund and coordinates and integrates the 2 projects by utilizing the same selection criteria for OVC and PLHA and using similar M&E plans, data collection tools and

implementation guidelines. Lessons learned and best practices are shared.

Cost Efficiency – coordinating service delivery with other partners
In order for OVC and PLHA to have their needs fully met, it is imperative that the SR coordinate service delivery with other FBO, CBO, clinics, government offices and PLHA/OVC associations. The SRs will establish referral systems to create a network of service providers who work together to meet the needs of the affected population.

Monitoring & Evaluation Plans
M&E systems have been developed and put in place at the district level. EIFDDA conducts regular visits to the project sites to meet with SR staff and monitor activities and provide technical support in M&E. The M&E plan includes PEPFAR core indicators, as well as process and outcome indicators. EIFDDA submits quarterly reports to Religions for Peace.

Quantifiable Outputs and Outcomes
The following PEPFAR indicators will be used in FY10 to guide collection of data. All data is disaggregated by gender and age.

#C1.1.D Number of eligible adults and children provided with a minimum of one care service.

#H2.2.D Number of community health and para-social workers who successfully completed a pre-services training program.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

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

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12316	**Mechanism Name: Global HIV/AIDS Nursing Capacity Building Program**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 600,000	
Funding Source	**Funding Amount**
GHCS (State)	600,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of the project is to expand the competencies of individual nurses and the capacity of nursing schools and professional nursing organizations so that they are able to intervene appropriately to the demand of task shifting.

The ICAP Nurse Capacity Initiative will address the political, professional, and legal/regulatory barriers to the evolution of nursing roles and responsibilities that will be required to achieve PEPFAR goals and strengthen weak health systems in line with partnership frame work goals.

The proposed ICAP Nurse Capacity Initiative (INCI) draws upon the strengths of Columbia/ICAP Ethiopia's deep knowledge of capacity-building and nurse workforce training and is complemented by their robust experience in supporting Federal HIV/ AIDS Prevention and Control Office at national level and in implementing multidisciplinary HIV programs in Oromia, the biggest region of Ethiopia and also in Somali; Harari regions and Dire Dawa City Administration. INCI will be implemented by CU/ICAP

Ethiopia at national level .

The INCI is designed to maximize local capacity-building while strengthening and expanding the role of nurses in the delivery of HIV prevention, care, and treatment services. Rapid start-up can be achieved by leveraging ICAP's existing offices, programs, and partnerships with the government of Ethiopia. ICAP partners with Ministries of Health (MoH) to support national HIV/AIDS programs and to implement HIV services from rural health centers to tertiary referral hospitals, creating and enhancing effective linkages between communities, programs, and facilities. ICAP works closely with local partners and colleagues, including non-governmental organizations, faith-based organizations, community-based organizations, associations of people living with HIV/AIDS (PLWHA), professional organizations and universities. Strengthening indigenous partners and health systems is an ICAP priority, and the organization routinely provides support and hands-on technical assistance for training mentoring, strategic planning, management, finance, administration, and development.

The program will address the overwhelming challenges that nurses face following their pre-service training. Severe human resource shortages result in long lines of patients with not enough providers to see them. In addition, nurses often face high stress, unhygienic an unsafe working environments, outdated equipment, long shifts, and poor remuneration. These poor working conditions have contributed to the low motivation of nurses in the country .

In order to respond to the high demand for health care workers, many facilities and programs have informally relied upon task shifting which has attracted considerable interest. However experts note the need for cautious application of such innovations to ensure that lower level workers are not simply loaded with new tasks. A systematic and carefully evaluated plan is required to augment human resources for health and to remedy in adequate public health services. Task-shifting requires additional training and supervision and, often, changes in laws, regulations, and professional policies which limit nurses from expanding their roles within the health care system.
Existing ICAP training and nursing initiatives in Ethiopia include establishment of a regionally based mentorship program for nurses, which included, but was not restricted to, the field follow-up for I-TECH's HANS Nurse Training Course. In this mentorship initiative, a trained nurse mentor coordinates and conducts clinical system mentorship (CSM) activities focusing on nursing in different HIV-related service areas within the region. ICAP-Ethiopia has supported the attendance of nurses to in-service trainings on CSM and in pediatric HIV care and treatment. In addition, ICAP-Ethiopia supports pre-service training in nursing schools in ICAP-supported regions by facilitating training for instructors. Finally ICAP-Ethiopia has developed a human resource database to track the number and cadre of health professionals trained in different HIV/AIDS related services areas at all ICAP-supported health facilities and Regional Health Bureaus in Ethiopia.

ICAP has built substantial local capacity to implement successful monitoring and evaluation:
Many of the goals and objectives of the nurse mentoring program aim to impact on national systems. This impact will be measured using program-specific reporting forms and a simple database to track indicators such as trainings and revisions to curricula and national guidelines over time. ICAP will develop a new Human Resources database to track retention of nurses and other clinical staff in facilities where nurses have been trained which will be standardized and implemented across all regions in the country . Additional National level evaluation will be done via the repeated needs assessment process, which will give insight into the changes in nursing roles, policies, organizational capacity, and expansion of nurse leadership.

The use of monitoring and evaluation (M&E) data at the local level – i.e., at service delivery sites – is critical for effective program planning and the design of real-time interventions to improve programs and patient outcomes. All of the data described above will be analyzed so that information can be used to feed back into programming and allow early recognition of, and intervention into, program challenges. It is anticipated that data analysis will occur on a quarterly basis.

Fundamental to ICAP's work is a commitment to sustainability. Solid in-country partnerships-with national ministries of health (MOH), provincial and district health teams, local universities and research organizations, community groups, organizations of people living with HIV/AIDS, and others-raise the quality of and capacity for prevention, care, and treatment in a way that facilitates the transfer of skills and ensures new programs/ longevity. ICAP uses the innovative approach called Clinical Systems Mentorship (CSM) to build programmatic capacity and solidify infrastructure. This methodology applies to the facility level, as well as to the level of local and national government agencies, where ICAP routinely contributes to the strategic planning of national HIV programs and to the drafting of national guidelines and processes relating to HIV care. In all of these multilevel efforts, CSM provides an integrated, data-driven, systematic framework for quality assessment and improvement as well as health-systems strengthening.

ICAP's systems have three principal aims to make the program cost efficient: (1) to assure that ICAP is in compliance with all relevant financial and grants management regulations of the CDC, and of the Federal government more generally; (2) to assure that the funding provided to in-country institutions is effectively managed for maximum programmatic benefit; and (3) to help develop local institutional capacity to effectively and independently manage health programs in the future.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12316		
Mechanism Name:	Global HIV/AIDS Nursing Capacity Building Program		
Prime Partner Name:	Columbia University		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	600,000	

Narrative:

This is a new activity in COP10.There is now widespread recognition that physician-based models of care are not sufficient to address the HIV crisis in developing countries. Attention has turned now to nurses to deliver HIV care and treatment, a promising task shifting activity to sustain HIV care and treatment programs. However, nurses have not been adequately educated, trained, supported, or empowered to perform the critical and demanding tasks of organizing and providing care and treatment for patients. In direct response to these challenges, the International Center for AIDS Care and Treatment Programs (ICAP) of Columbia University proposes to collaborate with the Federal Ministry of Health (FMOH), Regional Health Bureaus (RHBs), Ethiopian Nurse Association (ENA), and other stakeholders to initiate a capacity building program for nurses. This program will implement an innovative, integrated, sustainable approach to improving nurse led HIV/AIDS services, nurse retention in the public workforce, and institutional capacity building of nursing organizations through creating the ICAP Ethiopia Nurse Capacity building Initiative (I-ENCI).

ICAP-E with unlimited technical assistance from ICAP-NY, especially for its clinical unit, will bring extensive experience in program implementation, training, monitoring and evaluation, and continuous data-driven quality improvement.

Activities will include:
1. In collaboration with the FMOH of Ethiopia, RHBs and PEPFAR implementing partners, train 24 senior

nurse mentors as mentor trainers. These mentor trainers will in turn train 125 nurse mentors all over the country, and the project shall support the deployment of these nurse mentors. 2. In collaboration with ENA, advocate for enhanced nursing support to improve retention, and practical work toward policy change. 3. Implement mechanisms to closely monitor and evaluate the program. To foster sustainability, the project is carried out in close collaboration with FMOH, RHB and ENA and works to build the capacity of these local institutes to enable them to support the program fully by the end of the project period. The partner being within PEPFAR will play its part in Global Health Initiative (GHI).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12317	**Mechanism Name: Providing technical assistance and support for the rapid strengthening of blood transfusion services**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

WHO supports rapid scale-up of activities in Ethiopia for the establishment of a sustainable, nationally coordinated Blood Transfusion Service. The technical assistance is aimed at the establishment of

efficient, sustainable, national blood transfusion services that can assure universal access to quality, safe and adequate blood and blood products to meet the needs of all patients requiring transfusion in Ethiopia. This project began in FY04 with an assessment of existing blood transfusion services to determine the baseline status and gaps that would need 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 and tools to improve blood donor recruitment, blood testing, and appropriate clinical use of blood, as well as establishment of quality systems in the national blood transfusion service. This marked the initiation phase of the program.

From FY06 through FY09, WHO provided technical support for implementation of the five-year strategic plan. WHO, in collaboration with the MOH, conducted assessments of strategies in blood donor recruitment as well as quality systems. Roadmaps to address the identified gaps in blood donor recruitment and quality were developed, and the implementation of these roadmaps was initiated and is on course. National Guidelines for Appropriate Clinical Use of Blood were developed and distributed training of staff on the use of the guidelines is ongoing.

WHO supported the initiation of hospital-level transfusion committees (HTCs) and a few hospitals have established HTCs and roll out of this to all hospitals will be one of the main focus areas in 2010.Through one at Black Lion Teaching hospital in Addis Ababa, review of clinical transfusion practice, documentation, data management, inventory management as well as safe hospital practices are being rolled out to regional and other hospitals.

To date, WHO has trained 1,138 individuals involved in blood transfusion services including community blood donor mobilisers, donor recruiters, blood collection staff, laboratory technicians of various cadres, doctors and nurses. Additionally, four technical staff members have been out-posted in other countries to gain experience and further professional development. Considering the anticipated scale up of the service due to the number of blood banks that are going to be operational and the increasing number of hospitals that will access the service in FY09, there will be need to enhance training activities both in terms of the number of trainees, training sessions as well as initiate distance learning using WHO materials in COP 2010.

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 has supported the establishment of 7 regional and 4 zonal BTS coordinating units which have helped secure ownership and partnerships for blood safety at the regional and zonal levels. WHO

also collaborated on development of draft legislation for the blood transfusion service legal framework and a human resource development plan. WHO will continue to consolidate these mechanisms and advocate for enactment of the legislative framework.

As part of the quality system roadmap, WHO supported development of standards for blood transfusion in Ethiopia, standard operating procedures and other quality elements as well as capacity building in the area of total quality management. WHO will continue to support establishment of additional quality elements as well as roll out of the quality system to the current as well as the new regional blood banks as they become operational.

Activities to improve functions at the clinical interface including establishment of hospital transfusion committees (HTCs) and capacity building are ongoing. WHO will continue supporting these endeavors in order to achieve ultimate safety of the patient. These activities will cover all the regions and all health facilities performing blood transfusion.

Through these efforts, the blood collection although modest has increased from just over 24,000 units in 2004 to 33,541 units in 2008, which was due to a number of factors including delays in finalizing construction and procurement; the proportion of voluntary blood donors have increased to 50% in some regions although overall national average is at 37%; testing of donor blood has increased to 100% for all transfusion transmissible infections, discard rates for TTIs have reduced from 13.5% in 2004 to 7.1% in 2008.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12317**
Mechanism Name:	**Providing technical assistance and support for the rapid strengthening**
Prime Partner Name:	**of blood transfusion services**

	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	Redacted	Redacted

Narrative:

In FY2010, WHO will continue to provide technical assistance to expand and consolidate the blood safety program. This will be achieved through:

1. Strengthening national coordination through creating a national advisory committee, supporting the functions of regional coordinating units and creating conducive linkages with the national level. This will include regionalization of blood bank functions to enhance cost-effective service provision while preserving quality service.
2. Enhancing blood collection from voluntary non remunerated donors through recruitment of community mobilizers, and training of journalists and staff. Productivity of mobile donor drives will be enhanced through onsite support, training and mentorship. WHO will support development of an in-house donor counseling and notification system which will contribute to national initiatives aiming at prevention of spread of HIV and other TTIs, offering opportunities for accessing treatment and support.
3. Achieving cost-effective quality testing and processing by establishing blood bank laboratory functions, particularly in the regions with the aim of 100% testing of blood for all TTIs in quality assured laboratories. This will include scale-up of component production, establishing facility level blood storage, inventory management systems, blood transportation, as well as systems for cold chain maintenance.
4. Continuing to support improvement of hospital blood transfusion practices through training, development and implementation of requisite systems such as hospital transfusion committees. Assessment of current practices will be undertaken with the view of using the generated data for improving access to and reduction of unnecessary transfusions, and promoting safe and appropriate transfusion practices.
5. Supporting strengthening and roll out of quality systems to the regions through onsite support and training. Through these trainings, WHO foresees establishment of quality elements in blood transfusion services.
6. Continuing to strengthen systems for regular monitoring, evaluation, review, and planning. WHO will support improved mechanisms for data collection and management, including the use of appropriate indicators.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12318	Mechanism Name: Community outreach and Social Mobilization for Prevention of Sexual HIV transmission and Integrating Sexual Prevention in Care and Treatment
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Alliance of State and Territorial AIDS Directors	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 870,250	
Funding Source	**Funding Amount**
GHCS (State)	870,250

Sub Partner Name(s)

(No data provided.)

Overview Narrative

NASTAD became a PEPFAR partner in 2001 when it began to establish its long-term relationships with federal and regional HAPCOs. Initially, NASTAD developed and delivered training in community planning and proposal development to assist regions to help woredas to access EMSAP (pooled) funds. In 2004, NASTAD redefined its community planning training model to assist communities to mobilize for support of ART treatment adherence. NASTAD's work coincided with national strategic planning efforts in Ethiopia, and in 2006, NASTAD began to work with federal HAPCO to integrate its training modules into National Social Mobilization (NSM) trainings. NASTAD has since expanded its work in support of NSM by placing staff in three regional HAPCOs to support planning, referral, and coordination efforts through integrating ART treatment adherence modules into Community Conversation (CC) facilitator training and providing one-on-one follow up for CC staff in selected zones in five regions of the country. In addition, NASTAD began a twinning program, establishing relationships between Amhara and Michigan, SNNPR and Maryland, Oromia and Minnesota, and Dire Dawa and San Diego. In 2009, NASTAD has been awarded a new funding to start new evidence-based and targeted prevention intervention known as Community Outreach and Social Mobilization for Prevention of Sexual HIV Transmission and Integrating Sexual Prevention in Care and Treatment setting.

1. Goals: Reduce sexual HIV transmission and impact of HIV/AIDS including stigma and discrimination in the general population of selected zones/kebeles in Dire Dawa, Oromia, Amhara, and SNNPR regional states of Ethiopia.

Objectives:
o Increase correct and consistent adoption of HIV risk reducing behaviors,
o Increase demand for HIV services,
o Reduce stigma and discrimination,
o Increase capacity of local government/NGOs to implement effective HIV services/outreach activities.

2. Geographic Coverage: Selected zones/kebeles in Dire Dawa, Oromia, Amhara, and SNNPR regional states.

3. Target population: General population and MARP groups residing in urban and peri-urban settlement areas. Specific target population will be identified in consultation with the regional health bureau/HAPCO, CDC and local partners.

Cross cutting programs
NASTAD will strengthen and support HR within regional and zonal HAPCOs and woreda health offices, support of the nutrition collaborative in Oromia, and address gender and gender-based violence through the dissemination of the SISTAs intervention in Amhara. SISTAs is an evidence-based intervention implemented in partnership with the Michigan state health department which empowers women with negotiating skills around sexual behavior.

Implementation Strategy
NASTAD has a central office in Addis Ababa for programmatic and operational coordination. NASTAD has placed regional coordinators in all five target regional HAPCOs who are responsible for delivery of all activities at the zonal and woreda level in each region. NASTAD also draws upon US state health department twinning partners who, as professional counterparts and peers to RHB/RHAPCO directors, can provide peer-to-peer support, technical and content expertise. Together, these staff and TA providers aim to implement increasingly cost-efficient and sustainable activities by transferring technical and programmatic skills, guidelines and processes to local public health staff, including –
- Strategies, tools and guidelines to support Community Outreach and Social Mobilization for Prevention intervention.
- TOT manuals and delivery of training to Kebele/woreda or Zonal staff

- One-on-one follow up support and mentorship to woreda staff responsible for managing kebele level Community Outreach and Social Mobilization for Prevention intervention
- Sponsorship of CC refresher trainings and review meetings
- Training and capacity building support to local government/NGOs to implement effective HIV services/outreach activities

Monitoring and Evaluation Plan
NASTAD has developed a comprehensive M&E framework that identifies performance indicators and data collection sources and methodologies. For activities described, NASTAD will establish systems to collect unduplicated numbers of participants, and will rely on pre/post surveys of training participants, and interviews with participating regional, zonal and woreda staff to monitor targets and measure positive changes in performance indicators.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	300,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12318**
Mechanism Name:	**Community outreach and Social Mobilization for Prevention of Sexual HIV transmission and Integrating Sexual Prevention in Care and Treatment**
Prime Partner Name:	**National Alliance of State and Territorial AIDS Directors**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	174,050	

Narrative:

This activity has had a significant budget increase to expand geographic coverage. NASTAD will build technical and organizational capacity of national and regional government agencies for sustained delivery

and coordination of abstinence/be faithful HIV (HIV AB) prevention strategies by:

• Promoting mainstreaming of HIV AB prevention activities at the federal and regional levels by assessing current sector AB prevention activities, supporting sector HIV planning and program implementation, and facilitating ongoing for a for multi-sector coordination.
• Collaborating with the national HAPCO to build capacity of regional media groups to establish broad public awareness and promote community mobilization around AB prevention.

NASTAD will promote HIV risk behavior change and HIV prevention service demand among MARPs in selected zones/kebeles in Dire Dawa, Oromia, Amhara, and SNNPR by:

• Assessing priority HIV prevention needs of each region's MARPs
• Designing AB prevention modules for integration into Community Conversations, and provide one three-day CC prevention module training in each region to zonal and woreda staff.
• Providing ongoing one-on-one support to TOT participants to ensure cascading of TOT to 100 CC facilitators/year
• Providing refresher trainings for CC facilitators on AB module
• Designing and delivering AB prevention messages within one wrap-around multi-media campaign per region that targets identified regional MARPs.
• Funding and providing technical assistance to at least two community-based organizations in each region for implementation of AB interventions targeting MARPs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	696,200	

Narrative:

This activity has had a significant budget increase to expand geographic coverage. In FY10, NASTAD will continue to build technical and organizational capacity of national and regional government agencies for sustained delivery and coordination of comprehensive HIV prevention interventions. This program primarily focuses on promoting behavior change and prevention service uptake among MARPs in selected zones/kebeles in Dire Dawa, Oromia, Amhara, and SNNPR.

This program will promote mainstreaming of HIV prevention activities at the federal and regional levels by assessing current sector HIV prevention activities, supporting sector HIV planning and program implementation, and facilitating ongoing forums for multi-sector coordination. NASTAD will organize at least one HIV prevention mainstreaming and leadership advocacy workshop in each focus region and at the federal level. NASTAD will collaborate with national HAPCO to build the capacity of regional media

groups to establish broad public awareness and promote community mobilization. In doing so, NASTAD will: • Assess priority HIV prevention needs of each region's MARPs. • Design modules on stigma, PMTCT and Prevention with Positives for integration into community conversations (CC), and provide a three-day CC prevention module training in each region to zonal and woreda staff. • Provide ongoing one-on-one support to TOT participants to ensure cascading of TOT to 100 CC facilitators/year. • Provide technical support to regional HAPCOs for implementation of the national Volunteer Community AIDS Promoter program; promote recruitment of traditional birth attendants to the VCAP program; design and deliver TOT for promotion of PMTCT; and support VCAP retention and monitoring and quality assurance strategies of national and regional HAPCOs. • Select at least one U.S. community level, evidence-based, HIV prevention best practice intervention targeting MARPs and adapt, implement and disseminate the intervention in each region. • Design and deliver at least one wrap-around multi-media campaign per region that targets identified MARPs. • Fund and provide technical assistance to at least two community-based organizations in each region to implement interventions targeting MARPs.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12319	**Mechanism Name: Integrated HIV Prevention Program for Federal Police Force of Ethiopia**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The CoAg with the Federal Police is ending in 2010. This COP10 implementation mechanism narrative will be incorporated. This is going to be a sole source FOA because this is a government commission that leads the national police force in the country. Its structure and establishment of an advisory board has enabled effective implementation of the HIV/AIDS program for this population which is considered among the most-at-risk populations (MARPs) in Ethiopia. The new Business Process Reengineering has also come up with a new coordinating body for health in general and HIV/AIDS in particular. Over the coming years working with the Federal police Commission itself will ensure sustainability and ownership.

The overall objective of Ethiopia Federal Police Commission HIV/AIDS program in COP 2010 is to avert new HIV infection among the police forces, and create access and link to members of the police forces and their family members to HIV/AIDS services including HIV testing, STI treatment, other opportunistic infections and antiretroviral treatment.

Police forces are among those groups that are at high risk: the majority of the police force members are young, mobile, and sexually active. Summarized VCT data from the Police Referral Hospital showed that among 9,148 VCT clients, 1,481 or 16.2% were HIV-positive in 2006. ANC data from the same institution found 24% of the attendees to be HIV-positive in 2006. In light of all this evidence, this high risk population group warrants comprehensive HIV/AIDS prevention programs. In COP 2010, the Federal Police Commission prevention program reaches 24,000 police force members and their families in Addis Ababa police commission, primarily in the age range of 20 to 49 years. The specific behavioral outcomes under this project include but are not limited to increasing correct and consistence use of condoms, fidelity and partner reduction, abstinence when mobile, increasing use of counseling and testing, accessing HIV care/treatment services, and improving police forces' ability to discuss sexual risks for HIV and HIV/AIDS related stigma.

The Ethiopian Federal Police use a wide range of diversified behavioral change communication activities and HIV and AIDS services to achieve the specific behavioral outcomes. These include the use of Peer Outreach based on the Modeling and Reinforcement to Combat HIV/AIDS (MARCH) approach, targeted IEC/BCC material production and distribution, entertainment education, capacity building, training, promotion and distribution of condoms and treatment services to deliver a comprehensive HIV/AIDS services. Monitoring and evaluation is the major component of the project to assess progress of implementation. All these strategies to avert new HIV infections in the Federal Police incorporate

crosscutting programs such as male gender norms, gender based violence, and stigma and discrimination.

The overall strategy uses peer group discussion in smaller groups (5-15) that bases stories on comic books. The peer outreach also uses mobilizing military anti-AIDS clubs, coffee ceremonies and health education on specific topics. The prevention activities using entertainment and comics in the printed serial drama, showing benefits of positive and responsible sexual behavior, and negative consequences of irresponsible and unsafe sexual practices shapes the behavior of the Federal Police force. Peer discussions after every two weeks, subsequent to the personal reading of the comic books reinforce positive characters. Tailored and evidence based IEC/BCC materials serving as glue between service seekers and HIV related services accelerate the behavior change. Under this activity, culturally sensitive and tailored IEC/BCC materials such as posters, brochures, leaflets, are to be produced and properly disseminated to reach target audiences. Capacity building through training staff in the areas of strategic health communication, health project management, financial management, and strengthening Federal Police media professionals helps the Federal Police Commission to have trained and equipped staff to react to multifaceted challenges HIV/AIDS in the long term. Systematic referral system plays a big part to sustainably challenge the problem of HIV and AIDS in the Federal Police. Consultation and workshops are organized among the different stakeholders working on the police force to strengthen service linkages. Linkage and referrals create a platform to consolidate fragmented prevention and treatment services to support the national effort of reducing the prevalence of new HIV infection and mitigating HIV/AIDS impact.

All prevention programs are rigorously monitored to assess the progress of the project implementation. Periodic reports of peer group discussions, supportive site supervision, and number of education entertainment programs are the major program indicators of the Federal Police comprehensive HIV/AIDS prevention project.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

Addressing male norms and behaviors

Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	**12319**		
Mechanism Name:	**Integrated HIV Prevention Program for Federal Police Force of Ethiopia**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted

Narrative:

This continuing activity has had a significant budget increase due to expand programming to this important MARPS group. This activity was previously funded through a Cooperative Agreement with the Federal Police (FP). The Cooperative Agreement is expiring and will be re-announced with limited eligibility.

Prevention funding for all uniformed services includes 90% for OP and 10% for AB. MARCH peer education is linked with comprehensive services including condom access, VCT services, STI management, PMTCT, care and treatment at Federal Police facilities as indicated.

As part of an institutionalized evidence-based peer education MARCH program, every month 20,000 print serial drama copies are printed and distributed to members of the FP Force. There are currently more than established 2,400 FP peer groups conducting regular discussions every two weeks. The program is now well-integrated into the routine command structure and owned by senior management of the FP.

Small group discussions provide opportunities for participants to practice HIV prevention skills and understand positive health care-seeking behaviors. This activity encompasses training of peer leaders and production of reinforcement manuals. These tailored IEC/BCC materials promote health-seeking behaviors, reinforce positive models in the printed serial drama, and provide information on STI, ART, and HCT services. FP Anti-AIDS clubs supplement these activities by organizing dramas and sporting events, World AIDS Day activities, and other outlets for the clubs to meet and to share information with their audiences.

Additional training supported by this activity includes: training in finance management, computer

applications and other competency areas to support capacity building within the FP; and training on managing the problem of HIV/AIDS in the workplace for FP leaders.

To monitor the program, the partner will provide reports on the number of peer groups that discuss each episode of the PSDs, and the number of police men/women attended other reinforcement activities. The partner will continue site visit to assess peer group discussions for regularity, group and member participation, and to identify major challenges that arise during the discussions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

This continuing activity has had a significant budget increase to expand programming for this important MARPS group. This activity was previously funded through a Cooperative Agreement with the Federal Police (FP). The Cooperative Agreement is expiring and will be re-announced with limited eligibility. MARCH peer education is built upon a print serial drama designed for the FP and linked with comprehensive services including condom access, VCT services, STI management, PMTCT, and care and treatment at FP facilities.

The PSD characters convey accurate information about HIV risks, proper condom use, and the importance of HIV testing and STI treatment. The PSD characters help motivate the 24,000 FP members and enhance their self-efficacy to adopt other HIV prevention behaviors. The reinforcement component takes place every two weeks with peer group discussions that provide an opportunity for participants to demonstrate correct condom use and to exchange information about what services are available, such as STI, ART, HCT, and PMTCT.

Capacity building and peer leader training take place as officers and leaders learn how to facilitate group discussions, manage health communication effects, and provide leadership. Leaders are trained in managing workplace HIV/AIDS policy and programs and supporting police in their efforts to access services and information. These activities also help reduce stigma and discrimination among the FP.

The partner will enhance working relationships between the FP Force Referral Hospital and other organizations providing HIV and HIV-related services. Doing so improves referral linkages and builds the capacity of the Referral Hospital. Routine monitoring will assess the project's progress. Follow-up reports track various activities: the number of peer groups discussing each episode of the PSDs, the number of officers attending other reinforcement activities, the number of project staff and peer leaders trained, and the number of condoms distributed. Site visits monitor peer group discussions for regularity and

members' participation. They also identify major challenges presented during the discussions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12320	**Mechanism Name: Supporting the National Blood Transfusion services**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This needs to be a TBD in FY2010 because the CoAg with the Ethiopian Federal Ministry of Health (FMOH) will expire. It will be, however, sole source with the FMOH, who initiated this project in FY04 with the goal of ensuring the universal provision of safe and adequate blood and blood products through 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.

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. Blood transfusion service delivery however, has been delegated to the Ethiopian Red Cross society (ERCS) through a memorandum of understanding since 2006. The MOH, however, is reconsidering this

MOU due to performance issues by the ERCS. 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.

From FY06 through FY09, the FMoH through the ERCS has been constructing 21 blood banks; 16 through PEPFAR, 3 Global Fund and 2 EMSAP, World Bank. These with additional 12 existing blood banks are strategically located to cover the transfusion requirements of all health units within 100 km radius. As some new blood banks are constructed within the existing ones, overlaps are evident but after consolidation and merger, there will only be a total of 26 blood banks. Equipment and vehicles for these blood banks have been purchased. Additional staff were recruited and trained to support the functions of the existing 12 blood banks. Additional staff members will be recruited for a total of 26 blood banks to make a total of 442 staff members at 17 staff members per blood bank as the blood banks get operational. Hitherto, the FMoH has trained 1,138 blood bank staff and health workers in blood banking and appropriate clinical use of blood with the support of WHO. National standards, guidelines, protocols, and standard operating procedures were also developed to ensure delivery of quality blood services.

A total of 26 mobile collection teams will be operational by the end of FY09. These will require supplies as well as other operational costs in COP2010. FMoH aims at increasing the total number of units of blood collected to 100,000 units geared towards achieving the current national requirement of 130,000 units per year. This target should cover the current requirements considering the existing number of hospital beds in the country. Mechanisms of engagement with the community to ensure effective community donor education, mobilization, recruitment and donor retention will be enhanced.

FMoH through the ERCS and with WHO support will establish and improve storage facilities as well as appropriate testing technologies for blood group serology and compatibility testing at health facility level. This will be in accordance with the hospital standard for blood transfusion service developed by the FMoH. Blood transport supply and inventory management systems will be strengthened to avoid blood stock outages at health facility level.

With the support of WHO, FMoH has developed national standards for blood transfusion in Ethiopia. Additionally, documentation as part of quality system for blood transfusion service has been developed. Standard operating procedures (SOPs) have been developed and distributed to work areas. More quality elements as well as roll out of quality system to the regions will be emphasized in COP2010.

The ERCS has developed access based tool for routine management of blood bank data and report generation. This includes blood donor data and demographics as well as laboratory testing and blood distribution. Training of regional blood bank staff on the tool has been achieved. The ERCS will roll this

out to all regional and sub regional blood banks to enhance monitoring and evaluation of the blood program.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12320**		
Mechanism Name:	**Supporting the National Blood Transfusion services**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	Redacted	Redacted

Narrative:

This continuing activity was previously supported through a Cooperative Agreement with the Federal Ministry of Health. This Cooperative Agreement has expired and is being re-announced with limited eligibility. The funding is reduced from 2009 because of pipeline funding with the FMOH that will be available to support some of the following activities:

1. Through the NBTS, a total of 442 staff will support 26 blood banks. They will require training, salaries, benefits, and other incentives. The partner will train a total of 600 health workers and community mobilizers.
2. The partner will provide equipment to establish storage facilities at hospitals as well as supplies and consumables for all 26 blood banks and mobile teams.
3. The partner will recruit, retain, educate, and mobilize blood donors through media, donor mobilizers, staff, and other communication channels.
4. The partner will establish an in-house donor counseling and notification system aimed at retaining safe blood donors and achieving long-term behavioral change among donors. The partner will be required to recruit and train donor counselors and develop testing algorithms to confirm test results.

5. Blood collection will be increased to 100,000 units. The partner will enhance blood-donor recruitment activities in the regions to cover the anticipated increase in demand. 6. The partner will maintain the testing level of 100% for all TTIs through timely procurement and distribution of supplies and reagents. The partner will explore the use of the public transport system to move blood and blood products to health units and develop systems for inventory management. 7. The partner will strengthen blood transfusion functions at the clinical level through capacity building and implement rollout of Hospital Transfusion Committees to 75% of hospitals. 8. Through training and improved mechanisms for data collection and management, the partner will enhance systems for regular monitoring, evaluation, review, and re-planning. By empowering regional coordinating units, the capacity of the RHBs to coordinate blood transfusion services at the regional level will also be strengthened. In COP11, this activity will likely be funded at or around COP09 levels.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12321	**Mechanism Name: HIV/AIDS Antiretroviral therapy implementation support through local universities**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a sole-source TBD for Gondar University since the current CoAg will expire in 2010. Gondar University (GU), one of the oldest universities 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. GU has a student body approaching 16,000 students, of whom nearly 5,000 are in the health sciences. 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. As of October 2009, the teaching hospital had 3,175 patients still on ART. 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. Direct funding to a local institution like GU fosters ownership of the national response, improves prospects for sustainability, and achieves certain cost-efficiencies and flexibility for allocating resources to address HIV.

Through support from PEPFAR Ethiopia, the university is systematically institutionalizing HIV/AIDS services to the students and community, 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 well-established collaboration with the University of Washington (ITECH) through support from PEPFAR Ethiopia, GU will strengthen its anti-HIV/AIDS response and ability to provide technical assistance (TA) to regional activities. Through support from ITECH, GU will be supported to accommodate large increases in health student intake, especially for medical education. GU is also supported by the Ethiopia Public Health Association (EPHA) to conduct mortality surveillance at the community, an important activity for strategic information since there is no vital registration system in Ethiopia. Such information is useful for decision-makers to address existing and emerging public health threats.

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 that are 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 regional activities related to data processing, documentation of best practices, and dissemination of scientific information. GU will collaborate with University of Washington (I-TECH) and Management Sciences for Health (MSH), and also undertake planning and review meetings with other local universities and stakeholders as appropriate. By closely working with and getting intensive technical support from I-TECH, GU will be provided with an opportunity to engage directly in managing its HIV/AIDS program and its support to the national and regional health

networks. This will help the university to continue building the capacity it will need to take over the technical support currently provided by I-TECH, when the latter transitions its support through a well thought-out exit strategy.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**12321**
Mechanism Name:	**HIV/AIDS Antiretroviral therapy implementation support through local universities**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

This is a continuing activity previously carried out under a Cooperative Agreement with Gondar University (GU). This Cooperative Agreement has expired and is being re-announced with limited eligibility. GU trains various health cadres and other professionals using curricula that focus on community-oriented practical education tailored to address the human resources needs of the country. The teaching hospital of GU is a referral hospital providing services to people coming from different areas of the Amhara Region, the second-largest region in Ethiopia and the one with the highest HIV prevalence. 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.

Through support from PEPFAR, GU is systematically institutionalizing HIV programs and building capacities that will enable it to provide assistance to the Regional Health Bureaus (RHBs) and the health networks in Amhara, Tigray and Afar regions. Using the collaboration link the university has established

with the University of Washington (I-TECH), a PEPFAR partner, it will strengthen its anti-HIV response and technical assistance (TA) in the regions. For GU to establish itself as a long-term technical support center, it needs to expand its managerial and leadership capacities. The university will strengthen its support for in-service training and direct TA to Amhara RHB and initiate HIV pre-service training, including ART. GU will be involved in regional activities related to data processing, documentation of best practices, and dissemination of scientific information. By closely working with and getting intensive technical support from I-TECH, GU will be provided with an opportunity to more directly manage its HIV program and its support to national and regional health networks. This will help the university to continue building the capacity it will need to take over the technical support currently provided by I-TECH, when the latter phases out its support through a well thought-out exit strategy. The partner being within PEPFAR will play its part in Global Health Initiative.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12322	**Mechanism Name: Infrastructure Improvement for Health Systems Strengthening**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

During COP09, RPSO provided contracting services Renovation and Construction (Ren/Con) activities

recommended by CDC. On December 18, 2009, CDC-E received formal guidance from HHS/CDC that new PEPFAR Ren/Con activities may no longer be procured through RPSO based on requests from CDC. At this point, all new Ren/Con activities must therefore be implemented using non-RPSO mechanisms, ie, CDC-Atlanta issued grants or cooperative agreements, or another PEPFAR implementing agency (USAID or DoD). The new TBD partner will continue to provide existing contracting services required to guarantee the delivery of high quality Outpatient Department Annexes and Regional Laboratories that are, or will be, designed using international standards of acceptance with the goal of improving the standard of health care for HIV/AIDs patients.

In addition to being an important diplomacy tool of PEPFAR, this improvement of infrastructure is essential for the improvement of health care delivery and will directly lead to the Partnership Framework's goal of reducing HIV incidence and AIDS-related mortality while building the health system in a sustainable manner. New comprehensive facilities will reduce the stigma that currently follows HIV patients reluctant to enter "HIV" centers. Providing new outpatient departments (OPDs) in existing hospital settings greatly increase the chance of providing a facility where health care workers and equipment are already available. Existing buildings that will become vacant can be used for storage centers which are also lacking in existing health care facilities. Designing and constructing health facilities according to international design standards will provide longer lasting facilities that Health Workers will be proud to work in, thus reducing maintenance costs while increasing the retention of health care workers.

The mechanism will provide an increased standard of health care quality to areas where concentration of ART patients is the highest. Assessments indicate that the construction of OPDs and Regional Labs for 40 identified government hospitals will provide a new standard of care to the vast majority of all ART patients throughout every region in Ethiopia. These new integrated facilities will also be instrumental in providing greater comprehensive and quality ANC, PMTCT, and TB services.

Although the renovation of some facilities may be possible, most renovation projects are not cost effective with many unforeseen challenges. In light of the many aging and decrepit health facilities in Ethiopia, renovations are only temporary band-aids that have been applied multiple times to the same wound. Renovating one or two building systems may still not provide a safe, hygienic, health facility. One of the main responsibilities of the partners in this IM is to review the assessments already being performed on the existing hospitals and determine the most cost effective means of improving the infrastructure. The TBD partner will be required to follow CDC's technical advice and procure contracts that will provide the greatest improvement within the allowable budget.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	Redacted

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**12322**		
Mechanism Name:	**Infrastructure Improvement for Health Systems Strengthening**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted

Narrative:

This narrative is submitted for review because it includes new construction. Out of the total budget requested for renovation and construction (RenCon) of comprehensive outpatient departments (OPD), 70% has been attributed to adult treatment. Currently 40 outpatient departments in high-volume hospital outpatient departments have been assessed and prioritized for RenCon. These 40 sites currently account for 80% of all the ART patients being managed at hospital outpatient departments, which account for 69% of all patients on ART in Ethiopia. Several of these sites have in excess of 10,000 patients in pre-ART care and are operating under difficult conditions and inadequate infrastructure. Appropriate infrastructure improvement will contribute to the delivery of quality care and improve staff morale and patient retention. The TBD RenCon partner will be supported with technical assistance from two qualified engineers on the CDC-Ethiopia team. Three sites are nearly completed and work is commencing on three others. Other PEPFAR partners will continue to carry out minor to moderate renovationsI in other sites needing infrastructure improvements.

OPD annexes exemplify integrative health service delivery. Ideal-sized exam spaces will promote efficient workflow and staff/patient comfort. Internal furnishings, when necessary, will be procured

through other funding resources. Integration of HIV services, specifically family-centered treatment in this case, is more challenging for large hospital sites. Substantially more investment is needed at these sites, given their size and complexity.

A shift from disease-focus to patient-focus is particularly essential for pediatric ART patients. Immunization services have been co-located with other services including MCH/RH with Pediatrics whenever OPD annexes are optimal. Otherwise, services are regrouped within existing buildings to the extent possible.

The unique needs of smaller-sized patients are being incorporated into appropriately designed clinical spaces that bring ease and comfort in an otherwise fearful experience. Dedicated exam rooms for pediatric patients are being provided, as such medical spaces are routinely absent. Other additions include a kid's play area to reduce the intimidation factor commonly associated with youthful patients in medical settings.

All 40 prioritized hospitals could sufficiently provide pediatric-friendly examination room furnishings could be provided to these same sites. Ideally, such furnishings would supplement US university partner efforts whenever shortfalls may occur. Seamless flooring can be provided in more locations, specifically for Peds than normally could be done otherwise to help advance infection prevention controls.

Regional laboratories will also be supported under this Infrastructure Improvement project. Existing regional labs are 200-400 m2 with a compendium of single-story chaotically placed buildings. The two-story prototypical design ensures commonality throughout Ethiopia as well as support accreditation efforts where BSL-3 TB culture compliance is met for instance. Each floor, approximately 750 m2, has been designed to optimize workflow patterns between and among lab sections. Dedicated conference and general lab training spaces allow for expeditious scale-up of additional laboratorians to enter the workforce at all health facilities. Single-point consolidation of all laboratory services, in line with MOH/EHNRI directives, at hospitals will be supported as funding availability will be a major determinant.

Due to limited budget resources, both wastewater and medical waste systems implementation will become cost prohibitive at all regional lab sites, thus requiring their prioritization. Furthermore, any wastewater and medical waste solution rollout at large ART patient hospitals will not be possible for those outside of the clustered model. An expanded clustered model to incorporate nearby health centers may be possible, however logistics management of waste streams from multiple sites to a single treatment location present several challenges including transportation when other sites are many kilometers away

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	Redacted	Redacted

Narrative:

Because this activity is construction, it will be included with the streamlined COP10 submission. Infrastructural investment in PMTCT represents 30% of the overall renovation and construction (RenCon) budget in COP10. RenCon efforts support integrative health services and PMTCT integration into MCH/Reproductive Health services in the clinical setting. The rehabilitation of MCH spaces is ultimately coordinated with other ART and HIV-related RenCon work for seamless execution and completion. Partners supporting newly upgraded sites will monitor and document the expected increase in PMTCT and ANC clients, among other patient uptakes.
Sadly, pregnant mothers can be often found sitting in crowded, unhygienic settings or struggling to navigate large campuses to disparate MCH services that lack privacy. Hospital deliveries can put both the mother and newborn in jeopardy when there is only one or insufficient operating rooms available on-site.
Continuation of last year's RenCon strategy focuses on safe and hygienic comprehensive maternal, antenatal, perinatal, and postnatal care in the continuum of PMTCT. This includes labor and delivery, family planning, ANC, Ob/Gyn, surgical, recovery, and partum suites. The most advantageous integration of these services with other HIV services is best-suited for OPD annexes, which is determined from robust site assessments for each location. Hospitals with large delivery and related emergency surgical needs require the largest and most immediate investment.

A shift from disease-focus to patient-focus is particularly essential for pediatric ART patients. Immunization services have been co-located with other services including MCH/RH with Pediatrics whenever OPD annexes are optimal. Otherwise, services are regrouped within existing buildings to the extent possible.

The unique needs of smaller-sized patients are being incorporated into appropriately designed clinical spaces that bring ease and comfort in an otherwise fearful experience. Dedicated exam rooms for pediatric patients are being provided, as such medical spaces are routinely absent. Other additions include a kid's play area to reduce the intimidation factor commonly associated with youthful patients in medical settings.

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regional labs are 200-400 m2 with a compendium of single-story chaotically placed buildings. The two-story prototypical design ensures commonality throughout Ethiopia as well as support accreditation efforts where BSL-3 TB culture compliance is met for instance. Each floor, approximately 750 m2, has been designed to optimize workflow patterns between and among lab sections. Dedicated conference and general lab training spaces allow for expeditious scale-up of additional laboratorians to enter the workforce at all health facilities. Single-point consolidation of all laboratory services, in line with MOH/EHNRI directives, at hospitals will be supported as funding availability will be a major determinant. Due to limited budget resources, both wastewater and medical waste systems implementation will become cost prohibitive at all regional lab sites, thus requiring their prioritization. Furthermore, any wastewater and medical waste solution rollout at large ART patient hospitals will not be possible for those outside of the clustered model. An expanded clustered model to incorporate nearby health centers may be possible, however logistics management of waste streams from multiple sites to a single treatment location present several challenges including transportation when other sites are many kilometers away

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12323	**Mechanism Name: Technical Assitance in support of HIV prevention, care, and treatment program and other infectious diseases**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Tulane University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 8,128,414	
Funding Source	**Funding Amount**
GHCS (State)	8,128,414

Sub Partner Name(s)

AIDS Institute	All Africa Leprosy Rehabilitation and Training Center (ALERT)	FIOCRUZ, BRAZIL
Harvard University, Medical School - Division of AIDS	International Society for Telemedicine and eHealth (ISfTeH)	Jimma University
M&E Evaluation Network	Mekele University	National Medical Fellowships – USA
New York State Department of Health	TBD	THEnet: Training for Health Equity Network

Overview Narrative

Tulane University's goal is to provide technical and financial support to the Ethiopian Health Sector in order to achieve the objectives of the second phase of PEPFAR. Working from a national platform with the MOH, its objectives are to support: the National HMIS system and capacity; national surveys and surveillance; the health sectors strategic and annual planning process; the National Quality of Care Framework (HIV/QUAL-QualE); Integrated Supportive Supervision; national human resources for health strategy and implementation (2008-2020); the MOH to devise and implement various health worker retention mechanisms; pre-service training of health workers; the Jimma University and Mekele University Programs; the national scale up implementation of Electronic Medical Register and Data warehouse/GIS: and MOH Information Systems.

Tulane's close TA engagement with the MOH is a major component of the Partnership Framework's eventual contribution to health systems strengthening related to planning, leadership, human resources for health, and generation and use of strategic information. Since 2003, Tulane has been a UTAP awardee and its capacity statement outlines the long history of involvement in M&E through collaboration, capacity building, and participation with bi-lateral and multilateral partners in SI including World Bank and UNAIDS. It's Technical Assistance Project in Ethiopia since 2006 has worked closely with MOH and its Agencies at all levels of the health care system of Ethiopia. It brings leverage and experience as a lead partner for MOH in the development and expansion of the National HIV/AIDS monitoring system, implementation of the national HMIS, development of the National HRH Strategy and implementation plan and as a contributor to the ongoing MOH BPR reform process. Tulane has led efforts to scale-up HRH production, especially medical doctors and conversion to a new four-year problem-based learning curriculum.

Tulane's activities will have national coverage and a contribution to the overall strengthening of health systems in Ethiopia by workforce capacity building, improvement in health management, policy, HRH, e-health, M&E, surveillance, providing training and education on strategic information, planning and improved resource targeting in areas of greatest need. Tulane plays critical roles in capacity building of

the National M&E system.
Tulane's collaborative work in Ethiopia, involves provision of technical and material support to the design and implementation of national planning and M&E at all levels; expansion of health information management and data use at service delivery level; national and regional surveys, surveillances and evaluations; development of a national health information structure and data warehouse that includes enhanced capacity to use GIS; development and scale up of a customized Electronic Health Record in collaboration with CDC/Ethiopia and CDC/Zambia; expansion of ICT within the health sector; develop and expand pre-service and in-service training including establishment of the Post-Graduate training in M&E at MSc level at Jimma University (JU), the first of its kind in Africa and only second after Brazil. In 2008, for the first time in its history, JU has begun enrolling international students, including students sponsored by CDC/Tanzania.
Tulane has established strong collaboration and partnership with both government and NGOs. At the MOH level, it works very closely with various departments and its Agencies including the Federal HIV/AIDS Prevention and Control Office, Ethiopian Health and Nutrition Research Institute and the Ethiopian Drug Administration and Control Authority. It also works with RHB's, Woreda Health Offices, hospitals, HCs and HPs. Its working relationship extends to MOE, EICTDA, CSA, NGO's and PLWHAA Associations (NEP+) and FBOs such as EIFDDA and CRDA.
Tulane and its partners have substantial domestic and international experience in HIV education, prevention, care and systems strengthening. These partners are Brazil's National School of Public Health, George Washington University Departments of Epidemiology and Biostatics, Global Health and Health Policy, Harvard University Department of International Health Systems, New York State DOH AIDS Institute, World Bank/GAMET, WHO, Abt Associates, Engender Health, Management Sciences for Health, Regis University and CDC/Zambia and South Africa. Each of these partners has access to extensive primary and secondary networks of collaborators and technical consultants.
In order to ensure continuation of the efforts initiated through this funding mechanism, Tulane will be working with in-country partners for each of the proposed activities, all of which have components of capacity building to ensure the sustainability of programs.
Tulane will be responsible for developing and executing an M&E plan, in consultation with in-country PEPFAR team. Tulane will develop a detailed plan of implementation for COP 2010 when awarded. Expected program results with indicators, mid-term milestones/benchmarks will be elaborated in line with PEPFAR II Indicators. The implementation plan will clearly outline the programmatic approach as described and provide a timeline for the completion of results and deliverables and developed in coordination with the USG PEPFAR teams. Tulane will comply with all country-specific PEPFAR reporting requirements, including but not limited to Annual and Semi-Annual Performance reports.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	5,250,450

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12323**
Mechanism Name:	**Technical Assitance in support of HIV prevention, care, and treatment program and other infectious diseases**
Prime Partner Name:	**Tulane University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	7,000,000	

Narrative:

This activity comprises of two seperate entities: (1) The Tulane Technical Assistance Program Ethiopia (TUTAPE) continues to provide technical support for M&E systems and human capacity building for national, sub-national, and service-delivery levels. In FY09 TUTAPE provided TA to redesign the planning and M&E process for the health sector. This design includes annual and strategic planning, resource mobilization and financing, routine data aggregation and reporting, performance monitoring and quality improvement (through HIVQUAL), integrated supportive supervision, and evaluation and inspection.

In FY10, TUTAPE will support the Ministry of Health's Policy, Planning and Finance Directorate to implement all manuals and SOPs finalized to the Woreda level. This will include short-term in-service training for the scale up of the national HMIS, performance and quality improvement (HIVQUAL/QUAL-ET), M&E for program improvement, and use of data for decision-making to FMOH, its directorates and health institutions, NGOs, FBOs, PLHIV networks, and the Central Statistical Agency. In FY10, TA will be provided and staff seconded to support surveys, health sector strategic and annual Woreda planning, M&E and costing activities, and M&E updates and reports. TUTAPE will continue to conduct process and health-outcome evaluations to continually improve M&E systems and program implementation.

TUTAPE will continue its support to Jimma University and M&E graduate student cohorts to maintain a sustainable MSc program including joint appointments of academics, strengthening the summer institute for faculty training, hosting international short-courses in M&E, and providing international teachers. E-materials will continue to be produced and used for training. Support to the Ethiopian M&E network will

continue to mentor RHBs, NGOs, FBOs, and other local stakeholders. In FY10, support will continue for two cohorts for the biostatistics/health informatics MSc program and RHSCs/TVETS's health information technicians (HITs) Level IV trainees to support the national M&E and health system. Institutional support will include provision of international faculty exchange, ICT support, education supplies, and renovation of learning centers to enhance the learning process. (2) In FY10, Tulane will implement and maintain the full scale Electronic Medical Records (EMR) system at 20 additional sites that have implemented the new HMIS. In FY10, Tulane will continue building technical capacity at the FMOH and Regional Health Bureaus (RHBs) to manage and lead the implementation and expansion of these systems to health facilities and institutions, seconding staff to MOH as well as capacity building for development and expansion of the full EMR in the country. Support will also extend to FY08/09 implemented sites. To implement the EMR, Tulane will purchase IT equipments, configure hardware, install LAN infrastructure installations, conduct ongoing trouble shooting , upgrade the software and EMR (SmartCare) installation at facilities, and conduct user training and mentorship.

Tulane University will provide guidelines and IT policies for USG partners for the implementation of the EMR (SmartCare) system HIV/AIDS module(s) for hospitals and health centers that have started the HMIS. Tulane University will provide training to USG partners, facility-level staff, RHBs, and other stakeholders on EMR (SmartCare) HIV/AIDS module software utilization. Tulane University will provide supportive supervision and oversee with CDC the implementation and use of the EMR (SmartCare) HIV/AIDS module at sites in close collaboration with RHBs and FMOH.

In FY10, support will continue to include human resource capacity building, hardware acquisition, software licensing, and application development to strengthen the data warehouse. Tulane will continue to 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 continue as outlined in "The Signature Domain and Geographic Coordinates: A Standardized Approach for Uniquely Identifying a Health Facility" in collaboration with the MOH, the CSA, and the National Mapping Authority. In FY10, training will continue on all information and communication technologies as part of capacity building

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,128,414	

Narrative:

This activity comprises of two seperate entities: (1) Tulane University Technical Assistant Program Ethiopia (TUTAPE) with PEPFAR support has provided technical assistance to the FMOH to draft HRH Strategy covering periods of 2009-2020.

TA will be provided to the FMOH, its federal agencies, regional health bureaus and health institutions to roll-out the implementation of the HRH strategy and implementation plan to improve the retention of key health professionals as well as enhancing the capacity of the HRH management focusing on the following key areas: Human Resource (HR) planning and TA to support the institutionalization of the estimation of detailed densities of health workforce to the Woreda level and as a result annually update the HRH data base; M&E and research; in-service training (CME/CPD); HRH development and career progression; HR management and administration including deploying HRIS to federal agencies, RHBs, Zonal Health Departments and Woreda Health Offices and health institutions; licensing and certification; health and HRH regulation including service and facility standardization and innovative ICT solutions to improve retention of critical health workers including the scaling up of telemedicine/tele-education for staff retention and improvement of quality of service including HIV/AIDS treatment. In addition, Tulane will assist FMOH and its agencies to assess the sequencing of investment in HRH Strategy and develop monitoring and evaluation activities needed to support the above areas and link it with other funded activities.
TUTAPE in FY10 will support FMOH in short term in-service HRH and Management training in collaboration with partners. In FY10, Tulane will continue to provide TA at the national level to the FMOH (the new Directorate for Human Resources Department, and the New Regulatory Licensing and Registration Division) and FMOE in the development of an implementation plan for the new HRH strategy and ICT to the RHB level, various aspects of human resources development including seconding and availing short term and long term technical experts in health policy, education, costing, workforce forecasting, management and retention and coordinate with other PEPFAR partners and other donors.
(2) The FMOH has prioritized the scale up of pre-service training as part of its HRH Strategy. Tulane University has been a central partner with the FMOH on development of the HRH strategy, implementation plan and distance-learning methods. Tulane has also provided an experienced technical advisor to the FMOH to design and coordinate the implementation of the medical school curriculum and approach.

Tulane will strengthen the institutional capacity of public and private medical education institutions to deliver comprehensive pre-service medical education while integrating HIV, TB and Malaria modules originating from national and international guidelines. Tulane will analyze policy, legal and financial frameworks necessary to implement the scaling up of medical education.

In FY10, Tulane's support will include the development of a graduate course for faculty development; ICT infrastructure; procurement of educational materials and equipments; renovation of selected training space; exchange of faculty and medical education experts; and exposure of faculty to different delivery models for medical education. Tulane will develop M&E mechanisms to monitor the quality of the medical education in collaboration with the FMOH and FMOE.

Tulane will work to strengthen educational planning and the coordination and management roles of the FMOH, FMOE Higher Education Department, Higher Education Relevance and Quality Agency, Universities, and the National Medical Curriculum Review Panel. Tulane will engage these entities in curriculum development/review, benchmarks development, school management, student assessment, and licensure and accreditation activities.

Tulane will explore Public Private Partnership (PPP) involvement in strengthening the Ethiopian Medical Universities as a means of supporting Ethiopia's plans for rapidly expanding health professional training. Tulane will support and strengthen Campus Network Infrastructure; provide virtual classroom solutions (WebEx Conferencing and Collaboration, Tele presence, Digital Media Systems, Content Management platform); and establish Networking Academy Sites.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12324	**Mechanism Name: TBD OVC**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12324**		
Mechanism Name:	**TBD OVC**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted

Narrative:

A top priority for the PEPFAR Ethiopia Partnership Framework is systems strengthening with an emphasis on human resource or workforce development. For the OVC programming area, this will require a baseline review of systems and cadres in place to provide health and social services to OVC in keeping with the National Plan of Action for OVC and the GOE Human Resources for Health Strategic Plan. PEPFAR OVC funding will contribute to a review of government systems and staffing across the key ministries of health, social services, labor, youth and sport, law and justice, women's affairs, and education to determine strengths, gaps and opportunities for evolving a sustainable system of care and support for most vulnerable children and their families. Primary results from this assessment will be recommended priority short and longer-term actions for determining and developing an adequate human resource mix at the local, regional, and federal levels. Findings will be used to inform PEPFAR investments in strengthening the social service sector. The assessment will provide an opportunity to increase coordination within USG and across other stakeholders regarding actions to expand professional and para-professional cadres in health and social services. Currently the Global Fund, CDC, UNICEF and USAID are supporting activities to build social work cadres specifically related to HIV/AIDS. GOE will continue to build upon the current number of 30,000 HEWs who also address HIV/AIDS, including social service areas like access to water and sanitation. An overarching social systems strengthening strategy informed by the baseline review is needed to determine essential actions and investments for reaching the most children and families with sufficient care and support.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12325	**Mechanism Name: ROADS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Family Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 260,000	
Funding Source	**Funding Amount**
GHCS (State)	260,000

Sub Partner Name(s)

Consult Line Professional Services (CLIPS)		

Overview Narrative

The project's goal is to ensure sustainable market-driven silk production for 250 HIV+ mothers in Mojo and Wolenchiti, thus strengthening their economic ability to retain gains made by Mothers' Support Groups (MSGs) in PMTCT activities under the PC3 program. Women in participating MSGs have been effective in implementing HIV care and support activities. However, economic hardship due to loss of familial and community support following disclosure of their HIV status threatens to reverse those hard-earned gains. Many of these women, most in single-headed households, must depend on high-risk survival strategies to meet their families' basic needs. Anecdotal evidence suggests some have returned to commercial sex as a means of providing for their children, despite knowledge of attendant risks to self and child. Income advantages for MSG members will be accrued through meeting current unmet market need for silk products and their attendant inputs.

In FY 2009 and COP 2010 ROADS II identified and selected an initial 250 participants from an MSG membership of 500+ using socio-economic profiling, self-screening and group consensus-building. In COP 2010, ROADS II will work through a local contractor, Consult Line Professional Services, to continue to provide technical assistance to these 250 women in all aspects of silk production, including feed

production and plantation management, silk worm breeding cycle for uncut cocoon production, and sound group and individual business management skills. A performance-based approach will be used to ensure that the women have the necessary commitment and aptitude to meet stringent market quality and volume standards. This will likely decrease membership down to 150-175 participants and confirm the business orientation. Additional training for new members will level participant numbers at 250. Silk stations will be developed at Mojo & Wolenchiti to maximize group learning, stabilize initial quality, and provide a consolidation point for business development and market linkages. By the end of COP 2010, the project will have 250 reliable producers of quality uncut silk cocoons for market. Group cohesion to produce reliable quality and quantity uncut silk cocoons will drive market negotiation, but individual performance will drive financial rewards (payment will be made based upon the amount and grade of silk each member produces).

In FY 2011, ROADS II will manage activities to strengthen capacity in silk production and processing both horizontally and vertically, thus initiating an exit strategy. As competence and confidence increases at individual and group levels, members will increase production through multi-harvesting of cocoons each month; this is the core platform for improving income levels. Continued consolidated production at the silk stations will also strengthen group bonds between the MSG members, thus further strengthening peer exchanges on PMTCT and safe motherhood issues. Participants will be assessed for home production potential, dependent upon performance in castor plant maintenance, the vital food source for silk worms. Silk station management will be transferred to the members, including verification of individual production sources, for added marketability. An estimated 50 to 75 producers will gain skills in producing cut cocoons and spinning yarn, providing additional income potential as they move vertically up this new value chain. When their skills in market negotiations and business management are developed enough, participants will deal directly with the initial purchasing company, Sabahar, based in Addis Ababa, and will source additional markets for longer term sustainability. Relationships with the local administration will be strengthened to sustain leverage of local resources, predominantly land access. At this point, knowledge transfer from existing participants to new members will be expected to occur, as the MSG members become owners of the enterprise, to build a local network of silk producers. This effectively reduces unit costs and builds sustainability, driven by quality producers meeting market demand. It also engages HIV+ women with an emerging value chain with distinct growth potential at this critical early stage, thus empowering them to become leaders in the production end of that chain. This will reduce stigma as MSG members develop new identities as successful business women and producers. Relationships will be developed and maintained with 'TransACTION' implementing partners to identify opportunities for increasing involvement of new participants in this initiative (upon funds availability).

Process monitoring will ensure activities meet agreed upon work plans. These include establishment of sites, trainings provided, number of women trained, and specific events, such as purchaser meetings. Outcome indicators will track the volume and quality of production per site, per group and per individual, as well as sales. Impact indicators will include the levels of income per producer derived from this activity,

levels of asset bases per household of producers involved, and key expenditure patterns per household (such as food, health and education) to determine whether the activity is adding to their resiliency against cyclical or irregular household crises.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	260,000

Key Issues

Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**12325**
Mechanism Name:	**ROADS**
Prime Partner Name:	**Family Health International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	

Narrative:

Narrative:
The project will help support an estimated 600 children of HIV+ women. The program will also provide comprehensive ABC messaging for HIV+ women to ensure their ablility to live healthy and prevent the further spread of HIV. The program will use existing materials developed under other PEPFAR funded programs working with PLWHAPLWHAA. This activity will combine OVC and prevention funding to provide economic opportunity and social services for women living with HIV/AIDS and their children. It will build on evidence from LifeWorks activities in the DR Congo which demonstrated improved health status and increased risk reduction behaviors among program participants. Evidence further shows income earned was used to improve education and health for the children of the participants. Ethiopia would like to increase the evidence base for this intervention.
ROADS II will use COP 2010 funds to continue to strengthen the capacity of 250 HIV+ mothers from community-based groups in Mojo (125) & Wolenchiti (125) in silk production, providing economic support to their households. The activity will enable participants to continue to adhere to the educational and

behavioral gains made in PMTCT under the Mothers' Support Group Initiative, and avoid alternative HIV risk strategies for economic gain.
A local contactor, Consult Line Professional Services CLIPS, will continue to provide the specialist technical assistance. Training and site supervision will increase production volumes and quality, as well as business management skills to enable participants to sustain the initiative. Castor plantations will be maintained, using locally-provided land, with silk stations providing a hub for coordination and quality control. Seventy-five high performers will receive additional training in spinning, adding value to the silk. This entails increased supervision and coordination. CLIPS will provide daily operational supervision and technical assistance, with quarterly technical visits by FHI regional staff guiding strategic implementation and communication. Communication updates will be provided monthly to Intrahealth, who initiated the MSG program, or the successor to this program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	60,000	

Narrative:

Narrative:
ROADS II will use COP2010 funds to continue to strengthen the capacity of 250 HIV+ mothers from community-based groups in Mojo (125) & Wolenchiti (125) in silk production, providing economic support to their households. The activity will enable participants to continue to adhere to the educational and behavioral gains made in PMTCT under the Mothers' Support Group initiative, and avoid alternative HIV-risk strategies for economic gain.

A local contactor, Consult Line Professional Services (CLIPS), will continue to provide specialized technical assistance. Training and site supervision will increase production volumes and quality, as well as business management skills to enable participants to sustain the initiative. Castor plantations will be maintained, using locally-provided land, with silk stations providing a hub for coordination and quality control. 75 high performers will receive additional training in spinning, adding value to the silk. This entails increased supervision and coordination.
CLIPS will provide daily operational supervision and technical assistance, with quarterly technical visits by FHI regional staff guiding strategic implementation and communication. Communication updates will be provided monthly to MSH.
New partners from within the TransACTION program will be sought. A film will be produced tracking the institutional learning gathered, and the personal narratives of participants; the impact on their resilience to overcome household crises, and retain household assets, a key outcome to HIV+ families with significant economic vulnerability. The project will help support an estimated 600 children of HIV+ women. The program will also provide comprehensive ABC messaging for HIV+ women to ensure they're

able to live healthy and prevent the further spread of HIV. The program will use existing materials developed under other PEPFAR funded programs working with PLWHAPLWHAA.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12326	**Mechanism Name: Care Services for HIV-Infected and Affected Orphans and Vulnerable Children**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Salesian Mission	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,041,117	
Funding Source	**Funding Amount**
GHCS (State)	2,041,117

Sub Partner Name(s)

Project Concern International	Salesian of Don Bosco Ethiopia (SDBE)	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	394,295
Education	394,295
Food and Nutrition: Commodities	394,295

Food and Nutrition: Policy, Tools, and Service Delivery	98,573
Gender: Reducing Violence and Coercion	197,148
Human Resources for Health	295,721
Water	197,148

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**12326**
Mechanism Name:	**Care Services for HIV-Infected and Affected Orphans and Vulnerable Children**
Prime Partner Name:	**Salesian Mission**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	2,041,117	

Narrative:

Salesian Missions, in partnership with Project Concern International, proposed to implement the CARING FOR OUR YOUTH (CARING) Project in Ethiopia to mitigate the impact of HIV/AIDS in Ethiopia by increasing access to youth orphaned or made vulnerable by HIV/AIDS, and providing holistic care, community reintegration, and support for 60,000 orphans, street youth and children who have been made vulnerable due to HIV/AIDS.
The goal of the CARING Project is to mitigate the impact of HIV/AIDS in Ethiopia, and its purpose is to help HIV/AIDS-affected children and adolescents grow and develop into healthy, stable and productive members of society. To that end, SDBE and PCI, along with their implementing partners will work towards the Strategic Objective (SO) of improved quality of life for children and youth made vulnerable by HIV/AIDS and their families in Addis Ababa, Makele, Adigrat, Zway, and Debre Zeit, Ethiopia.
To achieve this the CARING Project will 1) increase the number of OVC with their essential needs for shelter and care met by reintegrating OVC with extended or foster families or their home communities,

and by building the capacity of the SDBE residential rehabilitation program for street children and youth; 2) increase the number of OVC receiving formal and non-formal educational and development opportunities by expanding SDBE capacity to provide opportunities for formal and supplementary education, life skills workshops, and recreational and sports activities, and by providing assistance with school fees, uniforms, and supplies to effectively reduce barriers to attending school; 3) improve the economic status among households caring for OVC by providing older OVC with opportunities for vocational/technical training, and by empowering OVC caretakers, especially women through a savings-based economic self-help group approach; 4) increase access to critical, community-based OVC support services, specifically health/medical care, nutritional support, legal support, and psychosocial support through the CARING Small Grants Program for local CBOs (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 Salisians Mission Life Choices methodology.

The presence of Salesians of Don Bosco in Ethiopia in the target communities will enable 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. To implement 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 have partnered with Project Concern International (PCI) to develop and implement the CARING Project. It will be staffed by local Salesian and local lay professionals in Ethiopia, and administered and managed by the Salesians of Don Bosco Project Development Office in Addis Ababa. The project will utilize 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 will also be 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 to assist Salesians of Don Bosco Ethiopia to strengthen its organizational capacity to incorporate comprehensive OVC services; link with and strengthen the OVC service network; adapt the Life Choices curriculum (using model from South Africa) for the Ethiopian context; enhance older OVC and caretakers economic outlook through implementation of PCI's Self Help Groups (SHG) "Step Up" program; 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.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12327	**Mechanism Name: Measure Evaluation Phase III**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Malaria (PMI)

Child Survival Activities

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**12327**		
Mechanism Name:	**Measure Evaluation Phase III**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted

Narrative:

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 (CHIS). 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 conducting a rapid assessment to identify and review existing community-based health information systems; working with relevant GOE offices to map out clear roles and responsibilities on community level health service data; establish a taskforce composed of key stakeholders to oversee the development and implementation of the health information system, critical to building consensus among key players; identify all non-health facility health services and develop appropriate indicators, data collection, and reporting tools and processes; and, rolling out the new system for broader use.
As frontline workers at the community level, HEWs will be instrumental during the design and implementation of the CHIS. 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

Narrative:

Ethiopia faces challenges regarding data related to the non – facility programs like community based prevention, basic palliative care and OVC. Lack of a defined coordinating body and a Community Based Health Information System (CBHIS) exaggerated the problem. PEPFAR/Ethiopia is having difficulty in harmonizing data regarding the non-facility based programs. Government's Health Extension Program (HEP) is now being expanded to the urban setting. Urban health extension workers (HEWs) and community volunteer workers are the cadres in implementing HIV/AIDS community based programs.

The Federal Ministry of Health (MOH) is completing the design of, and started pilot testing a Family Folder (FF) that contains detailed information about the hygienic and environmental practices of each household, the HEW training it has received, and the health status of its individual members. While the FFs are a rich source of information, capitalizing on this potential will require strengthening the HEWs skills in creating and using evidence, as well as their capacity to pass these skills on to households and communities.

This program will ensure the establishment of community information and data service centers that support community workers, volunteers and functionaries of kebeles. Activities will include: engaging stakeholders in a discussion of what common information they all need and how to collect it with regards to OVC, Basic Palliative care, and HIV/AIDS Prevention. Developing commonly agreed periodic reporting tools; Strengthening regional coordination of community level information reporting; provision of technical assistance for the Federal and Regional governments in the development of a central community based

information system and electronic data base/ data warehouse; identifying best practices in data collection and information use; training of urban HEWs and community volunteers in these best practices; strengthening supportive supervision of HEWs; Strengthen the referral chain between HEW and HC and between HEW and support groups outside the health sector will be the focus of this activity.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12328	**Mechanism Name: Household/family strengthening via income generating activities; supportive services to OVC**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Nazarene Compassionate Ministries	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHCS (State)	1,000,000

Sub Partner Name(s)

Fayyaa Integrated Development Association	Helping Hands Africa	

Overview Narrative

Nazarene Compassionate Ministries, Inc. (NCMI) has been a prime partner since FY 2007 under the PEPFAR New Partnership Initiative project, which NCMI has implemented in Ethiopia through its lead implementing agency Fayyaa Integrated Development Association (FIDA) with the capacity building and monitoring support of Helping Hands Africa. Under the New Partnership Initiative, NCMI provided comprehensive HIV/AIDS prevention and care services in the areas of AB, OVC, and basic palliative care. As a continuation of this initiative, NCMI will implement these three projects in Ethiopia through FY 2011 to reach 30,000 beneficiaries in AB, 250 PLWHAA and 700 OVC in two regions at seven project

sites. The beneficiaries will be targeted through AB, adult care and support and OVC projects, respectively.

FIDA will implement the AB, OVC and palliative care activities at seven project sites found in the Oromia and SNNPR regions in five zones at Nekempte (East Wollega zone), Metu, Bedele (Illubabora zone) Kersa (Jimma zone), Adami Tulu and Dugda (East showa zone), Mizan Tederi (SNNPR in Bench maji zone) districts.
The program uses the peer education model to provide AB programming to youth ages 10-24 and married couples between the ages of 15-49. Under the OVC component, a comprehensive package of services including economic strengthening, shelter and care, education, food and nutrition, psychosocial counseling, and legal protection will be provided to needy OVC beneficiaries. Clinical, social, spiritual, preventive, and psychological services will also be provided under the palliative care project. Cross-cutting and key issues will also be strategically incorporated in the implementation of these three project activities in order to leverage other projects and provide more comprehensive community health services. Accordingly, food and nutrition, economic strengthening, education and gender issues will be addressed through our interventions under AB, OVC, and basic palliative care projects. Moreover, key issues like malaria, child survival, family planning and gender issues will be addressed through wrap-around activities by creating a strong linkage to our other ongoing community health projects including the President's Malaria Initiative, Child Survival and Mitigation, Ending Gender- Based Violence, and Reproductive, Maternal, Neonatal, and Child Health projects.
While implementing these projects, NCMI will devise different mechanisms for cost effectiveness and consequently the projects that are planned for COP 2010 will be coordinated with other existing programs in order to maximize shared costs and create economies of scale. NCMI has already developed a well-defined M&E plan for the implementation of these three project activities under the NPI project and this plan will be updated in order to incorporate the next generation of indicators. The link between activities, output and outcome has been clearly defined in NCMI's M&E plan and the systematic M&E tools will be used for ongoing analysis, quality assurance, and tracking the progress at all levels.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Malaria (PMI)
Child Survival Activities

Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**12328**
Mechanism Name:	**Household/family strengthening via income generating activities; supportive services to OVC**
Prime Partner Name:	**Nazarene Compassionate Ministries**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	300,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	400,000	

Narrative:

The OVC Care Model features a comprehensive approach to supporting orphans, vulnerable children, and their caregivers through a wide range of support services, including education, economic strengthening, legal protection, nutrition, health, and psychosocial support and referral linkages by assessing individual needs and creating specific individualized plans to support the needs of each OVC and caregiver. The project is committed to providing a comprehensive package of services for OVC that will be based on inventorying and prioritizing the needs of each individual beneficiary through community-based volunteer OVC care committees and tailoring a unique service package for each primary direct beneficiary that will include at least three essential services.
A focus on family/household strengthening is a top priority that will be addressed by mobilizing the community and forming OVC committees as a frontline in addressing the need of OVC beneficiaries. Male and female OVC ages 0-17 will be targeted with special attention given to supporting female OVC. This project will be implemented in Oromia and SNNPR regions at Bedele, Metu (Illubabora Zone), Kersa (Jimma Zone), Nekempte (East Wollega Zone) and Dugda and Adami Tulu (East Showa Zone), Mizan Teferi (Benchi Maji Zone) sites. Around 700 OVC and their caregivers will be provided with the same package of services. The OVC project will also be linked with palliative care and AB projects in all of the project sites.

During NPI project implementation NCMI along with Fayyaa Integrated Development Association have achieved success in implementing the OVC project to improve the lives of OVC and their caregivers by providing income generating activities, shelter, educational materials, psychosocial support and legal protection for the children and their caregivers. Most of the caregivers are now able to generate income to meet the basic need of their children.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	300,000	

Narrative:

The primary aim of this program is to prevent HIV infection in youth by equipping them with positive messages for delaying sexual debut and encouraging those who are practicing sexual intercourse to choose secondary abstinence. Another focus is to reduce the prevalence of HIV/AIDS by promoting fidelity among couples and educating them on the necessity of reducing multiple, concurrent partners. Youth ages 10-24, couples 15-49, and prisoners practicing risky behaviors will be targeted. At a flat funding level, NCMI will reach 60,000 AB beneficiaries. At a reduced funding level, NCMI will reach 30,000 AB beneficiaries with the same prevention services.

The program will be implemented in Oromia and SNNPR regions in five zones at Nekempte (East Wollega zone), Metu, Bedele (Illubabora zone) Kersa (Jimma zone), Adami Tulu and Dugda (East showa zone), Mizan Tederi (SNNPR in Bench maji zone) districts. The program follows the peer education model developed by Food for the Hungry and successfully implemented with Track One ABY PEPFAR funding in Ethiopia, Nigeria, Mozambique and Haiti. The model involves Youth-to-Youth (Y2Y) Groups of 14 Leader Youth (LY) per group led by Promoters who provide ongoing training for the LY to lead their peers in additional groups of 14 through 12 months of training and discussion of the Choose Life curriculum. This program promotes a positive approach to abstinence and uses BCC methods to identify and overcome barriers to abstinence and faithfulness. Additionally, couples are encouraged to remain faithful by attending faithfulness classes; discordant couples are encouraged to protect the uninfected spouse through correct use of condoms. The AB curriculum has been adapted to local religious and cultural settings in Ethiopia through the establishment of community-based curriculum review committees consisting of youth, parents, and religious and traditional leaders.

After completing the Choose Life or faithfulness curriculum, beneficiaries have the opportunity to pledge for abstinence or faithfulness and will also be referred to VCT services. A well-defined M&E system is already in place to track program progress at different levels, measure impact and ensure the quality.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12329	Mechanism Name: Social Marketing of Condoms
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this contract is to provide a full range of integrated logistics support services to USAID/Ethiopia to manage 210,000,000 male condoms over a period of three years. Activities include customs clearance and condom distribution to a third party vendor or non-governmental organization. This will also require management, inventory, security, receipt, store, transport, distribution, handling and shipment. Services do not include any contact between the Contractor and the final end user population.

This contract's services (logistic support) are in support of USAID/Ethiopia's HIV prevention activities, specifically nationwide condom distribution. This contract will result in dramatically expanded access by Ethiopians to affordable condoms. This will occur in coordination with Government of Ethiopia and US government as each partner intensifies HIV prevention activities in urban and peri-urban areas where HIV prevalence is above the national average of 2.2 percent.

Objectives - USAID/Ethiopia expects to strengthen its current HIV prevention portfolio through this contract in several ways. Primary among these is to increase coverage of and accessibility to condoms through third party commercial vendors including individual marketers and non-governmental organizations where populations at risk of HIV infection through unprotected sexual intercourse access condoms. As of April 2009 USAID/Ethiopia and CDC/Ethiopia supported 2,622 targeted condom outlets, a four-fold increase from approximately 550 in April 2008. Despite this achievement, the number of condom outlets remains lower then anticipated and significantly lower than necessary, due to a lack of efficient condom distribution networks to urban and peri-urban populations. Existing targeted condom outlets largely exclude the vast majority of most at risk population group members due to the limited

nature of the network. Existing U.S. government distribution networks are fragmented with high transaction costs to support coordination of condom distribution and programming. In addition, USAID/Ethiopia remains concerned that stock outs of condoms occur among intermediary vendors and non-governmental organizations, which serve as the main suppliers to the final end user population. Therefore USAID/Ethiopia anticipates the contractor will provide logistics support services to distribute 210,000,000 condoms (70,000,000 per year) up from approximately 25,000,000 condoms distributed in U.S. fiscal year 2008.

Target Population and Geographic Scope - This project will have national coverage and focus distribution to vendors marketing to at risk populations including MARPs, workplaces, military, university students and refugee camps. USAID/Ethiopia expects the contractor to maximize coverage of condom distribution in areas of above average national HIV prevalence in a mixture of approximately 20,000 service outlets including third party commercial vendor and non-governmental organizations. The main implementing partner will implement through a local partner, overtime this partner will be able to support national condom logistics independently.

Operating Constraints - The contractor will provide logistics support to 210,000,000 condoms over the life of the contract. USAID estimates that 70,000,000 condoms will be made available each year. These services do not include any contact between the Contractor and the final end user population.

Monitoring, Evaluation and Reporting - The offeror will provide quarterly progress reports to USAID including: Annual and quarterly implementation and distribution plan; and Annual and quarterly progress report on condom distribution and sales.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12329**
Mechanism Name:	**Social Marketing of Condoms**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12330	**Mechanism Name: C-Change Field Support**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,900,000	
Funding Source	**Funding Amount**
GHCS (State)	2,900,000

Sub Partner Name(s)

CARE	IDEO	Internews
Ohio University	University of Washington	

Overview Narrative

Goal: C-Change will support the Federal Ministry of Health and PEPFAR partners by bringing a mix of skills, experience, and creativity in designing and implementing high impact communication strategies. This activity will integrate mass media, interpersonal communication, and community engagement to empower Ethiopian youth and commercial sex workers to protect themselves from HIV/AIDS. These are continuing activities begun under the Health Communication Partnership program which will now be implemented through this new mechanism. The objectives of the HIV Prevention program include: building the capacity of schools (primary and secondary), universities, and colleges to maintain and implement age-appropriate prevention intervention to protect young people from acquiring HIV, and providing comprehensive HIV prevention messages, condoms, and referrals to health services (STI treatment, HIV testing) for Commercial Sex Workers.

Geographic coverage and target populations
The CSW component will aim to reach 1000 commercial sex workers and related establishment owners, kebele officials, police and boyfriends in Addis, Adama and two other major cities. The program will expand to reach 54 university and college campuses across Ethiopia in all regions. The AB component of the program involves reaching in-school at-risk youth in 150 secondary schools and 600 primary schools (grades 5-8) in 7 target cities: Adama, Addis, Bahir Dar, Dire Dawa, Jimma, Dessie, Mekele. This program also has outreach activities targeting at-risk out-of-school youth.
Health systems strengthening: C-Change will strengthen health services on college campuses by training health workers in how to provide more youth-friendly services. The program will also work to improve referrals and access to health services for CSW, including STI treatment, family planning, and TC services.
Cross-cutting programs: C-Change is addressing two cross-cutting areas: education and gender. Education is a key component in the AB and OP activities where schools and universities will be the center of HIV prevention messages and activities. All media campaigns will portray males as active, responsible partners and suggest specific beneficial actions they can undertake. The AB and OP prevention programs will increase gender equity and address male norms and behaviors. The University Program's Red Card is a gender equity tool.
Cost efficient over time: C-Change programs are designed for implementation at scale. Each year, programs have increased their reach and become more cost effective through a combination of strengthened activities, improved supervision and shorter training workshops. For example, the University and At-Risk Youth programs have 3-hour "Essential Risk Reduction Action" workshops to reach up to 60% of incoming freshman with priority information. MOE Regional Offices run Beacon Schools and Sports for Life and are highly sustainable. C-Change will promote this same approach for At-Risk Youth. Programs have also continually improved mentoring and outreach component to boost impact by extending reach. C-Change will continue to advocate for increased HAPCO financial support of ongoing prevention activities and leverage support from other partners. Since C-Change harmonizes messages and designs kits and materials in collaboration with networks of partners, many organizations have bought into C-Change programs and are implementing activities that employ either parts of or an entire approach.
Monitoring & Evaluation plans: A monitoring program is built into each C-Change activity. At-Risk Youth and Campus Life have pre and post assessment activities that allow individual students to measure their risk relative to the group and the group itself to identify areas of progress and issues that still require attention. These numbers are compiled by region and reported back to program participants on a semiannual basis. Evaluations in 2010 of CSW and Campus Life will be used to make mid-course corrections and to actively advocate HAPCO for additional support.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	30,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Family Planning

Budget Code Information

Mechanism ID:	**12330**
Mechanism Name:	**C-Change Field Support**
Prime Partner Name:	**Academy for Educational Development**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	580,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,320,000	

Narrative:

The CSW program, launched in 2008 to address risky behaviors of women age 17–45, has three major components: structured group peer education, condom provision, and referral to clinics. The program works with current and former sex workers trained as peer educators. These women visit establishments and conduct a series of 16 activities related to safe sex, distribute condoms and refer CSWs to clinics. Program participants receive 56 free condoms a week and clinic referral cards. The program also engages establishment owners, kebele officials, local police and the boyfriends of the CSWs.

C-Change anticipates that CSW supportive supervision needs will remain high because peer educators are often insecure and require regular mentoring visits and encouragement. In COP 2010, the CSW

program will expand to over 600 peer educators and 1,000 establishments in at least four cities.

In 2008, Health Communications Partnership (HCP) launched "Campus Life" to prepare students for the transition of living at college, peer pressure and demands to engage in risky sexual activity. University students are eager to develop skills to help them reach their goals and take charge of their lives. Behavioral objectives include resisting peer pressure, increasing condom use, and reduction of transactional and cross generational sex.
HCP strengthened Campus Life in 2009 by adding a mentor component to improve peer counseling, bringing condom machines to campus and promoting youth-friendly services. Campus Life extends beyond students by engaging the wider community of teachers and administrators.

The half-day freshman "Know Your Risk" orientation reaches new students before they begin engaging in risky behaviors. In 2010, C-Change will expand "Know Your Risk" to reach 60% of incoming students.

In COP 2010 Campus Life will expand to 54 universities and colleges. Based on results of an evaluation planned for the first semester of 2010, C-Change will make mid-course corrections to the activity guide and explore new approaches to reach greater numbers of students on each campus. C-Change will also seek to leverage HAPCO funding for an inter-university theater competition focused on drivers of the epidemic. Mass-media will reinforce messages and extend the audience reach.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12331	**Mechanism Name: Child Fund International**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Child Fund International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,363,500	
Funding Source	**Funding Amount**
GHCS (State)	1,363,500

Sub Partner Name(s)

Christian Children's Fund of Canada	University Research Corporation	

Overview Narrative

Formerly called Mechanism000683_ :ChildFund Internationals' goal is to promote healthy child development for 50,000 children and assist 8,500 primary and secondary caregivers in Addis Ababa and Oromia regions through comprehensive, family centered, and child-focused care and support services. The project's three reinforcing objectives are to increase access to and utilization of comprehensive, coordinated and family centered care for 50,000 OVC; expand service access and coverage through enhanced collaboration, coordination and referrals among community, NGO, and government actors serving children; and improve service quality and coverage through enhanced community data collection and program monitoring systems.

The project service areas include high prevalence, underserved urban areas of Addis Ababa (Gulele, Kolfe Keranyo, Nefasilk Lafto, Arada and Akaki Kality sub-cities) and Oromia region (Fentale, Dugda, Debre Zeit and Shashemene woredas). The target population is OVC aged 0 - 11 years and their caregivers plus youth heading households aged 15-24 years of age.
The project activities for COP 2010 will be aimed at improving the lives of 10,000 new OVC, in addition to the 30,000 reached with comprehensive, family centered, and child-focused care and support services in COP 2009. Three thousand new caregivers will be assisted to care for OVC, adding to the 5,500 trained in COP 2009. The project will continue to strengthen family and community capacity to care and meet the needs of OVC focusing on early childhood and expansion of coordinated care. Working with three levels (community caregivers, youth mentors and paralegals) of over 540 trained community-based volunteer networks, the project will reach each individual enrolled OVC with prioritized needed services based on the enrolment assessments and defined family care plans. The community caregivers provide home-based parenting education; health promotion; food and nutrition counseling; proper hygiene, water and sanitation education; psychosocial support; HIV prevention counseling services and referrals for child survival, pediatric HIV and child protection services. Community caregivers will coordinate project support for shelter and care encompassing house maintenance and roof repairs, bedding, and basic cooking utensils to ensure a safe, warm and protective home environment for the most vulnerable OVC. Community caregivers will also coordinate short term food assistance in the form of a food basket consisting of locally available nutritious foods to food insecure households.
Youth mentors working with facilitators/teachers in early childhood development centers and child friendly schools will continue to serve as mentors for OVC and provide peer-to-peer basic life skills guidance. Paralegals with referrals from community caregivers and other community leaders will provide legal

counseling on child rights and protection to vulnerable families, including providing information on birth registration, wills and successions planning and make referrals for additional services. Fifty youth heading households in the age range 15-24 years will receive refresher training in business development, mentorship and OVC service linkages.

The project will continue to build capacity for a community driven approach in operationalizing the quality assurance improvement standards for OVC programs developed by the government of Ethiopia, by applying a collaborative model that promotes client/beneficiary focus, learning in teams, focus on the service delivery process and utilization of locally generated data to monitor and evaluate the quality OVC service delivery.

Through 39 early childhood development centers the project will provide holistic community-based early childhood development services to OVC aged 3-6 years setting the stage for primary school education. The project will work with the trained youth mentors, teachers, parent teacher associations and the kebele education authorities of the targeted 16 child friendly primary level schools to progressively build knowledge and skills needed to implement school based activities to prevent and/or mitigate the impact of HIV/AIDS, including reducing stigma faced by OVC. The most vulnerable OVC will be provided with basic scholastic materials.

The vulnerable children's committee (VCC) members trained in COP 2009 in the 78 project site kebeles will continue to guide meaningful beneficiary participation in the project activities, updating service maps and promoting coordinated partnerships among service providers for supporting OVC and caregivers. The VCC builds on existing structures and its membership is comprised of a gender balanced mix of community representatives including OVC/children, caregivers and PLWHAA, local government partners and child service organizations. Building on those existing foundations, updating service maps and through VCC structures, the project will expand local partnerships for service referrals to provide continuum of care for OVC.

Monitoring and evaluation systems and tools developed at community and partner levels will be consolidated and an OVC MIS database developed in COP 2009 will facilitate rapid and efficient data management, program decision making and reporting.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	1,429
Education	16,761
Food and Nutrition: Commodities	100,600

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Child Survival Activities

Budget Code Information

Mechanism ID:	**12331**
Mechanism Name:	**Child Fund International**
Prime Partner Name:	**Child Fund International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,363,500	

Narrative:

The project aims to improve the lives of a cumulative total of 50,000 OVC aged 0-11 with comprehensive, family-centered, and child-focused services. 8,500 caregivers (parents and guardians) will be assisted to care for OVC in 78 kebeles in Addis Ababa and Oromia Regions. Three cadres of trained community-based volunteers (community caregivers, youth mentors and paralegals) will provide family-centered OVC need services and referrals, based on defined family care plans. Community caregivers will provide home-based case management, health education and counseling on psychosocial support, food and nutrition (including infant feeding and weaning practices), hygiene, water and sanitation and child protection. The community caregivers make referrals for child protection and health services (including immunization and other child survival services, pediatric care and treatment). They also coordinate the provision of basic shelter and care, and supplementary food support to most vulnerable and food insecure OVC families. Paralegals will provide legal counseling and information on child rights and protection including birth registration, wills and successions planning and make referrals for legal aid. Youth mentors will provide individual and peer group approaches to enhance life, survival and socialization skills. Early childhood development (ECD) and basic education is promoted through supporting 39 ECD centers and 20 child friendly schools (training of teachers and provision of educational materials) and scholastic support to the most vulnerable OVC. Working through exiting community structures to serve as the children's vulnerable committees (VCC) has successfully enhanced meaningful community participation in the project to ensure participatory identification and meeting the needs of the most vulnerable OVC, updated service maps for coordinated referrals and partnerships needed for continuum of care for OVC. Building community capacity and community conversations has facilitated community driven quality improvement in OVC service delivery and utilization of locally

generated data to monitor and evaluate the quality of services. Addressing the enormous and diverse needs of OVC remains a challenge.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12332	**Mechanism Name: Health Care Financing**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,708,480	
Funding Source	**Funding Amount**
GHCS (State)	2,708,480

Sub Partner Name(s)

Banyan Global	Broad Branch Associates	Care International

Overview Narrative

Formerly called mechanism 00683_1

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12332**
Mechanism Name:	**Health Care Financing**
Prime Partner Name:	**Abt Associates**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	2,708,480	

Narrative:

This activity comprises of two seperate entities: (A) This activity promotes facility autonomy, facilitates the out-sourcing of non-clinical services and creates a management platform, allowing for creative income generation schemes, such as retention and utilization of service fees to alleviate chronic under-financing of the health sector and improve quality of care.

MOH is also undertaking regular National Health Accounts (NHA) surveys to monitor per capita spending for the health sector (currently $7.14 compared to the WHO recommendation of $34). Per capita spending is further stressed by emerging health problems such as HIV/AIDS.

Key reform components, including health care financing reform framework, health care regulations, directives and manuals were developed and adopted in each region. As the result, implementations of revenue retention and utilization, rationalized fee waivers system, and out-sourcing have started in SNNPR, Oromia and Amhara, and in FY 2009 scaling up to other regions was initiated. The COP 2010 support will help the government to consolidate reforms in regions that have begun implementation as well as scale up reform to remaining regions (Tigray, Gambella, Benshanghul, Dire Dawa and Addis Ababa). These reform measures will be vigorously implemented at all levels (regions, zones, woredas and health facilities) and include supportive supportive supervisions for insuring adherence to regulations and implementation manuals, and leveraging NHA activities.

The planned results of this activity by the end of the project include increasing overall health expenditures per capita from $7.14 to $12; ensuring retention and utilization of 100% of revenue generated at hospitals and health centers; health insurance coverage for at least 20% of the population (current level is 0%).

The program is critical to improving the quality and of health services for Ethiopians. 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.

(B) 'Piloting Ethiopia's National and Community Health Insurance for Sustainability is an extended activity of health sector financial reform.

The Ministry of Health (MOH) adopted a Strategic Framework for National Health Insurance in August 2007, the first of its kind in Ethiopia, outlining plans for piloting and scaling up formal and non-formal insurance for the nation.

Per the MOH's implementation plan in COP 2010 National Health Insurance will be piloted in 12 districts in four regions. Preparatory activities started in FY 2009. The desired results 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 increased resources; and 3) protection of family units from catastrophic out-of-pocket expenditures which exacerbate poverty and barriers to HIV/AIDS care and treatment. National Health Insurance, a MOH priority, addresses the sustainability of health service delivery through demand-driven approaches and quality at the health facility through strengthened systems, PEPFAR Ethiopia's financial assistance will 1) provide 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 (for HIV/AIDS and OVC services) in areas collocated with PEPFAR-supported networks; and 3) support an assessment of the pilot for program performance and model evaluation. This activity 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) launching Communiyt Based Hea;th insurance (CBHI) pilots in the four regions. This activity complements existing clinical activities in HIV/AIDS care and treatment by reducing economic barriers to accessing services and poses an opportunity to leverage non-PEPFAR and non-USG resources as other donors support this technical approach during broader implementation.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12333	**Mechanism Name: Prevention for Most at Risk Populations in High-Prevalence Urban Areas**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Engender Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,000,000	
Funding Source	**Funding Amount**

GHCS (State)	2,000,000

Sub Partner Name(s)

Association for Eradicating Harmful Traditional Practices (EGLDAM)	CHF International	Hiwot Ethiopia
Integrated Service for AIDS Prevention and Support (ISAPSO)	Nia Foundation	Timret Le Hiwot (TLH)

Overview Narrative

Formerly mech00683_2 :The MARPs Project is part of the PEPFAR funded response to the country's HIV Epidemic which, according to recent national epidemiological and behavioral reports/surveys is a concentrated in marginalized populations then previously thought. The MARPs Project focuses on the following objectives: (1) To increase availability and use of HIV prevention information, commodities and services by adults and young people involved in transactional sex in selected urban centers and hotspots; (2) To increase access to and improve quality of HCT, STI care and counseling, care and treatment services by adults and young people involved in transactional sex in selected urban centers and hotspots; (3) To improve networking and capacity building for sustainable HIV prevention programming for adults and young people involved in transactional sex. Object 3 is a supportive and crosscutting objective to both Objective 1 and 2, and will contribute to changes in organizational practices and influencing the policy and legal environment.

The project covers seven major and emerging regions in the country such as Beneshangu-Gumiz, Gambella, Afar, Oromia, Somali, SNNP and Amhara.

The MARP Project addresses three cross-cutting areas: quality improvement of human resources, gender, and economic strengthening. In-service training of providers from public and other health facilities within the referral networks of our intervention areas will be further strengthened as a cross-cutting intervention.

As part of the M&E plan, the project will continue to gather existing information from various partners and data from the government HMIS, as well as conduct surveys as needed to generate project specific data to establish a baseline, track progress and evaluate process and outcome indicators. We will be tracking four PEPFAR and nine project objective specific non-PEPFAR indicators in our performance monitoring plan.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	253,260
Gender: Reducing Violence and Coercion	168,400
Human Resources for Health	257,053

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**12333**
Mechanism Name:	**Prevention for Most at Risk Populations in High-Prevalence Urban Areas**
Prime Partner Name:	**Engender Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	200,000	

Narrative:

The project will also work with government ministries and other partners to enhance engagement of men in scaling up utilization of HIV and related services, including PMTCT & STI, in public health facilities. This process will involve working in close collaboration with local government ministries to raise public awareness around gender and HIV prevention, care and support. The project will also work with the Association for Eradicating Harmful Traditional Practices (EGLDAM) to address harmful traditional gender norms fueling HIV transmission, such as early marriage, abduction, and female genital cutting and will host conferences, trainings, and campaigns to raise awareness. Gender-based violence and harmful traditional practices that aggravate gender inequities will be addressed.

In an attempt to enhance prevention of HIV among high risk groups of both traditional and non-traditional MARPs groups, the program will work with boys, men and communities. TA will be provided to local partners such as Hiwot-Ethiopia, the Association for Eradicating Harmful Traditional Practices (EGLDAM) and others to build their capacity to integrate male engagement strategies and activities in their HIV/AIDS prevention, care and treatment activities. Staff from MARPs partners will be trained to build their male

involvement skills on HIV/AIDS prevention; BCC materials promoting abstinence and faithfulness targeting men will be developed and distributed in project locations; supportive supervision will be provided to partners. Part of the expenses will be used to adapt and cascade the MAP curriculum including the Group Education Manual to protect young men and boys and their vulnerable partners. Condom use will be advocated among sexually active boys and men. The project will implemented in Addis Ababa, and North-Shoa zone as well as MARPS project sites in seven regions.
EngenderHealth will continue to collaborate with the MenEngage network on selected activities, such as awareness raising events like World AIDS Day. The project will reach media and introduce the network throughout the country to attract as many partners at national and regional levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,800,000	

Narrative:

The project will recruit and train 300 peer educators in community outreach activities, including invisible dramas and group education for high-risk groups and training for members of youth clubs. Three hundred bar owners will be sensitized to provide a supportive venue for peer educators.
Fourteen drop-in centers (DICs) will be established and include a minimum package of information, support and health services. Two hundred women will be selected and trained to form social support groups at the DICs, trained on livelihood skills and cooperative management, and be supported to transform into IGA groups. A market research exercise will determine small business options. Seed capital will be provided to established cooperatives.
Twenty-eight outreach workers will be trained on communication and referral of clients from the community to DICs and other services. Four hundred individuals will be trained to promote prevention through other behavior change beyond abstinence and/or being faithful. Quarterly review meetings for bar owners and peer educators will take place, and supportive supervision will be continuous.
One hundred providers at five health facilities will be trained on the COPE® approach, with special focus on addressing the HIV/STI prevention needs of MARPS, including management orientation, staff training, and supportive supervision. Research and service protocols will be developed/adapted for mobile HCT/STI services, and two mobile teams will be established. STI kits will be purchased locally and distributed to about 30 facilities.
Three "bottom-up" planning workshops will take place with regional and zonal/woreda health staff for sustainable HIV prevention programming for adults and young people engaged in transactional sex.
A BCC strategy will be designed jointly with other MARPs partners. Based on the strategy, MARPs-focused BCC messages will be developed for outreach activities, health worker trainings, and awareness-raising activities in the community and mass media.
Lessons learned from the Male Norms Initiative will be used to expand activities with local organizations

to address rural and urban MARPs youth, including condom distribution. TA will be given to MARPs partners and the government.

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				439,625		439,625
ICASS				1,127,341		1,127,341
Institutional Contractors				839,457		839,457
Management Meetings/Professional Developement				512,697		512,697
Non-ICASS Administrative Costs				2,250,000		2,250,000
Staff Program Travel				605,635		605,635
USG Renovation				80,000		80,000
USG Staff				7,900,948		7,900,948

Salaries and Benefits						
Total	**0**	**0**	**0**	**13,755,703**	**0**	**13,755,703**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		439,625
ICASS		GHCS (State)		1,127,341
Management Meetings/Professional Developement		GHCS (State)		512,697
Non-ICASS Administrative Costs		GHCS (State)		2,250,000
USG Renovation		GHCS (State)		80,000

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				30,000		30,000
Management Meetings/Professional Developement				20,000		20,000
Staff Program Travel				25,000		25,000
USG Staff Salaries and Benefits				97,000		97,000
Total	**0**	**0**	**0**	**172,000**	**0**	**172,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		30,000
Management Meetings/Professional Developement		GHCS (State)		20,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				576,900		576,900
Computers/IT Services				587,600		587,600
ICASS				750,000		750,000
Management Meetings/Professional Developement			133,600	983,800		1,117,400
Non-ICASS Administrative Costs			709,600	724,700		1,434,300
Staff Program Travel			231,900			231,900
USG Staff Salaries and Benefits			3,076,100	6,772,862		9,848,962
Total	**0**	**0**	**4,151,200**	**10,395,862**	**0**	**14,547,062**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		576,900
Computers/IT Services		GHCS (State)		587,600
ICASS		GHCS (State)		750,000
Management Meetings/Professional Developement		GAP		133,600
Management Meetings/Professional Developement		GHCS (State)		983,800
Non-ICASS Administrative Costs		GAP		709,600
Non-ICASS Administrative Costs		GHCS (State)		724,700

U.S. Department of State

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				1,200		1,200
ICASS				84,410		84,410
Management Meetings/Professional Developement				233,690		233,690
Non-ICASS Administrative Costs				19,500		19,500
Staff Program				80,500		80,500

Travel						
USG Staff Salaries and Benefits				75,000		75,000
Total	**0**	**0**	**0**	**494,300**	**0**	**494,300**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		1,200
ICASS		GHCS (State)		84,410
Management Meetings/Professional Developement		GHCS (State)		233,690
Non-ICASS Administrative Costs		GHCS (State)		19,500