Ethiopia

Operational Plan Report

FY 2012

Operating Unit Overview

OU Executive Summary

Executive Summary

Country Context

With a population of 82 million, Ethiopia is the second most populous country in Sub-Saharan Africa. Despite impressive economic growth, Ethiopia remains a low-income country with a real per capita income of US $351 and 39% of the population living below the international poverty line of $1.25/day. According to the UN Human Development Index, 2011, Ethiopia ranks 174 out of 187 countries on both the overall index and the per capita GNI (Gross National Income). It is also one of the least urbanized countries with 82% of the population living in rural areas. In 2010, Ethiopia launched a five-year Growth and Transformation Plan (GTP) which envisages an annual Gross Domestic Product (GDP) base growth case scenario of 11% and a high growth case scenario of 14.9%. Improving the quality of social services and infrastructure, ensuring macroeconomic stability, and enhancing productivity in agriculture and manufacturing are major objectives of the plan. The high growth rate has been offset by high inflation in recent years. Year-on-year inflation peaked at 64% in July 2008 - the second highest in Sub-Saharan Africa after Zimbabwe. As of December 2011, the year-on-year inflation rate remained high at 36%, driven by loose monetary policy and with it commodity price increases. The Government of Ethiopia (GOE) has taken several measures to combat rising prices, including importing wheat and edible oil and selling at subsidized prices through government corporations; however these measures have not been effective in the short-term in reducing prices. The Health Sector Development Plan IV (HSDPIV) and the Strategic Plan for Intensifying Multisectoral HIV and AIDS Response (SPMII) outline their contributions towards the GTP. In 2008, government expenditure on health was 9.1% of total country budget.

The HIV/AIDS epidemic in Ethiopia is characterized by a mixed epidemic with significant heterogeneity across geographic areas and population groups. The official single point estimate based on 2005 DHS and 2005 ANC surveillance data projects HIV prevalence at 2.4 in 2010 with marked regional differences. Urban ANC data from 2009 indicates ranges from 2.4% in the Somali region to 9.9%, 10.7% and 10.8% in the Amhara, Tigray and Afar regions respectively. Updated information will be available with the release of the 2011 DHS+ data in March 2012. Additionally, Ethiopia has one of the widest urban: rural differences in prevalence, with urban prevalence 8 times higher than rural (7.7% vs. 0.9%, respectively) and with transmission thought to be driven primarily by most at risk populations (MARPs). Small towns are considered to be hot spots potentially forming a bridge for the extension of infection into rural areas. Addis Ababa, Amhara, Oromia and SNNPR account for 93.4% of the total PLWHA population in the

country and with a high urban prevalence: 60% of PLWHA are living in cities/towns. The inflation mentioned above, increases household hardships and could set the stage for people to utilize higher risk livelihood coping strategies, especially in urban areas. Women face almost 50% higher risk of infection than men (2.8% and 1.8%, respectively). The single point estimate projected a total of 137,494 new HIV infections occurred in Ethiopia in 2011. Half would have happened in the Amhara and Oromia regions, while Addis Ababa would have contributed approximately 17% (23,000 new infections).

Limited data suggest that HIV transmission is high among MARPs, including a 2008 study in Amhara region that reported HIV prevalence ranging from 11% to 37% among the study population, which included female sex workers (FSW), long distance truck drivers, day laborers, and mobile merchants. The “contributions” of the various MARPs and other vulnerable populations to overall HIV incidence are not well known. There is an upcoming national survey on MARPS quantifying FSWs in regional capitols and major transit corridors and estimating HIV prevalence among FSWs and truck drivers which will add further information. Currently no HIV prevalence data is available among men who have sex with men (MSM), although there is an ongoing study; MSM are highly stigmatized. Of Ethiopia’s estimated 5.4 million orphans, 855,720 were orphaned due to AIDS. According to a 2010 Ministry of Labor and Social Affairs (MOLSA) report, approximately 150,000 children live on the streets, and 60,000 of these children live in the capital putting them at greater risk.

Promisingly, the latest ANC surveillance report (2009) indicates a steady decline in HIV prevalence among pregnant women attending ANC clinics. Between 2001 and 2009, prevalence in urban sites decreased from 14.3% to 5.3%; rural prevalence decreased from a high in 2003 at 4.1% to 1.9% in 2009. Prevalence among 15-24 years has also significantly declined from 12.4% in 2001 to 2.6% in 2009. Preliminary findings from the 2011 DHS indicate that HIV/AIDS awareness is universal. Knowledge about HIV prevention methods has increased from 2005, especially among women. Forty three percent of women in 2011 knew that HIV can be prevented by using condoms and limiting sexual partners, up from 35%; among men this increased from 57% in 2005 to 64% in 2011. Overall, 4% of men aged 15-49 reported that they had 2 or more partners in the past 12 months with men aged 40-49 eight times more likely than their younger counterparts aged 15-24 years to have had two or more partners. Less that 1% of women reported they had two or more partners in the preceding 12 months of the survey.

There have been other encouraging preliminary results from the 2011 DHS+ in comparison to figures from 2005. Child mortality decreased by 28% from 128 to 99 per 1,000 births and infant mortality from 77 to 59 deaths per 1,000. The total fertility rate (TFR) has declined from 5.4 births per women to 4.8 and modern contraceptive use among married women increased from 15% to 29%, although a quarter of married women still had an unmet need for family planning. These gains are not shown in maternal mortality ratio which remains at 676/100,000 births and neonatal mortality has also remained stagnant.

These latter results are not surprising when only 34% of women access antenatal care and only 10% of deliveries were attended by a health professional. There are severe cultural and social barriers impeding women from accessing antenatal care and seeking institutional delivery.

Gender based violence remains a pervasive social problem. The 2005 DHS reported 81% of women believed that their husbands had a right to beat their wives and societal abuse of young girls continues to be a problem. Harmful practices include FGM, early marriage, marriage by abduction, and food and work prohibitions. Forced sexual relationships accompany most marriages by abduction, and women often experience physical abuse during the abduction. Abductions lead to conflicts among families, communities, and ethnic groups. Female Genital Mutilation (FGM) remains widespread, with areas in Eastern Ethiopia where 60-80% of women underwent infibulations, although a 2008 review reported a 24% national reduction in FGM cases over the previous 10 years, due in part to a strong anti-FGM campaign and legislation. In urban areas, women have fewer employment opportunities than men, and the jobs available do not provide equal pay for equal work. Women's access to gainful employment, credit, and the opportunity to own and/or manage a business is further limited by their low level of education and training, and by traditional attitudes. Although there has been a marked increase in the number of girls attending school, dropout rates among girls are higher and many fewer girls reach tertiary educational facilities. Even for those reaching university, there is currently a 44% average dropout rate for females and 19% for men in the first and second years.

There has been a major expansion in the coverage of HIV/AIDS services. Facilities offering counseling and testing have more than quadrupled from 658 in 2005 to 2,309 in 2011. As a result of provider initiated counseling and testing (PICT) in health facilities and community mobilization, the number of people tested for HIV increased from 436,854 (2004/5) to 9.45 million (2010/11). The number of hospitals and health centers has increased fourfold from 645 in 2004 to 2,884 by 2009; over the same period the number of health posts increased almost five-fold. In 2003/2004 only 32 facilities offered PMTCT services; this has now reached 1,445. In 2005, only 3 facilities were offering ART; these services are now available in 743 facilities. From a baseline of 8,226 persons ever started on ART in 2005, 333,434 people had been started on ART by 2009 (62% of estimated need). As of September 2011, 247,805 people were currently on ART, the difference including patients that died, stopped treatment, and the 7% who are “true” lost to follow-up.

These encouraging results reflect the combined efforts of high-level GOE political commitment and a supportive donor community, including support from both the PEPFAR and the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) who together contribute almost 90% of total donor input to HIV. Although prevalence is lower than many other Sub-Saharan countries, there are still an estimated 1.2 million people living with HIV in Ethiopia, the fourth highest burden of PLWHA to care and treat in East

Africa, placing substantial demand on the country's already strained resources.

PEPFAR provides significant support for health systems strengthening (HSS), including implementation of Ethiopia's Pharmaceutical Logistics Master Plan, the Laboratory Master Plan, the Health Management Information Reform Scale-up, Public Health Emergency Management, Health Sector Financing Reform and Health Insurance, Hospital Reform Implementation Guidelines, and the Human Resource for Health (HRH) strategy. The private healthcare sector is nascent but growing and will be an important complement to the public arena particularly as the public sector allows private practice as a workforce retention strategy.

Significant challenges remain to addressing PMTCT and maternal mortality. Ethiopia has one of the highest rates of maternal mortality in the world at 676/100,000 live births. Over 90% of women in need of a caesarian section cannot access one; 19,000 women die from childbirth-related causes every year and an estimated 50,000 women experience obstetric fistula. Despite a three-fold increase in the number of sites providing PMTCT, over the past year 815,134 women attending antenatal care were tested for HIV but out of an estimated 64,000 HIV positive pregnant women in the country, only 10,302 (16%) women received antiretrovirals to decrease mother to child transmission. The main reason for this is limited uptake and access to quality ANC and maternity services. An assessment of Emergency Obstetric and Neonatal Care standards (EmONC) showed 11% of health facilities met standards. In August 2011, the GOE adopted Option A of the new WHO guidelines on PMTCT and in January 2012 the GOE published its Accelerated Plan for scaling up PMTCT Services in Ethiopia. This emergency approach is intended to rapidly increase service provision sites, improve quality of services and increase utilization so as to reach the ambitious goals set in the HSDP IV of providing ARVs for PMTCT to 80% of eligible pregnant women by 2015.

Specific objectives of this Plan are:

- Develop and implement a one-year focused plan with emergency approaches for rapid expansion of MNCH/ PMTCT services;
- Follow the implementation of the accelerated plan using an enhanced monitoring framework that complements the routine monitoring system;
- Improve service integration and decrease the drop-out rate of HIV positive pregnant women who access care;
- Ensure continuum of care from community to health facilities and improve referral modalities; and,
- Enhance local data utilization for decision making and ensure sustainability of the momentum to be created by the accelerated plan.

To strengthen this Plan, the GOE has mobilized a grass roots “Health Development Army” that will focus on demand creation.

PEPFAR Focus in 2012

COP 2012 embodies a number of overarching principles. COP 2012 programs and activities support the GOE HSDPIV and SPMII and have been incorporated in the draft GHI Implementation Plan, of which COP 2012 and subsequent HIV/AIDS focused activities form a subset of the overall plan. Ethiopia’s GHI Strategic framework includes three pillars and combines all USG assets for: Improving access to health care services; Increasing demand for services; and Strengthening the health systems - all of which will increase utilization of quality health services, decrease maternal, neonatal and child mortality, and reduce incidence of communicable diseases.

Under the umbrella of GHI, there have been increased efforts to define and maximize synergies across USG funding streams especially areas around improving maternal heath and health workforce development. Further efforts have been made to streamline the various HIV/AIDS programs and focus on the most strategic interventions for maximum results. This includes developing/strengthening the institutionalization of a culture for quality improvement. As part of this, there is an increased attention to building on the available evidence base which, although somewhat limited at present, will improve because of a number of important surveys and studies which are either in progress or planned within COP 2012. These include the DHS+ 2011 results which will be released in March 2012, ongoing national studies on MARPs populations including FSWs and MSM, costing studies and modeling studies on the effects of relative investments on maternal mortality. The GOE also has carried out an ART costing study and an ART/PMTCT study to examine the effectiveness of interventions.

Gender-related barriers prevent women and men from accessing HIV prevention, treatment and care. In COP 2012, in addition to strengthening HIV/AIDS prevention, care and support programs, PEPFAR will continue mainstreaming gender into all programming at national, regional, sub-regional and grassroots levels, specifically addressing five strategic, cross-cutting areas: 1) reducing violence and coercion, 2) addressing male norms and behaviors, 3) increasing women’s legal rights and protection, 4) increasing women’s access to income and productive resources, and 5) increasing gender equity in HIV/AIDS activities and services. The following gender-related activities will be priority areas for PEPFAR in COP 2012: building the capacity of local NGOs to mitigate gender-based violence and better empower women, expanding and strengthening mothers’ support groups, productive skills training, viable income generation activities, advocating against harmful male norms, and establishing gender focal points (GFP) by all partners.

Early COP 2012 planning and preparation included interagency discussion on program realignment and identification of comparative strengths or “lead” by each USG Agency. “Lead” is interpreted as coordinating a USG process that could still involve multiple agencies in implementation where it makes sense, avoiding duplication of ongoing activities and honoring the principles of country ownership. Major changes were made to the care and treatment portfolio through which current HHS/CDC care and treatment partners additionally took on health center support for Oromiya, Addis Ababa and SNNP. The existing arrangement in Amhara and Tigray between a HHS/CDC partner at hospital level and USAID partner at health center level remained, as did the ongoing arrangement with one HHS/CDC partner in all emerging regions. During COP 2012 there will be an external, independent assessment to determine which model of care and treatment is most affective. Similar to other areas within the PEPFAR program, the Ethiopia team has identified areas of consolidation for prevention programs building on agency comparative advantages. In this respect, USAID will take the lead in behavioral and structural interventions. HHS/CDC will take the lead in biomedical prevention efforts and implementation science. Starting immediately and continuing during COP 2012, and further informed by an interagency evaluation to identify any areas of duplication or gaps within the current prevention portfolio, the in-country team, also in consultation with the GOE, will identify the ways that activities can be realigned to strengthen the prevention portfolio. Further assessment will also examine other parts of the portfolio in which realignment has not been finalized.

The following outline the main programmatic components of COP 2012:

a) Prevention:

- The foundation of the prevention portfolio is evidence-based combination prevention activities;
- In line with the complex epidemiology of the HIV/AIDS epidemic in Ethiopia, sexual prevention activities have an increasing focus on combination sexual prevention addressing urban centers, transport corridors and hot spots, with emphasis on MARPs;
- Selected prevention efforts addressing general population and school based programs are in the process of a gradual transiting to the GOE;
- Targeted support for counselling and testing and ongoing technical assistance to ensure maximum coverage of PICT in clinical settings;
- In line with the Ethiopia GHI strategy and enormous country need, there is increased investment for improving the safe blood supply and supporting a national blood transfusion service;
- Procurement of condoms, drugs for STIs, contribution towards the country’s need for infection materials;
- In line with the epidemiology of the epidemic, male circumcision activities are minimal and focused in Gambela region and within the uniformed services;
- Incorporating treatment as prevention wherever feasible (eg FSWs); and,
- Ongoing advocacy with the GOE to adopt the new WHO adult treatment guidelines (CD4 cut off

<350) and support for implementation.

b) PMTCT

- Support for the GOE's Accelerated Plan towards the Elimination of MTCT, including the rollout of the 2010 WHO guidelines;
- Although the GOE is taking the lead in community mobilization through the "Health Development Army" PEPFAR will continue to support efforts to increase demand for ANC and PMTCT services and promote better integration of services at facilities;
- A major focus on continuous quality improvement to decrease fall off along the PMTCT cascade, including better tracking of mother-infant pairs post-delivery and ensuring that family planning services are available in facilities providing ART;
- Barriers to improving maternal health have been cultural practices, the lack of basic services at health facilities and a weak supply chain (e.g. water, electricity, essential infection prevention supplies, lab reagents). PEPFAR support will focus on infrastructure improvements at high volume sites and supplies of essential equipment. In doing so it will collaborate with other major partners such as UNICEF;
- Major gaps in the health workforce especially midwives and Emergency Surgical Officers are directly supported, while leveraging bilateral USG health funding for midwifery training and complementary central funds through NEPI for strengthening the quality of midwifery training; and
- In order to better capture the impact of these concerted efforts, PEPFAR will work with the MOH to better measure PMTCT indicators within the HMIS and respond to bottlenecks that are identified.

c) Care and Support

- Earlier diagnosis of HIV positive people and strengthened linkage into care and treatment;
- Family centered approach with effort to increase couples counseling and testing;
- Strengthened integration with other key services (e.g. immunization, family planning, ANC);
- Strengthened continuum of care

o Maintaining patients in pre-ART through utilization of case managers at facilities and linkages with community support programs

o Screening for OIs and TB, cotrimoxazole prophylaxis

o Nutritional support both as therapeutic feeding for BMI <18.5 and supplementary feeding to those that are eligible

o Basic preventive package (water guard, deworming, condoms, ITNs when required)

o Cervical cancer screening

- High lost-to-follow-up among pre-ART patients will be addressed by focusing on effective retention models and networks at the facility and community level.
- Tuberculosis

o Aggressive pursuit of implementing the three "I's"

o Strengthened support for DOTS
o Ongoing support for imported laboratory diagnosis
o Support for MDR-TB in terms of MDR wards, improved diagnosis, care and technical assistance to promote quality treatment
o Working towards improved alignment of bilateral and PEPFAR funded TB programs
• Pediatric care and support including strengthening EID, task shifting and increasing demand and retention in care;
• OVC
o Roll out of OVC guidelines
o Strengthened community structures for OVCs
o Support for access to key services – education, shelter, psychosocial etc
o Support to GOE in development of the social welfare system
o Roll out of community information system.
• Leveraging of services with USAID bilateral development programs.

d) Treatment

The treatment portfolio reflects the realignment within the care and treatment program as described above.

• Continued TA in support of quality antiretroviral treatment focusing on effective regimens, good adherence, PwP, appropriate laboratory monitoring;
• Working with RHBs and support hospitals to provide outreach mentoring to health centers within their catchment areas;
• Ongoing advocacy with the GOE to adopt the new WHO adult treatment guidelines (CD4 cut off <350) and support for implementation;
• Laboratory support at national and regional levels, as well as at facility level in terms of:
o Support for the National Laboratory Master Plan including integration of national quality assured network of tiered lab services;
o Direct support to the Ethiopian Health and Nutrition Institute Referral laboratory and regional laboratories, including construction, equipment, improved laboratory diagnostics, lab reagents;
o Expansion of internal and external quality assurance programs;
o Introduction of Point of Care CD4 to enhance PMTCT and for ART as prevention in FSW clinics.
o Support for laboratory accreditation;
• Focus on increasing the number of children accessing treatment.

e) Health Systems Strengthening

• Leadership, governance and capacity building
o Direct support through twinning arrangements or secondments providing key technical and

managerial staff both at the Federal Ministry of Health (FMOH) and Regional Health Bureau (RHB) levels and complementing faculty at local universities;

o Support and training in leadership, planning, coordination and management for RHBs, Regional HIV/AIDS Prevention and Control Office (RHAPCOs) and non-health political leadership, including Parliamentarians;

o Support for the private sector, including civil society, promoting an enabling environment to support their participation;

o Strengthening of local professional associations;

o Support to Food, Medicine, Healthcare and Control Authority (FMHACA) in service standardization, licensing and certification of health professionals and accreditation of facilities;

• Health workforce development is a major focus for COP 2012. Highlights of support include:

o Pre-service and postgraduate training of key health cadres – midwives, health officers, MDs, anesthesia professionals, laboratory technicians, urban health extension workers, health information technicians, Field Epidemiology and Laboratory Training Program, (FELTP), Masters in Health Administration, biomedical engineering, monitoring and evaluation, biostatistics and informatics and a broad range of community health and para-social workers;

o USG support for pre-service training is complemented by the centrally funded MEPI (see below);

o Support for the new Medical Education Initiative;

o E-learning opportunities and CME;

o Support for FMHACA to develop legal and regulatory frameworks for licensing and certification of health professionals and accreditation of facilities.

• Strategic Information

o Ongoing support for implementation and systems development of HMIS and CMIS and use of data for decision making;

o Surveys, surveillance and studies: ANC surveillance, TB/HIV sentinel surveillance, Demographic surveillance site, DHS, MARPs and MSM studies, TB resistance survey, etc..;

• Supply Chain and Logistics

o Support for National Pharmaceutical Logistics Master Plan;

o Leveraging PEPFAR, bilateral and other donor funding to support entire logistics cycle;

o Construction of hub warehouses, provision of vehicles, cold rooms and other essential equipment.

• Health Efficiency & Finance

o Costing of SPMII and other costing studies including HIV/AIDS Program Sustainability Analysis Tool (HAPSAT);

o Bank loan guarantees through the Development Credit Authority to support increased investments within the private health sector;

o Health care financing reform, leveraged with bilateral resources.

- Infrastructure Support
  - Construction, renovation of high volume OPD hospital sites and regional laboratories;
  - Construction/renovation of health centers in areas with higher HIV prevalence to improve quality of services and increase demand and use

PF/PFIP Monitoring

The Partnership Framework was signed in October 2010. In May 2011, the PEPFAR Team proposed to the Ministry of Health (MOH) to develop an integrated Global Health Initiative Plan encompassing all health programs of the USG. The original idea was to use this GHI plan as a springboard for the PFIP, but as protracted discussions around the plan continued, the PFIP, which was to be extracted from this plan was delayed. The GHI Implementation Plan is almost completed and therefore it is envisaged that the PFIP can likely be completed by July 2012.

Country Ownership Assessment

COP 2012 builds upon a series of key GOE strategic plans spanning the next five years: the Growth and Transformation Plan, 4th HSDP IV and 2nd SPM II response. This foundation of key strategic documents provides a good platform for the USG program further amplified by the designation of Ethiopia as a GHI Plus country and the signing of a Partnership Framework. These generate positive momentum towards country ownership and leadership and provide opportunities by which the USG can clearly identify a role in support of these development initiatives.

Under the leadership of Chief of Mission, the Ethiopia team embarked on a process of developing a GHI Implementation Plan which captures the broad USG investment in the health sector in Ethiopia and to create a plan that is better understood and owned by the GOE. The Ambassador and the Minister of Health with senior members from both teams have held more or less regular meetings over the past year. A high-level Steering Committee to develop the GHI Implementation Plan, reporting back to the Ministerial/Ambassadorial meeting, was established and chaired by the State Minister and three subcommittees were formed: HIV and Infectious Diseases; Maternal, Reproductive and Child Health; and Health Systems Strengthening. These sub-committees were the main forums for discussions. This participatory process started in May 2011 and there have been extensive discussions among a broad number of USG and MOH staff. The GOE defined their priorities, under the rubric of the HSDPIV, which were then reviewed by the USG team. The process has not been optimal because it was difficult for many of the GOE staff to understand that there were no additional resources available as we drew up the GHI Plan. The GHI Plan is now almost final. It includes activities undertaken by the GOE, through PEPFAR funding as well as bilateral USAID funding. It also captures other donor involvement, especially the Global Fund.

As regards collaboration with the GOE specifically on PEPFAR, the main government interlocutor is the Federal HIV/AIDS Prevention Office who convenes bi-monthly meetings between FHAPCO, MOH, PFSA, ENHRI and the PEPFAR team. These meetings serve as a venue for exchange of information, including progress and working towards improved harmonization with the Global Fund. Much of the agenda falls under how PEPFAR supports the SPMII, involvement in joint studies and joint supervision visits. The USG was closely involved in the external Joint Assessment of National Strategies (JANS) providing not only active participation on the Joint Organizing Committee but also in the supply of two external consultants. The PEPFAR team plays an active role in bi-annual FHAPCO organized program reviews. FHAPCO, through the committee as described above, has been consulted and has provided feedback on the COP 2012 submission, including technical narratives, implementing mechanisms and targets.

There is a Donor Forum for HIV/AIDS attended by the major multilateral and bilateral donors including GFATM, which is currently co-chaired by HHS/CDC and UNAIDS. This forum provides opportunities to learn about other donor support for programs and discuss areas of mutual concern. This forum interacts with the HPN Donor Forum.

Political commitment and vision and the platforms described above provide a good basis for country ownership and partnership. The USG, however, has continued to advocate with the GOE, who are highly focused on equity of services, for more targeted programming for maximum impact which takes into account the epidemiological profile of the HIV epidemic in this country. A number of the HHS/CDC Co-Ags are directly with government entities or local universities and civil society; preliminary discussions have identified further areas that can be gradually transitioned to the government and partners are being requested to define clear transition plans. There is clear government commitment to addressing HIV/AIDS and strengthening the health sector, but somewhat weaker GOE support for the roles of civil society and the private sector with barriers under the new Civil Society Law for more active engagement by NGOs.

Central Initiatives

Medical Education Partnership Initiative (MEPI)

Addis Ababa University (AAU) is the Principal investigator for the Ethiopia MEPI program which focuses on improving the quality of medical education, improved faculty retention and enhanced research and bioethics capacity. AAU works with three other local universities – Hawassa, Haromaya and the Defense College -with sub-partner relationships with four US universities: Johns Hopkins, Emory, Wisconsin and University of California San Diego. There was delay in the start of Year 1 activities but there has been excellent progress since then:

- The MEPI office was established and staffed at AAU;

- There are increased number of physicians involved in student teaching which has helped decrease student class size and extra load supplemental payment for academic staff, enhanced IT infrastructure, and increased availability of learning and resources;
- Renovation of the Zeway community learning center has started;
- Training of academic staff on effective teaching and research methodologies and the establishment of a clinical educator track and mentorship in career development including a curriculum for a Masters in Medical education;
- Enhancement of research and bio-ethics capacity through training in IRB, research, methodology; revival of the Clinical Epidemiology Unit and liaison with the New Medical Education Initiative;
- There was promotion of advanced training relevant to PEPFAR goals such as family medicine, internal medicine, infectious disease, obstetrics and gynecology.

NEPI

Progress has been slower in getting identified activities' started under NEPI. Midwifery schools have yet to be identified and key activities defined. Recent discussions have led to a new momentum and a stronger sense of the collaborative nature of the GOE and USG supported partners. The focus under COP 2012 will be to identify the midwifery schools that will benefit from increased support from NEPI focusing on improved quality of training and inputs to achieve this (e.g. simulation labs, books equipment etc).

Gender Challenge Fund

The Gender Challenge Fund in Ethiopia has experienced major challenges with identifying a lead partner to undertake a fairly innovative activity. There is limited expertise in the project area of supporting orphans and vulnerable children to improve their capacity in mental health diagnosis and identifying appropriate interventions and referrals. This has finally been resolved through a buy-in to a centrally funded project: The Operations Research and Evaluation Task Order: HIV/AIDS Treatment, Care and Support and PMTCT led by Population Council. The focus of this activity will be in assessing and developing a locally validated mental health tool to assess symptoms, functioning, and HIV-related indicators that can be used to more efficiently and effectively triage children into appropriate services, feed information on the prevalence and severity of mental health/psychosocial problems and provide appropriate staff training.

PHEs

Ethiopia has one ongoing PHE: Monitoring Treatment Outcomes in HIV-Infected Children in Ethiopia: Comparison between Clinical and Immunological versus Viral load Monitoring. In order to fulfill a rigorous scientific study, the sample size requires this be undertaken as a multi-country effort. The investigators are currently revising the protocol and the study is expected to start in 3-4 countries in November 2012

lasting for about 1 year.

Footnotes:
1. Based on the 2007 National Census (Central Statistical Agency) and extrapolated to include a 2.6% annual population growth rate.
2. National 5 Year Growth Transformation Plan, Federal Ministry of Finance & Economic Development, August 2010
3. UN country level statistics, Federal HIV/AIDS Prevention && Control Office, Federal Ministry of Health.
4. Strategic Plan for Intensifying Multisectoral HIV and AIDS Response in Ethiopia (SPM II) 2010-2014.
5. Antenatal Care Sentinel HIV Surveillance Ministry of Health Federal Democratic Republic of Ethiopia 2011
6. Ethiopia Demographic & Health Survey 2011– Preliminary Report, Ethiopian Central Statistic Agency, MEASURE
7. Prevention and eradication of FGM and HTP. Lexow, Beggrav, Taralsen. NORAD Collected Review 38/2008\
8. Mutlisectoral HIV/AIDS Response M&E report 2010/2011 FHAPCO
9. Strategic Plan for Intensifying Multisectoral HIV and AIDS Response in Ethiopia (SPM II) 2010-2014.
10. Preliminary results of National Emergency Obstetric & newborn Baseline Assessment, 2009, FMOH, UNICEF, UNFPA, WHO, AMDD.
11. Three I's for HIV/TB to reduce the burden of TB among people living with HIV: (a) Intensified TB case finding; Isoniazid preventive therapy, and Infection control for TB.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV					2010	Ethiopian Single point Prevalence Estimate for 2010 published in 2007. We

						subtract HIV+ Children from the total HIV+ population. Demographic and Health survey 2011 will provide new estimates for parameters.
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.	02	2010	Ethiopian Single point Prevalence Estimate 2007. To calculate adult 15+ we subtract HIV+ Children Population from the total HIV+ population.
Children 0-14 living with HIV					2010	Ethiopian Single point Prevalence Estimate for 2010 published in 2007.
Deaths due to HIV/AIDS					2010	Ethiopian Single point Prevalence Estimate for 2010 published in 2007.
Estimated new HIV infections among adults					2010	Ethiopian Single point Prevalence Estimate for 2010 published in 2007.
Estimated new HIV infections among					2010	Ethiopian Single point Prevalence

adults and children						Estimate for 2010 published in 2007.
Estimated number of pregnant women in the last 12 months	3,132,000	2009	State of the World's Children 2011, UNICEF.	2,757,961	2011	Ethiopian 2007 Census published in 2009 and DHS 2011 preliminary report.
Estimated number of pregnant women living with HIV needing ART for PMTCT					2011	Ethiopian Antenatal Care sentinel Surveillance done 2009 and Published 2011.
Number of people living with HIV/AIDS	585,000	2009	UNAIDS Report on the global AIDS Epidemic 2010. This is a mid-point estimate calculated based on the range provided in the report.	1,216,908	2010	Ethiopian Single point Prevalence Estimate for 2010 published in 2007.
Orphans 0-17 due to HIV/AIDS					2010	Ethiopian Single point Prevalence Estimate for 2010 published in 2007.
The estimated number of adults and children with advanced HIV infection (in need of ART)					2010	Ethiopian Single point Prevalence Estimate for 2010 published in 2007.

Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	Reduce national HIV incidence by 50%		
1.1	To increase HIV comprehensive knowledge among adult population aged 15-49 from 22.6% in 2005 to 80% by 2014.		
1.2	By 2014, increased percentage of MARPs are reached with HIV intervention programs.		
1.3	By 2014, the percentage of young people aged 15-24 who use condoms consistently while having sex with non-regular partners should increase from < 50% (2005) to 80%.		
1.4	By 2014, 85% of HIV positive pregnant women and their infants receive complete ARV prophylaxis or treatment		
1.5	A cumulative total of 42 million people counseled and tested for HIV by 2014.		
1.6	Reduce percentage of young people aged 15-19 with sexual debut < 15 years from 8.4% in 2005 to 1.7%; 11.1% to 2.2% in females and male from 1.7% to 0.34% by 2014.		
1.7	Increase availability of biomedical prevention measures: a) Universal precautions employed in all health facilities by 2014 b) Ensure safe blood supplies are		

	available throughout the country at hospital level c)Accelerate access to male circumcision		
2	Reduce morbidity and mortality and improve the quality of life for PLHIV by expanding access to quality care, treatment and support		
2.1	By 2014, 12-month survival among those receiving treatment is increased from 73% to 80%.		
2.2	Increase ART enrolment from 73% to 95% of those eligible by 2014.		
2.3	An increased number of individuals in all age groups access a continuum of quality comprehensive clinical HIV/AIDS care and treatment services, including TB/HIV by 2014.		
2.4	Increase care and support to needy PLHIV from 20% in 2008 to 50% by 2014		
2.5	Increase care and support to needy OVC from 30% in 2008 to 50% by 2014		
3	Health systems necessary for universal access are functional by 2014		
3.1	Increased availability of trained human resources for health to support accelerated scale up of comprehensive HIV/AIDS programs by 2014.		
3.2	The health network model is improved by increased operational capacity at all levels—national, regional, zonal, woreda, facility and community by 2014.		
3.3	Planning at all levels is evidence based		
3.4	Health management information systems (HMIS) are functional throughout all		

	regions by 2014.		
3.5	Additional sources of strategic information provide timely inputs to evidence based planning for HIV/AIDS programs by 2014.		
3.6	Expanded social and community health insurance schemes and improved utilization of user-fee revenue		
3.7	Primary health care infrastructure improved to support universal access to quality services by 2014		
3.8	Chronic care sites covered with basic laboratory services by 2014.		
3.9	Supply chain system in place ensuring consistent availability of essential HIV –related drugs and commodities by 2014.		
4	Multisectoral response in place to prevent the spread of HIV and mitigate its impacts.		
4.1	Ensure sustained commitment of leadership at all levels to take HIV/AIDS as strategic development issue and to enforce accountability		
4.2	HIV programs are integrated into other sectoral budgets, work plans and review mechanisms by 2014.		
4.3	Increased participation of civil society in the national response by 2014.		
4.4	Increased participation of the private sector in the national response by 2014.		

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

In what way does the USG participate in the CCM?

Voting Member

What has been the frequency of contact between the Global Fund Secretariat (Fund Portfolio Manager or other Geneva-based staff) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.
7+ times

What has been the frequency of contact between the Local Fund Agent (LFA) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.
1-3 times

Has the USG or is the USG planning to provide support for Round 11 proposal development? Support could include staff time, a financial contribution, or technical assistance through USG-funded project.
Yes

In any or all of the following diseases?
Round 11 Malaria

Are any existing HIV grants approaching the end of their Phase 1, Phase 2, or RCC agreement in the coming 12 months?
Yes

If Yes, please indicate which round and how the end of this grant may impact USG programming. Also describe any actions the USG, with country counterparts, is taking to enable continuation of any successful programming financed through these grants.
RCC Phase 2 application was submitted in December 2011; response pending.

In your country, what are the 2-3 primary challenges facing the Global Fund grant implementation and performance (for example, poor grant performance, procurement system issues, CCM governance/oversight issues, etc)? Are you planning to address those challenges through any activities listed in this COP?
Redacted

Did you receive funds for the Country Collaboration Initiative this year?
No

Is there currently any joint planning with the Global Fund?
Yes

If Yes, please describe how the joint planning takes place (formal/informal settings; the forums where it takes place (CCM?); timing of when it takes place (during proposal development, grant negotiation, COP development, etc.); and participants/stakeholders). Also describe if this joint planning works well and its effects (has it resulted in changes in PEPFAR programming, better anticipation of stock-outs and/or TA needs, better communication with PR, etc.)
Redacted

Has the USG stepped in to prevent either treatment or service disruptions in Global Fund financed programs in the last year either during or at the end of a grant? Such assistance can take the form of providing pharmaceuticals, ensuring staff salaries are paid, using USG partners to ensure continuity of treatment, , or any other activity to prevent treatment or service disruption.

Public-Private Partnership(s)

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
	Strengthening Pre-service medical and health science school trainings through Information and Communication Technology	14209:Strengthening Human Resources for Health				This is not functional in Ethiopia.
	Income generating project for PLWHA through MOU between SC USA- Pepsi Cola Ethiopia	7530:Save the Children TransACTION Project	Pepsi-Cola Ethiopia	0	0	Collaborative program between USAID-TransACTION and PEPSI/ Ethiopia to create

	Plc.					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
2011 APR	Advance Project	14208:Expanding Public Private Partnerships	YMCA	0	0	This project has ended.
2011 APR	Private Public Partnership	13930:Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory	Becton Dickinson	0	0	Ethiopia was one of the eight countries earmarked when the PPP was signed between PEPFAR and

		Activities in the FDRE				Becton Dickinson (BD). Since then, BD has worked closely with PEPFAR Ethiopia and the Ethiopian Public Health and Nutrition Research Institute (EHNRI) to successfully pilot an integrated specimen referral system. BD provides triple package standard transportation containers and trains laboratory personnel and Ethiopian Postal Service workers in lab safety, sample transportation and sample packaging. They also support EHNRI's database for the national lab program (sample referral tracking,

						and external quality assurance). Based on pilot success, in COP 2013 the BD PPP will expand to strengthening sample referral networks in Oromia, SNNPR, Amhara, Tigray and Addis Ababa, and will include other specimen types.
2011 APR	PEPFAR -Ethiopia-DCA loan portifolio Gurantee			0	0	Health facilities have limited access 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.
2011 APR	Wellness Centers		Becton Dickinson, International Council of Nurses (ICN)	0	0	The PPP between the Ethiopian Nurses Association (ENA), the International Council of Nurses, PEPFAR HRSA and Becton Dickinson will establish a Wellness Center for health care workers (HCWs) in Ethiopia to provide health care services for HCWs and their immediate families. This project will be coordinated by the PEPFAR

						Coordination Office by the PPP Advisor. For FY2013 efforts will focus on foundational activities to help partners define an effective, sustainable solution to support HCWs. This will entail a baseline Organizational Assessment of ENA; technical assistance (TA) to ENA to complete a HCW Needs Assessment; TA to ENA to develop a comprehensive wellness services operating and strategic plan; and a detailed implementation & management plan, staffing model and sustainability plan. These foundational

						efforts will be leveraged to obtain support from the Federal Ministry of Health, which is required to secure wellness center location(s) and medical staffing.

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
N/A	Addis Ababa AIDS Mortality surveillance	HIV-mortality surveillance	General Population	Implementation	N/A
N/A	ANC Sentinel Surveillance - 2012 round	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Implementation	N/A
N/A	ANC sentinel surveillance-2009 round	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Implementation	N/A
N/A	Assessment of genital infections among female commercial sex workers visiting confidential clinics and women attending family planning clinics in Addis Ababa, Ethiopia	Other	Other	Development	N/A
N/A	Baseline TB, HIV & STI Prevalence Survey Among Inmates in Kality Federal	Evaluation	Other	Other	N/A

	Prison Administration				
N/A	Behavioral and Biological Surveillance of Secondary School Students in Amhara Region, Ethiopia	Other	Youth	Implementation	N/A
N/A	Ethiopian Demographic Surveillance Survey	HIV-mortality surveillance	General Population	Implementation	N/A
N/A	HIV Drug Resistance Early Warning Indicator Survey	HIV Drug Resistance	Other	Implementation	N/A
N/A	National MARPs, behavioral and biological survey	Population-based Behavioral Surveys	Female Commercial Sex Workers, Other	Other	N/A
N/A	National survey on Men having sex with Men (MSM)	Behavioral Surveillance among MARPS	Men who have Sex with Men	Data Review	N/A
N/A	Second Round National Anit-TB Drug Resistance Surveillance (DST)	Other	Other	Implementation	N/A
N/A	Urethris pathogen and antimicrobial susceptibilities of gonococcal isolates obtained from men presenting with urethral discharge in Addis Ababa, Ethiopia	Other	Other	Implementation	N/A

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHP-State	GAP	GHP-State	GHP-USAID	
DOD			597,951		**597,951**
HHS/CDC		3,863,000	82,369,993		**86,232,993**
HHS/HRSA			14,347,676		**14,347,676**
PC			2,200,000		**2,200,000**
State			450,000		**450,000**
State/AF			15,020,000		**15,020,000**
State/PRM			2,607,540		**2,607,540**
USAID			63,646,827		**63,646,827**
Total	**0**	**3,863,000**	**181,239,987**	**0**	**185,102,987**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	DOD	HHS/CDC	HHS/HRSA	PC	State/AF	State/PRM	USAID	AllOther	
CIRC	180,000	592,215				70,000	7,986		**850,201**
HBHC	0	3,492,441	326,380	316,100		209,674	7,734,467		**12,079,062**
HKID				316,100		425,000	9,413,716		**10,154,816**
HLAB		5,546,703	924,000				1,288,542		**7,759,245**
HMBL	0	3,214,462	130,000				7,986		**3,352,448**
HMIN	0	482,059	61,694			79,009	4,169,160		**4,791,922**
HTXD							14,789		**14,789**
HTXS	0	20,372,712	4,800,000		14,670,000	75,146	9,388,074		**49,305,932**
HVAB	38,800	762,628		790,250		166,636	844,630		**2,602,944**
HVCT		4,602,667	450,000			340,000	291,121		**5,683,788**
HVMS		7,096,988		619,500			1,091,029	400,782	**9,208,299**

HVOP	360,000	6,926,274	155,100			818,275	6,303,605		**14,563,254**
HVSI	0	12,564,043	200,000			98,800	1,343,642		**14,206,485**
HVTB		3,518,621	450,000	31,610			1,322,862		**5,323,093**
IDUP							14,226		**14,226**
MTCT		5,895,140	1,200,000	63,220		325,000	3,723,942		**11,207,302**
OHSS	19,151	7,298,458	4,413,334	63,220	350,000		16,092,091	49,218	**28,285,472**
PDCS		893,377	236,800				422,448		**1,552,625**
PDTX		2,974,205	1,000,368				172,511		**4,147,084**
	597,951	**86,232,993**	**14,347,676**	**2,200,000**	**15,020,000**	**2,607,540**	**63,646,827**	**450,000**	**185,102,987**

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	12,079,062	0
HKID	10,154,816	0
HVTB	5,323,093	0
PDCS	1,552,625	0
Total Technical Area Planned Funding:	**29,109,596**	**0**

Summary:
Despite impressive gains in containing the HIV epidemic in Ethiopia, there are still over 1 million people living with HIV in Ethiopia. The 2011 TB prevalence survey indicated lower smear positive TB (108/100,000) than the most recent WHO estimates of 284/100,000 and a prevalence of bacteriologically confirmed TB cases of 277/100,000, with an estimated 15% of the TB patients also co-infected with HIV. Prevention and control of TB has continued creating additional challenges and burdens to addressing care and support issues for people living with HIV and both diseases place substantial demands on the country's already strained resources. The USG supports over 1.1 million people in care, of which about half are OVCs. There remain difficulties in getting and retaining people earlier into care. Of the 1.1 million supported through PEPFAR, 378,188 receive at least one clinical care service.

Further challenges are seen with getting children into care and treatment programs in 2011 with an estimated 78,000 children under the age of 15 years thought to be HIV+, of which 27,756 only ever enrolled in care services. The retention rate for pre-ART children has not been established. Of the 5.5 million orphans living in Ethiopia, more than 800,000 children under 18 have lost at least one parent to AIDS. Care for orphans falls primarily on extended family or the community, yet extended family often lack the capacity to care for these children. OVCs often face stigma and discrimination; the additional stigma and discrimination associated with orphans whose parents have died of HIV only increase hardships faced by these children that include lack of educational opportunities and lack of job opportunities, leading to a proportion of these children forced to live on the street.

Major Accomplishments: Increasing access to antiretroviral treatment has led to a dramatic decrease in mortality and in those requiring palliative care through home based care services. Care and support services have also greatly improved with better coordination as a result of support to multidisciplinary team (MDTs) functionality at health facilities and HIV/AIDS committees in the regions. These have contributed to addressing gaps in intra- and inter-facility and community referrals and linkages. Case managers, many of whom are also people living with HIV, have continued to play a significant role in linking up health facilities with communities and retention of patients in care and have also improved adherence counseling. Several facilities are now actively tracing pre-ART clients.

The expansion of services to new facilities has continued. In the last year, USG completed construction of

2 regional laboratories with several others in process, construction/renovation of several high volume hospital OPDs and health centers and renovation of 2 MDR TB wards. More than 300 additional sites are now providing Early Infant Diagnosis (EID) services compared to two years ago. Through Ethiopia's well-established postal system, all EID sites are currently linked to seven regional laboratories for DNA-PCR tests. Clinical mentors are also providing support for the transportation of DBS to regional labs. Provider initiated testing and counseling (PITC) is now a universal practice in all USG-supported sites. As of September 2011, 27,756 children living with HIV/AIDS had received a minimum of one clinical care. OVC activities are reaching over 500,000 of the most vulnerable children in the country. Strong linkages with the basic education and Food for Peace programs are providing a more comprehensive package to OVC.

In the past, the USG supported the implementation of TB/HIV activities at 759 public health facilities and 140 private facilities. USG supported the MDR-TB treatment pilot program at selected referral Hospitals in Addis Ababa and Gondar. Meeting TB targets has been a recurrent problem but it is now thought that this may have been due to the unrealistic estimate of TB prevalence in Ethiopia, although there is still a need to improve data collection.

The USG will continue its partnership with the FMOH and support its endeavor in achieving global targets in TB control. Effort to improve access to TB and TB/HIV care will continue through improving facility level TB/HIV care, strengthening PPPs, integrating TB/HIV service with the health extension program and strengthening referral network at all levels. In 2012, the USG will also support TB lab capacity strengthening and the scale up of programmatic management of MDR-TB in the regions.

Summary of COP2012 Key Priorities & Major Goals

Adult Care and Support
The entry point for HIV care and support services is early diagnosis of persons testing HIV positive. Under COP2012, USG partners' efforts will aim to improve early identification of HIV positive persons by using a family-centered approach whereby family members of the index case are counseled and tested for HIV. Referral linkages will be strengthened by intensifying multi-disciplinary team meetings for the intra-facility referrals, catchment area meetings for the inter-facility referrals, and community linkages by enhancing the community-based organizations involvement in the catchment area meetings.

To increase retention of PLWHAs in chronic care, USG partners will provide regular clinical follow up of PLWHAs, which includes assessment of PLWHAs for opportunistic infections (OIs), provision of cotrimoxazole prophylaxis therapy (CPT), and assessment and management of pain including use of oral morphine. Local production of oral morphine is being considered as a way to create a sustainable supply of pain management commodities. USG partners are working with the GOE to revise the national CPT guidelines.

Associated depression and other forms of mental illness are common accompaniments to chronic diseases such as HIV. Much of this goes unrecognized by health workers. The piloting of mental health services in four hospitals (ALERT, Zewditu Memorial, Yirgalem and Arba Minch) and a similar service in uniformed service hospitals is important. An additional assessment is underway at USG-supported health centers and community services to explore possible ways of integrating mental health services into routine HIV care and support services under COP2012. These PEPFAR efforts will also support the GOE's plan to roll out a mental health strategy for the country.

Evidence from an in-country assessment of the basic care package as well as evidence from other African settings has clearly demonstrated decreased morbidity. USG partners will continue to distribute basic care packages (water guard/ Pur, water vessel, Albendazole, soap, condom and an information booklet). In order to develop a national standardized comprehensive HIV preventive and basic care

package, PEPFAR through relevant partners is conducting an assessment, the findings of which will also define a revised menu of services and develop national guidelines. Provision of nutrition assessment and counseling services (NACS) and economic strengthening livelihood support for poor PLWHA, pregnant mothers and OVCs will also improve the health status of PLWHAs and improve adherence to care and treatment services. COP2012 will continue strengthening PLWHA support groups and case managers and will also collaborate with other partners and stakeholders to study the factors for lost-to-follow-up and feasible interventions to retain PLWHAs in chronic care.

To strengthen PLWHAs adherence to care, PEPFAR partners provide regular clinical follow-up, distribute the minimum care package, provide adherence counseling and trace lost-to-follow-ups through data tracking by data clerks via case-managers and adherence supporters. PEPFAR will continue strengthening PLWHA support groups and case managers through standardized case management training and will also examine factors for lost to follow up and feasible interventions to retain PLWHAs in chronic care.

There is an increased risk of cervical cancer among HIV positive women. The USG is providing integrated cervical cancer screening services using the ”single visit” approach in five “centers of excellence” and an additional four hospitals. Training of staff is currently underway. So far 14% out of 10,000 screened women were found to have precancerous lesions. Under COP2012, the goal is to have at least 14 hospitals providing this service. The USG will continue to coordinate with other stakeholders to strengthen the leadership and ownership of the GOE to fill the unmet need of HIV negative/unknown status of women for cervical screening.

Maximizing all opportunities to prevent new infections within the care setting remains a major priority. The promotion of couple testing, through Provision of Positive Health Dignity and Prevention (PHDP) activities both at the facility and community-level, is of paramount importance in order to reinforce and complement services provided within the continuum of care. The package of services offered includes high risk sexual reduction, condom promotion and distribution, family/partner HTC, risk reduction for discordant couples, and syndromic STI assessment and management. The USG will continue further discussions with the GOE for adoption of the implementation guidelines and national-level scale-up of PHDP activities and a lay counselors PHDP training manual. The USG will further undertake an assessment of community PHDP activities to understand what lessons can be learned. However there remains on going challenges with measuring PHDP activities.

Care and support interventions can be accessed both at facility level and/or at community level. Referrals within health facilities for these services and referrals down to community based organizations are facilitated through a referral slip although this does not occur in a standardized manner. In order to ensure the provision of services along this continuum of care, the development of a standardized referral system and documentation of referrals is important. Services provided at the community-level include psychosocial care through peer support groups/lay counselors, spiritual support through linkage with faith-based organizations, food support for moderately malnourished and food insecure HIV positive pregnant mothers and PLWHA, economic strengthening support through local partners and via linkages to government, and small and microenterprise/micro finance institutions working at the community-level.

Leveraging USAID’s extensive development portfolio, additional components of care and support will be strengthened. For example, USG works closely with the GOE to finalize the endorsement of the WASH (water, sanitation, hygiene)/HIV integration guidelines, develop a WASH/HIV integration training manual and provide training for service providers. The program integrates WASH into ANC materials, job aids, and training for Health Extension Workers (HEW) and Community Health Volunteers (CHV), with an emphasis on hand washing for birth attendants and care takers, and safe water for infants on replacement feeding. In COP 2012, the project will continue and expand WASH integration activities to include behavior change that targets OVC, PMTCT/antenatal clinics (ANC), through building capacity and

providing support to PEPFAR partners and other care and support organizations.

COP 2012 adult care and support goals will reach 1,364,652 people.

The main goal of the USG OVC activities will be to reach 500,000 highly vulnerable children throughout Ethiopia by supporting and strengthening systems, structures and frameworks that prioritize the developmental needs of children, improving access to high quality services for children, creating community structures to mobilize resources, improving livelihood opportunities, and promoting evidence-based decision- and policy-making.

The care and support portfolio aligns with the broader development principles and strategy of the USG Global Health Initiative in Ethiopia and will more strongly incorporate programmatic interventions that aim to address the specific needs of women and girls as well as address gender equality. PEPFAR will also coordinate with GFATM which supports IGA opportunities for 56,000 people, with emphasis on women in 150 woredas. Detailed information on activities under each of the COP12 priority areas for Care and Support is provided below.

The USG Care and Support portfolio aligns with the GOE's HSDP IV, the SPMII, the National TB prevention and control strategy and the national nutrition program.

Donor Partner Contributions & Collaboration
USG collaborates with other bilateral and multilateral donors. Major other donors, outside those contributing to pooled funds, include the World Bank, UNAIDS, WFP, UNFPA and WHO. There are regular meetings of the HIV Donors Forum which is co chaired by CDC and UNAIDS.

Pediatric Care and Support

COP2012 activities will focus on continuing to improve the quality of, expand access to and demand for pediatric HIV care and support services. In the past year 27,756 children received a minimum of one clinical care service, and of these 15,229 are on ART. It is not possible to identify those retained into care. The majority of the pediatric care and treatment is provided in hospitals (70%) although there has been an expansion of services to 379 health centers. In December 2010, the USG supported revision of the National Guidelines for Pediatric Care and Treatment in Ethiopia which resulted in the development of a standardized in service training curriculum.

The COP2012 targets for children on care for FY2012 and FY2013 are 31,979 and 35,037 respectively.

A COP 2012 priority is to improve earlier HIV case detection through early infant diagnosis (EID) with early initiation of ART for children that test HIV-positive. There are 6 regional laboratories able to process DBS samples. These are sent by post but receiving timely results back to the facility remains a considerable challenge. A pilot system using SMS to send back results has been in place and this has decreased the time for results from 4-6 weeks to less than 2 weeks, but there remain delays in the multiple steps needed to get a DBS result. Clinical mentors are also playing a critical role in transporting DBS to regional labs particularly from remote ART HCs. Further efforts to increase pediatric case detection through the use of the family-centered matrix and provider initiated testing and counseling (PICT) will continue to be promoted. The USG will continue to support the provision of comprehensive technical assistance for the pediatric HIV service package, including EID, growth monitoring and developmental assessments, counseling and support for infant feeding, 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 (ITN), safe water and vitamin A), and nutritional support. With the adoption of the new WHO PMTCT guidelines it will also be important to follow infants and ensure adherence until they are weaned.

To ensure retention and continuum of care, intra- and inter-facility referral networks will be reinforced. The patient follow-up system will be strengthened including the engagement of Case Managers (CM) and Mother Support Groups (MSG) in patient tracing. In addition, the USG will continue to strengthen linkages between pediatric care and PMTCT/OVC programs. This will be facilitated through the USG PMTCT, OVC and Pediatric (POP) Technical Working Groups. Appropriate custom indicators will be instituted to monitor partner performance, particularly with regards to service linkages and integration. These will include: the proportion of facilities that are providing pediatric HIV services as integrated Maternal Child Health MCH; the number of organizations that collaborate with a particular partner through Memoranda of Understanding (MoU); the proportion of children that are linked/referred to other partners; the number of catchment area meetings conducted.

In COP2012 more emphasis will be placed on community engagement to increase demand for pediatric HIV services. In collaboration with the Ethiopian AIDS Resource Center, the USG will work on increasing demand for pediatric HIV services through a comprehensive Behavior Change Communication (BCC) strategy. The USG will build on the National Communication Strategy (NCS) that has been developed by Ethiopian AIDS Resource Center in conjunction with the GOE. Community volunteers, including community mobilizers, community core groups, lay counselors and Kebele-Oriented Outreach Workers (KOOW), will be involved in community sensitization for pediatric HIV services including EID and treatment. The volunteers will also be instrumental in the follow-up of CLHA and linking the children to community-based OVC programs.

Tuberculosis (TB) & HIV

To date, TB targets have been difficult to achieve although the program has showed improvement over the past 2 years. In the 2011 APR, 2% of patients receiving one clinical care service had been treated for TB and there were more than 900 public and private health facilities providing TB diagnosis and treatment, through USG support. Even though WHO estimated about 520,000 TB cases to occur annually in Ethiopia, what has been actually notified till now is much lower. This may be due to WHO's prior overestimation of the TB burden in Ethiopia.

New information in 2011 through a national TB program review, a pilot TB/HIV surveillance survey and the national TB prevalence study have provided important information which will better inform the program. The national TB prevalence study indicates levels of smear positive TB at 108/100,0000 which is less than half previous estimates; smear positive TB cases contribute only 43% of those which were bacteriologically proven (277/100,000). High TB infection is reported in densely populated urban centers confirming that TB is often found in areas of overcrowding and poverty. It should also be noted that Ethiopia reports a high percentage of extra pulmonary TB. A survey has been launched to determine the baseline TB, TB/HIV and drug resistant TB prevalence as part of the integrated disease screening project at the central prison in the country.

The findings from the GOE/WHO review of the TB control program identified major programmatic challenges, which included weak TB control management and leadership at the central-level, low smear positive TB case detection, irregular supply of lab reagents, and low TB microscopy external quality assurance (EQA) coverage. The pilot TB/HIV surveillance survey through EHNRI covered a sample of 34 health facilities throughout the country. Key findings indicated that 84% of HIV+ patients are screened for TB in the HIV clinic and 89% of patients in the TB clinic were screened for HIV. This is higher than reported in the HMIS which only captures TB screening at HIV care enrollment. Follow-up TB screening of HIV positives can only be found in patient records which are not convenient for reporting. The surveillance survey showed that in the HIV clinic, 8.7% were found to be positive for active TB; in the TB clinic 16.8% of people were found to be HIV+ which is near to the national reported figure. Although TB screening was high, follow up of patients shows significant problems. Seventy-four percent received

cotrimoxazole prophylaxis, 19% received isoniazid prophylaxis (IPT) and less than 40% were started on ART. Low IPT is attributed to health workers attitudes and knowledge although there have also been intermittent stock outs of INH.

The USG program has provided different sensitization workshops to improve awareness of program managers and health care workers. In-service TB/HIV training and provision of job aids has assisted in promoting health care workers' knowledge and skill in providing comprehensive TB/HIV care including routine TB screening and provision of IPT. USG has provided considerable support for the strengthening of the laboratory diagnosis of TB. There are now 7 laboratories both at national and regional levels which have the capability of carrying out liquid and solid TB culture as well as Line Probe Assay test for rapid drug susceptibility testing. The GOE procured 700 florescent microscopes, unfortunately without the accompanying reagents so deployment remains pending.

COP 2012 priorities
COP2012 will align its programs with GOE priorities and focus on strengthening and supporting the expansion of TB DOTS, community TB care, and scaling up TB/HIV collaborative activities to more public hospitals and health centers as well as private health facilities and major regional prisons. The USG will continue to advocate for the adoption of the new WHO IPT and ICF strategies as well as the new policy on TB/HIV collaborative activities. Currently seconded staff through WHO at federal (2 national TB program officers and one M&E advisor) and regional levels (4 regional program officers) will continue to strengthen TB program management and technical expertise. Moreover capacity building training will be provided to strengthen the TB/HIV program leadership at all levels. Assessments will be done to identify major barriers for the implementation of IPT and in collaboration with the GOE and regional health bureaus, focused interventions will be made to address the bottlenecks.

Ethiopia is fortunate that MDR TB incidence is much lower than in Southern Africa, at about 2% of all new TB identified cases (national DR TB survey 2003-2005). The second round National Anti TB Drug Resistance Surveillance which is being implemented with significant support from USG, will come up with a more updated and realistic information on the prevalence and pattern of anti TB Drug resistance in the country. To date however diagnosis and treatment facilities for MDR-TB are limited and only 381 patients received treatment for MDR TB by the end of the past year. The USG will continue to support scaling up the multi-drug resistance (MDR) TB treatment (including ambulatory MDR TB treatment) through construction/renovation of wards and other capacity building as well as technical assistance to MOH, regional health bureaus and health facilities. The USG will leverage additional funding through GFATM, to procure drugs for MDR TB and through non-PEPFAR TB funding.

Major USG efforts will continue to improve basic TB infection control measures at all health facilities. Under COP2012, the USG will continue to introduce basic administrative and environmental TB infection control interventions at all supported facilities and provide adequate supply of N95 and surgical masks to MDR TB treatment centers and follow-up clinics.

Recent evidence has shown that TB during pregnancy more than doubles the risk of mother-to-child transmission of HIV to an unborn child. Efforts to strengthen the PMTCT program will include adequate screening for TB as part of the quality improvement measures which will be instituted to improve PMTCT program performance. In countries like Ethiopia, where TB and HIV are prevalent, HIV+ve children are highly vulnerable to becoming ill with TB. Children account for 7% of all notified TB cases. In line with the GHI principles, emphasis will be given to early TB case detection and treatment focusing on women and children. The USG will work to integrate routine TB screening with pediatric, ANC and PMTCT services. Diagnosis of TB in children presents a number of challenges. In COP2012 other diagnostic techniques including Tuberculin skin Test, gastric aspirate and string test, and sputum induction for pediatric TB diagnosis will be supported.

Close to 30% of health centers in some regions have no TB microscopy service. With support from the USG, the Ethiopian Health & Nutrition Research Institute (EHNRI) plans to cover 100% of the facilities with basic TB microscopy service by the end of COP 2012. Bleach concentration techniques will be promoted to improve sensitivity of smear microscopy. In addition to the 700 fluorescent microscopes that have already been procured and distributed, EHNRI will procure 100 more fluorescent microscopes with adequate reagent supply to high case load facilities. USG partners will collaborate with EHNRI to train health care workers and assist the decentralization and scale up of the TB microscopy quality assurance to remote facilities. Eight TB culture diagnostic services (liquid and solid culture as well as line probe assay) were established at 8 regional laboratories with significant support from the USG. These TB labs will be instrumental in improving TB and MDR-TB case finding and monitoring their treatment with second line drugs (SLD) at the regional treatment centers. The USG is working with EHNRI to define the laboratory network and establish a safe sample transfer system to improve access to TB diagnostic services. EHNRI received 2 GeneXpert machines donated through FIND and is in the process of validating the machine for the Ethiopian context. The GOE will use the validation results as well as proceedings of national consultative workshop on TB diagnostics to revise TB diagnostic algorithm and guidelines and training manuals to incorporate the new TB diagnostic techniques for TB and MDR-TB diagnosis. There is a draft national algorithm on how to use the GeneXpert in a TB control program but as yet it remains un-implemented, whereas liquid culture and line probe assay have already been placed in a network of regional public health laboratories around the country.

As part of developing its overall support to the health sector, the USG is in the process of developing one TB plan which will incorporate both PEPFAR funded activities and USAID bilateral resources. This program will also be aligned with the GOE Health Sector Development Plan (HSDP-IV) and the TB/HIV strategic plan (2011-2015). This exercise is the first and fundamental step to streamline and coordinate activities with the major funding lines which include GFATM and the USG (both PEPFAR and other USG-funded programs) to the TB and TB/HIV and MDR-TB control. This plan will support the expansion of community DOTS and further expansion into private health facilities. The USG PEPFAR interagency care and treatment TWG and inter-agency joint supportive site visits help to ensure harmonization of USG partner's activities in support of the TB/HIV program and define partner operational areas; the national STOP TB partnership serves as a forum to entertain technical issues and address national level coordination across all stakeholders.

USG-funded TB/HIV activities are monitored through various mechanisms which include reviewing partners' report, conducting joint supportive supervisions including follow up meetings with performance improvement plans, portfolio reviews and program evaluations. Interagency level partner performance reviews are also conducted to jointly assess the performance of each implementing partner vis-à-vis targets and financial utilization status. These strategies have been instrumental to assess the status of program implementation, identify gaps and challenges and propose strategies for future direction. In 2012, Implementation Sciences will also be given due attention to have evidence-based, efficient and cost-effective TB programs.

Overall, the USG's TB/HIV programs are geared towards building the capacity of the NTP, regional health bureaus and local universities to strengthening the central and regional TB control program leadership and to ensure country ownership and sustainability.

Food and Nutrition

With a renewed commitment to nutrition by the GOE, donors and the USG through the GHI and Feed the Future (FTF), the USG's focus will be to capitalize on the momentum to build strong linkages with broader existing development platforms. This also builds on other GOE programs including the Safety Net Program and other food security initiatives. In line with PEPFAR, interventions will focus on three areas: 1) building and/or strengthening linkages with other health and non-health sectors particularly Feed the Future, 2) continued emphasis on appropriate infant feeding and nutritional needs of HIV positive

pregnant and lactating women and their infants, and 3) strengthening economic and livelihoods opportunities through piloting and scaling-up of promising practices. In addition to these three areas, existing USG programs will continue to support the response to the nutritional needs of PLWHA including pregnant and lactating women, children and orphans and vulnerable children (OVC) through ongoing dialogue at national level on nutrition policy and guidelines and continued expansion of Nutritional assessment, counseling and support (NACS) at site level.

The FTF Initiative for Ethiopia builds on considerable USAID and other USG partners' experience and knowledge of existing key constraints – structural, human capacity, regulatory, attitudinal, and institutional – that continue to limit Ethiopia's ability to reach its economic potential and aggressively and effectively advance a robust, high-impact hunger and food security initiative. FTF has been framed in the context of Ethiopia's priorities and emphasizes effective coordination across the agricultural, food security, nutrition, and health sectors. In addition, the advent of GHI provides further opportunities for the USG to expand its gains and reach for maximum impact. In COP2012 and beyond, PEPFAR programming will strengthen nutrition linkages with other health and non-health sectors. Particularly, the focus will be to build on the successes of nutrition programs under bilateral health programming and those initiatives piloted and expanded under the Office of Foreign Disaster Assistance (OFDA). The areas of consideration include the adaptation of the successful Essential Nutrition Actions (ENA) framework and the community-based management of acute malnutrition (CMAM) in the context of HIV/AIDS with the ultimate goal of providing a comprehensive continuum of care. With FTF, the USG capitalizes on the platforms that this initiative provides to expand coverage of food and nutrition services.

The GOE has recently adopted the new WHO 2010 PMTCT guideline and has released its accelerated plan for the elimination of mother to child transmission of HIV. Key changes as regards infant feeding include ongoing antiretroviral treatment during the breast feeding period. Implementing appropriate maternal and infant and young child nutrition (MIYCN) is at the forefront of ensuring that MIYCN is a key component of care and treatment and PMTCT programs and will be expanded to a broader platform that leverages programming and funding from non PEPFAR sources to introduce appropriate MIYCN to larger audiences, in particular those under FTF programs. In addition, programming will include continued streamlining of guidelines and training materials on MIYCN that takes into account the needs of both HIV positive and non-positive pregnant and lactating women.

Under COP2012, the USG will take advantage of the vast platform, network and expertise under FTF programs to pilot, expand, and link HIV infected and affected persons with livelihood opportunities. The USG will follow the successful wraparound programming currently ongoing with other programs to integrate nutrition, agriculture and livelihoods to create meaningful and sustainable opportunities. With the stronger focus of FTF on lifting the most vulnerable and linking them to markets and economic opportunities, the USG will connect HIV infected and affected populations to these opportunities where they exist and seek expertise from FTF partners to build them into existing mechanism where they are not readily available to beneficiaries.

Orphans and Vulnerable Children (OVC)
Ethiopia has a high burden of orphans and vulnerable children; of the estimated 5 million OVCs, over 800,000 are thought to have been orphaned through HIV/AIDS. In FY 2011, the USG launched a major initiative which looks to strengthening the role of the community care structures, develop a social welfare workforce and better understand the role of the public sector. This brings together several GOE ministries together with UNICEF and a USG funded IP. These USG partners will continue to support federal, regional and community networks to strengthen government and civil society partnerships. For the past several years, the USG has worked closely with the GOE Ministry of Women, Children and Youth Affairs, which has the lead responsibility for coordinating all actions and policy reform and application for OVC. A National OVC Task Force has been established that includes other GOE ministries, donors, and civil society partners to address the issue of orphans and other vulnerable children (OVC). To strengthen

GOE leadership, the USG supports the secondment of three OVC positions within the GOE that assist with moving this social welfare agenda forwards.

Under COP2012, the USG OVC program aims to reduce vulnerability among OVC and their families by strengthening systems and structures to deliver quality essential services and increase resiliency. The ultimate vision of this intervention is to have a child-focused social welfare framework in place in Ethiopia that enables children to thrive and ensures that orphans and vulnerable children and their families can access quality social services. A child-focused social welfare system that fills gaps within family structures and communities will be built to enable highly vulnerable children to access education, health care, shelter, food and nutrition, psycho-social support, protection, and economic opportunities. Workforce development and maintaining a data management system will be central components of the social welfare system.

The USG will continue to seek increased policy support for quality of care and will specifically focus on policies and practices for implementing national service standards. The USG OVC partners will maximize the opportunity to support adherence to the recently approved Ethiopian OVC service standards and the amended alternative child care directives.

HIV/AIDS-related stigma has been identified as a primary barrier to increasing referrals to OVC services, HTC, PMTCT, palliative care, and antiretroviral therapy (ART). To address this issue, USG OVC activities will be linked and integrated with other community health worker responsibilities, such as the Health Extension Workers (HEWs) and volunteer care providers. The OVC portfolio will complement the HEW program by establishing a new cadre of para-professional social workers, who will be supervised by social workers to ensure that a responsive referral system is functioning, improve the quality service delivery currently provided at the community-level, and support families as primary care providers for OVC.

In order to address the social and economic needs of households affected by HIV/AIDS, the USG will continue to provide technical and financial support to implement economic strengthening activities. This will include standardizing approaches and establishing communities of practice to improve linkages across partners to share effective practices. The USG will also expand partnerships with the economic growth sector, especially activities within agriculture and business enterprise programs, to maximize the best use of existing program infrastructure. In addition, the USG will continue to liaise with the education sector as another entry point to address OVC issues.

In order to achieve these measures, a new OVC umbrella award will improve efficiency in performance and achieve outcomes for the most vulnerable children and their families. Developing the capacity of more local NGOs to be direct recipients for USG and other donor funding will be emphasized. Major activities will include strengthening government management and monitoring systems at local, regional, and federal levels, and facilitating an improved government and civil society partnership to provide quality, household-focused service delivery. Processes and materials developed under previous OVC programs will be built upon to maximize resources and promote sustainability.

Cross-Cutting Areas
PPP
The private health sector can contribute to USG's care and support activities in a number of ways. These include expanding the role of the private facilities for TB case detection and improved care and developing of a collaborative approach to address human resource shortages. There is considerable flow of patients to private health sector, including TB and HIV clients, who seek quality clinical care and better privacy. Currently, the USG provides technical support to 198 private clinics that are engaged in the management of TB patients, PMTCT in 57 private hospitals, and pre ART patients. Since its launch

in five major regions in 2008, the USG-supported PPM DOTS has made significant contribution to TB case detection. Technical support to the USG-supported PPM DOTS sites include training of health cadres, supportive supervisions, facilitation and the supply of TB and HIV commodities. The USG Private Health Sector Program (PHSP) also collaborates with key government stakeholders to create enabling environment for the private health sector through policy negotiation , including the accreditation of private clinics for the delivery of TB/HIV services and improving the referral linkage between the private and the public service sites. Access to commercial loans for the private health sector through USG Development Credit Authority loan portfolio guarantee is an important adjunct to increasing the role of the private health sector in HIV care and treatment. A substantial PPP with Becton Dickonson has facilitated specimen transfer procedures and mapping through GIS of nationwide laboratory services.

Gender
Gender-related barriers to services prevent women and men from accessing HIV prevention, treatment and care. As a result more women face barriers due to gender norms particularly because of lack of access to and control over resources, multiple responsibilities such as they care for family and community, restricted mobility and limited decision-making power. To address this, the USG has focused on decentralization of services to increase gender equity, a gender- sensitive approach that promotes men involvement in different services of care and a requirement within programs to consider gender issues in order to enable women to more readily access services. In addition, USG programs increasing access and quality of education, particularly for girls provide an essential platform by which they can better address the gender-related barriers identified above. Most of the USG care and support activities include linkages to economic strengthening activities like IGAs, business skill trainings, micro enterprise development, microfinance loans and micro and small enterprises that will empower women's and also address women's legal rights. Additional support is provided to the GOE for protection and empowerment of women.

MARPS
The extent of HIV care and support services availability to MARPs is not monitored and documented systematically but anecdotal reports suggest MARPs such as commercial sex workers have relatively limited access and use to these services. These groups tend to be engaged in behaviors and social networks that do not support them to seek and adhere to services. The GOE has recently released a recommended national service package for MARPs but the implementation of the recommendations is very limited and MARPs are supposed to use services developed for the "other" population group. Hence, MARPs benefit less from these services as service hours, reception and confidentiality standards of most public facilities are not modified to meet their special needs. New confidential clinics for FSWs are beginning to change this and improve access. There are other initiatives working with highly marginalized groups to ensure access to all services and also linking those which are HIV positive with care, treatment and support services at public and private facilities.

There is an active linkage occurring in prevention programs for sex workers where sex workers are being reached by combined prevention services including frequent testing for HIV (quarterly at confidential FSW clinics) and linking of HIV positive sex workers to the available public health facility and community service organization that provide care and support.

HRH
In addition to the training of service providers for facilities and outreach programs, the USG is providing support to the Human Resources for Health (HRH) Strategic Plan 2009-2020 , improving the quality of public health teaching institutions and the availability of key HRH categories through scaling up the training of doctors, midwifes, heath information technicians, emergency surgical officers and anesthetists, postgraduate public health training, and strengthening health extension workers. In order to improve the utilization of quality services in a sustainable manner, the USG will support the regulatory environment (including licensing and certification of providers and accreditation of teaching institutions and training

sites) and health worker recruitment, deployment, management, motivation and retention.

Through supporting health professional associations, FMHACA and the FMOH Human Resources directorate, the USG aims to update the knowledge and skills of health workers through continuous professional development.

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 facility level.

PEPFAR/E will continue to strengthen the managerial capacity/non clinical, public health workforce to manage the country's HIV/AIDS care and treatment programs at national and regional level both at Ministry of Health, HAPCO and other ministries. USG partners, such as the Leadership Management and Governance (LMG) program, are already engaged in strengthening capacity to lead and manage health programs at regional, zonal and district levels. Such programs will be reviewed and reinforced to address any identified HIV managerial deficiencies.

Laboratory
The laboratory services available for diagnosis of TB and other HIV related infections in Ethiopia include: a) AFB smear microscopy (for most TB cases), b) Florescent microscopy (for suspected high case load facilities for TB), c) TB culture and drug susceptibility testing (DST) facility (in National and 6 Regional labs), d) Molecular (Line probe assay) for rifampicin resistance testing (for suspected MDR-TB causes & currently practiced in only one specialized TB hospital), e)Smear microscopy for opportunistic parasitic (protozoal & helminth) and fungal infections, f) General microbiology (non-TB) culture for selected bacterial and fungal infections in referral hospitals as well as in National and Regional labs; g) Except for HIV, serological diagnosis is used for few bacterial infections like Syphilis. The laboratory service in Ethiopia has got four tiers: National (Reference), Regional (Federal), zonal and Health center (post) laboratories. Quality assurance system is in place for monitoring the accuracy, reliability and timeliness of the test results as well as the entire testing process. External quality assurance (EQA) proficiency testing (PT) panels for HIV (rapid testing, CD4 count, clinical chemistry, hematology), TB and malaria as well as internal QC schemes are being practiced by most laboratories in all tiers.

Strategic Information
The USG supports with other donors, the development, piloting and subsequent national roll out of The GOE Community Information System (CIS). The CIS will capture multisectoral prevention and community level activities. Facility-level HMIS is also being revised to ensure that USG key indicators are also captured.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	7,759,245	0
HVSI	14,206,485	0
OHSS	28,285,472	0
Total Technical Area Planned Funding:	**50,251,202**	**0**

Summary:
The USG engages a number of actors at federal and regional levels in the Ethiopian health system to implement PEPFAR. The Federal HAPCO is responsible for resource mobilization, multi-sectoral and overall coordination, monitoring and evaluation, and is accountable to Parliament for the HIV/AIDS response. Federal HAPCO hosts a bi-weekly coordination meeting with the USG team, including the Federal MOH, EHNRI, PFSA, GFATM, and FMHACA. The FMOH is responsible for the health response in terms of funding, policy, and guidance to the RHBs. EHNRI is responsible for surveillance and research, laboratory services, and response to public health emergencies. PFSA is responsible for procurement and the supply chain. FMHACA is responsible for standards, drug registration and quality. Led by the Ambassador, the USG team meets with the Minister and his team on a regular basis.

The RHBs and Regional HAPCOs are responsible for program implementation. In FY12 the USG will form new interagency regional coordination teams to improve coordination and enhance transition efforts at the regional level. CDC has direct funding mechanisms in place for the Federal HAPCO, FMOH, EHNRI, uniformed services, local universities, professional associations, and selected RHBs, and the USG interacts with civil society and the private sector through projects and TWG participation. MOH leadership is strong, in particular with priorities under primary health care. The USG also co-chairs the HIV/AIDS Development Partners Forum, serves on numerous national TWGs, and sits on the CCM. Through these actors, the USG supports all building blocks of the health system while supporting HIV/AIDS services. Health system constraints include the inherent challenges associated with service delivery to a largely rural population while HIV is largely urban in nature; an improving but still weak infrastructure, health information and supply chain systems; poor retention of health workers; and high levels of poverty, illiteracy, food insecurity, and poor living conditions associated with frequent disease epidemics.

GLOBAL HEALTH INITIATIVE (GHI)
A GHI Strategy has been approved for Ethiopia and the USG and MOH are completing a GHI Implementation Plan that describes USG support for the GOE's Health Sector Development Plan IV 2011-2015 (HSDPIV). Existing funding streams (PEPFAR, PMI, and USAID bilateral) fund the GHI Plan. HSDP IV includes updated strategies, activities, and targets for HIV/AIDS, TB, malaria, MCH/FP, infectious diseases, non-infectious diseases, mental health and health systems strengthening (HSS). Under GHI, the USG will prioritize reduction of maternal, neonatal, and child mortality and apply key GHI principles including "smart" integration and coordination, a woman- and girl-centered approach, HSS, a strong focus on M&E, and a country led approach to find more efficient and effective ways of delivering evidence-based programs. This accelerated strategy will build on existing robust USG programs, including PEPFAR which is nationwide. PEPFAR will leverage with other funding streams to reduce maternal, neonatal, and child mortality by training new health workers (e.g., midwives, emergency surgical officers); strengthening systems for blood supply, laboratory, supply chain, health care financing and management, and health information; improving infrastructure; and increasing demand and capacity for ANC and facility-based delivery.

LEADERSHIP & GOVERNANCE & CAPACITY BUILIDNG
Alignment with the HSDPIV and Strategic Plan for Intensifying the multi-sectoral response to HIV/AIDS 2010-2014 (SPMII) is fundamental to strengthening the GOE, private sector, and civil society to more effectively play their respective roles in decision-making, policy formulation, coordination, monitoring, and implementation of an effective continuum of response.

The USG supports all three components of capacity-building – individual, organizational, and systems. The USG, directly or through partners or twinning arrangements, provides key technical (e.g., PMTCT, TB, HMIS, HRH) and managerial (e.g., accountants) secondments and TA to GOE institutions (FMOH, EHNRI, PFSA, FMHACA, RHBs, etc) builds capacity of staff, improves the organizational structure, and facilitates systems strengthening from within. Pre-service and post-graduate GOE-owned programs

supported by PEPFAR in clinical care, public health, health administration, and strategic information develop more Ethiopians to perform in existing positions with the GOE, private sector, and civil society. To support “one plan,” the USG actively participates in the GOE’s annual “bottom up” approach to annual planning and resource mapping from the regions to the federal level. Support and training is provided in leadership, planning, coordination, management, and reporting for RHBs, HAPCOs, and non-health sector political leadership, including Parliamentarians. Direct funding agreements with various agencies of the GOE, local universities, local NGOs, and professional associations support all components of capacity-building for decision-making, priority setting, fiduciary functions, and management to deliver an effective continuum of response.

Health Regulatory
Previous COPs have supported various aspects of the regulatory system including capacity building of the national quality control laboratory resulting in accreditation and product quality monitoring. Technical, financial and logistic support to increase knowledge and understanding of various regulatory tools and standards was also supported. In COP 2012 the USG will increase its focus on strengthening FMHACA in regards to health regulations, accreditation, certification of health workers etc..

While the importance of the private sector is recognized, an enabling environment, including clear policies and guidelines to foster meaningful private sector involvement, is lacking. For example, GOE policy allows ART to be provided in private hospitals, but not yet in private clinics. As a result, the private sector in Ethiopia remains underutilized (~5% of ART patients). USG support for private sector engagement includes working to create a supportive policy and regulatory environment and building the capacity of the private sector to deliver quality HIV/AIDS services. The USG is working to strengthen the capacity of private sector representative bodies, including the Medical Association of Physicians in Private Practice in Ethiopia, the Ethiopian Society of Obstetricians and Gynecologists, and others, and is working to support the FMHACA in service standardization, licensing and certification of health professionals, and accreditation of facilities. In addition to direct cooperative agreements and sub-granting to local organizations, the USG provides TA to increase the organizational capacity (including leadership, planning, management, and financial) of over 600 local civil society organizations (CSOs), non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs). The USG conducted an assessment to determine strengths, weakness and best practices to build the institutional capacity of local implementing partners and to provide recommendations for future support. For example, training in the on-line HHS Payment Management System greatly improved partner understanding of how to report on and draw down funds. This will ensure these activities are evidence-based and utilize proven effective approaches.

STRATEGIC INFORMATION
The USG builds capacity (individuals, institutions, systems) in SI primarily within GOE agencies to establish information systems for HIV/AIDS/STI/TB-HIV and health services in general. This includes the design and implementation of surveillance systems, M&E, national health management information system (HMIS), a community information system (CIS), and population-based surveys. The USG employs several strategies to build individual capacity in SI. At the pre-service and post-graduate level, PEPFAR supports vocational schools to train a new cadre of GOE Health Information Officers (HIOs, ~1000 to graduate in 2012), and supports 6 local universities to implement master’s level programs in M&E, epidemiology, biostatistics and informatics, health administration, and public health. The USG supports customized trainings, (e.g., Leadership in Strategic Information) for key personnel in RHBs. TA from the USG and partners to EHNRI, HAPCO, FMOH, and RHBs for the generation, dissemination and utilization of SI creates a culture of evidence-based decision making within the health system. PEPFAR, the GFATM, and HSDPIV targets have created a greater demand from the GOE for SI.

Ethiopia lags behind in SI, but the FMOH has made this a priority for improving accountability and progress is being made. Through PEPFAR support, several surveillance systems and surveys have been

designed and/or are being implemented to generate updated information to support “know your epidemic” and “know your response”. Working with the USG, EHNRI expanded ANC-based HIV surveillance from 21 sites in 2003 to 114 in 2009. Site preparation and supervision were improved to enhance quality, and 24 regional laboratories became testing sites with quality control provided by the EHNRI laboratory. PEPFAR support also helped design and implement EHNRI’s first sentinel surveillance system for TB/HIV and STIs/HIV. To monitor the level of AIDS-related mortality in the community, the USG strengthened Demographic Surveillance Sites (DSS) implemented by six local universities. In spite of implementation of all these systems and surveys, capacity still needs to be increased to improve the timeliness of dissemination of results.

To complement data generated from these systems, PEPFAR supports the Central Statistics Agency, EHNRI, the EPHA, and local universities to conduct numerous surveys - the 2010 Ethiopian Demographic and Health Survey (EDHS+), national MARPs survey, MSM survey in Addis Ababa, Amhara secondary student serosurvey, TB drug resistance survey, and a survey on Early Warning Indicators for drug-resistant HIV. However, in the execution of all these surveillance and survey functions, EHNRI is consistently hampered by insufficient capacity and slow GOE procurement systems.

To help ensure quality HIV/AIDS services in the health network, PEPFAR supports M&E systems in the Federal HAPCO, FMOH, RHBs and health facilities. The FMOH has made it a priority to streamline and harmonize the overall health information system of the country. The USG is a major supporter of the FMOH’s full-scale implementation of a national HMIS. With more than 27,000 health workers trained to date, the HMIS monitors integrated programs and is being implemented by the RHBs in almost all functional health facilities in all regions. With strong USG support, the FMOH’s HMIS has now been implemented in 96 of 119 (81%) hospitals and 2,080 of 2,880 (72%) health centers. However, high level of turnover of staff, lack of capacity to fulfill pre-requisites for HMIS implementation in health facilities, construction of many new health facilities, and poor level of data use are among the challenges identified in recent MOH evaluations. Also, the new cadre of HIOs to operate the HMIS are still in the training pipeline until 2012. The HIOs are critical for PEPFAR to be able to fully transition from partner to GOE-owned information systems at the facility level.

With an emphasis on data quality and dissemination of results, COP2012/13 activities will continue support to the GOE for the national HMIS, CIS, family folder, M&E and surveillance systems. This includes direct support to the FMOH for training, printing and distribution of HMIS materials. Particular attention will be given to fostering evidence-based decision making at all levels through mentoring and technical assistance. As part of the FMOH’s efforts to improve PMTCT performance, PEPFAR plans to support the design and implementation of an enhanced monitoring system within the HMIS to better track cascaded indicators.

The USG will provide technical assistance to EHNRI for the design and conduct of priority health system evaluations, MARPs survey and national surveillance. PEPFAR will also support the FMOH with an independent evaluation of the national HMIS.

Compared with the extensive rollout of the GOE’s HMIS, the CIS which capture the multi-sectoral response has only just been designed with PEPFAR support. The USG will continue supporting FHAPCO in the roll out of CIS to generate SI related to OVC, community-based care, income generation, and food support. PEPFAR will build on COP 2011 investment through FHAPCO and Ministry of Women’s, Children and Youth Affairs to strengthen coordination mechanisms and improve data management.

Ethiopia focuses on the health extension program to strengthen primary health care. This includes the design and pilot testing of a Family Folder that contains detailed information about the health status of individual household members. While these are a rich source of information, capitalizing on this potential will require strengthening the HEWs’ skills in recording and using health data. This will be very important

as a component of our GHI strategy as well.

SERVICE DELIVERY
The EDHS+ results and other upcoming studies, which were unavailable for COP12, will soon help Ethiopia to re-evaluate the impact, quality, comprehensiveness, and coverage of its continuum of prevention, care, and treatment programs. Strategies for sustainability include even closer alignment with national plans around evidence-based services, support to annual GOE planning, improving coordination with the GFATM, transitioning from US to locally-based partners, and targeted health systems strengthening (e.g., financing, management). Access to quality services will be improved through supporting local plans and taking local epidemiology into account. HIV transmission will be further reduced through better targeting of MARPs and other vulnerable groups (e.g., migrant workers) with comprehensive services (biomedical, BCC, structural), expanding access to treatment, and supporting the new MOH National Blood Transfusion Service. HCT will be more targeted in the community and more attention will be paid to linking persons who test positive with services, especially linking women identified in Ethiopia's strong provider-initiated counseling and testing (PICT) services with family planning and earlier treatment. A family-centered approach to prevention, care, and treatment will help ensure that lifetime needs are met as they change and circumstances evolve. The USG will support the capacity of the regional HAPCOs and RHBs to ensure coordination of an accessible network of services from the community to the health facility. Continuous quality improvement will be expanded, particularly around PMTCT services to help address an estimated 40% dropout rate in HIV-positive women receiving ARVs, and to improve the quality of care such as low levels of cotrimoxazole prophylaxis and screening for TB. The USG will realign PEPFAR-funded partners in prevention, care, and treatment to improve support and efficiency for providing a continuum of services from the community to hospital level. Additionally, the USG will create a new internal management approach to partner oversight in order to improve coordination, fill gaps, address pipeline, and reduce duplication for better efficiency.

HUMAN RESOURCES FOR HEALTH
The MOH has drafted a Human Resources for Health (HRH) Strategic Plan 2009-2020 which projects Ethiopia's health workforce to reach 188,000 by 2020, a three-fold increase over 2008. In order to produce enough health care providers in all cadres and address high attrition, the GOE has emphasized increased production and retention, especially doctors, midwives, nurse anesthetists, and specialists. This results in increased numbers of students at existing pre-service institutions, shortened curricula, expanded numbers of training institutions, and task shifting. However, instructors, teaching materials and infrastructure have not grown proportionately. This, together with overburdened clinical training sites and high ratios of clinical teaching cases to students has compromised the quality of the education provided.

The HRH plan identifies key deficiencies in the number of medical doctors, midwives and anesthesia professionals. Health extension workers (HEWs), general nurses, and health officers are on track to meet GOE targets. In order to fast track some major human resource deficits, PEPFAR supports post-graduate programs in integrated emergency surgery for health officers ,accelerated midwifery training, field epidemiology and laboratory training program (FELTP), masters in health administration, masters in biostatistics and informatics, and masters in monitoring and evaluation. Both of the latter programs have included students from neighboring Southern Sudan.

The USG is providing systems-level support for the GOE's HRH Strategic Plan. This includes working with the GOE on policy change; improving HRH management; piloting and implementing HRH motivation and retention strategies; improving regulation of HRH, including licensing, certification and accreditation of staff and facilities; and strengthening continuing professional development. USG partners supported the development of the HRH Strategic Plan and 5-year implementation plan and are providing continuing support for the development and piloting of a human resource information system (HRIS) to collect routine information on the workforce to support policy, planning and improved service delivery. The HRIS, which has been piloted at the FMOH and in 4 regions of the country, will be evaluated to ensure effective

and high quality national expansion of the system. USG also provides support for strengthening information communication technology including developing telemedicine and video conferencing for e-learning and continuing medical education for health professionals.

This year's COP emphasizes reviewing and augmenting existing quality improvement (QI) activities and identifying a harmonized strategy across technical areas for QI. A crucial element of ensuring the technical competence of health service providers is focusing on the quality of health training. The USG's support for improving the quality of health training will include: improving management of health training institutions; designing curricula that are appropriate for the service delivery demands and working environments of different cadres; improving clinical training sites to focus on skills-based training; promoting, standardizing and integrating continuing education and in-service training in the health system; improving the availability and quality of instructors; improving efficiency by introducing innovations such as distance-based learning using information technology; improving quality through standard setting and regulation; and collaboration and networking, including with the private sector.

PEPFAR /E will contribute 17,200 people trained towards the PEPFAR 140,000 target through building the capacity of public and private health sciences and social work educational institutions to deliver quality pre-service education. The USG supports a wide variety of different cadres - medical doctors, nurses, midwives, integrated clinical surgical officers, anesthetists, health information and laboratory-related cadres (including HIOs), laboratory technicians, health officers, nurses, laboratory technologists, bio-medical engineers and technicians, and social workers at the university and teaching hospital level.

Ethiopia has 7 universities that are providing a 7-year medical/physician education for high school graduates. As part of the "flooding" strategy to address high attrition rates of doctors from the public to private sector and employment outside of Ethiopia, the GOE has initiated a New Medical Curriculum providing 4 years of medical education to basic science graduates in 13 new medical colleges, including 3 managed by the MOH. Through the Twinning Program and other initiatives, the USG supports curriculum and faculty development and infrastructure. The USG also supports the GOE's Field Epidemiology and Laboratory Training Program (FELTP) at Addis Ababa University and EHNRI to train new leaders in epidemiology and public health leadership.

The USG provides comprehensive support for the pre-service training of urban and rural health extension workers and health officers under the GOE's accelerated training program. In addition, USG PEPFAR funds leverage non-HIV/AIDS child survival and health funds to train cadres more closely linked to maternal and child health outcomes - midwives, and nurse anesthetists – but which are also critical for provision of key HIV/AIDS-related services such as PMTCT. The USG is providing leadership for establishing, at the university level, a social worker education program which is closely linked with the considerable support the USG provides to OVCs. In addition, the USG supports pre-service training for a broad range of community health and parasocial workers from both the public and private sectors including peer educators, community caregivers, paralegals, community leaders and advocates, case managers, community mobilizers and agents, adherence counselors, mother support group mentors, and community conversation facilitators.

USG support for pre-service training is complemented by the centrally-funded Medical Education Partnership Initiative which is working to improve models and systems for traditional (7 year) medical education and build clinical and research capacity of faculty and the Nursing Education Partnership Initiative which is strengthening the quality and capacity of nursing/midwifery education institutions.

The USG will work in the coming years to develop post-graduate, distance-based education in several areas including HRH management and health administration for health sector management staff. These courses will build the skills of key staff to: assess the current HRH situation; utilize data generated from the HRIS and other sources; develop relevant policies based on the prevailing situation and desired

outcomes; and plan, manage, monitor, and evaluate the HRH Strategic Plan.

In 2012, the GOE decided that a more strategic approach must be taken to all in-service training; the PEPFAR team concurred with additional consideration to on-site training, improved mentoring, and training offerings at standard venues such as local universities. Factors contributing to the problem include the lack of a central GOE coordination mechanism for in-service training, US partners negotiating directly with regional offices, use of per diems as an incentive for workers who are paid poorly, and some inconsistency in following GOE standards and curricula for in-service training. An initial mapping of training offered by USG partners found there was significant in-service training with wide variation in the duration and costs as well as some duplication. The USG will work with the GOE informing and implementing its vision for in-service training while working with its partners to develop an in-service training strategy. It is envisioned that current university based activities such as emergency medicine training for graduated physicians and PICT training for graduating nurses will continue.

In COP 2012, the USG will further invest in electronic HIV/AIDS continuing medical education (CME) activities for physicians and nurses and will work with FMHACA to develop a national legal and regulatory framework for licensing and certification of health professionals and accreditation of facilities with linkages to CME. The USG also plans to work with key professional associations to strengthen their capacity to fulfill the GOE's vision for them to play a key role in implementing and monitoring CME and in licensing and certifying health professionals.

The USG supported the initiation of private wings at public hospitals as both a revenue generating activity and a retention strategy for health workers. A new USG mechanism will address retention, including strategies specifically focused on health workers in rural areas and in areas of expertise..

The USG currently seconds professionals to various government units to build capacity in the workplace. These time-limited secondments are intended as on-the-job training to improve the skills of GOE counterparts.

Ethiopia stands out in its approach to task shifting to rapidly scale-up HIV prevention and treatment services. HIV/AIDS-related services have been largely shifted from physicians to health officers and nurses who have been trained to provide comprehensive AIDS care and treatment. HEWs play a critical role in the follow-up of HIV-positive patients in the community to ensure adherence to treatment, identify children and women of reproductive age who need health services during household visits, refer children to OVC services, and also encourage them to attend a health center to receive other services. Volunteers, including kebele-oriented outreach workers and community volunteers, also work closely with mother support groups to identify pregnant and lactating women and to refer them to health centers for antenatal care and/or community and facility-based PMTCT programs. In addition, they liaise with HEWs to ensure that community members follow-up with children and women who were referred to PMTCT and pediatric care services. Counseling and testing has also been shifted to non-professional lay counselors, who provide most of the PICT, and PLHA have been recruited as case managers through local associations. Data managers and data clerks are involved in HIV patient monitoring and defaulter tracing while pharmacy technicians and druggists are involved in ART adherence counseling and following up adverse effects of ARVs.

The HEW program provides an ideal platform to leverage PEPFAR, PMI and bilateral resources. The USG supports the training and deployment of urban health extension professionals (UHEP) in 19 cities/towns across 5 Regions and 2 City Administrations of Ethiopia. The UHEP Program is a government-led initiative with a vision to create demand for high impact public health services as well as to improve community ownership of cross cutting health challenges. The program benefits 3.6 million urban people and to date, has supported the training and deployment of 1,500 UHEPs. Drawing on the experience of the successful rural HEW program, the UHEP Program is designed to address urban health

needs and the HIV/AIDS epidemic in urban Ethiopia using a skilled and rapidly deployable cadre of health workers.

LABORATORY STRENGTHENING

PEPFAR/Ethiopia supports implementation of EHNRI's integrated national laboratory master plan, which includes creating a national integrated quality-assured network of tiered laboratory services. In line with the "Maputo Declaration" on strengthening laboratory systems, Ethiopia has established a four-tiered laboratory system, including referral linkages for advanced laboratory testing and quality assurance activities. PEPFAR/E plays a critical role to strengthen laboratory performance across the different tiers, including construction of comprehensive regional reference laboratories over defined referral networks. Different initiatives have been considered to create government owned and sustainable sample transport mechanisms across the tier, e.g., the Ethiopian Postal System is being used to transport DBS samples for early infant diagnosis across the country. Drawing on lessons learned from EID, use of the postal system is being piloted for all other samples. PEPFAR also supports EHNRI to develop a comprehensive equipment maintenance strategy to resolve the many challenges that still persist in this area.

PEPFAR supports expansion of the national integrated external quality assurance (EQA) program for CD4, chemistry, hematology, HIV rapid testing, and malaria and TB microscopy to over 100 sites. To instill quality management systems, LIS was piloted in 10 selected hospitals, national referral and regional laboratories, with plans underway to expand to more sites. Ethiopia has endorsed the WHO/AFRO step-wise laboratory accreditation system and 24 laboratories have completed all three trainings for Strengthening Laboratory Management towards Accreditation (SLMTA). Even in the absence of well-established mechanisms of laboratory accreditation in the country, an internal assessment of all labs has demonstrated that all have progressed beyond Star 1 with a few laboratories reaching as far as Star 4. An external assessment for these laboratories is planned. Recently, the GOE established the Ethiopian National Accreditation Office (ENAO) as being responsible for accreditation of laboratories. An additional 15 laboratories were enrolled in the second round of accreditation and have completed SLMTA II.

Ethiopia has an adequate pool of laboratory professionals. PEPFAR supported the standardization of curricula for pre-service and in-service training using a decentralized approach. To address a sustainable laboratory workforce, PEPFAR supports also trains faculty members on teaching methodology and grant writing skills, and provides audiovisual and lab equipment for hands-on training at 3 laboratory schools.

Laboratory strengthening priorities in COP2012/13 will: a) address the laboratory component for accelerating PMTCT and scaling-up pediatrics care and treatment services; b) strengthen QA activities to build capacity of regional laboratories to prepare panels for TB microscopy and HIV rapid tests; c) continue systematic implementation of the WHO/AFRO accreditation; and d) introduce an embedded mentorship targeting actual skill transfer and sustainability of integrated laboratory services. New activities will include capacity development for the new Ethiopian National Accreditation Office (ENAO), strengthening of microbiology laboratory services and implementation of the equipment maintenance strategy to better decentralize some equipment maintenance functions to the regions. As part of local capacity development and sustainability, PEPFAR partners will work directly with local professional associations and regional laboratories as an exit strategy in the national partnership framework. To align the PEPFAR laboratory strengthening activities with GHI principles, PEPFAR/Ethiopia will support joint planning and annual review meetings and will work closely with the Clinton Health Access Initiative (CHAI), the GFATM, the Foundation for Innovative and New Diagnostics (FIND), PMI, and other programs.

HEALTH EFFICIENCY & FINANCING

The USG supported the costing of SPM II, estimated at US$4 billion. SPM II includes ambitious targets in line with the GOE's policy of universal access to HIV/AIDS–related services. A finding of the recent

Joint Assessment of National Strategy (JANS) was the need for the GOE to set priorities in light of the global economic uncertainty and a potential reduction in donor funds. The USG will support the GOE in better resource mapping and in developing a financing plan and gap analysis to assist with activity prioritization.

The first ART costing study (2006) was a retrospective cost analysis at 9 ART sites with a 3-year projection of site-level costs. A second costing study was conducted in 2010 and included all PEPFAR supported ART sites. FHAPCO has adapted the CHAI ART costing study (5 countries) for Ethiopia, data has been collected and the report will be out shortly.

A national supply coordination committee has been re-activated by FHAPCO consisting of USG, PFSA, EHNRI, FMHACA, and GFATM to ensure better coordination in commodities forecasting, procurement and distribution, especially with PEPFAR and GFATM resources. While the bulk of ARVs, RTKs and OI drugs will be purchased through the GFATM, PEPFAR will continue supporting STI, IP, food and nutrition, and lab supplies. Also, USG and UNICEF will work together to assess and design a national cold chain maintenance agreement for all the PFSA and RHB cold rooms in the country. USG will work with the MDG Pooled Fund and UNICEF to leverage resources around ANC equipment procurements and distribution in the country.

The GOE's health care financing innovations supported by the USG include bank loan guarantees through the USAID Development Credit Authority (DCA), fixed-obligations grants, and health sector financing reform. Limited access to financing has been identified as a key constraint to expansion of the private health sector. Ethiopia is the first PEPFAR country to develop a DCA for the private health sector, forging an alliance with two local banks. As a result of this loan guarantee, the USG's $2.3 million investment will leverage $13.4 million in financing to expand private health sector enterprises, particularly in rural areas where the need for health services is greatest, yet where banks have traditionally loaned minimal amounts. These loans will not only strengthen private sector involvement in health, but also will expand HIV/TB services to an additional 500,000 people.

PEPFAR/Ethiopia introduced the first fixed-obligation grant (FOG) under the USAID Administrator's procurement reform agenda. The FOG is a financing mechanism awarded to a local organization to allow performance without monitoring the actual costs incurred by the recipient.

To institutionalize and sustain GOE financial reforms at the facility level, PEPFAR funds a GOE-led program to train leading health managers as Chief Executive Officers through a Master's in Health Administration. To alleviate chronic under-financing of the health sector and mobilize resources, a small amount of PEPFAR funds leverage USAID bilateral funds to support the FMOH and RHBs to implement health sector financing reform. Reform activities include the retention of user fees (at hospitals and health centers) for use at those sites to improve quality of health services. The program also engages regional state governments to: establish the legal framework for health sector financing reform; develop and train staff on implementation manuals; strengthen facility governance and management; establish a fee waiver system for enhancing equity of access to health service; and improve access to health insurance schemes in Ethiopia, including a community based insurance scheme for the non-formal sector and a social health insurance scheme for the formal sector.

In order to accommodate GOE requests to support new sites for comprehensive services, the USG will explore ways in which to more efficiently mentor sites while weaning and transitioning more established sites to GOE mentorship. Mentoring is a major USG cost to support care and treatment services in addition to staff for SI and adherence. Transition of Track 1 treatment partners to the RHBs of Oromia, Dire Dawa, and Harar began in FY11 with the establishment of new cooperative agreements with regional governments to support some of their operational costs. This transition process will be extended under COP 12 to Addis Ababa and SNNPR. A "one-USG TB plan" in FY12 will better delineate the contributions

of the relevant USG funding streams (PEPFAR and non-PEPFAR) as they relate to resources coming from the GFATM.

SUPPLY CHAIN & LOGISTICS

PEPFAR/E provides significant support to PFSA and FMHACA to implement the National Pharmaceutical Logistics Master Plan. Leveraging bilateral resources and other donor funding, major investments have been made to improve the entire logistics cycle (forecasting, quantification, warehousing, distribution, transportation, information management systems, and quality assurance). Examples of leveraged funding are:

1. In COP10, PEPFAR led the effort to organize supply chain donors and to transition the chairmanship to PFSA. In COP2011, there will be a joint work plan between PFSA and partners (PEPFAR, WHO, GFATM, UNICEF, WB, UNFPA).
2. In June 2011, PEPFAR, together with GFATM, advocated for the creation of the Supply Coordination Committee.
3. PEPFAR has resources for the construction of 10 new regional warehouses, complemented by additional resources through GAVI for equipping these facilities which will distribute all essential commodities to health facilities.
4. PEPFAR, together with the USAID health team, rolled out the Integrated Pharmaceutical Logistics Management System to more than 1,000 sites.

Transitioning activities include PFSA fully paying for storage and clearance of PEPFAR-procured commodities and assuming responsibility for forecasting of HIV/AIDS commodities. COP 2012/13 will further identify possible activities that can be transitioned to PFSA and FMHACA. PEPFAR will continue assisting PFSA with strengthening the warehousing and distribution network by outfitting new warehouses constructed under USAID construction agreements. In line with GHI principles, PEPFAR will assist PFSA in folding various program supply lines into one for TB, Malaria, HIV, contraceptives, and essential medicines. The team will assess possible private public partnerships in supply chain management. In order to facilitate effectiveness of a large supply chain organization, PEPFAR will contribute to the Enterprise Resource Planning (ERP) development by PFSA. PEPFAR will also support FMHACA in institutionalizing and implementing a comprehensive pharmaceutical waste management program and with strengthening registration, regulatory, inspection, and enforcement capacity.

GENDER

In Ethiopia, multiple political, cultural and economic factors create and reinforce gender inequality, adversely impacting women's access to essential resources and increasing their vulnerability to injury and illness, including HIV/AIDS. These include unequal access to education for girls, gender-based violence (GBV), harmful traditional practices, trafficking of persons, vulnerability to food insecurity, regional and internal conflict, and lack of economic power and freedom. Addressing these gender inequities are of critical importance to the USG.

USG supports a range of gender-sensitive activities, including training to reduce turnaround times for laboratory results and waiting times for clinical services, and increased adherence to OI prophylaxis; increasing the availability of couple testing to encourage men to participate and help to expand women’s access to HIV prevention and care and treatment services; integrating HCT into routine child immunization clinics; establishing free, confidential STI clinics for FSWs; supporting 11 AIDS Resource Centers (ARC) throughout the country to promote equitable access to HIV prevention information; providing the “Wegen AIDS Talk line” (a free call-in service answering questions related to HIV and AIDS) and the Betegna Radio Diaries (a series of self-narrated stories covering a broad range of topics related to HIV that include cultural norms, gender differences, and stigma).

STI services specifically targeting young women have been integrated into reproductive health clinics in 7 major universities with the universities’ gender offices helping to identify vulnerable female students and

linking them to HCT. The USG's prevention and social services programs provide diversified, market-led income-generating activities for vulnerable women and girls and their households and leadership and assertiveness training. PMTCT programs provide income-generating activities for pastoralist women. The Community PMTCT Project trains women volunteers at the community level to reach pregnant women with health information and facilitate referrals to the next higher level health facility for ANC, labor and delivery and post-partum care. The vulnerable adolescent girls' program works with the Ministry of Women, Children and Youth Affairs to protect the rights of out-of-school girls in urban areas by reducing their social isolation and providing them with health information on HIV prevention and services to address sexual exploitation and abuse; husbands' clubs and marketplace agents promote faithfulness and social change and provide legal and medical services to victims of GBV. Several projects empower women dependent on sex work for a living through skills development and provide them with IEC/BCC, as well as linkages to HCT and STI screening and treatment. Finally, the USG is working to build the institutional capacity of several women-focused CSOs.

Funds received through the PEPFAR Gender Challenge Fund will support the implementation of GOE guidelines on sexual exploitation and abuse by strengthening community-level capacity to address the mental health needs of young girls and boys, especially those at risk for HIV or displaced due to HIV/AIDS. The activity expands the capacity of OVC implementing partners to identify and address the most prevalent mental health needs (e.g. trauma due to GBV, isolation and worthlessness due to sexual and other physical exploitation, and neglect) among migrant or displaced young girls and sexually-exploited boys.

USAID/Ethiopia recently conducted a mission-wide gender analysis to inform its future programming and to provide background information for the Mission's Country Development Cooperation Strategy. Recommendations include: developing an integrated approach to health service provision; addressing harmful traditional practices; addressing women's empowerment to make decisions regarding family planning, reproductive and other health services; including men in designing and implementing health programs and considering their health needs; and developing programs at all health facilities to address GBV. Further in-depth assessment of programs will provide a set of practical recommendations and an operational plan that will include immediate-, medium- and long-term steps to effectively integrate gender in its portfolio.

CDC conducted an in-house gender assessment of its programs and generated recommendations for CDC staff and partner management to increase knowledge, awareness and integration of WGGE in their technical, programmatic and administrative management of CDC efforts in Ethiopia.

USAID's Gender Specialist provides advice and technical expertise to the HIV/AIDS Team to : support the integration of gender issues into all HIV/AIDS program areas; support the Health Office in preparing analyses of gender issues; and develop a coherent program plan to integrate gender programming across HIV/AIDS programs as both a cross-cutting theme and as part of a coherent priority

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	9,208,299	
Total Technical Area Planned Funding:	**9,208,299**	**0**

Summary:

(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	850,201	0
HMBL	3,352,448	0
HMIN	4,791,922	0
HVAB	2,602,944	0
HVCT	5,683,788	0
HVOP	14,563,254	0
IDUP	14,226	
MTCT	11,207,302	0
Total Technical Area Planned Funding:	**43,066,085**	**0**

Summary:
Prevention TAN

Epidemic Overview
The HIV/AIDS situation in Ethiopia is characterized by a mixed epidemic with significant heterogeneity across geographic areas and population groups. The official single point estimate based on 2005 DHS and 2005 ANC surveillance data estimates HIV prevalence at 2.4% in 2010 with marked regional differences. Urban data from 2008 single point estimate indicates ranges from 2.4% in the Somali region to 9.9%, 10.7% and 10.8% in the Amhara, Tigray and Afar regions, respectively. New population-based estimates are expected from the 2010/2011 DHS+ by March 2012. However, promisingly, HIV prevalence trends among pregnant women attending ANC clinics have demonstrated steady declines over time. Between 2001 and 2009, prevalence in urban sites decreased from 14.3% to 5.3%; rural prevalence decreased from a high in 2003 at 4.1% to 1.9% in 2009. Prevalence among 15-24 year olds in ANC has also significantly declined from 12.4% in 2001 to 2.6% in 2009. These encouraging results reflect the combined efforts of high-level GOE political commitment and extensive support from both the USG and the Global Fund for AIDS, Tuberculosis and Malaria (GFATM).

According to the single point estimate, a total of 137,494 new HIV infections occurred in Ethiopia in 2011. Half happened in the Amhara and Oromia regions; Addis Ababa contributed approximately 17% (23,000 new infections). While national HIV prevalence is low compared to other east and southern African countries, the epidemic is strikingly heterogeneous. Urban prevalence is 8 times higher than rural prevalence and comparable to prevalence reported by East African neighbors, while women face almost 50% higher risk of infection than men.

Limited data suggest that HIV transmission remains highest among most-at-risk populations (MARPs). A 2008 study in Amhara region reported HIV prevalence ranging from 11% to 37% among the study population, which included sex workers (FSWs), long distance truck drivers, high school students, day laborers, and mobile merchants. No HIV prevalence data are currently available among men who have sex with men (MSM), although results from a bio-behavioral study of MSM in Addis Ababa are expected

in 2012. The 2011 DHS preliminary findings indicate success in prevention efforts among the general population since 2005. HIV/AIDS awareness is now virtually universal. Knowledge about HIV prevention methods including condoms and partner reduction has increased from 35 to 43% among women and from 57 to 64% among men. Almost three-quarters of never-married men (72 percent) and nearly half of women (47%) who have had two or more partners in the past 12 months reported using a condom during the last sexual intercourse. Only 1% of women and 4% of men reported more than one partner in the past 12 months. The DHS sample reflects general population data. The relative contribution of the various MARPs and other vulnerable populations to overall HIV incidence is not well known. The following provides further information on each of the key groups who are considered most-at-risk for HIV infection in Ethiopia.

HIV prevalence in women: Across all regions in both urban and rural areas, women are more affected than men. In 2008, female HIV prevalence was 2.6%, while male HIV prevalence was 1.8%. Females account for 59% of the total people living with HIV (PLHIV) in the country. Widowed and divorced women show the highest infection rates. One study found 45% percent of first marriages in Ethiopia end in divorce, and two-thirds of women who divorce do so within the first five years of marriage. Early arranged marriage, intimate partner violence and gender inequality have been cited as causes of high divorce rates. Despite the high prevalence of marital dissolution, divorced women still face significant stigma at home and often migrate to urban areas where lack of training and employment opportunities increase the chances they will turn to transactional sex or other risky relationships to support themselves and their families.

Most-at-risk populations (MARPs): The GOE has identified certain groups of population as most-at-risk and/or highly vulnerable to HIV infection. However, the size and distribution of high risk groups, sexual networks and bridging populations remains largely unknown, making determinations of the epidemic scope largely speculative. The 2008 MARPs assessment survey in the Amhara region, detected an HIV prevalence of 11-37% among the study populations, which included female sex workers (FSWs), long distance truck drivers, high school students, day laborers, and mobile merchants. Cross-generational sex, gender-based violence, transactional sex, divorce, high-risk migration, wide spread use of alcohol/chat, stigmatization and the lack of user friendly preventive clinical services are believed to contribute to high HIV transmission among MARPs in Ethiopia. Unlike the DHS results, a recent study of MARPs in 120 towns and commercial hotspots along or linked with major transport corridors found that multiple and concurrent sexual partnerships are common and often transactional; that knowledge of condoms is high but condom use remains inconsistent, especially among regular partners; and, social-cultural factors that influence HIV risk practice include high mobility, social and gender norms. Qualitative research suggests a reduction in stigma and discrimination towards people living with HIV, but remaining stigma still adversely affects prevention efforts among most at-risk groups. Threats of violence and discrimination against MARPs remain high, depriving them of an enabling environment to access necessary prevention, care and treatment services. Strong multisectoral responses are required to address structural barriers affecting access to preventive and curative HIV services for most at-risk populations while maintaining Ethiopia's protective religious and cultural values.

Female sex workers: Estimates of the number of full time sex workers in Ethiopia vary from 60,000 to 160,000, which would increase substantially if women engaging in occasional transactional sex were included. In 2002, Family Health International (FHI) estimated there were 8,392 FSWs in Addis Ababa alone. The Addis Ababa Health Bureau now estimates that number at 40,000. A study done in five major Ethiopian cities demonstrated most FSWs entered into sex work from three main employment fields: domestic work (44%), waitressing (21%), or working in a bar (16%) . Among the waitresses interviewed in 2002 by FHI, 40-45% admitted to being involved in transactional sex. Working in these areas, especially as an unmarried female, together with poverty and mobility, may lead individuals to be engaged in sex work, increasing their vulnerability to HIV. In 2010, a Population Council study identified that a third of FSWs were found to be divorced or widowed, while a significant portion of them migrated into towns from

rural areas. The more recent 2010 MARPs survey along transport corridors indicated that FSWs ranged in age from 13-29 years, were highly mobile, and that condom use was higher among paying partners and much lower with non-paying partners.

Clients of sex workers: Recent studies have found consistently high condom use among FSW with their paying clients but only slightly more than half use condoms with their non-paying partners. The success of promoting condoms for protection in high risk relationships has made their use difficult to sustain in trust relationships, even when the latter carry significant risk of infection.

Men who have sex with men: A systematic review of data from thirty-eight different countries found that MSM in Africa were on average four times more likely to have HIV than the general population. MSM are highly stigmatized in Ethiopia and it is strongly presumed that this population has limited access to information and preventive and/or curative clinical care. A survey is currently underway to estimate HIV prevalence and risk characteristics of MSM in Addis Ababa.

Multiple and concurrent partnerships: Preliminary 2011 DHS results found that the national multiple concurrent partnership (MCP) rate for Ethiopia is remarkably low; fewer than 1 percent of adult women and 4 percent of adult men report two or more sexual partners in the last year. Yet when stratified by region, reports show that Afar, Gambella, Amhara, Addis Ababa, Dire Dawa and urban Tigray have a higher rate of MCP, often reaching more than 12%. These regions are high prevalence regions, suggesting multiple concurrent partnerships remains one of the determining factors of HIV spread in any setting. Higher-risk sex, defined as having sexual intercourse with a non-cohabiting partner was found to be more prevalent among people living in urban areas, people with a secondary or higher education, and people in the highest wealth quintile. Among men, the prevalence of higher-risk sex is also greater among males living in Gambella, Dire Dawa, Amhara, Tigray and Afar. MCP is often related with transactional sex and mobility. Migrant workers in formative assessments tend to be involved in MCP, have a lower risk perception, and disapprove of the use of preventive measures including condoms. While new studies are under design to understand MCP, more studies are needed to show how HIV spreads from most at-risk populations to the general population in Ethiopia particularly in urban areas where the epidemic seems more generalized.

Given the heterogeneity of the epidemic, most experts agree that if the rate of new infections is not curbed, the current trend could potentially result in a generalized epidemic affecting both urban and rural areas as a result of new roads, increasing urbanization and social network changes such as night markets. However, more and better district-level data is needed to improve targeting of prevention efforts and implementing locally appropriate epidemiological responses.

USG Prevention Portfolio Overview

The USG prevention portfolio has undergone significant changes over the past few years, from a generalized epidemic response to one better adapted to the heterogeneous mixed epidemic found in Ethiopia today. This shift is also reflected in a greater focus on MARPs in Ethiopia's new Strategic Plan for Intensifying Multisectoral HIV Response 2010/11-14/15 (SPMII). The portfolio shift has resulted in an increased focus on MARPs, though additional shifts are needed to better target other more hidden vulnerable populations (e.g. divorced/widowed women and people engaged in transactional sex). Additional geographic focusing is necessary to achieve coverage of urban areas and small towns of high and/or increasing HIV prevalence. A more intensive effort on the part of the USG to fill-in data gaps and establish more routine monitoring of the epidemic from a prevention perspective is currently underway (refer to the Cross-Cutting-Strategic Information section below for details). As information and data on the geographic, population, and risk factor heterogeneity become available, adjustments to the prevention portfolio will continue to be made.

COP2012 has established several priority areas in prevention. In order to support the GOE's ambitious targets of reducing HIV incidence by 50% before 2014, the USG aims to apply an evidence-based combination prevention approach that is aligned with the heterogeneous, "mixed epidemic" of Ethiopia ensuring coordination between behavioral, biomedical, and structural interventions. This approach supports the SPMII, as well as the USG GHI strategy and implementation plan, the PEPFAR Partnership Framework and the PMTCT Acceleration Plan.

Similar to other areas within the PEPFAR/E program, the Ethiopia team has identified areas of consolidation of programs building on agency comparative advantages . In this respect, USAID will take the lead in behavioral and structural interventions. HHS/CDC will take the lead in biomedical prevention efforts and implementation science. "Lead" is interpreted as coordinating a USG process that could still involve multiple agencies in implementation where it makes sense, avoiding duplication of ongoing activities and honoring the principles of country ownership. Additional realignment decisions will be completed before the submission of COP13 and based upon criteria for moving specific activities and informed by an interagency evaluation of comparative strengths, areas of duplication, and gaps. Also, the in-country team will continue to consult with the GOE to identify ways the realignment can strengthen the prevention portfolio.

Government of Ethiopia Strategy and Priorities
COP2012 goals and priorities support and are aligned with the SPMII. Recognizing the dynamics of the epidemic in Ethiopia, the GOE is now placing a greater emphasis on focusing the national prevention efforts on most at risk and vulnerable populations with a goal of reducing HIV infection by 50% and significantly increasing condom utilization by 2014. The GOE has recently defined intervention packages for MARPs. The GOE plans to continue wide testing of the general population with the intention of increasing g the number of HTC sites from approximately 2,309 to more than 3,000 by 2014 and a target of 9 million individuals tested per year.

Other Donor Contributions & Collaboration
Ethiopia is a major recipient of funds from the GFTAM and USG efforts are underway to harmonize more closely with GFATM grants. The final phase of R7 funding focuses on prevention of mother to child transmission, with the bulk of resources under the Rolling Continuation Channel (RCC) addressing antiretroviral drugs, income generation activities, rapid test kits (RTK) and other essential HIV commodities. GFATM resources also support the GOE, for the Community Conversations program, which addresses HIV prevention among the general population. The USG collaborates with key UN agencies, including WHO, UNAIDS, UNICEF, and UNFPA.

Sexual Prevention
Sexual prevention activities under COP2012 target MARPs, notably FSWs, their clients and other vulnerable populations (uniformed services, prisoners, migrant workers, truckers, at-risk youth, widows and single urban women). The geographic focus will primarily be in major and small towns and along transport corridors, where HIV prevalence and incidence has been shown to be highest. There will be an increased focus on Addis Ababa, where approximately 17% of new infections are occurring and where there have been less focused USG prevention efforts to date. Programs in behavioral change communications around sexual prevention will address key risk behaviors and associated issues, which will vary by population but include inconsistent/incorrect use of condoms, multiple partners, concurrent partners, early age of sexual debut, stigma, binge drinking, migration, and transactional sex. Innovative approaches to reaching MARPs through social networks and venues are currently underway. This includes the creation of new confidential clinics for FSWs (HIV prevalence ~25%) through the Family Guidance Association of Ethiopia that provides access to HCT, STI management, and linkages to ART. Direct support to the uniformed services, a highly mobile and high risk group, will be continued. This shift in sexual prevention portfolio addresses a key gap and thematic area in the GOE's SPMII. Additionally,

while the GOE's own efforts emphasize providing basic knowledge about HIV transmission and prevention, reinforcing community norms and discouraging risk behavior through community conversation, the USG will focus more on most at-risk populations that are sometimes stigmatized and illegal, hence difficult for governments to address. The recently awarded MULU Prevention Project will aim to prevent new HIV infections among MARPs and vulnerable populations, strengthen community-level systems and structures to support combination prevention, increase GOE capacity to lead national HIV prevention efforts, and strengthen prevention efforts in large-scale workplaces. USAID's on-going MARPs programs (e.g. TransACTIONS, PSI/Targeted HIV Prevention Project, HIV Prevention in Construction Sites, EngenderHealth and FHI-360's Amhara MARPs intervention program) will be streamlined and gradually subsumed under MULU Prevention. The current MARCH intervention for uniformed services and university students is currently being evaluated with results to be released in 2012.

Bio- Medical Prevention
To ensure a comprehensive approach, increasing demand for and provisioning of key biomedical interventions, including condom promotion and distribution, HIV testing and counseling (HTC), sexually transmitted infection (STI) treatment, and antiretroviral therapy (ART) will continue to be integrated into and coordinated closely with behavior change activities. Behavioral components of biomedical interventions, such as adherence to ART and retention within care and treatment services, will be critical to maximizing the prevention benefits that were demonstrated in recent prevention trials (e.g. HPTN-052 and Partners in Prevention studies), while adhering to current national treatment guidelines in Ethiopia. Efforts will also continue to establish guidelines for treatment within discordant couples and liberalization of the eligibility criteria to include patients with CD4 <350. FSWs through new confidential clinics, which now number eight in the country since 2010/11, will benefit from HCT, STI management, and ART if eligible, thereby serving as a prime target for treatment as prevention.

In addition to safe blood as a core prevention activity, and in line with the USG GHI focus on decreasing maternal mortality, specific efforts will be made to revitalize efforts to strengthen and expand the availability of safe blood through blood centers for emergency obstetric and neonatal services. In past years, the program has been hampered by serious management issues. The activity has recently been taken over by the Ministry of Health (MoH) but has been slow to move forward. In support of this management shift, COP2012 will increase technical assistance to help the GOE resolve the current problems and strengthen the current blood safety and supply program in Ethiopia.

COP2012 will focus on institutionalizing infection prevention (IP) and injection safety (IS) into the curricula of local universities and Health Science Colleges and at public, private, uniformed, and refugee camp health facilities. All USG implementing partners will be required to ensure IP and IS in their programs. PEPFAR will procure IP commodities supply and strengthen PFSA management systems through SCMS.

Post exposure prophylaxis for occupational exposure and efforts to provide PEP for victims of rape nationally will continue to receive support as will an increased efforts in six refugee camps near the Sudanese and Somali borders. Confidential clinics for sex workers and their regular partners are being expanded to 8 sites in transport corridors and regional capitals. Community-based activities will coordinate with facility-based programs to ensure strong linkages essential for true combined prevention. For example, MULU outreach for sex workers will refer clients to special clinics, or work with existing facilities to make them more MARPs-friendly.

Recently, the GOE held discussions with stakeholders regarding development of a national condom strategy. Efforts to improve condom procurement, distribution, and programming are currently led by the GOE, PEPFAR and DKT and funded by multiple donors, with DKT procuring 60% of male condoms and the USG 20%. Strengthening the system will likely be a part of the national condom strategy and is an area in which PEPFAR may program resources. During this next year, the USG will double its

procurement of condoms to address potential shortages and stock-outs and through its programs the number of condom access points will be increased. Female condoms are not currently procured by the USG for Ethiopia, but will be a part of programming for FSWs under the new MULU Prevention Project. In the upcoming year, lubricant will be procured for programs targeting MSM.

At the policy-level, the USG will continue to advocate to the GOE to ensure that the national HIV prevention policy framework, guidelines, and strategy target those most-at-risk for HIV infection. The increased focus of MARPs programming in the SPMII is in part due to USG advocacy efforts and indicates a changing national policy environment in favor of addressing marginalized vulnerable populations. Specific national-level activities will include the roll out of a minimum package of services and national guidelines for implementing a comprehensive prevention package for FSWs. The USG will continue to support two HIV prevention positions within the national-level GOE HIV program. Additional USG staff shall be hired to strengthen the field-level mentoring and technical assistance PEPFAR is providing to partners.

Currently, discussions are on-going with several private sector alcohol companies in Ethiopia to establish public-private partnerships (PPP). Potential PPPs may focus on bar outreach and training of bartenders and bar owners to address risky alcohol consumption and risky sexual behaviors.

General Population
The GOE has demonstrated a strong commitment to and ownership of HIV prevention among youth and the general population. The USG HIV prevention programs addressing young people, particularly in-school youth will begin a gradual transition to the GOE. The speed of this transition will take into consideration annual performance and whether GFATM RCC Phase 2 proposal will be accepted. Under COP2012, USG efforts will focus at the national policy-level and advocate for the incorporation of a minimum standards for reaching adolescents into such programs as community conversations, school curriculum development, and through religious leaders. Additionally, efforts to address in-school young people will be made by leveraging resources and developing strategic partnerships with other USG offices (USAID's Education Office) who are actively engaged in the education sector

HIV Testing and Counseling (HTC)
Strong backing for HIV counseling and testing has continued throughout the country with more than 9.4 million people nationally receiving these services in the past year. Through PEPFAR support the country has managed to perform about 23 million tests since APR 2007. COP2012 will continue to promote a strategic mix of clinical and community-based HTC approaches. Although there is less USG funding for HCT in COP2012, a dramatically lower cost per test can support continued improvement in testing rates. PEPFAR also supports government's desire to improve efficiency of this program by more targeted testing among groups with higher infection rates and eligibility for treatment. More routine couple testing to identify discordant couples and testing of all pregnant mothers attending ANC are examples of strategic interventions. HTC remains a key entry point to identify those in need of HIV care and treatment and PEPFAR will continue to support the provision of high-quality counseling services in public, private, and NGO sites to provide specific prevention education and counseling based on knowledge of HIV status and to ensure linkages to HIV/AIDS services. PICT is being used extensively in health facilities. Task shifting testing and counseling to urban HEWs and community counselors will assist in addressing Ethiopia's health workforce crisis. Incorporating TC training in pre-service training will help to cope with the prevailing high turnover of trained staff.

The HTC program will work closely with the laboratory program to train service providers on HIV rapid testing as well as instituting quality assurance procedures. Rapid test kits are procured by the GOE using GFATM resources. Reports of interrupted supplies of RTKs seem to be caused more by poor distribution planning by Regional Health Bureaus rather than an overall lack of the kits although delayed GFATM funds have strained the system. SCMS, USAID DELIVER and other relevant partners will

provide support to improve RTK national to site level distribution with efforts to transition supply lines to Pharmaceutical Fund Supply Agency (PFSA). PEPFAR resources will be used to procure a limited number of RTKs for PEPFAR partners working at the community-level or in mobile settings targeting MARPs.

Voluntary Medical Male Circumcision (VMMC)
The rate of male circumcision (MC) in Ethiopia is estimated to be 92%. MC efforts in Ethiopia have been mostly targeted at Gambela region (population c. 340,000) where 2005 DHS found 53% of males were uncircumcised and HIV prevalence among this group exceeded 10%. However, Gambela only contributes an estimated 400 incident HIV cases a year or roughly 2.5% of the total estimated for Ethiopia. About 4,500 adult males have been circumcised in Gambela with PEPFAR funding since 2009 of the 45,000 needed to reach 80% coverage. Progress has been slower than expected due to a combination of weak infrastructure, high costs and low demand. Cost per procedure in Gambela is $100, compared to the range from $66 to $95 reported for other African countries (Emmanuel 2011). Contributing factors include poor health infrastructure (even by Ethiopian standards) and associated need to improve facilities, recruit, train and replace staff experiencing high turnover rates, provide electricity using generators and diesel fuel, and conduct social mobilization campaigns to attract adult male clients. Uptake has been improving, but affected by resistance associated with ethnic identity and other cultural issues. Even reducing costs with kits and more stable staffing and creating positive norms for MC, it will cost between $3 and $4 million to avert about 250 new cases per year. In other areas, notably Ben Magi and Omo, where MC is not universal and where there is a large sugar plantation being developed, MC may be considered as a possible intervention. Under these circumstances, PEPFAR Ethiopia has opted to take a longer-term approach of stabilizing MC service provision at current levels while investing in long-term demand creation among neonates as well as adult males.

Positive Health Dignity and Prevention (PHDP)
Strengthening linkage between treatment, care and support programs targeting PLHIV will be a major priority for COP 2012. Training of lay counselors on Positive Health Dignity and Prevention (PHDP) service components is underway to fill the gaps in service provision at the community-level. A promising practice of identifying HIV positive FSWs and engaging them in PHDP support group activities will be scaled-up. Additionally, improving linkages between treatment, care and support programs as well as between the community-clinic continuum will be critical for maximizing the prevention impact of ART.

Prevention of Mother-to-Child Transmission
PMTCT presents a formidable challenge in Ethiopia as uptake of services remains limited due to the underlying historically low use and availability of antenatal/maternal child health (ANC/MCH) services. Only 5% of women attend both ANC and delivery in a health facility – a pre-requisite for the delivery of effective PMTCT services. Ethiopia is one of 8 countries provided with additional resources to accelerate PMTCT services. The Acceleration Plan builds upon supporting the government in an aggressive campaign to improve maternal health and PMTCT. This hinges on government led grassroots mobilization, ongoing support of the health extension worker program of which antenatal care and family planning services are key components, improving the quality of ongoing PMTCT service outlets through institution of continuous quality improvement activities, improving basic facilities (BeMONC, EmONC etc), strengthening the health workforce, improving the lab and supply chain management and improving data capturing. Key to the government focus is also the recent adoption of the 2010 WHO PMTCT Guidelines (Option A) which is estimated to increase the number of eligible women receiving ART by 20-30%. See the PMTCT Acceleration Plan for additional details.

Cross Cutting Areas

Health Systems Strengthening (HSS) & Human Resources for Health (HRH)
In order to address the attrition of trained counselors, the USG will continue to support the GOE in the

development of a comprehensive compensation package for health workers and innovative ideas for staff retention. Task shifting will continue with training of lay counselors and support of pre-service training for urban health extension workers. For example, incorporating other types of training, such as HTC, into pre-service training will help to cope with the prevailing high turnover of HTC staff.

Capacity Building

The institutional capacity building interventions will mainly focus on local government organizations, CSOs, and NGOs to enable them to efficiently reinforce and scale-up targeted prevention programs on one hand and on the other hand ensuring transitioning and community ownership of the programs in the long run. Such institutional capacity building interventions include technical support, provision of information, education and communication (IEC) and behavior change and communication (BCC) materials, information technology and multi-media equipment, and the enhancement of human and program management capacities of the local organizations and CSOs. Key efforts will include training of community conversation facilitators, peer educators, school club leaders, media professionals, and health care providers in the development of targeted prevention training materials. Special efforts will be made to address the special needs of women, girls, the elderly and persons with disabilities. The systems strengthening activities will be bolstered by strengthening the existing structural prevention aspects such as the multi-sector response and social mobilization strategies, HIV/AIDS mainstreaming programs, resource centers, youth centers, sports and cultural enlightenment programs. Innovative interpersonal, group and mass communication programs including campaigns integrated with HCT and referral linkages to health facilities and support groups in the community all targeting the traditional and emerging MARPs and highly vulnerable social groups will also strengthen programs.

Health Systems Strengthening

Task shifting has had an important effect on the ability to widely roll out HIV prevention, care and treatment services. Both HEWs, and specifically urban health extension workers and key community volunteers (MSGs, case manager, kebele-oriented outreach workers, mothers support groups, etc.) play a critical role in the follow-up of HIV-positive patients in the community to ensure adherence to treatment, help identify children and women of reproductive age who need health services during household visits, refer children to OVC services, and also encourage them to attend a health center to receive other services. Data managers and data clerks are involved in HIV patient monitoring and defaulter tracing while pharmacy technicians and druggists are involved in ART adherence counseling and following up adverse effects of ARVs.

Gender

Gender-related barriers prevent women and men from accessing HIV prevention, treatment and care. In COP12, in addition to strengthening HIV/AIDS prevention, care and support programs, PEPFAR/E will continue mainstreaming gender into all programming at national, regional, sub-regional and grassroots levels, specifically addressing the five strategic, cross-cutting areas: 1) reducing violence and coercion, 2) addressing male norms and behaviors, 3) increasing women's legal rights and protection, 4) increasing women's access to income and productive resources, and 5) increasing gender equity in HIV/AIDS activities and services. The following gender-related activities will be priority areas for PEPFAR/E in COP12: Building the capacity of women-focused local NGOs to mitigate gender-based violence and empower women; expanding and strengthening mothers' support groups; productive skills training; viable income generation activities; advocating against harmful male norms; and, the establishment of gender focal points (GFP) by all partners.

Lack of access to and control over resources, multiple responsibilities such family care and community responsibilities, restricted mobility and limited decision-making power restrict women's equal access to services. To address these, PEPFAR/E has focused on decentralization of services, a gender sensitive

approach that promotes men's involvement in different services of care, and mainstreaming gender in order to enable women and men to readily access services. In order to address some of the economic barriers faced by women/girls in the control of resources and alternate livelihood options, IGAs, business skill training, micro enterprise development, savings and linking with microfinance institutions and micro and small enterprises have been funded. An evaluation of economic strengthening programs funded through PEPFAR/USAID (2010) indicated that IGAs were of questionable quality with little attention to market analysis, resulting in limited measurable impact In order to achieve better results. IGAs should be considered as micro-enterprise, starting with stronger market analysis accompanied by business skills development
Broad areas known to represent serious barriers to prevention and care such as HIV stigma and gender inequality will be imbedded into programming as a cross-cutting theme, such as incorporating gender-equality and anti-stigma themes into HIV prevention messaging. Other examples include addressing critical gender issues that underlie transmission among other vulnerable populations, including early marriage, sexual coercion, and cross generational sex. Gender issues, particularly as they pertain to sex work will be addressed in the packages of services targeted for these populations. Under the MULU Prevention Project, activities will aim to increase community-wide awareness of gender-based violence and stigmatization.

The USG prevention portfolio includes programs aimed at addressing key social issues impacting at-risk sub-populations, including informal transactional sex, sexual coercion and violence. For example, the Population Council program 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 attempts to reach mobile populations who travel from rural to peri-urban areas. FHI360's "Amhara MARPs Program" follows a strategy called "Yewein Zelela" (meaning "Cluster of Grapes"), which implies that MARPs will be approached as individuals and groups and then intervened with based on their sexual network with the general population. Interventions on alcohol and substance use and abuse have been started by Ethiopia Public Health Association (EPHA), JHU/CCP, TransACTIONS, and FHI360. These programs primarily address increased risk behaviors when under the influence of alcohol or illicit substances.

Strategic Information
PEPFAR prevention programs anticipate significant advances over the next 12 months in availability of detailed behavioral and HIV data from general population and key populations as the results of the 2011 DHS, Amhara high school serosurvey, MSM study, and 2012 national MARPs study are released. The USG has been directly involved in the design and implementation of these studies and will contribute to further analysis and dissemination of data together with research staff at EHNRI, Federal HAPCO, and CSA. The release of this data will be an opportunity for GOE and USG to review national strategies and refocus efforts as needed. The results of a study of HIV risk among Amhara secondary students is anticipated by early 2012, and should inform the development of prevention programs for in-school youth at a regional and national level, to be coordinated with the new MULU Prevention programs.

In COP 2012, efforts to evaluate programs and inform policies will be intensified. While a strong focus on most at-risk populations is appropriate in a mixed epidemic, there are concerns that the epidemic may be generalizing in surrounding populations of hot-spots and urban areas. What factors determine how the epidemic is spreading, and what factors have kept it from spreading more readily from urban to rural populations are important in order to know how to structure prevention programs outside of MARPs. Another critical area for planned studies involves how to improve prevention in the context of discordant couples, such as ART, where condom use and abstinence may not be realistic options. Promoting male involvement and targeting couple testing services around the time of childbirth may provide an opportunity to identify discordant couples and reduce HIV transmission while increasing uptake of PMTCT at the same time. USG will also build proper evaluation design into all new programs including MULU prevention, so important lessons can be learned as the programs are implemented.

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	14,789	
HTXS	49,305,932	8,000,000
PDTX	4,147,084	0
Total Technical Area Planned Funding:	**53,467,805**	**8,000,000**

Summary:
Political commitment, strong PEPFAR and GFTAM support have resulted in considerable achievements in Ethiopia's treatment program. From a mere 3 sites providing ART in 2003, there are now more than 743 health facilities providing these services throughout the country. The majority of treatment services are provided in the public sector but, PEPFAR has also been supporting the rolling out of ART services in private facilities. As of September 2011, 237,395 adult and pediatric HIV patients are currently receiving ART, approximately 62% of those eligible for treatment. By the end of FY2012, an estimated 298,300 patients will be receiving ARVs in sites directly supported by PEPFAR; national targets estimate 429,384 adults and children with advanced HIV infection will be receiving ART (SPMII). PEPFAR provides all laboratory reagents for ART monitoring.

COP 2012 represents continuation of a major realignment of the care and treatment program that began in FY 2011, based on an interagency assessment of these services and other factors. In line with improving the continuum of clinical care, there will be one CDC partner/region providing technical assistance to comprehensive care and treatment services in Oromia, SNNPR, Addis Ababa as well as continuing the existing arrangement to support both health centers and hospitals by one partner in the six emerging regions (Somali, Dire-Dawa, Harari, Afar, Gambella and Beni-shangul Gumuz regions). In Tigray and Amhara, the current technical assistance support with one CDC partner at hospital level and another USAID partner providing support to health centers will continue. There will be a concerted effort to improve USG partner collaboration and interagency USG teams will be formed in each region to spearhead this and liaise more closely with Regional health bureaus. Based on the recommendations of the assessment team reviewing the Continuum of Clinical Patient Care in Ethiopia, there will be a comprehensive independent external evaluation within 12-18 months across regions to inform strategy for long-term plans and procurements in support of the entire continuum of care from hospital to household. This evaluation would have both quantitative and qualitative components and include the assessment of partner performance and quality of services delivered.

Adult Treatment
Access & Integration
Ethiopia continues to consider adopting the revised WHO 2010 adult treatment guidelines to initiate ART at a CD4 threshold < 350/mm3. All evidence points to improved treatment outcomes by initiating HIV patients earlier in the course of their HIV infection before developing complications of advanced immune suppression, also decreasing patient loss-to-follow-up and mortality at pre-ART stage and bringing further opportunities to prevent HIV transmission. Preliminary estimates suggest an increase of about 25% in the number of eligible patients with the adoption of the new guidelines for the current cohort identified and new enrollees.

With convincing evidence of the effectiveness of treatment as prevention, the USG will continue to advocate for consideration of treatment of the non-infected partner among discordant couples regardless of CD4 or clinical eligibility. Currently there are 743 health facilities providing ART and task shifting to nurses and health officers is widespread. The GOE aims at universal access to increase coverage of eligible patients to 95% by 2014/15 with a target of 429,384 ever started on ART for 2011/2012. This will involve establishing ART services at an increased number of health centers. PEPFAR support to the GOE for this expansion will continue to review the feasibility of this in line with HIV prevalence data, evidence from other countries that quality treatment requires that health workers have a reasonable number of patients under their care, and bearing in mind the cost implications of health facilities providing comprehensive treatment services to a small number of patients.

Ethiopia has an excellent record of rolling out provider initiated testing and counseling (PITC) in facilities but under COP2012, there will be ongoing strengthening and expansion from other services that serve as entry points for ART. Less robust is ensuring that positive individuals identified during Mobile HTC and campaigns targeting high risk groups are linked into care and treatment programs. Country-level data from the current HTC sites indicate that about 40 % of those who tested positive are not linked to care and treatment services. Strengthening the intra- and inter-facility and community linkages will be a priority to ensure that those with known HIV positive status are enrolled early and receiving available preventive and care and treatment services.

Ongoing high levels of stigma and discrimination and other cultural barriers are not conducive to widespread couple testing. COP2012 in the context of a 'family-centered approach', will aggressively promote couple counseling and testing of children in HIV infected families. Early identification of HIV status in family members has allowed for timely recognition of eligibility and access to services. Additionally, disclosure has also enhanced adherence to ART. Close to 60 % of all current ART patients in Ethiopia are adult females, which presents opportunities and entry points for a woman-centered, integrated, family-centered provision of HIV care and treatment services.

As further expanded under the Care TAN, all HIV patients attending ART clinics (ART and pre-ART) are recommended to be screened for TB. Ethiopian guidelines recommend Isoniazid Preventive Therapy (IPT) for all HIV patients without active TB. The implementation of the screening for TB and IPT provision is improving over time, although there remain reports of stock-outs of INH. Screening and diagnosis for other opportunistic infections(OIs), nutritional assessment and counseling, preventive care packages (including safe water, insecticide treated bed nets, cotrimoxazole prophylaxis, condoms) are made available at ART clinics. With opportunistic infections contributing towards the major cause of early death, stock outs of essential drugs for treats of OIs remains challenging.

Current Ethiopian national ART guidelines recommend use of Tenofovir (TDF) in the first line regimen for newly started ART patients. Stavudine (d4T) will be progressively phased-out as existing patients who develop side effects will be shifted to other alternative drugs and no new patients will be put on Stavudine.

Quality & Oversight

Clinical and laboratory monitoring is provided to all ART patients (and pre-ART patients). Patients are followed for development of inter-current illnesses and OIs, adverse drug reactions, adherence to prescribed regimens, changes in anthropometric, hematologic, biochemical, and immunologic parameters, development of clinical and/or laboratory indicators of failure to ART regimens. Monitoring for adverse drug reactions (drug toxicity) is symptom directed. Sample referral systems are in place so that the necessary laboratory services are made available to patients receiving care and treatment services in remote areas and in facilities without the capacity to do these services but there are often delays in

receiving results. Targeted viral load testing is made available in selected high capacity central and regional laboratories. Patients suspected to have ART treatment failure on clinical or immunologic criteria will have viral load testing to confirm this so that they can be switched to second line regimens. Currently, there are only a small percentage of ART patients on second line regimens. Given the size of the ART program and the duration of most patients on ART, the number of patients on second line regimens likely does not reflect the true magnitude of the need for second-line treatment. There is a need to focus mentoring on the better identification of patients with emerging resistance. In collaboration with WHO, a survey using the country adapted 'Early Warning Indicators' (EWI) is being undertaken in Ethiopia. There are plans to conduct an HIV Drug Resistance (DR) study to determine the prevalence of ARV DR among current ART patients and the pattern of HIV resistant mutations. This will provide evidence to inform national policies and ART guidelines for second-line treatment.

To document the successes and challenges, GOE, with technical support from the USG, initiated an outcome evaluation in October 2011. The evaluation uses a retrospective cohort study design and will follow every eligible cases from enrollment to 6 months, 12, 24, 36, 48 and 60 months. It is believed that such data will provide important information on adherence to treatment, clinical and immunological response pattern, development of adverse effects of ARV drugs and occurrence of co-infections across the cohort. The data will also complement the routine HMIS and identify gaps related to treatment data collection and reporting.

The critical health workforce crisis in Ethiopia, with high attrition and rural:urban disparities in staffing, requires task shifting and ongoing comprehensive training on ART. Specific lack of doctors in Ethiopia was one of the reasons behind the GOE task shifting care and treatment to trained lower-level providers. For example, task shifting is already happening between doctors, health officers and nurses, and from nurses to lay counselors. In addition, PLHIV are involved in patient counseling, case management and other facility-based and community based activities. Key to addressing this issue in a more sustainable manner is to include HIV care and treatment in pre-service training and this forms a focus of PEPFAR support.

Mentoring forms a major component of PEPFAR support to care and treatment. With the GOE's ongoing expansion of ART sites, it is essential that USG implementing partners review their mentoring activities in order to triage their support and define ways by which mentoring can take place through the system. In COP 2012, an assessment of partner mentoring will be undertaken to review the effectiveness of mentoring and define key benchmarks for more targeted efforts. This will go hand in hand with concerted efforts to institutionalize quality improvement measures in all health facilities. Each facility is encouraged to have a functional multi-disciplinary team that meets regularly to review ART services and that also develops plans for continuous quality improvement.

Additional efforts will be made to improve USG partner coordination at regional levels by forming regional USG interagency technical/management teams who will improve coordination among USG partners and also with the RHBs. Catchment area meetings will continue to be held at district and regional levels to coordinate and harmonize activities by different partners and stakeholders. Joint site supportive supervision will continue regularly with the GOE, USG agencies, and other stakeholders. Regional review meetings will assess achievements, and identify and address programmatic gaps and challenges as appropriate.

Retention of ART patients in care and treatment services will continue to be a key focus area in COP2012. Case management and linkage to community-level activities will be strengthened. Involvement of PLHIV and their associations is a promising and growing activity in Ethiopia that the USG will continue to foster.

Sustainability & Efficiency
In scaling up the ART program in Ethiopia, improving cost efficiencies is a key priority. In order to gain a better understanding of this, the USG has carried out a number of costing studies and there are further ongoing studies in collaboration with GOE on ART costing. Additionally the HAPSAT model is being used in a gap analysis of the SPMII and also to provide options to assist in further prioritization of interventions, should there be funding gaps.

COP 2011 implemented transition of some of the Track 1 partner to Regional Health Bureaus (RHBs), who have become direct recipients of USG PEPFAR funds (Oromia, Harar, Dire Dawa) and additional RHBs will become direct recipients with COP 2012 (SNNPR, Addis Ababa). The RHBs will take over the planning and implementation of specific programmatic activities in their respective regions. A continued transition plan to incrementally build the capacity of the RHB to take over more activities from US-based implementing partners is designed for the coming years. Similarly, other indigenous partners will be engaged in building their capacity and implementing specific programmatic activities. For example, associations of PLHIV will be working on case management programs at national, regional and site-levels. Learning from the experiences of the track 1.0 program transition, other external partners have been encouraged to develop their own transition plan.

Pediatric HIV Treatment
In 2010, of 2.8 million pregnancies, an estimated 64,000 were HIV-positive mother-exposed infant pairs with a possible estimated transmission to 10,000 infants. In the same year, the number of HIV positive children in the country was estimated to reach close to 80,000. The number of children who accessed care and treatment services is relatively few in comparison to the estimated number of children living with HIV/AIDS in Ethiopia. According to the GOE, about 26,000 children were eligible for ART in 2010, However, relatively few of the eligible children in need of ART had access to HIV care and treatment services. As of September 2011, only 15,229 children were currently on ART, which represents 6% of the total number people on ART in Ethiopia; of these 1021 were under the age of 1 year.

Despite limited experience in pediatric HIV/AIDS care and treatment in Ethiopia, the USG supported GOE efforts to expand pediatric HIV services to a total of 385 health centers and 154 public and private hospitals as of September 2011 representing about two thirds of all sites offering ART services. In an effort to promote pediatric HIV case detection, the USG promoted PICT at all potential child health care service delivery points and enhanced linkages and improving the quality of pediatric HIV/AIDS services in the supported facilities. The USG has continued to provide technical assistance to health facilities 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. Since 2007 when the first national body was established to lead Ethiopia's national pediatric HIV program, the number of children who access ART has risen by five to six fold. As these children reach adolescence, there is a need to address this gap in services. Through specific PEPFAR supported partners and other stakeholders, discussions will be held with the GOE to define and suggest ways to better address the specific needs of HIV positive adolescents.

The barriers to scaling up pediatric care and treatment in Ethiopia 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 (CLHA).

In 2012, it is estimated that 3,000 children will be enrolled on ART and a total of 17,000 will be currently on treatment by the end of FY2012. To achieve these targets, COP2012 will capitalize on both urban areas where HIV prevalence is higher and access to services easier, as well as in rural areas where the GOE is placing great emphasis on rolling out primary health care services. However, in line with the accelerated PMTCT plan to expand the service in high prevalence areas, COP2012 will emphasize strengthening of pediatric care and treatment services in these areas through 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.

COP2012 will continue its support in strengthening the health management system at national, regional and across different administrative levels. Seconding staff to government health offices will be encouraged in the context of assisting the host government to enhance technical capability in leadership and implementation of the program at the national-level. Government ownership and sustainability of pediatric HIV programs will be promoted by encouraging government officers to assume leadership, coordination, and supervisory roles at all levels. COP2012 will support health managers in developing and implementing pediatric HIV work plans and budgets. Increasing pediatric HIV in-service training will also help build capacity.

Furthermore, COP2012 will continue to support the provision of a package of pediatric HIV services, including 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 OIs, basic preventive services such as immunization, psycho-social support, insecticide treated nets (LLITN), safe water, vitamin A and nutritional support. With the adoption of Option A in the 2010 WHO PMTCT guidelines it will be important to follow up adherence to ARVs until infants are weaned. ,

There is a need to strengthen intra and inter facility linkages with other related HIV programs including PMTCT, adult ART, HTC and TB/HIV to ensure that HIV exposed infants will have access to EID and that results are sent back in a timely manner so that they can access care and treatment services. It seems that if epidemiological data is correct, many children might be dying before they can access care and treatment services. Thus strengthening public awareness and links from community level will be vital in order to realize earlier detection of HIV infected infants and children. In collaboration with the Ethiopia AIDS Resource Center (ARC), the effort to increase community demand for pediatric HIV services will be enhanced through development and dissemination of behavior change communication materials related to pediatric HIV under the national strategic communications frame work. Community engagement will be implemented through the HEW program and community volunteers who will be instrumental in encouraging mothers to bring their infants and children to health facilities, ensuring follow up of CLHA and linkage 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. HIV related services for OVCs will be enhanced by strengthening referral to health facilities of all OVC in the community for counseling and testing and availing care and treatment services in orphanages.

COP2012 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 Illness (IMNCI) as a means to address acute care and treatment. In line with ongoing discussions with the GOE on strategic approaches to in-service straining, if requested by the GOE, a Training of Trainers (TOT) course will be provided at the national level with cascade down to regional levels.

Improved coordination among USG agencies is facilitated through the PEPFAR/E PMTCT, OVC and Pediatric Technical Working Group (POP TWG). The POP TWG will ensure that PMTCT, OVC and pediatric care partners work together to improve follow-up of exposed children, increase the pediatric HIV case detection rate and promote continuum of care for HIV exposed/infected children. Appropriate custom indicators will be instituted to monitor and evaluate partner performance with regard to service linkages/integration.

Sustainability of pediatric HIV/AIDS services in Ethiopia will be ensured through defined PEPFAR partner transition and exit strategies placing an emphasis on developing and promoting pediatric HIV sustainable health systems. The USG is an active member of the national taskforce and is currently providing technical assistance. There will be ongoing strengthening of the health network model through improving bi-directional referral mechanisms. Monitoring and evaluation of pediatric HIV programs will be a priority in COP2012. Data will be generated through program reports, field visits, surveys, evaluation studies, and partner performance reviews. The USG's advanced clinical monitoring project at teaching hospitals in selected local universities will establish a database for surveillance and analyzing long term survival outcomes for a cohort of HIV infected people including children. The GOE is planning to conduct an evaluation to assess the nationwide service uptake, treatment outcome, and challenges in the pediatric HIV program in 2011/2012.

The USG will continue to work with other international and bilateral organizations, including the GFATM, WHO, and UNICEF. There are ongoing efforts to strengthen the harmonization of GFATM and PEPFAR inputs. The USG collaborated with the UNICEF and WHO team to advocate for the adoption of the recent WHO PMTCT and pediatric guidelines. The USG is in the process of signing a memorandum of understanding with the UNH4 that is expected to be instrumental to maximize synergy and collaboration in the area of PMTCT and maternal and newborn health. Further support will also be expected from WHO and UNICEF, especially in integrating the delivery of child health services and capacity building to improve HIV exposed infant follow up and early detection and enrollment of HIV infected children into care. The US President's Malaria Initiative (PMI) will be instrumental in the management of childhood malaria, which is one of the leading causes of child mortality in Ethiopia. The USG will also work with GAVI to promote immunization services, particularly to HIV-exposed/infected children.

The USG has been working closely with the Clinton HIV/AIDS Initiative (CHAI), especially in scaling up EID services and procuring pediatric ARVs. A transition plan has been developed for GFTAM to takeover pediatric ARV drug procurement but the USG will work with the GOE and other partners to bridge any gaps that emerge during this transition. Training of health workers in dried blood spot (DBS) sample collection, storage and transportation will be done by USG partners under the leadership of EHNRI. USG 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, COP12 will build upon investments and results achieved in previous years and will evaluate the outcome and cost effectiveness of implemented approaches to ensure efficiency and delivery of quality pediatric HIV treatment services through an integrated, comprehensive and family-centered approach. In line with GHI principles of promoting country ownership and sustainability of the pediatric HIV program, efforts to improve the delivery of integrated services will be a priority.

Cross cutting Priorities
Strategic Information
The most recent data on HIV prevalence comes from the 2009 ANC surveillance report but new DHS+ results are likely to be released in March 2012. Projections of number of HIV+ve people and resulting

targets for those requiring ART are based on the estimated point prevalence taken from the 2005 DHS . Those clients receiving ART are tracked via the national Health Information Management System (HMIS); however there is absence of gender and age disaggregation to match PEPFAR requirements. USG partners at all levels of the treatment continuum "feed" results into and use data regularly from the HMIS. Through USG support, revision and updating of HMIS indicators is underway to address these types of issues with the HMIS.

There is strong GOE ownership of the new HMIS which also is expected to include quality improvement based on data analysis. This requires a change in mind set and will take time to rollout. Currently through our IPs, support is provided for continuous quality improvement (CQI) of HIV services but this requires increased efforts to institute in each facility. This is a major focus for the PEPFAR/E program.

Laboratory
The laboratory continues to play a critical role in supporting the scale-up of ART. The laboratory tiered structure is modeled alongside the health care delivery system with GOE's EHNRI mandated with responsibilities to strengthen the national laboratory system. EHNRI has developed an integrated disease laboratory strategic plan to guide and maintain laboratory standards and quality services as well as their evaluation. The USG endorses the national laboratory strategic plan and supports its implementation.

Under prior COPs, the USG supported all 12 essentials of quality management systems (QMS) by providing Training-of-Trainers workshops at national and regional-levels. Strengthening Laboratory Management towards Accreditation (SLMTA), a curriculum-based practical tool, has been used as an approach to achieve accreditation; 2 laboratories have been enrolled and are at different stages of WHO accreditation. The national HIV drug resistance laboratory has already been accredited by WHO.

To ensure quality of testing, USG-supported laboratories have been using external quality assurance (EQA) programs. More than 145 laboratories have used EQA for ART monitoring - 5 for viral load, 7 for DNA PCR for EID, 1 for HIV-1 drug resistance genotyping, 100 for TB and malaria microscopy and more than 450 facilities for HIV rapid testing. In FY 2012 point of care CD4 machines will be introduced into PMTCT sites and confidential clinics for FSWs to improve identification and access to those eligible for ART. To maintain a quality laboratory workforce, pre-service training has been strengthened. The Laboratory training curriculum has been standardized at all 5 University medical laboratory training schools in addition to provision of audiovisual training and ART monitoring equipment for hands-on experience. More than 500 people have graduated from these programs.

The USG program Supply Chain Management Systems (SCMS) has provided logistical support for procurement, transportation and distribution of laboratory commodities to ART sites. SCMS has also provided support to meet reagent needs as well as improve inventory and forecasting of supplies. These efforts are coordinated with GOE and other donor stakeholders; minimal stock outs were experienced. COP2012 will continue to focus on developing the capacity of GOE towards a more sustainable supply chain (refer to more info below on USG support to the overall supply chain.)

An equipment maintenance policy document has been developed that emphasizes harmonization of equipment procurement as well as the Maputo declaration on standardization of equipment. While there has been policy developed, implementation has not been optimal and clarification is needed as to the relative roles and responsibilities of EHNRI, RHBs and laboratory equipment companies. However, progress has been made in harmonization of EID, CD4 equipment and in some chemistry and hematology equipment. USG is also supporting masters training in Biomedical Engineering through two local universities.

Under the GOE's HIV partnership framework, the USG will continue to work towards a stronger sustainable laboratory system that supports ART. COP2012 will focus on devolving laboratory activities

to the regional-level as well as to other local laboratory organizations (such as EPHLA, EMLA, ENAO) and Universities.

MARPS
Limited data exists on the HIV status of key groups and vulnerable populations in Ethiopia. Anecdotal evidence suggests that HIV prevalence among MARPs ranges from 11-37%. The estimated total number of sex workers (SWs) in Ethiopia is between 60,000-160,000; the estimated HIV Prevalence among SWs in Ethiopia is 25% (UNGASS 2010 report). Confidential clinics will improve access to ART for FSWs and thereby contribute to prevention through treatment. A first-ever sero-behavioral survey is being conducted in Ethiopia starting in fall 2012, which will help provide valuable information to better target treatment services to MARPs.

The GOE with technical assistance from the National HIV Prevention Advisory Group has developed a minimum package of services for MARPs including SWs and men who have sex with men (MSM) with the principle of combination prevention (behavioral, biomedical and structural). However, implementation of ART as part of this minimum package for these marginalized groups is a challenge because national treatment guidelines do not include treatment as preventive measure. The USG has been supporting the establishment of 8 MARPs friendly and confidential outreach clinics for SWs in major cities across the country. Under the new prevention Procurement addressing MARPS, there is scope for expansion of STO clinics for targeted populations. Services include HCT, STI early detection, clinical staging, and access to treatment. COP2012 will continue to expand treatment options to MARPs.

Supply Chain
Antiretroviral drugs are purchased through GFATM resources. It is our understanding from discussions with the GOE, that their current RCC contains sufficient funding for ARVs until 2014, including the possible adoption of the new WHO guidelines. There are concerted efforts by the PEPFAR/E team to harmonize procurements with GFATM; a supply chain committee has been established that has started meeting on a regular basis. In the past, however, PEPFAR has stepped in on a number of emergency procurements when there were impending stock-outs. Should this become necessary PEPFAR will consider utilizing the OGAC Emergency Commodity Fund.

In August 2010, PFSA held a large national forecasting and quantification meeting to estimate requirements of major HIV/AIDS drugs and commodities which involved all major stakeholders. It is planned to hold similar meetings on an annual basis. COP2012 will continue to support building the capacity of the GOE's Pharmaceutical Funds and Supply Agency (PFSA) to strengthen, quantification, forecasting and procurement, storage and distribution of all essential health commodities as well as provide support for maintaining PFSA's management information system and the implementation of the national Pharmaceutical Logistics Master Plan. The USG support for the GOE Pharmaceutical Logistics Master Plan advocates creating strong GOE leadership of the supply chain. Currently with USG support, the GOE, the GFATM and the GOE Pharmaceutical Fund and Supply Agency (PFSA) are acting in significant leadership roles, which is enabling a more sustainable and government "owned " supply chain for Ethiopia. Regardless, challenges continue with stock outs.

Major contributors to the development of a working supply chain are the USG, UNICEF and GFATM. The World Bank, UNFPA and a few others provide smaller contributions. PFSA leads a donor logistics forum every two months. The USG, the GFATM and the GOE have a strong and effective working relationship, which has resulted in the establishment of a monthly supply coordination committee to discuss product selection, bi-annual forecast reviews, joint pipeline reviews, and stock level and distribution, and will take on consumption review responsibilities in FY2012. Quantification is done every 3-5 years. The USG is working closely with the GOE to address concerns about quality of non-ARV local pharmaceuticals. In COP10-11, the USG conducted a Good Manufacturing Practices (GMP baseline assessment of major local manufacturers. The results indicated that some manufacturers meet standards,

while others are working towards meeting standards and improving their GMP rating. COP2012 will conduct baseline post-marketing surveillance of essential medicines and continuous systemic efforts to strengthen the GOE's regulatory authority to conduct facility and manufacturer inspection as well as develop mechanisms to enforce regulations. The USG is also assisting the GOE with revising drug formularies and updating guidelines. The main human resource challenge in supply chain management is the lack of a recognized cadre of professionals for supply chain management; staff rotation and retention remain an issue. The GOE recognizes these issues, and under COP2012, the USG will assist the GOE with establishing a professional supply chain cadre. The USG also is supporting the GOE's vision to establish a Pharmaceutical Information Management System (PIMS) that will provide inventory control and re-order functions to all facilities and PFSA distribution hubs. The paper-based version of the system, called Integrated Pharmaceutical Logistics System (LPLS)currently combines most program commodities and is rolled out in more than 1,000 facilities nationwide. In COP2012, the USG will assist the GOE in broadening the national system and automating supply chain tasks at the GOE central level.

Public Private Partnerships
The private sector has a lot of potential to be a strong USG partner to help both the USG and GOE to reach treatment goals. Specifically, the private sector can broaden the resource base for ART programs, collaborate on addressing the human resource shortage, improving quality of ART by creating innovative approaches, and support creating more sustainable ART services through a market-based approach. The health facilities in Ethiopia are overburdened and cannot meet the demand for ART. Engagement of the private sector will ease this burden. The USG provides technical support for 13 private hospitals that provide ART and 198 private clinics that are engaged in other HIV related services. Under COP2012, the USG aims to create an environment that promotes public private partnerships, which includes advocating for national policies supporting accreditation of private clinics with high patient loads to provide ART and other high impact public health goods and increasing access to commercial loans through the USG Development Credit Authority.

Human Resources for Health (HRH)
Ethiopia suffers from an acute shortage of health workers at every level, including severe shortages in rural areas. The health worker shortage is exacerbated by inequitable distribution of health workers, resulting in severe urban–rural imbalances. The shortages severely hamper the health system of Ethiopia and the expansion of ART in particular. The Governance TAN provides more overall specifics on the HRH issues in Ethiopia. The following specifically focuses on the impact the HRH issue has on HIV/AIDS treatment.

Under prior COPs, the USG has provided technical, financial and material support to the GOE to scale-up and improve the quality of medical and health science education through strengthening institutional capacity of pre-service educational institutions. The USG has also strengthened the leadership, planning, coordination, and management capacity of key government institutions. Moreover, towards increasing country ownership and sustainability of its programs, the USG continued to sub-grant to and build the capacity of local civil society organizations for better leadership, planning, management, and finance of programs. The USG also supports quality improvement interventions and efforts towards service standardization, licensing and certification of health professionals, and accreditation of facilities. On top of these, the USG also supports extensive in-service training in the full range of HIV/AIDS prevention, care and treatment services.

Investing in HRH is one of the USG's top priorities. The USG's long-term worldwide goal is to support the training of 140,000 new health workers and establishment of a sustainable, country-owned HRH system by 2014. COP2012 will continue to support pre-service medical and health science education (as it is a potential intervention area for sustainability and long-term impact), integrated emergency obstetric and surgical officers training (as it is believed to contribute to the reduction of the alarmingly high-level of maternal and child mortality), and strengthening the country's task shifting strategy.

COP 2012 will continue to support urban health extension workers (UHEW) training to improve access and equity to basic health services to the urban population. The USG will also continue to strengthen the capacity of local health professional associations that are engaged in HIV/AIDS related interventions, including continuing professional development and/or continuing medical education interventions. Lastly, the USG has evolved its capacity building interventions and will deliver HIV/AIDS-related in-service training to program managers, health care professionals, community-based organizations and other organizations.

Gender
In the context of the USG gender program framework key guiding principle (transformation of gender related power dynamics at all levels), addressing structural issues and reinforcing them using transformative approaches are vital for achieving PEPFAR prevention, treatment and care goals.

In COP2010, USG partners continued working on mainstreaming gender into HIV/AIDS prevention, treatment, and care and support programs. These include male involvement programs, mitigation of the vulnerability of young migrant girls, negotiation and condom use training for SWs, reproductive health services and awareness building, income generation and urban gardening activities (focused on women, and mothers' support groups), and a forum celebrating and learning from successes and best practices.

COP2012 will continue mainstreaming gender into all levels of programming (national, regional, sub-regional and rural), specifically addressing the five cross-cutting areas - reducing violence and coercion, addressing male norms and behaviors, increasing women's legal rights and protection, increasing women's access to income and productive resources, and increasing gender equity.

The following gender-related activities will be COP2012 priorities - building capacity of women-focused NGOs to mitigate gender-based violence and empower women, strengthen mother support groups, productive skills training, viable income generation activities, development of partner specific gender policies with frameworks that can capture all gender related program issues, harmful male norms, and establishment of gender focal points (GFP) by all partners.

Gender-related barriers in access to services prevent women and men from accessing HIV prevention, treatment and care. As a result more women face barriers due to gender norms particularly because of lack of access to and control over resources, multiple responsibilities such as care for family and community responsibilities, restricted mobility and limited decision-making power. To address these, the USG has given a focus on decentralization of services, a gender- sensitive approach that promotes men involvement in different services of care and in designing programs that mainstream gender in order to enable women and men to readily access services. To make it women/girl focused approach most of the care programs have economic strengthening activities like IGAs, business skill trainings, micro enterprise development, savings and linking with microfinance institutions and micro and small enterprises that will empower women and girls. The viability of economic strengthening programs will be ensured by way of addressing recently identified issues in the assessment. Gender based violence will be integrated as a crosscutting issue due to its multiple limiting factors such as women/girls' ability to negotiate safe sex, high chance of HIV transmission and imposing fear of disclosure of HIV status. Recognition of freedom of movement for women and girls and associated community and clinical interventions are considered.

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P1.1.D	P1.1.D Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women who were tested for HIV and know their results	1,260,875	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	75 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	17,967	
	Number of HIV-positive pregnant women identified in	23,957	

	the reporting period (including known HIV-positive at entry)		
	Life-long ART (including Option B+)	7,905	
	Newly initiated on treatment during current pregnancy (subset of life-long ART)		
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)		
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	0	
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and deliverY)	10,062	
	Single-dose nevirapine (with or without tail)	0	
ET.235	The total number of whole blood units collected by the NBTS network that have been screened for all	1	Redacted

	four transfusion transmissable infections and are available for transfusion		
ET.236	ET.236 Proportion of health facilities receiving at least 80% of blood units used for transfusion from the National Blood Transfusion network.	80 %	Redacted
	The number of hospitals authorized to perform transfusions which receive at least 80% of their blood units transfused in a year from the NBTS network	95	
	The total number of hospitals authorized by the national government to perform blood transfusions	119	
P5.1.D	Number of males circumcised as part of the minimum package of MC for HIV prevention services per national standards and in accordance with the WHO/UNAIDS/Jhpieg	10,000	Redacted

	o Manual for Male Circumcision Under Local Anesthesia		
	By Age: <1	50	
	By Age: 1-9	0	
	By Age: 10-14	0	
	By Age: 15-19	0	
	By Age: 20-24	0	
	By Age: 25-49	0	
	By Age: 50+	0	
P6.1.D	Number of persons provided with post-exposure prophylaxis (PEP) for risk of HIV infection through occupational and/or non-occupational exposure to HIV.	3,137	Redacted
	By Exposure Type: Occupational	1,674	
	By Exposure Type: Other non-occupational	660	
	By Exposure Type: Rape/sexual assault victims	803	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted

	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	375,284	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	2,441,622	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on	n/a	Redacted

	abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	1,257,005	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the	620,678	

	minimum standards required		
	By MARP Type: CSW	142,654	
	By MARP Type: IDU	0	
	By MARP Type: MSM	0	
	Other Vulnerable Populations	471,083	
P8.5.D	Number of individuals from target audience who participated in community-wide event	1,923,699	Redacted
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	7,000,000	Redacted
	By Age/Sex: <15 Female	0	
	By Age/Sex: <15 Male	0	
	By Age: <15	622,356	
	By Age/Sex: 15+ Female	0	
	By Age: 15+	6,377,644	
	By Age/Sex: 15+ Male	0	
	By Sex: Female	3,762,260	
	By Sex: Male	3,237,740	
	By Test Result: Negative		
	By Test Result: Positive		
C1.1.D	Number of adults and children provided with	1,412,152	Redacted

	a minimum of one care service		
	By Age/Sex: <18 Female	0	
	By Age/Sex: <18 Male	0	
	By Age: <18	731,256	
	By Age/Sex: 18+ Female	0	
	By Age: 18+	680,896	
	By Age/Sex: 18+ Male	0	
	By Sex: Female	770,000	
	By Sex: Male	642,152	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	469,105	Redacted
	By Age/Sex: <15 Female	0	
	By Age/Sex: <15 Male	0	
	By Age: <15	24,364	
	By Age/Sex: 15+ Female	0	
	By Age: 15+	444,741	
	By Age/Sex: 15+ Male	0	
	By Sex: Female	272,279	
	By Sex: Male	196,826	
C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	71 %	Redacted
	Number of HIV-positive persons	334,291	

	receiving Cotrimoxizole (CTX) prophylaxis		
	Number of HIV-positive individuals receiving a minimum of one clinical service	469,105	
C2.3.D	C2.3.D Number of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	n/a	Redacted
	Number of clinically malnourished clients who received therapeutic and/or supplementary food during the reporting period.	58,361	
	Number of clients who were nutritionally assessed and found to be clinically malnourished during the reporting period.		
	By Age: <18		
	By Age: 18+		
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	93 %	Redacted
	Number of	434,843	

	HIV-positive patients who were screened for TB in HIV care or treatment setting		
	Number of HIV-positive individuals receiving a minimum of one clinical service	469,105	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	3 %	Redacted
	Number of HIV-positive patients in HIV care who started TB treatment	15,215	
	Number of HIV-positive individuals receiving a minimum of one clinical service	469,105	
C4.1.D	C4.1.D Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	65 %	Redacted
	Number of infants who received an HIV test within 12 months of birth during the reporting period	15,487	

	Number of HIV-positive pregnant women identified in the reporting period (include known HIV-positive at entry)	23,957	
	By timing and type of test: either virologically between 2 and 12 months or serology between 9 and 12 months	4,544	
	By timing and type of test: virological testing in the first 2 months	10,943	
C5.1.D	By Age: <18	102,578	Redacted
	By Age: 18+	98,863	
	Number of adults and children who received food and/or nutrition services during the reporting period	201,441	
	By: Pregnant Women or Lactating Women	5,200	
T1.1.D	By Age/Sex: <15 Female	1,478	Redacted
	By Age/Sex: <15 Male	1,543	
	By Age/Sex: 15+ Female	38,575	
	By Age/Sex: 15+ Male	26,430	
	By Age: <1	280	
	By: Pregnant Women	1,314	
	Number of adults and children with advanced HIV	68,026	

	infection newly enrolled on ART		
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	298,345	Redacted
	By Age/Sex: <15 Female	8,360	
	By Age/Sex: <15 Male	8,705	
	By Age/Sex: 15+ Female	167,083	
	By Age/Sex: 15+ Male	114,197	
	By Age: <1	1,392	
T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	80 %	Redacted
	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	50,191	
	Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART,	62,739	

	and those lost to follow-up.		
	By Age: <15	3,394	
	By Age: 15+	46,797	
T1.5.D	Number of health facilities that offer ART	599	Redacted
	By type of site: NGO	8	
	By type of site: Private	57	
	By type of site: Public	534	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	657	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	49	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	6,603	Redacted
	By Cadre: Doctors	598	
	By Cadre: Midwives	1,552	
	By Cadre: Nurses	1,345	
H2.2.D	Number of community health and para-social workers who successfully completed a	60,674	Redacted

	pre-service training program		
H2.3.D	The number of health care workers who successfully completed an in-service training program	69,021	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	1,820	

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7515	U.S. Department of Defense (Defense)	Other USG Agency	U.S. Department of Defense	GHP-State	597,951
7530	Save the Children US	NGO	U.S. Agency for International Development	GHP-State	0
7566	International Center for AIDS Care and Treatment Programs, Columbia University	University	U.S. Agency for International Development	GHP-State	333,113
10515	Clinical and Laboratory Standards Institute	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
10516	International Center for AIDS Care and Treatment Programs, Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	16,301,709
10517	Hawassa University	University	U.S. Department of Health and Human	GHP-State	88,760

			Services/Centers for Disease Control and Prevention		
10518	Defense University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	30,000
10520	Johns Hopkins University Bloomberg School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	16,803,804
10529	Ethiopian Public Health Association	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,719,512
10534	Federal Ministry of Health, Ethiopia	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,329,762
10545	International Rescue Committee	NGO	U.S. Agency for International Development	GHP-State	120,000
10546	IntraHealth	NGO	U.S. Agency for	GHP-State	0

	International, Inc		International Development		
10548	Jimma University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	88,520
10557	Mekele University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	149,760
10558	Ministry of National Defense, Ethiopia	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	770,933
10559	National Alliance of State and Territorial AIDS Directors	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	975,351
10564	Population Council	NGO	U.S. Agency for International Development	GHP-State	0
10592	Pathfinder International	NGO	U.S. Agency for International Development	GHP-State	0

10599	American International Health Alliance Twinning Center	NGO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	3,020,000
10601	Addis Ababa University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	231,762
10603	American Society of Clinical Pathology	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
10604	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
10606	African network for Care of Children Affected by HIV/AIDS	NGO	U.S. Agency for International Development	GHP-State	0
10663	American Society for Microbiology	Private Contractor	U.S. Department of Health and Human Services/Centers	GHP-State	250,000

			for Disease Control and Prevention		
11033	U.S. Department of State	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHP-State	350,000
11036	International Rescue Committee	NGO	U.S. Department of State/Bureau of Population, Refugees, and Migration	GHP-State	576,835
11040	United Nations High Commissioner for Refugees	Multi-lateral Agency	U.S. Department of State/Bureau of Population, Refugees, and Migration	GHP-State	2,030,705
11041	University of Connecticut	University	U.S. Department of Defense	GHP-State	0
12303	Johns Hopkins University Bloomberg School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,138,744
12304	World Health Organization	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,100,000
12306	Organization for Social Services for AIDS (OSSA)	NGO	U.S. Department of Health and Human Services/Centers	GHP-State	1,447,052

			for Disease Control and Prevention		
12307	Pathfinder International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	439,139
12313	NETWORK OF NETWORKS OF ETHIOPIANS LIVING WITH HIV/AIDS (NEP+)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,300,000
12314	Ethiopian Society of Obstetricians and Gynecologists	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,100,000
12319	Federal Police, Ethiopia	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	250,173
12321	Gondar University	University	U.S. Department of Health and Human Services/Centers for Disease	GHP-State	105,000

			Control and Prevention		
12932	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	11,127,676
12955	JHPIEGO	University	U.S. Agency for International Development	GHP-State	1,200,000
13039	Ethiopia HIV/AIDS Counselors Association (EHACA)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	300,000
13053	Family Guidance Association of Ethiopia	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,866,225
13158	Federal Ministry of Health, Ethiopia	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,600,000
13188	African Field Epidemiology Network	NGO	U.S. Department of Health and Human	GHP-State	150,000

			Services/Centers for Disease Control and Prevention		
13254	Tulane University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	5,524,966
13450	Johns Hopkins University Bloomberg School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,376,212
13456	Clinton Health Access Initiative	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,210,000
13470	University of California at San Diego	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	4,872,951
13521	Population Services International	NGO	U.S. Department of Health and Human Services/Centers	GHP-State	433,407

			for Disease Control and Prevention		
13530	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,005,344
13597	Mayo Clinic	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	250,000
13652	JHPIEGO	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	275,000
13770	Harari Regional Health Bureau	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	250,000
13794	Oromia Health Bureau, Ethiopia	Host Country Government Agency	U.S. Department of Health and Human Services/Centers	GHP-State	500,000

			for Disease Control and Prevention		
13926	Mekele University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	128,000
13928	TBD	TBD	Redacted	Redacted	Redacted
13929	Dire Dawa City Administration Health Bureau	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	250,000
13930	TBD	TBD	Redacted	Redacted	Redacted
13931	TBD	TBD	Redacted	Redacted	Redacted
13932	TBD	TBD	Redacted	Redacted	Redacted
13933	TBD	TBD	Redacted	Redacted	Redacted
13934	TBD	TBD	Redacted	Redacted	Redacted
13948	TBD	TBD	Redacted	Redacted	Redacted
14186	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	0
14187	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	500,000
14188	KNCV Tuberculosis Foundation	NGO	U.S. Agency for International Development	GHP-State	785,236
14189	World Vision International	FBO	U.S. Agency for International	GHP-State	0

			Development		
14190	DDS subgrants Cabo Delgado	Host Country Government Agency	U.S. Agency for International Development	GHP-State	0
14192	International Relief and Development	NGO	U.S. Agency for International Development	GHP-State	8,000,000
14193	Abt Associates	Private Contractor	U.S. Agency for International Development	GHP-State	1,000,000
14194	Abt Associates	Private Contractor	U.S. Agency for International Development	GHP-State	0
14195	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	900,000
14203	TBD	TBD	Redacted	Redacted	Redacted
14206	TBD	TBD	Redacted	Redacted	Redacted
14207	TBD	TBD	Redacted	Redacted	Redacted
14208	TBD	TBD	Redacted	Redacted	Redacted
14209	TBD	TBD	Redacted	Redacted	Redacted
14210	TBD	TBD	Redacted	Redacted	Redacted
14211	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	0
14212	United States Pharmacopeia	Private Contractor	U.S. Agency for International Development	GHP-State	800,000
14213	Save The Children Federation Inc	NGO	U.S. Agency for International Development	GHP-State	1,500,000
14214	Save the Children US	NGO	U.S. Agency for International Development	GHP-State	0

14215	TBD	TBD	Redacted	Redacted	Redacted
14217	World Food Program	Multi-lateral Agency	U.S. Agency for International Development	GHP-State	1,200,000
14218	TBD	TBD	Redacted	Redacted	Redacted
14220	TBD	TBD	Redacted	Redacted	Redacted
14221	Agricultural Cooperative Development International Volunteers in Overseas Cooperative Assistance	NGO	U.S. Agency for International Development	GHP-State	686,362
14222	International Resources Group	NGO	U.S. Agency for International Development	GHP-State	200,000
14223	TBD	TBD	Redacted	Redacted	Redacted
14224	TBD	TBD	Redacted	Redacted	Redacted
14228	TBD	TBD	Redacted	Redacted	Redacted
14230	TBD	TBD	Redacted	Redacted	Redacted
14232	Pact, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	6,993,250
14234	TBD	TBD	Redacted	Redacted	Redacted
14236	United Nations Children's Fund	Multi-lateral Agency	U.S. Agency for International Development	GHP-State	1,107,960
14267	Regional Procurement Support Offices/Ft. Lauderdale	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHP-State	14,670,000
14308	Measure Evaluation	NGO	U.S. Agency for International	GHP-State	1,148,700

			Development		
14309	World Health Organization	Multi-lateral Agency	U.S. Agency for International Development	GHP-State	1,060,526
14310	TBD	TBD	Redacted	Redacted	Redacted
14311	TBD	TBD	Redacted	Redacted	Redacted
14333	TBD	TBD	Redacted	Redacted	Redacted
14351	TBD	TBD	Redacted	Redacted	Redacted
14354	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State	12,991,284
14359	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	1,148,283

Implementing Mechanism(s)

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: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 597,951	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	597,951

Sub Partner Name(s)

(No data provided.)

Overview Narrative

DOD supports the Ethiopia National Defense Force (ENDF) HIV/AIDS Strategic Plan to reduce the rate of new HIV infection and mitigate the impact of existing infection within the ENDF. The DOD provides technical support to ENDF in several key areas to include prevention, blood safety, male circumcision, health system strengthening, and overall building of ENDF management capacity to lead and manage their own HIV program efforts. The target population is approx. 1 million people, which includes 150,000 – 200,000 active duty personnel, their families, and ENDF civilian employees stationed throughout Ethiopia. DOP also supports ENDF participation 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 strategic information 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. A monitoring system is in place to routinely measure program performance. The program aligns with the goals of the GOE and USG Partnership Framework and Global Health Initiative.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	150,000
Human Resources for Health	60,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Military Population
Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	**7515**
Mechanism Name:	**Ethiopian National Defense force**
Prime Partner Name:	**U.S. Department of Defense (Defense)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

Under COP2012, the DOD will provide technical assistance and support to the ENDF's care and support efforts through the direct procurement of safe and potable water tank systems to be put in place in health

facilities and other care and support services outlets that provide services to HIV positive military personnel and their families.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

Under COP2012, DOD will continue to provide SI technical assistance to ENDF to build their capacity to collect, use and analyze, monitor, evaluate, and disseminate key data related to their HIV/AIDS activities. In addition, DOD will assist ENDF in identifying, developing and implementing surveillance studies to further enhance their SI efforts and guide their HIV/AIDS activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	19,151	0

Narrative:

DOD support of the ENDF HIV/AIDS program has always centered on ENDF ownership of their program with training and capacity development within ENDF to lead and manage their own activities. Under COP2012, DOD will provide technical assistance to ENDF in hospital and health systems administration. Management systems for such areas as human resources, staff forecasting, and logistics management, will be adapted and implemented within ENDF clinical care sites. DOD will provide continuing education and in-service training for ENDF personnel in areas related to leadership and management and HIV/AIDS clinical training / re-fresher training to ENDF health personnel.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	180,000	0

Narrative:

Under COP2012, the ENDF male circumcision program will continue as a component of the ENDF comprehensive prevention program. DOD will support ENDF's efforts to scale up static MC sites from 2 to 28 and outreach sites from 4 to 6. The ENDF MC outreach sites include military training camps and centers and aim to provide MC services to new ENDF recruits. Overall, DOD's goal is to each 4,000 ENDF military men with MC services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	0	0

Narrative:

The ENDF Blood Safety Program will continue to receive technical assistance from DOD to scale up collections, processing and distribution of safe blood. Under COP2012, DOD will provide technical assistance to the ENDF Blood Program in support of strengthening (1) IT services for the ENDF Blood Processing and Tracking Computer System, (2) supply management and resupply of reagents and consumable supplies, (3) maintenance of equipment, (4) mobile blood collection and transportation, and (5) building leadership and management capacity. DOD will assist the ENDF to establish 3 transfusion services at ENDF hospitals and one additional transfusion service at the ENDF Central Command. In addition, DOD will support the placement of a Blood Project Coordinator within ENDF who will coordinate the existing central Defense Blood bank and oversee the newly established 4 transfusion services sites. DOD Blood Bankers will provide technical assistance to ensure that all ENDF blood safety services are in accordance with International Blood Safety Guidelines and Protocols.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	0	0

Narrative:

Under COP2012, the DOD will provide IP-related technical assistance and procurement of IP materials for ENDF health facilities. Specific areas of support will include training (including refresher training) in IP standards and protocols, technical assistance to improve infection prevention management and monitoring systems, and direct procurement of IP supplies, to include laundry machines for ENDF health facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	38,800	0

Narrative:

Under COP2012, DOD will continue to support ENDF efforts to integrate "AB" messages within their prevention activities targeted to the ENDF target population. Approximately 7 geographic hotspots within the ENDF target population have been identified to intensify prevention efforts, and "AB" messaging and activities will be implemented as appropriate alongside other broader ENDF prevention efforts. ENDF aims to reach over 150,000 of their target population with "AB" messaging. In addition, the DOD will work with the ENDF HIV Coordination Office to ensure their understanding of the importance of "AB" messaging and related efforts as a part of their combination HIV prevention program. DOD will sub-grant HVAB funding to Family Health International to implement prevention activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	360,000	0

Narrative:
Under COP2012, DOD will continue to support sexual prevention efforts within the ENDF target population, specifically focusing on prevention and management of sexually transmitted infections and increasing condom use. Approximately 7 geographic hotspots within the ENDF target population have been identified to intensify prevention efforts. The DOD aims to have ENDF reach at least 150,000 people within their target population with HIV prevention messages. In addition, the DOD will work with the ENDF HIV Coordination Office to support their efforts to provide a combination HIV prevention program to their target population. A key prevention intervention initiated in previous years to improve the condom supply and distribution system specifically for the ENDF will continue, as will the "camouflage condom repack", which has been adapted for the ENDF military situation. An issue to be address under COP2012 is the shortage of STI drugs to support the ENDF prevention program. The DOD will work with the ENDF and other USG PEPFAR partners to identify and resolve the supply problem. DOD will sub-grant HVOP funding to Family Health International to implement prevention activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:
Under COP2012, the DOD will provide technical assistance and support to the ENDF's ART adherence support program for HIV positive military personnel and their families. This DOD activity will work in collaboration with the DOD University of Connecticut PwP program activities. With support from DOD, the ENDF aims to reach 1,800 HIV positive military personnel and eligible spouses ART adherence support.

Implementing Mechanism Details

Mechanism ID: 7530	Mechanism Name: Save the Children TransACTION Project
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**

GHP-State	0

Sub Partner Name(s)

Mekdim Ethiopia	Propride	

Overview Narrative

The Save the Children TransACTION Project's goal is to prevent new HIV infections among at risk populations and strengthen linkages to care. This program will continue to contribute to the PEPFAR prevention response under the PF and the GHI principles largely focused on promoting health and well-being among women and girls who are exposed to unwanted pregnancy, HIV, other STIs and violence risk factors. Local ownership and transitioning is promoted through mentoring and involving the GOE, local CSOs and associations formed by target groups such as the Association for Truckers. TransACTION will be implemented in 120 towns along the four major transportation corridors of Ethiopia: Addis Ababa-Djibouti, Addis Ababa-Adigrat, Addis Ababa-Gondar, and Modjo-Dilla. The target populations are adult men and women residing in and transiting through these urban areas, including transportation workers, sex workers, girls and women engaged in transactional sex, and other men with disposable income including migrant workers. Embracing a continuum of response approach, Trans ACTION promotes HIV prevention and sexual health promotion for at risk groups linked with stronger facility and community-based follow-up and support when these groups are found to be HIV positive. The program provides a combination of prevention services in a cost effective way by leveraging resources from other partners. The program will have both a mid-term and a final external evaluation to chart activity progress. The program estimates the purchase or lease of 3 vehicles to assist with activity implementation and monitoring. Though no COP12 funds are being requested for this project, the project will continue as described using pipeline funds.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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:	**7530**
Mechanism Name:	**Save the Children TransACTION Project**
Prime Partner Name:	**Save the Children US**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

It is expected that the mechanism shall receive funding in COP FY 2012. The Care and Support Services under this mechanism are primarily targeting HIV-positive sex workers and their clients, migrant workers, women engaged in transactional sex, and their families. The services will be provided directly at private health facilities at both the household and community level. All services will develop active linkages and follow up to public health facilities. This year, the program will cover 120 towns in 8 regions of Ethiopia. Addressing the PEPFAR strategic objectives to prevent new HIV infections among at-risk populations, TransACTION program activities will strengthen linkages to care and support services in towns and commercial hotspots along major transportation corridors. TransACTION will strengthen the linkages of HIV-positive individuals and their involvement in care and support services. To this end, TransACTION will deploy HIV-positive Case Managers in high-volume private facilities that provide free HIV testing. These care providers will mentor newly diagnosed and known HIV-positive MARPs to help them adhere to HIV/AIDS care and support services. The program will use prevention messaging combined with behavior change communications strategies to better inform this new community. HIV-positive individuals will receive home-based care, including spiritual and economic support, as well as referrals for food and other support services. TransACTION will ensure the quality of care and support by providing refresher trainings to community-based home care providers. The program will

integrate regular mentoring and supportive supervision sessions to reinforce quality and consistency of services provided. People living with HIV 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
Prevention	HVAB	0	0

Narrative:

TransACTION will reach most-at-risk populations (MARPs) and highly vulnerable populations concentrated along the major transportation corridors impacting 120 towns in 8 regions of Ethiopia. The TransACTION program will target at risk youth (aged 15-25), older men, and women engaged in transactional and commercial sex. The program will also actively engage individuals and groups at the community and household levels, including local leaders and police officers, to foster an enabling environment and adoption of social norms that promote healthy sexual behavior and practices. HVAB funds will primarily support a communication tool consisting of 15 activities designed to stimulate community dialogue on multiple concurrent partnerships, male-dominant norms, gender-based violence, stigma and discrimination against MARPs and vulnerable populations, and unhealthy sexual behaviors. The TransACTION program will select and train a cadre of peer educators to provide education on comprehensive HIV prevention topics. The project will specifically engage potential clients of sex workers as well as discourage transactional sex among youth. Stigma reduction activities might also be incorporated to engage families and communities where MARPs reside. The program will integrate mentoring and supportive supervision on a regular schedule to ensure and reinforce quality and consistency of comprehensive messages being communicated. The program will assess the quality of peer education and communication skills through exit interviews, supervisory checklists, self-assessment tools, content knowledge tests, and evaluation of standardization of delivery.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

The TransACTION program targets most-at-risk populations (MARPs) and other highly vulnerable populations including sex workers and their clients, long distance truck drivers, migrant workers and other at-risk groups for HIV counseling and testing (HCT) services. The HIV prevalence among these groups widely varies with a range of 10-30%. The TransACTION program successfully tested 40,000 individuals from these groups in the last six months of FY 2011. The program consists of two main approaches in its implementation of HCT services. First, the HCT service is linked to intensive behavioral interventions, peer education and other prevention packages. Peer educators typically refer MARPs and other

vulnerable populations to public, private and mobile outreach testing outlets. TransACTION may also incorporate some innovative approaches such as reimbursement vouchers for MARPs and vulnerable populations to access services as needed. Outreach activities supporting HCT services were organized in several different towns with the result of 31,915 MARPs and highly vulnerable accessing services.219 private health professionals and laboratory technicians were trained in various topics such as syndromic management for sexually-transmitted infections (STI) and provider-initiated counseling and testing (PICT), The second main approach to better facilitate access to HCT services involves the use of drop-in centers and STI screening and treatment facilities, where PICT is primarily employed. An estimated amount of >85% of the funding for HCT is budgeted for MARPs and highly vulnerable populations. TransACTION will use the national testing algorithm, which recommends serial testing with three tests (screening, confirmatory and tie breaker). The TransACTION program will provide HCT, referrals and linkages to anti-retroviral therapy and other HIV/AIDS services that all together form a supportive environment guaranteeing quality care and support for MARPs and their families. The program will assure data quality through an external review of data collected at each private facility and through data quality assessment examining data accuracy and reliability.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

The TransACTION program will reach 55,000 most-at-risk populations (MARPs) and other highly vulnerable populations, such as female sex workers (FSW), long-distance truck drivers, female staff in food service establishments, and mobile daily laborers. In Ethiopia, women are highly involved in transactional or commercial sex, while men are largely mobile, engaging in multiple concurrent relationships (MCP). In 2009, the TransACTION program estimated that 30,000 FSWs were operating in the major towns where activities were being implemented. The program will expand access to critical combined prevention information and services for MARPs and will extend to 30 new towns in the western transportation corridors of Ethiopia. This expansion will increase program coverage by 50%, as compared with last year. Program activities will integrate such interventions as standardized behavior change communication tools and peer education guides. The behavioral interventions will engage all mobile target groups to participate in 8-10 weekly intensive sessions combined with reinforcement activities. Correct and consistent use of condom messages combined with counseling, testing and treatment services and economic strengthening will be promoted through TransACTION, along with a reduction in MCP and in transactional sex. The program's 250 condom service outlets will distribute 2 million condoms. More than 100 private and public facilities will provide testing and treatment services for HIV and sexually-transmitted infections and reproductive health services. Income-generating activities, such as savings groups and market-based vocational/apprenticeship training programs, will be

developed to economically support 2,400 individuals with an emphasis on MARPs and other highly vulnerable groups. The program will integrate mentoring and supportive supervision on a regular schedule to ensure and reinforce quality and consistency of comprehensive messages being communicated. The program will assess the quality of peer education and communication skills through exit interviews, supervisory checklists, self-assessment tools, content knowledge tests, and evaluation of standardization of delivery.

Implementing Mechanism Details

Mechanism ID: 7566	**Mechanism Name: Malaria Laboratory Diagnosis and Monitoring**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: International Center for AIDS Care and Treatment Programs, Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 333,113	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	333,113

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the Malaria Diagnosis and Monitoring (MLDM) project is to strengthen the malaria diagnostic capacity of laboratories in Oromia by providing technical, strategic, managerial and operational support. This is a PEPFAR cross-cutting project with the Presidents' Malaria Initiative (PMI) with the following objectives: 1) Strengthen the linkage between malaria and HIV diagnostic and treatment services at health centers in Oromia and 2) Assess the burden of malaria/ HIV co-infections in HIV and malaria patients attending health facilities in Oromia. This project contributes to the PF as well as GHI strategies in terms of system strengthening for sustainable health care service delivery. The project strategy improves cost-efficiency by addressing the laboratory diagnostic issues for malaria as well as HIV care. Since this capacity building intervention is carried out in public health facilities, a number of trainings and

TA is provided to enable local health facilities to conduct quality laboratory services. Training is provided for clinic staff on chronic HIV care, malaria case management, laboratory diagnosis and malaria HIV-co infection care. Rapid HIV testing standard operating procedures (SOPs) are being used in PEPFAR-supported facilities and this project is adapting them to be used in the PMI-supported facilities. In collaboration with Oromia regional laboratories, ICAP conducts quarterly monitoring supervision visits and collects slides to strengthen the HIV External Quality Assurance (EQA) and to integrate with the malaria EQA scheme. The HIV/ malaria co-infection assessment is being conducted in selected facilities.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Malaria (PMI)

Budget Code Information

Mechanism ID:	**7566**
Mechanism Name:	**Malaria Laboratory Diagnosis and Monitoring**
Prime Partner Name:	**International Center for AIDS Care and Treatment Programs, Columbia University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	HLAB	333,113	0

Systems			

Narrative:

Through the Malaria Laboratory Diagnosis and Monitoring (MLDM) project, PEPFAR/ Ethiopia supports a number of clinical laboratories to strengthen the linkage between malaria and HIV diagnostic and treatment services at health centers in Oromia. ICAP is providing technical, strategic, managerial and operational support in 57 laboratories which would benefit individuals who need malaria and HIV care and treatment. Staff from HIV care clinics are trained on malaria/HIV diagnostics, the integration of malaria/HIV QA/QC systems, and strengthening mentoring and supervision. The EQA scheme is implemented in 51 MLDM project facilities. The overall agreement of the slide reading in the first EQA round was on average 87%. In collaboration with IMAD, ICAP initiated the introduction of a Malaria Microscopy Accreditation Course (MMAC) in an effort to transition accredited laboratory services to in-country partners. Due to the planned expansion of MLDM activities to 113 new facilities, COP 2013 funding for this mechanism is estimated to be $650,000.

Implementing Mechanism Details

Mechanism ID: 10515	**Mechanism Name: Capacity Building Assistance for Global HIV/AIDS Laboratory Guidelines and Standards Development and Enhancing Laboratory Quality Improvement Skills through Quality Systems Approach**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 200,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The Clinical Laboratory Standards Institute (CLSI) provides technical support for the development and standardization of documents and records. The support is centralized at EHNRI but has nationwide impact and facilitates the laboratory support activities of all other laboratory-related PEPFAR/E partners. The goal of CLSI's program is to implement the quality management system (QMS) and internationally recognized laboratory standards into national, regional and hospital laboratories. CLSI provides technical assistance to raise laboratory assessment scores per the WHO/AFRO stepwise accreditation scheme at national reference laboratories and transfers laboratory assessment skills to lead laboratory assessors. CLSI's support for laboratory accreditation links with the Ethiopian National Accreditation Office (ENAO), a recently established government accreditation agency, and establishes a national laboratory accreditation system. CLSI will ensure increased development of national laboratory operational and quality management for sustainability of the QMS and support the achievement of accreditation at targeted laboratories. CLSI's laboratory support strategy is to assign expertise /mentors centrally at EHNRI to work with laboratory management, quality officers and technical staff to enhance national program management capacity. CLSI works in tandem with local HHS/CDC Ethiopia laboratory personnel who are co-located in EHNRI, thereby maximizing efficiency in terms of cost and having technical assistance appropriately targeted in advance from within. The CLSI program supports the laboratory strengthening goals of the GOE's National Strategic Plan II (SPMII) as well as the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	90,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10515**
Mechanism Name:	**Capacity Building Assistance for Global HIV/AIDS Laboratory Guidelines and Standards Development and Enhancing Laboratory Quality Improvement Skills through Quality Systems Approach**
Prime Partner Name:	**Clinical and Laboratory Standards Institute**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	200,000	0

Narrative:

This is a continuing activity with emphasis on supporting laboratory accreditation efforts. CLSI provides technical assistance (TA) to EHNRI for the development of standard operating procedures (SOP), protocols and guidelines. CLSI trains quality officers on quality management systems and SOP writing and utilization. CLSI systematically assesses different units of the national reference laboratory and two regional laboratories. Important gaps have been identified which need to be addressed for the laboratories to move towards accreditation. Based on the assessment findings, CLSI has developed a comprehensive scope of work focused on quality improvement to help the laboratories implement at least the minimum quality standards. CLSI provides laboratory assessors' training for quality officers to help the WHO/AFRO laboratory accreditation scheme implementation. In FY2012, CLSI will continue providing TA for implementing the QMS, participating in quality assurance and auditing programs and strengthening the Ethiopian National Accreditation Office (ENAO) program initiatives specific to accreditation and local capacity development efforts for sustainability and ownership. CLSI's TA initiative to ENAO will be done jointly with EHNRI and HHS/CDC Ethiopia staff to develop a laboratory accrediting agency with technical and human resource capacity that is in-line with the WHO/AFRO accreditation efforts. CLSI will continue to provide TA in developing and harmonizing SOPs and ensuring proper utilization via customizing and refining. CLSI will assist with development of guidelines and standards in the preparation of test panels, EQA data analysis and interpretation and evaluation of the program. CLSI will continue to strengthen the EHNRI's national leadership in the implementation of the WHO/AFRO step-wise accreditation and support the initiatives of the ENAO for long term suitability of the program and as a transition strategy.

Implementing Mechanism Details

Mechanism ID: 10516	**Mechanism Name: US University support to Ethiopia HIV/AIDS Program**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: International Center for AIDS Care and Treatment Programs, Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 16,301,709	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	16,301,709

Sub Partner Name(s)

Adama Life Saving Association	Mekdim Ethiopia	Somali Regional Health Bureau
TBD	Yetesfay Bisrat Misrak Association	

Overview Narrative

This is a continuing activity. Columbia University (CU ICAP) supports comprehensive HIV services to decrease new HIV infections, expand ART services and provide care and support to PLHIV and their families. CU ICAP supports activities in Oromia, Harari and Somali Regional States, and the Dire-Dawa City Administration. It covers all hospitals and health centers providing HIV/AIDS services in these regions, including urban and rural populations, pastoralist and mobile populations. All but Somali Region have started direct agreements with the USG through PEPFAR to facilitate transition in partnership with CU ICAP. CU ICAP's focus under COP2012 is to integrate PMTCT services with MNCH services and provide HIV, HTC, ART and care and support services; integrate TB/HIV services; provide comprehensive HIV-related laboratory services and support the health management information system; implement a quality improvement system; increase human resources capacity, especially new medical doctors and emergency surgical officers; and build FMOH/RHB capacity to support delivery of standardized HIV services. As part of the 2012 USG PEPFAR interagency reconfiguration in Ethiopia, ICAP will assume new responsibility for at least 186 health centers in Oromia Region in addition to 39

hospitals, accounting for ~24% of PEPFAR-supported ART patients in Ethiopia. Given this expansion, CU ICAP may require an additional 30 purchased/leased vehicles with a unit cost of ~$45,000. The CU ICAP program supports the goals of the GOE's National Strategic Plan II (SPMII) as well as the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. CU ICAP has a system in place for routine performance monitoring and reporting.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	500,000
Food and Nutrition: Policy, Tools, and Service Delivery	200,000
Gender: Reducing Violence and Coercion	120,000
Human Resources for Health	3,500,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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)
Mobile Population
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**10516**
Mechanism Name:	**US University support to Ethiopia HIV/AIDS Program**
Prime Partner Name:	**International Center for AIDS Care and Treatment Programs, Columbia University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,010,664	0

Narrative:

In FY2010 and 2011, CU ICAP has supported health facilities to develop community resource mapping matrices which could assist referrals of PLHIVs from health facilities to the community based organization (CBO) for various care and support services. Under COP2012, CU ICAP will continue its support in updating the community based resource mapping matrix and encourages CBOs involvement in MDT as well as catchment area meetings in order to enhance the referral linkages. It also strengthens the capacity of case managers and adherence supporters' interaction with the CBOs as well as with the HSEP in order to enhance the tracing of LTFU PLHIVs who are in chronic care. In order to improve retention of PLHIVs in care, CU ICAP continues supporting nutrition assessments, counseling and support services at ART and PMTCT units in collaboration with USAID partners working in the area. It also ensures the availability, distribution, proper training, utilization, and monitoring of the adult preventive care package in all facilities. CU ICAP will also provide TA and in-service training on improved WASH behavior and practice for different cadres of health care workers using the training material adopted by AIDSTAR-One.

IEC/BCC materials will be developed and translated to local languages to bring about an evidence-based behavior change and reinforce the simple doable actions of WASH. They will work on mental health service integration in some facilities in partnership with JHU-TSEHAI. CU ICAP strengthens site level mentorship and supervision on CPT, considers CPT as one of the quality improvement indicators and will assess healthcare providers' compliance with the national CPT guideline. It strengthens pain assessment and management with pharmacologic and non-pharmacologic interventions to ease distressing pain and symptoms of PLHIVs in all CU ICAP supported facilities. CU ICAP will also develop a pain management monitoring tool and will work closely with PFSA to ensure the supply of pain medicines including oral morphine. CU ICAP will promote the Prevention with Positive/Positive Health and Dignity Prevention (PwP/PHDP) activities in all of its supported facilities and will scale up FP integration into ART units. Throughout CU ICAP's program, linkages with community support services will be created and/or further enhanced. Where applicable, gender issues will be integrated into activities, particularly prevention of gender violence and coercion. Refer to indicators and targets for magnitude and impact of CU ICAP's

program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	800,000	0

Narrative:

In FY2011, CU ICAP continued to provide a full-time TB/HIV integration expert assigned to FMOH/FHAPCO. CU ICAP also assisted the national TB program review, TB treatment regimen shift in supported areas, worked with Jimma and Haramaya Universities to build their capacity, and supported MOH, HHS/CDC, and EHNRI initiatives to establish TB culture facilities at the regions.

Under COP2012, CU ICAP will continue to build the capacity of RHBs and local universities for smooth transition of TB/HIV programs to the RHBs per the transition plan. In collaboration with the RHBs, CU ICAP will continue to support 69+194 sites in 4 regions to provide integrated TB/HIV and MDR TB services. Specific activities include:

• Support routine TB screening in HIV patients and integrate TB screening to ANC, PMTCT and pediatric clinics.
• Strengthen PITC to test all TB patients and suspects for HIV and link HIV co-infected TB patients with HIV care and treatment services.
• Strengthen family based approaches and contact investigations.
• Improve pediatric TB diagnosis for HIV exposed and infected children.
• Scale up IPT uptake to HIV positives.
• Provide CPT to all TB/HIV co-infected patients
• Improve M&E of TB/HIV programs and collaborate with EHNRI in TB/HIV surveillance.
• Develop and share provider support tools for TB/HIV management.
• Collaborate with EHNRI and regional labs to introduce improved TB diagnostic services including bleach concentration, fluorescent microscopy and other technologies as appropriate.
• Support FMOH to roll out the training of physicians on chest X ray reading.
• Support minor renovations of TB clinics, waiting areas and isolation wards to minimize nosocomial transmission.
• Implement basic administrative and environmental TB IC measures, and provide supplies.
• Undertake evaluations to assess impact of IPT and other TB/HIV interventions on morbidity and mortality among HIV patients in care.
• Support MDR-TB treatment scale up at supported regions.
• Support community TB care at Dire Dawa, Harar and Somali regions and pilot community level sputum sample transportation.

• Support the expansion of TB DOTS.
• Improve access to PWP services at the TB clinics.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	473,727	0

Narrative:

CU ICAP led the establishment and rollout of the national pediatric care and support program. In FY 2010, they supported pediatric care and support services at 69 facilities. These services and activities included the initial site-level assessment, training of the multidisciplinary teams, clinical mentoring, data collection and reporting, renovations and supportive supervision. Under COP2012, CU ICAP will support the pediatric services across hospitals and health centers in its entire operational zone including an additional 120 health centers in Oromia. Key activities will include:
• National / regional level support for the development of guidelines, training curricula and standard operating procedures.
• Strengthen EID service delivery as well as the intra-facility linkages required to test and identify HIV positive children.
• Ensure all HIV exposed and infected children/adolescents receive caring and consistent psychosocial support services including HIV status disclosure, adherence counseling and bereavement care.
• Provide on-site implementation assistance, including staff support, implementation of referral systems, and support monthly pediatric HIV/AIDS team meetings.
• Provide training in pediatric care and pediatric preventive care package support.
• Provide clinical mentoring and supervision to realize a multidisciplinary approach for care of HIV exposed and infected children and improve quality of care.
• Develop and distributing pediatric provider job aids and patient education materials related to pediatric care and support.
• Integrate child survival interventions such as - immunization, safe water and hygiene, micronutrient supplement, growth monitoring, and improved infant and young child feeding.
• Support nutrition assessments and counseling as a routine clinical activity and coordinating with USG and other partners for provision of food products.
• Promote interventions to ensure provision of appropriate pain management for infants and children.
• Link families with community resources after discharge.
• Coordinate with other partners to supporting safe water interventions like point of use water treatment by disinfectant and general personal and environmental hygiene.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	HLAB	1,510,203	0

Narrative:

CU ICAP provides integrated laboratory service support to 75 health centers and hospitals and 3 regional laboratories. The support included on-site and off-site trainings, site level mentorship and coaching, minor renovation and procurement of small laboratory equipment/accessories, and support of the WHO/AFRO laboratory accreditation.

Under COP2012, CU ICAP will continue providing lab support to the same sites and will expand to an additional 189 health center laboratories in Oromia region. CU ICAP will provide embedded mentorship with the goal of implementing the 12 quality essentials and ultimately attaining accreditation. CU ICAP will work to ensure strong referral linkages, improved inventory systems, preventive maintenance, and troubleshooting of equipment failures. ICAP will improve the laboratory physical infrastructure through minor renovations, procurement of laboratory equipment and safety materials to support the WHO-AFRO accreditation effort. CU ICAP will provide technical support for participating tier-level laboratories and points of testing in EQA programs. CU ICAP will also support the establishment of a regional laboratory in Somali region.

CU ICAP will continue to support three regional laboratories in Oromia, Somali and Harari regions to strengthen the capacity of the regional laboratories to lead their own programs and to address sustainability. The regional laboratories will be supported to manage regional EQA effectively and WHO-AFRO accreditation effort through training, equipment provision and mentorship. A regional quality assurance scheme will be utilized to develop a laboratory improvement plan and to obtain timely feedback. CU ICAP will support establishment of clinical bacteriology diagnostic capacity at selected hospitals. Emphasis will be given for implementation of strengthening laboratory management towards accreditation (SLMTA) for laboratories enrolled in WHO/AFRO accreditation scheme. CU ICAP will support the implementation of LIS at selected sites in collaboration with other stakeholders. Technical assistance will continue for early infant diagnosis, viral load testing, TB culture, microbiology laboratory services and monitoring and evaluation of laboratory programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	630,212	0

Narrative:

This activity will strengthen the national HMIS and optimize the use of routine data for service and program improvements. Under COP2012, CU ICAP site-level M&E support will be maintained in 80

facilities and expanded into health centers in Oromia region to support data quality and maximize data use for continuous quality improvement. CU ICAP will:

• Fully document information on pre-ART, ART, TB/HIV, PMTCT, VCT, and PICT clients.
• Establish regular data quality assessment and feedback mechanisms.
• Build capacity of site staff in data analysis and data use to improve service delivery.
• Facilitate annual review and planning meeting for facilities to share experiences.
• Strengthen sites with trained data clerks and provide M&E tools.
• Facilitate the implementation of HMIS in new health facilities by renovating and furnishing space and providing technical support in data archiving, retrieving, and report aggregation.
• Collaborate with Tulane University to facilitate the trainings of ICAP's regional mentors/M&E officers so that they can mentor facility staffs on HMIS.

CU ICAP will also maintain its M&E support to 80 existing sites and new expansion sites of 194 health centers while collaborating with partners to scale up HMIS implementation and fully integrate HIV information in the national HMIS and EMR systems. In line with the government plan, CU ICAP will support sites to assess and address gaps in space, furniture, equipment and training to implement HMIS and EMR systems. It will also prospectively collect, archive, retrieve, compile and report data for all HIV-related services using HMIS forms.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,033,333	0

Narrative:

This is an ongoing activity and is linked with PEPFAR/E's support for HRH activities. In recognition of the HRH deficiencies in Ethiopia, CU ICAP will be addressing health workforce challenges by providing technical assistance (TA) to and strengthening institutional capacity of medical institutions to deliver quality pre-service medical education.

In FY2011, as part of scaling up of the pre-service medical education, CU ICAP provided technical, material and financial support to Jimma and Haramaya University medical schools to deliver quality medical education and teaching materials and equipment.CU ICAP also provided the installation and operational support for a video-conferencing facility at Jimma University.

Under COP2012, CU ICAP will build institutional capacity of the existing Adama, Jimma and Haramaya Universities including the new medical institutions namely Ambo, Meda-walabu, Wolega and Dire-Dawa

Universities by providing technical, material and financial support for infrastructure development, procurement of teaching materials and toolkits, and establishing a mini-medical library in affiliated hospitals. CU ICAP will also continue its support in faculty development, cases development for problem based learning, ICT support, e-resources, and simulation production. CU ICAP will support an Integrated Emergency Surgery and Obstetrics (IESO) training at Adama, Jimma and Haramaya University postgraduate programs.

CU ICAP will provide ongoing TA to the medical schools of Jimma and Haramaya Universities to deliver quality pre-service medical education. Moreover, it will provide TA to these universities to establish training units and deliver HIV-related in-service trainings in their catchment area. In addition, CU ICAP will build the capacity of Oromia, Dire Dawa, and Harari RHBs to effectively plan, implement, coordinate, monitor, and evaluate their HIV/AIDS programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	142,000	0

Narrative:

The mission of the FMOH is the provision of safe and adequate blood and blood products to all patients who require blood transfusion as part of their treatment. The target of the FMoH is to collect 120,000 units per annum from voluntary blood donors, test all the blood in a quality assured manner in the regional blood banks and preposition stocks of blood for use at the health facilities. CU ICAP will provide technical support to blood banks and health facilities in four regions (Oromiya, Harari, Somali and Dire Dawa) in the implementation blood safety program: 1. Strengthening of the clinical interface through training of clinicians and nurses on appropriate clinical use of blood as well its safe administration to patients; also, support the establishment of hospital transfusion committees in the regions of Oromiya, Dire Dawa, Harari and Somalia 2. Support creation of linkages between blood banks and the hospitals in the respective areas of responsibility including transportation of blood and blood products, supplies as well maintenance of blood inventory at the hospitals 3. CU ICAP will support the strengthening of data collection both from the blood banks and the regional blood banks and develop a comprehensive monitoring and evaluation plan as well as support reporting of blood bank activities to the RHB and the FMOoH. 4. With the support and collaboration of WHO, conduct mentorship of 10 blood banks in the regions 5. Improve the collection of blood through mobile collection teams. CU ICAP will support the activities of the mobile collection teams in the regional blood through target setting and development of collection plans 6. Support blood donor education and mobilization through effective engagement with local radio stations, print media, and training of communication experts, blood donor mobilisers and blood bank staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HMIN	211,306	0

Narrative:

CU ICAP has been working in collaboration with FMOH in health facilities of Oromia, Harari, Dire-Dawa and Somali regional state in capacity building and IP commodity supply. In FY 2011, CU ICAP provided TOT training to health care workers and conducted a need-based assessment for IP training to cascade it to new CU ICAP supported facilities. Thus, IP training was given to 160 healthcare workers. IP commodities were procured and distributed including disposable IP materials and PEP service was provided in all supported facilities. Regular mentorship was conducted to strengthen the capacity of IP committees at all supported facilities to decrease the transmission of HIV. In FY 2012, CU ICAP will support a sustainable supply of IP/injection safety materials. They will focus on integrating injection safety and waste management into HIV and OPD/IPD services and work with medical service directorates at all levels to promote country ownership and sustainability. CU ICAP will also provide ISS and mentorship to health facilities in Oromia, Harari, Somali and Dire Dawa regions. In order to build capacity, healthcare workers will be trained on IP/injection safety. To strengthen program implementation, continuous clinical mentorship and supportive supervision will be provided to health institutions through their IP/Injection safety committees. CU ICAP will continue to collaborate with GOs and NGOs working on IP to harmonize and minimize duplication of activities and build national consensus with TWGs. Quality improvement activities will be designed and conducted in collaboration with TWG at FMOH, RHBs and facility level. To measure the program effectiveness, CU ICAP will conduct an assessment to measure behavioral change practices brought by IP/Injection safety training and share best practices. The organization will work to fill the gaps with continuous performance monitoring and evidence based decision making using IP committees at all health facilities. Throughout CU ICAP's program, linkages with community support services will be created and/or further enhanced. Where applicable, gender issues will be integrated into activities, particularly prevention of gender violence and coercion. Refer to indicators and targets for magnitude and impact of CU ICAP's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	25,107	0

Narrative:

The primary goal of CU ICAP support in the area of prevention is to strengthen STI/HIV prevention activities within CU ICAP's operational area. The target population is STI patients at CU-ICAP-supported health facilities. Under COP2012, CU ICAP activities that focuses on "abstinence and / be faithful" include:

• Educate STI patients about the importance of secondary abstinence to reduce the risk of HIV/STI transmission.

• Promote fidelity among STI patients to reduce the risk of HIV/STI transmission.
• Educate STI patients on reducing multiple and concurrence partners to prevent sexual transmission of HIV/STIs.
• STI/HIV prevention information, education and behavior change and communication material will be adapted and used to educate STI patients at facility level.
• Mini media and AIDS resource at the health facilities will be supported to deliver continuous messages about STI/HIV/RH. Throughout CU ICAP's program, linkages with community support services will be created and/or further enhanced. Where applicable, gender issues will be integrated into activities, particularly prevention of gender violence and coercion. Refer to indicators and targets for magnitude and impact of CU ICAP's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	674,899	0

Narrative:

In FY 2011, CU ICAP supported HIV testing and counseling (HTC) services in 80 facilities in 4 regions (Oromia, Somali, Dire Dawa and Harari). CU ICAP trained more than 400 service providers and supported HTC services for more than 600,000 clients.

In FY 2012, CU ICAP will support client and provider initiated HTC services in the existing 80 facilities and in an additional 194 health centers (previously under the support of MSH) in Oromia. Intensive support will be provided to the newly added health centers in human resources development and material support to deliver quality HTC service. TA assistance will be provided to these facilities to offer HTC services for high risk and vulnerable groups through both fixed and outreach approaches.

CU ICAP will focus on identifying more HIV positives and discordant couples with both clinical and outreach programs. It will conduct intensive promotion using peer educators and healthcare providers to encourage PLHIV already enrolled in care and treatment to refer their partners and family members for HIV testing. Nearly 90 percent of the tested HIV positives from these facilities will be linked to care and treatment services. The program has established a feedback mechanism to ensure all referred clients reach and receive the service.

In CU ICAP supported facilities, children will be offered HIV testing in both “out and in” patient departments. In collaboration with partners, CU ICAP will ensure availability of HTC supplies and test kits and equipment. CU ICAP will contribute to the development of policy and guidelines, standards for HCT services, training aids, and provision of seminars, onsite trainings, case presentations and updates to health providers. CU ICAP will also support partners to strengthen HTC service delivery and program

management by implementing supportive supervision, analysis of standard of care (SOC) and use of monthly, quarterly, bi-annual and annual reports. Throughout CU ICAP's program, linkages with community support services will be created and/or further enhanced. Where applicable, gender issues will be integrated into activities, particularly prevention of gender violence and coercion. Refer to indicators and targets for magnitude and impact of CU ICAP's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	255,724	0

Narrative:

Since FY 2007, CU ICAP supported the implementation of facility based STI activities in 65 sites in Oromia, Harari, Dire-Dawa and Somali Regions. The support included: training healthcare providers on syndromic management of STI and the provision of materials/supplies, and mentoring site level staff. CU ICAP was also providing TA to health facilities, RHBs and local universities implementing STI related activities; coordination with RHBs to facilitate integration of STI related activities with HIV care and treatment, ANC, FP and other services. This included strengthening referral linkages between health facilities and CBOs, FBOs and PLHIV associations. In FY 2010 CU ICAP expanded the number of their operational sites to 78. They also support local universities and colleges to maximize local ownership and sustainability of the program. In FY 2011 CU ICAP partnered with FGAE to establish free standing confidential STI clinics in Adama. In FY 2012, CU ICAP will:• Provide on-site TA and support to improve STI diagnosis and treatment.• Organize and conduct training, supportive supervisions and clinical mentorship on STIs. • In collaboration with RHBs and responsible partners avail adequate supplies of STI medications.• Strengthen provider-initiated testing and counseling (PITC) service for STI clients coming to the facility.• Provide education on STI risk reduction, HIV screening, and treatment for all patients.• Promote and provide condoms to all patients with special focus on MARPs.• Integrate STI services in to ANC and PMTCT services to ensure education of women regarding STI prevention.• Develop and strengthen linkages to CBOs that promote risk reduction and HIV/STI prevention and early/complete treatment.• Support targeted STI prevention, diagnosis, and treatment services to MARPs, including commercial sex workers.• Build the capacity of health care providers in diagnosing, treating and screening STIs.• Strengthen STI data recording and reporting systems at all levels.• Transition the CSW clinic in Adama to FGAE. Throughout CU ICAP's program, linkages with community support services will be created and/or further enhanced. Where applicable, gender issues will be integrated into activities, particularly prevention of gender violence and coercion. Refer to indicators and targets for magnitude and impact of CU ICAP's program. JHU will expand facility-based STI activity implementation to186 sites, which primarily includes support for training of health care providers on STI Syndromic Case management in ART clinics .

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	1,933,500	0

Narrative:

In FY2011 CU ICAP supported PMTCT services in 79 health facilities. In FY 2012, ICAP will expand PMTCT services to public hospitals and health centers in Dire Adwa, Oromia, Somali and Harari regions. This will include 186 facilities which are CU/ICAP supported ART sites. Another USG partner, Intrahealth, will cover non ART sites and ART sites which are run by RHB without PEPFAR support. .CU ICAP will support the FMOH and PEPFAR/E PMTCT acceleration plan to improve uptake and quality of PMTCT services.

CU ICAP will:

• Support PMTCT services at public hospitals and health centers and expand outreach for PMTCT services focusing on high prevalence and hotspot areas in Dire Dawa, Oromia, Somali and Harari regions.
• Support the FMOH in revising the national PMTCT guidelines, training packages and implementation manual to adapt the new 2010 WHO PMTCT guidelines.
• Support rolling out the revised national PMTCT guidelines at health facilities.
• Implement quality improvement approaches to increase retention of HIV positive mothers and HEIs in care, and expand the role of case managers and Mother Support Groups (MSGs) and strengthen referral linkages.
• Support the FMOH/RHBs to introduce a monitoring system for PMTCT program along the PMTCT cascade.
• Support training on safe pregnancy/FP counseling and promote integration of FP/HIV services.
• Scale up couples counseling and partner testing, facilitate male friendly services, and establish monitoring system.
• Expand counseling, PWP and treatment services for discordant couples.
• Expand MSGs to 10 more sites and establish linkage with Income Generating Activity (IGA).
• Expand integrated Maternal, Newborn and Child Health (MNCH)/ART/PMTCT services.
• Enhance postnatal follow-up of HIV-infected mothers and HIV-exposed infants.
• Strengthen and expand Essential Newborn Care (ENC) services.
• Minor renovations, refurbishments, and repair of ANC, labor and delivery rooms, and maternity wards.
• Provide 80% of supported facilities with e-mobile phones and airtime cards to facilitate inter-facility communication including consultation requests for transport, referrals, lab test results and client tracing.
• Set the research/evaluation agenda with the GOE and support PMTCT program evaluation.
• Provide comprehensive PMTCT services to pregnant women with known HIV status and ARV prophylaxis and treatment to HIV+ women. Throughout CU ICAP's program, linkages with community

support services will be created and/or further enhanced. Where applicable, gender issues will be integrated into activities, particularly prevention of gender violence and coercion. Refer to indicators and targets for magnitude and impact of CU ICAP's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	6,160,000	0

Narrative:

CU ICAP provides technical support for ART services for PLHIV as part of comprehensive HIV care and treatment. Under COP2012, CU ICAP will expand the number of ART sites to include all 186 ART health centers in Oromia Region. CU ICAP will continue to build capacity and carrying out minor renovations, refurbishments, and maintenance of the ART providing health facilities and provide in-service training for ART providers , which includes basic and refresher training programs for all ART providers.
At CU-ICAP ART sites, regular on-site supervision is conducted and intensive clinical and system mentoring is provided. CU-ICAP has implemented a quality improvement program and conducts a regular Standard of Care (SOC) assessment to improve the quality of care and treatment service delivery at the sites. It also works to strengthen the ART “Multi Disciplinary Teams” at the ART sites.
The partner implements a comprehensive care and treatment package, using a family centered approach. Screening for TB, prophylaxis with IPT and cotrimoxazole, and preventive care package are provided to ART patients. It provides support to strengthen the clinical and laboratory monitoring of ART patients. It partners with NEP+ in the “Case Management” program. ICAP is working to build the capacity of NEP + for a sustainable transition and ownership of the case management program at national level.
CU ICAP also works in building the capacity of the RHBs to ensure sustainability and ownership of the program. Three of the four RHBs in its operational area are now HHS/CDC PEPFAR/E prime partners. CU ICAP has developed a transition plan and will continue to work in building the capacity of the RHBs and incrementally transition specific activities in the coming years.
CU ICAP has an established monitoring and evaluation system to capture performance and clinical outcome data. It supports the national Health Management Information System (HMIS). CU-ICAP will collaborate with other USG partners (e.g. Intrahealth, Health TB) working at the community level to avoid duplication of effort and optimize delivery of services to PLHIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,441,034	0

Narrative:

In FY2010, CU ICAP supported the FMOH in developing national policies, protocols, and guidelines on pediatric HIV. CU ICAP supported the full-spectrum of pediatric HIV prevention, care, and treatment services at 69 facilities and is currently on track to meet FY2011 targets.

Under COP2012, CU ICAP will expand pediatric care and treatment services to all health facilities that are providing adult ART and PMTCT services and support an additional 120 health centers in Oromia. At the national level, CU ICAP will continue to support the FMOH to update national policies and guidelines, develop a national capacity-building plan, update pediatric monitoring and evaluation into the existing HMIS, and support performance evaluations to inform the program.

CU ICAP will continue its partnership with the Ethiopian Pediatric Society to provide training on pediatric HIV/AIDS care and treatment and organize national pediatric HIV conferences and annual CMEs. CU ICAP will support radio and TV campaigns, use IEC/BCC materials in local languages to enhance public awareness of pediatric HIV care and treatment services. At the regional level, CU ICAP will work with RHBs to build their capacity to effectively design and implement pediatric HIV/AIDS programs. They will continue to build the capacity of the two regional universities to provide technical assistance, supportive supervision and mentoring to RHBs. At the facility level, CU ICAP will continue to provide technical support with an emphasis on integrating pediatric HIV with child survival interventions, family-centered HIV care and treatment and strengthening appropriate retention mechanisms. Emphasis will also be placed on increased pediatric ART service uptake at all sites through improved entry points for children. CU ICAP will expand its experience in assessing and improving quality of service to all supported facilities and shares experience with other PEPFAR/E implementing programs. On-site assistance will be provided to improve medical records keeping, referral linkages, and patient follow-up. ART training will be provided in collaboration with local universities based on national guidelines. Throughout CU ICAP's program, linkages with community support services will be created and/or further enhanced. Where applicable, gender issues will be integrated into activities, particularly prevention of gender violence and coercion. Refer to indicators and targets for magnitude and impact of CU ICAP's program.

Implementing Mechanism Details

Mechanism ID: 10517	**Mechanism Name: HIV/AIDS Antiretroviral Therapy Programme 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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	

G2G: N/A	Managing Agency: N/A

Total Funding: 88,760	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	88,760

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. Hawassa University (HU) has a 22,000 student population and is one of PEPFAR's local university partners located in the Southern Nations, Nationalities, and People's Region (SNNPR) of Ethiopia. SNNPR has a population of 15 million. All Ethiopian universities have clinics to provide comprehensive primary healthcare to registered students. Due to diverse needs of the student body and limited capacity of the clinics, these universities need support to provide standardized and quality HIV/STI prevention services. The university teaching hospital manages a large patient load and has the largest number of patients on ART in the region. The HU program aims to build its capacity to provide technical support to the health network, the regional health bureau and its catchment population. HU will strengthen health professionals pre- and in-service training. Additional support will be provided from Johns Hopkins University to support HU efforts. HU will be linked to other HIV/AIDS activities in the surrounding community. HU will produce and distribute IEC/BCC materials on HIV prevention, provide HTC services, promote and distribute condoms, increase access to diagnosis and management of STI/HIV services and provide linkages for the university community. Ultimately, the goal is to have HU assume the lead to provide technical support in the region. The HU program supports the goals of the GOE's National Strategic Plan II (SPMII) as well as the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. HU has a system in place for routine performance monitoring and reporting. Monitoring and evaluation will be conducted through supervision and issuing periodic reports that document best practices and analyze performance data.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	8,000
Human Resources for Health	5,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**10517**
Mechanism Name:	**HIV/AIDS Antiretroviral Therapy Programme Implementation support through local universities**
Prime Partner Name:	**Hawassa University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	8,000	0

Narrative:

Hawassa University is situated in Hawassa city where the prevalence of HIV is 9.2%. The main goal of the project is to strengthen the STI/HIV prevention activities within Hawassa University and to the surrounding communities.

The target population for this intervention is the students and staff of HU, of which there are approximately 20,000.

Under COP2012, the interventions targeting Abstinence/Be Faithful include:
1. Student-led small group peer discussions on HIV/STI prevention
2. Promotion of abstinence and delay of sexual debut among HU students.

3. Educating HU students and community about the importance of secondary abstinence to reduce the risk of HIV/STI transmission.
4. Promoting fidelity among HU students and community to reduce the risk of HIV/STI transmission.
5. Educating HU students and community on reducing multiple and concurrent partners to prevent transmission of HIV/STIs.
6. Thematic discussion topics on social and community norms, gender-based violence, and stigma and discrimination.
7. HIV prevention peer leader training and information
8. Supporting the mini media or AIDS resource center at HU that will provide opportunities for participants to practice HIV prevention skills and understand and adopt positive health-seeking behaviors.
9. Adaptation of education and behavior change communication materials for the HU student.

All the activities will be monitored and evaluated on a monthly basis. The program will collaborate closely with the HU Gender office, to improve intervention efforts to reach the female student population.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	50,760	0

Narrative:

Transactional sex is evident in the social dynamics of the university campus. The main goal of the project is to strengthen the STI/HIV prevention activities within Hawassa University and the surrounding communities.
The primary target populations for this intervention are the university students and members of the surrounding community who commonly interact with the university population.

Under COP2012, activities will include:
1. Strengthening of the youth-friendly STI and reproductive health (RH) clinics within the University.
2. Promotion and provision of condoms at the university.
3. Promotion and provision of HTC services.
4. Peer outreach education programs (training to enhance behavioral change or modification).
5. Life skills training.
6. Mini media (AIDS Resource center) at the university to pass continuous messages on STI/HIV/RH.
7. Mainstream HIV/AIDS program at the university.
8. Conduct HIV/AIDS Behavioral and Sero-prevalence survey in the HU community (including the students)

The interventions will target young men and women of reproductive age with special emphasis on young

women. All interventions will use the recommended protocols by national and international standards. Pre-service training for health professionals on core HIV/STI competency areas will build capacity of the health institutions and promote sustainability. HU will support the university health center and clinics by providing training of health care workers on STI/RH/HIV services, provision of STI job aids, STI treatment kits, condoms, HTC supplies, IEC/BCC materials and referral and linkage to ART care and treatment services. In collaboration with the zonal health department outreach support to health facilities (e.g. clinics and pharmacies) around the University and its branches will be initiated for STI/HIV services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	30,000	0

Narrative:

Hawassa University (HU) located in Hawassa, the seat of the Southern Nations, Nationalities, and People's Region (SNNPR), provides training in general medical practice, public health, and a number of mid-level training courses for health professionals. HU is currently the hub of public health education for SNNPR and adjacent regions, and is actively participating in various activities with the Regional Health Bureau. The HU teaching hospital is evolving as a referral facility for the heavily populated southern part of the country. HU is scaling up its response to the HIV/AIDS epidemic by utilizing opportunities and resources via numerous national and international initiatives, and also expanding its support to the regional HIV/AIDS program, including ARV services. It is increasingly involved in various HIV/AIDS and related activities both at regional, district, and site levels. This includes in-service training of health workers to meet the high human resource needs to implement HIV/AIDS, tuberculosis (TB), and STI program activities in SNNPR. Additional support will be provided by JHU-TSEHAI to establish a training unit at Hawassa University in order to strengthen HU's capacity to provide in-service training. HU will use some of the funds to strengthen the pre-service training for medical education and training of other health professionals.

Implementing Mechanism Details

Mechanism ID: 10518	**Mechanism Name: HIV/AIDS Anti-Retroviral Treatment 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: Defense University	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 30,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	30,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The Uniformed Services of Ethiopia (USE) includes the military, the police forces, and the prisons throughout all regions of Ethiopia and is considered a high-risk population for HIV infection. The Defense University (DU) is an institute of higher learning that provides health sciences training for USE and technical support to USE facilities providing HIV/AIDS care and treatment services. The DU's Armed Forces General Teaching Hospital (AFGH), which provides HIV counseling and testing (HTC), prevention from mother to child transmission (PMTCT), and antiretroviral therapy (ART) services, is an HIV/AIDS demonstration site and a major referral facility for the military and dependents, handling a large patient load, including those with HIV/AIDS. The goal of the DU program is to build its capacity to provide training and technical support to USE institutions to improve their delivery of HIV/AIDS services. The DU will partner with and receive technical assistance from another USG implementing partner, the University of California San Diego (UCSD), who will provide capacity building support to the DU to establish the DU as the USE HIV/AIDS training and technical support center. The DU program is in line with and supports the goals of the GOE's National Strategic Plan (SPMII) as well as the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. The DU has a system in place for routine performance monitoring and reporting.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	5,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Military Population
Mobile Population
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**10518**
Mechanism Name:	**HIV/AIDS Anti-Retroviral Treatment Implementation Support through Local Universities**
Prime Partner Name:	**Defense University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	30,000	0

Narrative:

Under COP2012, the DU will establish a training unit to build capacity of teaching and management staff as well as improve pre-service and in-service training for health workers serving the USE. Training topics for teaching/management staff will include both computer training, teaching methodologies, and integration of HIV/AIDS topics into existing curriculum. Training topics for pre-service / in-service health workers will include basic and comprehensive ART, HIV/TB, care and support, PMTCT, HTC, and infection prevention, and laboratory training on CD4 and chemistry. DU aims to train 100 health workers on different HIV/AIDS topics during the first year that the training unit is established. In addition, two AIDS Resource Centers (ARCs) will be established on two of the Defense College of Health Sciences campuses in Addis Ababa and Debre Zeit to make available HIV/AIDS resources to teachers and students. The DU will also conduct “mini media” events, such as running an audio program on the

speaker system of the Debre Zeit campus, to provide information on key HIV/AIDS topics to students and staff. The UCSD will provide "hands on" technical assistance to the DU as the DU implements these activities. Simultaneously, the UCSD will implement other activities on the DU campuses (refer to the UCSD implementing mechanism for further details) to compliment the activities that the DU will implement directly. Over time, these UCSD HIV/AIDS related activities will be transferred to the DU.

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 University Bloomberg School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 16,803,804	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	16,803,804

Sub Partner Name(s)

Addis Ababa University	Ethiopian HIV/AIDS Counselors Association	Ethiopian National Disability Action Network
Family Guidance Association of Ethiopia	Hawassa University	HCP/AED
JHPIEGO	TheraSim Inc.	

Overview Narrative

This is a continuing activity. JHU provides support to build in-country capacity of local, regional and federal entities, including local Universities, for the sustainable delivery of comprehensive HIV/AIDS services in support of the GOE's national goals to decrease new HIV infections, provide care and support

to people living with HIV and expand ART services. Also, JHU supports for HMIS implementation and comprehensive HIV/AIDS service delivery in hospitals and health facilities, which includes training of physicians and emergency surgical officers, in Addis Ababa city and in three regional states-Gambella, Beni-Shangul Gumuz, and Southern Nations Nationalities and Peoples Regional (SNNPR). The target population is 18,760,540, both urban and rural populations and high risk and vulnerable populations (such as sex workers, long distance truck drivers, students and displaced persons). In support of USG efforts to build sustainability and country ownership, HHS/CDC has direct agreements with local partners, who also may receive technical assistance from another USG partner to build their capacity as a direct implementer. JHU capacity building of local partners (e.g. Hawassa University, Addis Ababa University) will decrease over time as these local partners assume greater responsibilities for direct implementation. JHU will purchase 6 new vehicles (~$50,000 each) to replace old ones. JHU collaborates closely with USG implementing partners to maximize resources and minimize duplication of effort. JHU activities are aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. JHU has in place a comprehensive system for routine monitoring and regular progress reporting on program performance, which is aligned with the national HMIS.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	700,000
Food and Nutrition: Policy, Tools, and Service Delivery	85,000
Gender: Reducing Violence and Coercion	50,000
Human Resources for Health	5,000,000
Water	25,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
TB
Workplace Programs

Budget Code Information

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	621,032	0

Narrative:

In prior years, JHU integrated "food by prescription" and mental health services into HIV care and support services. Training guidelines and job aids were developed and mental health services were integrated as a pilot into four hospitals - ALERT and Zewditu Memorial in Addis Ababa and Arba Minch and Yirgalem in SNNPR. Under COP2012, JHU will expand mental health service integration into other hospitals. In collaboration with the Federal Ministry of Health (FMOH), JHU will also provide psychotropic drugs to each site where mental services are being made available. JHU will continue mentoring and providing supportive supervision to each site. A study is underway by JHU to better understand the types and magnitude of mental health disorders among PLHIVs as well as the prevalence of HIV among psychiatric patients in Ethiopia. JHU will also support FMOH efforts to develop national mental health / HIV integration guidelines. Other activities that focus on care and support include:

• Expansion of pain clinics and roll out of oral morphine from Tikur Anbessa Specialized hospital to other hospitals.

• Promotion of non-pharmacologic interventions to improve quality of life of PLHIVs and strengthen the evidence based practices through a study on the universal pain assessment tool.

• Support for the celebration of World Hospice and Palliative Care Day.

• Support for the revision of national pain management guideline.

• strengthen site-level mentorship and supervision on cotrimoxazole preventive therapy (CPT) and asses care providers' compliance with CPT guidelines.

• Continue nutrition assessment, counseling and support services at ART and PMTCT units.
• Ensure the availability, distribution, utilization, and monitoring of the adult preventive care package.
• Facilitate the involvement of community-based organizations in multidisciplinary teams and catchment area meetings.
• Support health facilities to develop community-based resource mapping matrix to refer PLHIVs to community HIV and wrap-around services. Refer to indicators and targets for details on the magnitude and impact of JHU's program. These HBHC activities will be implemented in all ART sites including the additional health center sites that JHU is now assuming responsibility for after the USG PEPFAR program realignment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	650,000	0

Narrative:

In prior years, JHU expanded its TB/HIV support to 73 public and private health facilities focusing on implementation of the “three Is”. JHU conducted a situational analysis and infection control needs assessment in selected facilities and supplied material support, such as the N95 masks, to St Peter’s Hospital and other selected facilities. JHU assessed health care worker-related barriers for IPT implementation at supported facilities. Under COP2012, JHU will:
• Strengthen regional and facility-level TB/HIV program coordination.
• Support routine TB screening for HIV positives and promote integration into ANC, PMTCT, pediatric clinics and potentially high yield areas.
• Collaborate with EHNRI and regional laboratories to introduce improved TB diagnostic services (e.g., bleach concentration, fluorescent microscopy).
• Collaborate with EHNRI to assess feasibility of task shifting of FNA specimen collection and preparation of sample referral for histopathologic exam.
• Utilize evaluation findings to design evidence-based interventions to enhance IPT uptake.
• Strengthen PICT for TB patients and links between TB/HIV patients to HIV care and treatment services.
• Strengthen the family-based approach and contact investigation, particularly to improve pediatric TB diagnosis for HIV exposed and infected children.
• Support renovation to TB clinics, waiting areas and isolation wards to minimize nosocomial transmission.
• Implement basic administrative and environmental TB infection control measures at supported facilities, and provide supplies.
• Support the expansion of ambulatory MDR-TB treatment sites in collaboration with the Federal MOH, regional health bureaus, other partners.
• Strengthen TB/HIV monitoring and evaluation through training, supportive supervision, and mentorship.

• Expand community TB care in emerging regions and pilot and assess community sputum sample transportation mechanism for TB microscopy.
• Conduct evaluations to assess the impact of community TB care in TB case finding and treatment adherence.
• Strengthen and expand PPM-TB DOTS and TB/HIV activities.
• Improve access to PWP services at the TB clinics and strengthen TB/HIV ACSM. JHU has TB/HIV mentors who are well versed on MDR-TB and thus onsite mentorship and training will be integrated with ambulatory MDR-TB servicesRefer to indicators and targets for details on the magnitude and impact of JHU's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	296,242	0

Narrative:

Previously, JHU supported pediatric care & support services in over 57 health facilities in its operational area. JHU aims to extend and optimize the quality of life for HIV exposed and infected children and their families throughout the continuum of illness. Under COP2012, JHU will expand these services to an additional 71 health facilities that were previously managed by MSH. JHU will identify other high case load sites and further expand services as appropriate. Activities include:
• Support national/regional health bureaus and assist with revision of guidelines according to the new WHO guidelines.
• Support local universities to establish training units and transition in-service training.
• Conduct site-level mentoring, minor renovations and provision of IEC materials/job aids and supplies.
• Ensure rollout, implementation and monitoring of pediatric preventive care package.
• Ensure availability of pediatric drug formulations, utilization of cotrimoxazole prophylaxis, TB screening, malaria prevention and treatment (including ITNs), prevention and treatment of diarrhea, linkages to immunization programs, and Isoniazid prophylaxis (IPT) for HIV positive children, and promote healthy hygiene & safe water interventions.
• Promote interventions for Psychosocial care and support for children and adolescents addressing Psychological and spiritual needs as well as support for end of life care.
• Ensure that sites implement early infant HIV diagnosis using appropriate techniques (e.g., dried blood spot) and all eligible HIV positive children are promptly referred for ART care;
• Ensure nutritional counseling/assessments are completed at all entry points targeting pediatric patients and HIV exposed/infected infants through training and site-level mentoring; liaise with partners to ensure availability of supplemental feeding products.
• Strengthen internal/external referral linkages to identify and link HIV positive children, orphans and vulnerable children with family, social & adherence support.

• Establish HIV positive adolescent support groups to promote adherence & positive living.
• Focus on quality improvement of Pediatric PC/Nutrition services including tool development, training & mentoring.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	1,139,492	0

Narrative:

In prior years, JHU provided technical assistance to 77 hospitals and health centers in its operational area to provide comprehensive laboratory services. JHU conducted site assessments, provided training, established and strengthened quality assurance programs, supported specimen referral linkages between testing hospitals, referring hospitals and health centers, and assisted with the implementation of electronic laboratory information systems. JHU supported the integration of laboratory systems and has started the process of establishing regional laboratories in Gambella and Benshangul Gumuz regions. JHU in collaboration with Foundation of Innovative and New Diagnostics (FIND) and the Ethiopia Health and Nutrition Research Institute (EHNRI) supported the establishment of multi-drug resistance TB diagnostic laboratory in St. Peter's Hospital and Hawassa regional laboratories. JHU supported WHO/AFRO accreditation of selected hospital and regional laboratories. Under COP2012, JHU will continue to provide comprehensive laboratory support in sites that have been previously supported as well as to 181 health center laboratories where support recently commenced. The activities will focus on strengthening of site-level laboratory quality systems, with emphasis on implementing the 12 quality essentials and ultimately accreditation. There will be site-level embedded mentorship, which is extended in duration and side by side bench-level coaching with the goal of attaining accreditation. Support will be provided in establishing and strengthening of microbiology and opportunistic infections (OIs) diagnostic services in selected hospitals through training, mentorship, minor renovation and procurement of equipments and supplies. JHU will continue developing, implementing and enhancing laboratory inventory systems in hospital networks and ensuring availability of reagents and consumable supplies and will also assist in the expansion and maintenance of electronic and paper-based laboratory information system and proper data collection, storage, analysis, and reporting systems. JHU will jointly plan and implement mechanisms with EHNRI and MOH Regional Health Bureaus.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	430,949	0

Narrative:

Under COP2012, JHU will implement two distinct activities in support of strategic information. The first

provides site-level monitoring and evaluation and HMIS support to 63 existing sites and 181 new sites within JHU's operational area. Specific support includes:
• Document pre-ART, ART, TB/HIV, PMTCT, VCT, and PICT information on HMIS forms.
• Establish data quality assessment and feedback mechanisms.
• Build capacity of site staff on data analysis and data use.
• Facilitate annual, regional and catchment area review and planning meeting.
• Strengthen sites by providing data clerks and M&E tools to fill gaps.
• Facilitate the integration of HIV/AIDS related data with the HMIS and support HMIS implementation in new health facilities.
• Facilitate the training of JHU's regional mentors to take the role of mentoring facility staff on HMIS.
• Collaborate with partners in HMIS implementation and integration of HIV information into the national systems.
• Assess and address gaps in space, furniture, equipment and training to implement HMIS and EMR systems.
• Collect, archive, retrieve, compile and report data for all HIV-related service.
• Support catchment area and health facility multi-disciplinary teams meetings.
The second activity is a partnership with an international organization called TheraSim to implement a distance learning (DL) program using HIV-specific virtual clinical simulations in health facilities in Addis Ababa city and SNNPR, Benishangul Gumuz and Gambella regions. The DL program consists of 20 patient cases where learners make diagnosis and treatment decisions. The system gives feedback and records user choices in reference to respective HIV/AIDS guidelines and ART service providers complete case studies at their workplace. Specific support includes:
• Provide an orientation to the program for physicians and nurses in JHU sites.
• Conduct supervision, collect data on program performance and address technology issues.
• Conduct training sessions for Addis Ababa and Hawassa University residents and work with university faculty to integrate the DL program into pre-service education and update modules. Refer to indicators and targets for details on the magnitude and impact of JHU's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,313,333	0

Narrative:

In recognition of the Human Resources for Health crisis in Ethiopia, under COP2012 JHU will address health workforce challenges by providing technical assistance (TA) to and strengthening institutional capacity of medical institutions to deliver quality pre-service medical education. JHU will continue strengthening institutional capacity of the Addis Ababa and Hawassa Medical Schools by providing

technical, material and financial support to deliver quality medical education. It will support essential medical education teaching materials and equipment and purchase a variety of medical and other health sciences books for these schools. JHU will support institutional capacity of new medical institutions - Dilla, Wolayta-Sodo, and Arba Minch Universities as well as Yirgalem and Yekatit Hospitals by providing a similar level of technical, material and financial support. JHU will support the procurement of teaching materials and tool kits, establish mini-libraries in affiliation with these hospitals and teaching institutions. And, JHU will continue support for faculty development through case development for problem based learning, ICT support, e-resources, and simulation production. JHU will support an Integrated Emergency Surgery and Obstetrics (IESO) training at the postgraduate program at Hawassa University, Arba Minch, Dilla, and St. Paul's Health Science Colleges. JHU will provide technical assistance to these universities to establish training units and deliver HIV-related in-service trainings in their catchment area. Where applicable, throughout JHU's activities, gender issues have been incorporated, with a particular emphasis on reducing violence and coercion. Refer to indicators and targets for details on the magnitude and impact of JHU's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	550,000	0

Narrative:

In prior years, JHU has been supporting voluntary medical male circumcision (VMMC) activities in eight sites in Gambella region and more than 35 health care providers have been trained in male circumcision surgical procedures. To date, 5945 clients have been circumcised. Under COP2012, JHU will focus VMMC activities at the facility-level and transition campaign outreach services to Gambella Regional Health Bureau (RHB) and the regional AIDS Resource Center (ARC). JHU will strengthen VMMC services in the current sites in Gambella and link these VMMC services to existing HIV/AIDS services, such as HTC, STI management and reproductive health services. Service providers will receive basic and refresher training. VMMC kits, consumable supplies and infection prevention equipment will be procured and distributed to the existing sites. In collaboration with members of the Surgical Society of Ethiopia, JHU will conduct quarterly coaching and supportive supervision visits to all sites. To ensure provision of safe and quality services, JHU will use WHO VMMC quality assurance guidelines. JHU will collaborate with the RHB and the ARC to design a regional VMMC communication strategy to increase awareness of and demand for VMMC. JHU will work with community and religious leaders to promote neonatal male circumcision. In addition, as part of these promotion efforts, health and agricultural extension workers will be provided with technical updates and orientation to adult and neonatal male circumcision to increase community awareness. JHU will conduct an annual regional review meeting on VMMC to review progress and improve program implementation. Refer to indicators and targets for details on the magnitude and impact of JHU's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	100,000	0

Narrative:

The mission of the FMOH is the provision of safe and adequate blood and blood products to all patients who require blood transfusion as part of their treatment. The target of the FMoH is to collect 120,000 units per annum from voluntary blood donors, test all the blood in a quality assured manner in the regional blood banks and preposition stocks of blood for use at the health facilities. JHU will provide technical support to blood banks and health facilities in three regions (SNNP, Gambella and Benshangul Gumuz)) in the implementation blood safety program:

1. Strengthening of the clinical interface through training of clinicians and nurses on appropriate clinical use of blood as well its safe administration to patients as well as support the establishment of hospital transfusion committees in the regions of SNNP, Gambella and BenShangul Gumuz
2. JHU will support the creation of linkages between blood banks and the hospitals in the including transportation of blood and blood products, supplies as well maintenance of blood inventory at the hospitals
3. JHU will support the strengthening of data collection both from the blood banks and the regional blood banks and develop a comprehensive monitoring and evaluation plan as well as support reporting of blood bank activities to the RHB and the FMOH.
4. With the support and collaboration of WHO, conduct mentorship 6 blood banks in the regions to ensure quality of services in the regions. This will be achieved through the mentors trained through WHO support
5. Improve the collection of blood through mobile collection teams. JHU will support the activities of the mobile collection teams in the regional blood through target setting and development of collection plans
6. Support blood donor education and mobilization through effective engagement with local radio stations, print media, and training of communication experts, blood donor mobilisers and blood bank staff.

Refer to indicators and targets for details on the magnitude and impact of JHU's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	191,422	0

Narrative:

JHU supports the Federal MOH (FMOH) Medical Services Directorate to conduct a national Training of Trainers on infection prevention (IP) for 23 trainers, who have provided training for 204 health care workers (HCWs) in 8 health facilities in Addis Ababa and 50 HCWs in two health facilities in Gambella region. In addition, 61 support staff at Menilik II Hospital in Addis Ababa city have received the IP training. IP practices have been re-initiated in these facilities with updated terms of references and action

plans developed in collaboration with hospital management teams. Under COP2012, JHU will:
• Continue to support national and regional IP working groups to update training manuals and guidelines.
• Support the integration of injection safety and waste management into HTC, ART, PMTC, and TB/HIV training curricula.
• Train 616 HCWs and support staff on IP/injection safety.
• Design a standard tool for capturing quality improvement assurance of IP/injection safety and integrate it into existing training modules.
• Set standard national indicators for IP/injection safety to improve monitoring and evaluation of IP programs.
• Secure IP commodities for health facilities of Addis Ababa, SNNPR, Gambella and Benishangul Gumuz in collaboration with RHBs and the FMOH.
• Strengthen TB and HIV programming of prevention of MDR/Extensive MDR TB and secure universal access to PEP in health facilities.
• Ensure that performance monitoring and data quality sampling techniques and data documentation tools and systems are in place.
• Continue to identify and support the production of locally produced, low-cost, personal protective equipment, antiseptic hand rubs and aprons, and customized basic IP supplies. Refer to indicators and targets for details on the magnitude and impact of JHU's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	25,107	0

Narrative:

The primary goal of JHU support in the area of prevention is to strengthen STI / HIV prevention activities within JHU's operational area. The target population is STI patients at JHU-supported health facilities. Under COP2012, JHU assistance that focuses on "abstinence and / be faithful" includes:
• Educate STI patients about the importance of secondary abstinence to reduce the risk of HIV/STI transmission.
• Promote fidelity among STI patients to reduce the risk of HIV/STI transmission.
• Educate STI patients on reducing multiple and concurrence partners to prevent sexual transmission of HIV/STIs.
• STI/ HIV prevention information, education and behavior change and communication material will be adapted and used to educate STI patients at facility level.
• Mini media and AIDS resource at the health facilities will be supported to deliver continuous messages about STI/HIV/RH. In addition, throughout JHU's prevention activities, gender issues have been incorporated, with a particular emphasis on reducing violence and coercion. Refer to indicators and targets for details on the magnitude and impact of JHU's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	704,899	0

Narrative:

JHU is supporting the implementation of provider and client initiated HTC services in 91 facilities in four regions. A total of 218,160 clients received HTC service in the first six months of FY2011. Under COP2012, JHU will continue to support provider and client initiated HTC in the existing 91 sites plus increase services to an additional 181 health centers in the region of SNNPR and Addis Ababa city. Intensive support will be provided to the newly added health centers in the areas of human resource development and material support. Specific activities will include:

• Conduct basic HTC training for health care workers and community counselors.

• Target provider initiated testing and counseling (PITC) trainings to at least 8-25 trainees per site.

• In collaboration with Family Guidance Association of Ethiopia via the confidential STI clinics, JHU targets HTC services to MARPs and hard-to-reach populations with outreach services.

• Increase efforts to identify more HIV positives and discordant couples by using patient expert and peer educators to promote partner testing in ART clinics and ANC outlets.

• Strengthen linkages HIV positives will be linked to care and treatment service and ensure referred clients reached and received the services through feedback mechanism.

• Promote HTC services using different media and events such as national HTC day and World AIDS Day as well as provide support to development of multi media materials in support of HTC and World AIDS Days.

• Collaborate with Ethiopia HIV/AIDS Counselors Association (EHACA) to conduct case review meetings to improve quality of HTC services in JHU's operational area.

• Improve data analysis and use to better guide implementation and management of activities.

• Work with Handicap international, regional HIV/AIDS Program Coordination Office, Ethiopian National Disability Action Network (ENDAN) and other stakeholders to reach the disabled people through four pilot sites in Addis Ababa. Refer to indicators and targets for details on the magnitude and impact of JHU's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	348,452	0

Narrative:

In prior years, JHU has supported the implementation of facility-based sexually transmitted infection (STI) activities in 52 sites in Addis Ababa and Benishangul-Gumuz, Gambella, and SNNPR regions. This past year, JHU partnered with the Family Guidance Association of Ethiopia (FGAE) to establish one free standing confidential STI clinic in Addis Ababa. Under COP2012, JHU will provide the following areas of

technical assistance in JHU-supported ART sites:
• Provide onsite mentoring for STI screening via questionnaire of all clients coming into clinic sites.
• Improve monitoring and evaluation, data recording and reporting of STI treatment and prevention activities and site- level STI data to improve service delivery.
• Actively participate on the national STI technical working group and provide technical assistance in the revision of national STI guidelines.
• Conduct training using innovative onsite or group-based approaches to ensure large numbers of workers are trained at the site level with a focus on ensuring HIV and STI linkages at facility level.
• Mentor healthcare providers to establish a good rapport with patients and give youth, adolescent, women and MARPS-friendly service.
• Ensure that adequate patient education and counseling is given to all patients diagnosed with STIs.
• Verify that all clients diagnosed with STIs are offered HIV testing and all clients found positive are enrolled in HIV care.
• Confirm that partner management is addressed for all STI cases according to guidelines.
• Collaborate with appropriate partners to ensure that all appropriate STI drugs and supplies are available at each site.
• Establish an adequate condom supply in all STI treatment sites.
• Transition confidential sex workers clinic in Addis Ababa and Hawassa to the FGAE. In addition, throughout JHU's prevention activities, gender issues have been incorporated, with a particular emphasis on reducing violence and coercion. Refer to indicators and targets for details on the magnitude and impact of JHU's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,544,250	0

Narrative:

Previously, JHU supported PMTCT services in 59 health sites. Under COP2012, JHU will expand PMTCT to an additional 149 public hospitals and health centers for a total of 208 sites in its operational area. JHU PMTCT activities support the USG PEPFAR PMTCT Acceleration plan. JHU's goal is to provide comprehensive PMTCT services to pregnant women with known HIV status and ARV prophylaxis/treatment to HIV+ women. Activities include:
• Support PMTCT services and expand outreach PMTCT services focusing on high prevalence and hotspot areas.
• Support the FMOH in revising the national PMTCT guidelines, training packages and implementation manual to adapt to the new 2010 WHO PMTCT guidance; support rolling out of revised national PMTCT guidelines at health facilities.
• Implement quality improvement to improve retention of HIV positive mothers and HEIs in care, expand

role of case managers and mother support groups (MSGs) and strengthen referral linkages.
• Support FMOH and regional health bureaus with the implementation of the monitoring system for PMTCT.
• Support training of safe pregnancy/family planning counseling and promote integration of family planning and HIV services.
• Scale up couple counseling / partner testing, facilitate male friendly services, and establish a monitoring system.
• Expand counseling, prevention with positives (PWP) and treatment services for discordant couples.
• Expand MSGs to at least 10 new sites, assess new sites for MSGs needs, and establish linkages with income generating activities.
• Expand integrated MNCH/ART/PMTCT services.
• Enhance postnatal follow-up of HIV-infected mothers and HIV-exposed infants.
• Strengthen and expand Essential Newborn Care (ENC) services.
• Support minor renovation, refurbishment, and repair of ANC, labor and delivery rooms, and maternity wards.
• Provide 80% of supported facilities with e-mobile phones and airtime cards to facilitate inter-facility communication including consultation requests for transport, referrals, lab test results and client tracing.
• Set the research/ evaluation agenda with the GOE and support PMTCT program evaluation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	7,800,000	0

Narrative:

JHU implements two distinct activities related to treatment: (1) support ART scale-up and (2) the Clinically Focused Record Systems (CFRS). With respect to ART, JHU provides technical support to ensure the delivery of quality comprehensive ART services in 218 ART sites in Addis Ababa and three regional states. This includes 147 sites in Addis Ababa and SNNPR, which were transferred to JHU as part of the 2012 USG interagency PEPFAR program reconfiguration. Specific areas of support include:
• ART training to health providers.
• Distance learning, teleconferencing and case discussion activities with ART providers.
• Mentorship at each ART site.
• Dissemination of appropriate educational information to ART patients, their care givers and the community to overcome the false beliefs and practices around HIV and ART and reduce stigma and discrimination of HIV patients.
• Support case management in collaboration with PLHIV associations to promote ART adherence and retention of patients in care and support programs.

• Improve health network systems by supporting catchment area meetings, inter-facility and facility-community linkages and the referral system as well as support the establishment and functioning of facility ART multi-disciplinary teams.
• Implement quality improvement approaches.
• Support ART monitoring and evaluation activities including support to the national HMIS.
• Furnish, maintain, renovate and restore basic functions of ART facilities.
With respect to the CFRS activity, JHU supports clinical monitoring of ART patients in Ethiopia. Specific areas of support include:
• Cohort enrollment
• Provide ongoing support for the governing steering committee structure
• Strengthen and maintain standardized data collection measures and patient records management of clinic-based activities at seven participating university hospitals.
• Develop and implement/maintain facility-based project management standard operating procedures.
• Maintain data transfer and specimen repository standards.
• Monitor data quality levels.
• Ongoing training of facility staff to use national M&E tools.
Monitor electronic data management system at site and central levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,088,626	0

Narrative:

Previously, JHU supported implementation of pediatric ART in 57 health facilities in its operational area. Under COP2012, JHU will expand pediatric ART to 71 additional health facilities previously managed by MSH and will identify other high case load sites to expand services. Activities include:
•Provide TA to national and regional working groups to update guidelines, protocols, training materials, IEC materials and build regional capacity to plan and monitor site level programs.
•Expand-ART uptake by maximizing entry points for children testing via PIHCT at under-five clinics, pediatric inpatient services, TB clinics, and EPI clinics.
•Strengthen family-focused HTC, care and treatment, and linkages to other services.
•Expand comprehensive pediatric HIV care and treatment in private sector.
•Strengthen management of HIV-exposed and infected infants and early treatment for HIV infants per national guidelines.
•Mentoring to improve service quality and provide onsite updates for providers.
•Training on Pediatric ART, advanced learning through telemedicine and case review sessions using local university trainers.
•Community involvement to support uptake and adherence of HIE and pediatric patients and link to OVC

programs. •Provide supplies, equipment, IEC materials/job aids and minor renovation. •Collaborate with AAU and other universities to provide in-service/pre-service training and program supervision. •Implement services for adolescent groups and camps designed to provide psychosocial support; incorporate family-focused elements to increase family involvement in pediatric HIV care and adherence. •Integrate adherence Supporters into stand alone pediatric ART units to ensure, retention, tracking and referral for support services to available community based organizations •Continue monitoring and evaluation support to facilities as per national mandated standards •Ensure utilization of quality improvement tools (e.g., LQAS and SBMR) to identify and respond to gaps. •Support the use of IEC/BCC materials in local languages to enhance public awareness of pediatric HIV care and treatment services •Establish strategies to integrate pediatric HIV services with other MNCH and child survival interventions.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,719,512	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,719,512

Sub Partner Name(s)

EPHLA	Save Your Generation	

Overview Narrative

This is a continuing activity for the Ethiopian Public Health Association (EPHA) to continue to improve public-health practice around HIV/AIDS/STI and TB. EPHA supports and conducts public health evaluations, surveillance, operations research, and builds local capacity for designing and implementing evidence-based policies and interventions. Key activities include building local capacity in strategic information (SI) and the use of SI related to HIV/AIDS, STIs, and TB. EPHA also provides support for HIV surveillance among MARPS and their size estimates, strengthen public health laboratory capacity in the private sector, and support the Ethiopian Public Health Laboratory System (EPHLA). The emerging area of support also includes capacity building for the GOE particularly the FMOH/HAPCO and EHNRI in staffing and monitoring HIV surveillance activities. EPHA will also build its own capacity for effective management of its projects. EPHA operates at the national level. EPHA provides support and TA to RHB managers, lab staff; FMOH, FHAPCO, and EHNRI in their effort to improve HIV prevention and care services across the country. To be cost efficient, EPHA will continue to involve its members (more than 3000) who work all over Ethiopia in the public and private sectors. Aligning its activities with stakeholders, EPHA will collaborate with other professional associations. A comprehensive M&E plan with specific indicators for each activity will be used to track the progress. There will also be regular discussions, site visits, and project staff meetings as well as bi-annual review meetings, quarterly and semi-annual reports will also be in place.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	248,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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

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	169,512	0

Narrative:

In COP2010 EPHA carried out a pain management assessment in Ethiopia and the assessment results have been submitted to FMOH for endorsement. Currently, EPHA is waiting for approval of the protocol: “Assessment of Implementation of the Basic HIV Preventive and Care services Program in Ethiopia” from GAP. The findings of this assessment will be utilized to define the menu of care and support services and also used to revise national care and support guidelines and develop training manuals. Lack of resource mapping and service directories were some of the reasons observed in field visits and in the continuum of care assessment completed in 2011. Therefore, under COP2012 EPHA will undertake resource mapping activities in order to enhance the two way referral linkage of PLHIVs from the community to the health facility in an effort to increase service accessibility. The resource mapping and service directory will be further communicated to all partners and will be available in all health facilities. Based on the assessment findings of the pain management, EPHA will advocate for inclusion of the pain management recommendations in the pre-service as well as in-service trainings. EPHA coordinates the in service trainings on pain management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	HLAB	400,000	0

Systems			

Narrative:

The EPHA has been rendering support to the local capacity development of laboratories in partnership with the Ethiopian Public Health Laboratory Association (EPHLA). EPHLA was instrumental in filling the gaps in laboratory training programs in the private sector, emphasizing the development of technical and laboratory management capacity. This effort complemented the national effort to address the gaps identified in laboratory management in many facilities. EPHLA also supported the development and review of the National Laboratory Policy Guideline. In 2012, EPHA will support EPHLA to strengthen its administrative, project and financial management capacity in addition to its core mission of strengthening technical and management capacity of laboratory professionals and laboratory networks in Ethiopia. Under this support, EPHLA will build its capacity and evolve as a national professional organization in the field of public health laboratory science to make a difference in the public health laboratories in the country. 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, HHS/CDC and other stakeholders focusing quality laboratory towards accreditation. EPHLA should finalize and refine its 5-year strategic plan and align all its activities towards attaining the strategic goals included in the plan. It will work closely with the National Laboratory Technical Working Group (NLTWG), EMLA, APHL, training institutions and other stakeholders/advocates for the implementation of laboratory policy and quality lab service via accreditation. EPHLA will support the development of local organizational capacity through laboratory education, review meetings, workplace 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 support development of accreditation systems for laboratories and laboratory professionals for ownership, transition and sustainability.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	2,000,000	0

Narrative:

This is a continuing activity. The goal of this activity is to build local capacity for evidence based decision making related to HIV/AIDS/STI and other public health challenges in Ethiopia. This includes support for the Ethiopian Field Epidemiology and Laboratory training program (EFELTP), leadership in strategic information (LSI) course, dissemination and use of SI through standing EPHA publications, and support for local demographic health surveillance (DHSS) sites. EPHA will also support FHAPCO, FMOH and EHNRI through key staff technical secondments and provide support for M&E of surveillance and survey activities including site assessments.

The low capacity to prevent and control epidemics, the lack of skilled personnel, and poor surveillance systems are identified by the FMOH as key challenges in responding to the epidemics in Ethiopia. LSI and EFELTP trainings are designed to respond to these gaps. EPHA has supported 13 masters-level graduates and recruited 23 new trainees in EFELTP, and supported more than 160 trainees in LSI. In FY 2012, EPHA will continue supporting both these trainings. EPHA will continue to support the dissemination of SI through its annual national conferences, and development and dissemination of standing EPHA publications. EPHA has worked with six local networked university partners to strengthen DHSS for major sections of Ethiopia. This has enabled EPHA to collect, analyze, disseminate and use information on major causes of death, other vital events, and support the pre-service education of surveillance officers. In FY 2012, EPHA will focus on sustainability by continuing support for its own printing press and providing support for local capacity building and evidence based decision making through the training of RHB staff and local experts on research methods and human subjects protection. EPHA will continue to strengthen its technical, managerial and leadership capacity to effectively manage its activities. EPHA will continue supporting DHSS sites at Addis Ababa, Haramaya, Jimma, Gondar, Mekele, and Arba-Minch Universities and will also support MARP surveys.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	150,000	0

Narrative:

This is a continuing activity. EPHA will involve its expert members in conducting further analysis of upcoming results from DHS and the national MARPs survey, to assist in future intervention designs. One example is a pilot project to increase uptake of couple HIV testing in the context of antenatal care and delivery. Interventions to increase uptake of HCT among couples in high risk contexts (transactional sex, mobile workers, etc) is also being considered.

Implementing Mechanism Details

Mechanism ID: 10534	**Mechanism Name: Improving HIV/AIDS Prevention and Control 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: Federal Ministry of Health, Ethiopia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,329,762	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,329,762

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The Federal Ministry of Health (FMOH) of Ethiopia is the lead Government of Ethiopia (GOE) entity responsible for oversight of the national health care system with the overall goal of improving the health of Ethiopians. The FMOH efforts are guided by a multi-year strategy called a Health Strategy Development Plan (HSDP). Each HSDP is for a five-year period. The FMOH is currently on its fourth HSDP (commonly referred to as the HSDP IV). The HSDP is developed and implemented in collaboration with different development partners and stakeholders, which includes bi-lateral, multi-lateral, international organizations and the private sector. In addition, the FMOH has been a principal recipient of GFTAM funding over the last several years. The USG PEPFAR activities are in line with and support the goals of the FMOH HSDP via the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. To strengthen the overall management and coordination of HIV funding coming into Ethiopia, the FMOH also developed a Strategic Plan and Management (SPM) for intensifying the multisectoral HIV/AIDS response. The first SPM was for the period 2005-2010. The FMOH recently developed the second follow-on SPM (or SPM II) for the period 2010-2015. The USG provides direct funding and technical assistance to the FMOH to support building its capacity to specifically lead and manage the national health management information system (HMIS), the national TB/HIV program and the national HIV testing and counseling program.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Principal Recipient**
3. What activities does this partner undertake to support global fund implementation or governance? **(No data provided.)**

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,057,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

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

Budget Code Information

Mechanism ID:	**10534**
Mechanism Name:	**Improving HIV/AIDS Prevention and Control Activities in the FDRE**
Prime Partner Name:	**Federal Ministry of Health, Ethiopia**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	1,000,000	0

Narrative:

Diagnosis of TB among smear negative suspects, HIV positive individuals and pediatric clients has been a challenge for the Ethiopian TB Control Program. Among the challenges is the limited access to X-ray equipment for TB diagnosis in most regions. In FY2011, the FMOH has made efforts to identify the X-ray needs and existing capacities within facilities and prioritized facilities to receive technical assistance and support based case load, geographic access and infrastructure capacity. The National TB Program has

already procured one digital and 15 conventional X-ray machines and six backup generators for selected facilities. Under COP2012, the FMOH will:
• Procure an additional six X-ray machines and backup generators and support minor renovations of X-Ray rooms to meet Ethiopian radiation authority standards.
• Provide in-service training for health care workers on X-ray reading and interpretation and will undertake supportive supervision and review meetings to oversee and monitor staff and overall program performance.
• Conduct periodic site assessments to oversee the functionality of installed X-ray machines and identify additional facilities are ready to receive technical assistance and support.
• Promote transmission of electronic and paper based TB control messages to the public on regular basis using the public media to raise awareness of TB and TB/HIV.
• Lead and coordinate TB control advocacy during world TB day commemoration events.
• Support capacity building training and experience sharing of the national TB control program to improve technical and leadership capacity at central level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	2,129,762	0

Narrative:

The effectiveness of a health information system in providing information support for decision-makers depends upon the deployment of well-trained staff. Not only must the mechanics of data collection and reporting be mastered, but high familiarity with case definition, disease classification, service standards, and information use are equally important. In prior years, the FMOH has provided in-service training related information management for over 27,000 health professionals and administrative staff. The FMOH has developed guidelines for integrated supportive supervision to oversee HMIS implementation and management within health facilities and printed and distributed HMIS registers and related material for and formats to health facilities. Under COP2012, the FMOH will:
• Provide in-service training to health workers in health facilities that have not yet started HMIS implementation, un-trained workers who have newly joined the health care system as well as refresher training for those who are currently managing the HMIS.
• Update and distribute HMIS guidelines and ensure adherence to minimum requirements.
• Conduct advocacy at the national-level within the leadership of the health care system to create an enabling environment for HMIS and avoid the development of parallel or duplicative information systems.
• Establish an HMIS performance monitoring team within the FMOH.
• Print and distribute HMIS registers, tally sheets and cards in a timely manner.
• Support Regional Health Bureaus for the planning and conduct of regular HMIS supportive supervisions

to health facilities.
• Organize regular national HMIS forums to disseminate best practices and collectively address challenges.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	200,000	0

Narrative:

HIV testing and counseling (HTC) is the main entry point to HIV prevention, care, support, and treatment services. During the subsequent five years, there has been a significant increase from 801 HTC sites in 2006/2007 to 2,184 sites in 2009/2010. The number of clients using HTC services significantly increased during the same time period from 564,321 to 9,445,618. To date, the total number of people receiving HTC services in Ethiopia reached 24 million. The accelerated expansion of primary healthcare facilities, the decentralization of HIV/AIDS services, and the innovative millennium AIDS campaign- Ethiopia (MAC-E) launched in November 2006 at the eve of the new Ethiopian Millennium, have been the primary reasons for the significant increase in HTC service uptake. The FMOH has put in place two major national policy initiatives aimed strengthening health care services at the community level in both urban and rural areas. The Urban Health Extension Program (UHEP) will extend primary health care coverage in Ethiopia by using Urban Health Extension Professionals (e.g., clinical nurses) to provide health services at the household-level in urban Kebeles (neighborhoods). These professionals will promote and provide HTC services. The FMOH also is the lead coordinator for the Ethiopian National HIV Counseling & Testing Day, which is observed on the eve of the Ethiopian New Year every year, which is a large-scale national-level promotion of HTC. Under COP2012, the FMOH will continue to provide oversight and leadership in the coordination and supervision of HTC services as well as review and update national policy documents, guidelines and training curriculum as it relates to HTC.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 120,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	120,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Coordination among all HIV/AIDS stakeholders in Ethiopia is critical for the success of the national program. Geographical representation and spatial analysis of program-related data is a multipurpose tool in HIV/AIDS programming. It helps the standardization of program implementation and performance tracking of facility and community services, and will be instrumental in using spatial reference for data duplication. It will also be critical in the analysis of program expansion, in particular, to look at factors such as equity, disease epidemiology, and coverage of services.

This mechanism will support geographical information systems (GIS) and geospatial data analysis by: 1) supporting USAID to present mapping products; 2) conducting spatial analysis of existing USAID/PEPFAR activities, including socio-economic, epidemiological, physical and infrastructural variables related to HIV/AIDS; 3) maintaining maps of updated USAID activities to determine programming synergies across technical portfolios; 4) responding to requests from USAID for specialized geospatial analysis to ensure PEPFAR programming efficiencies; and 5) organizing trainings on basic and advanced GIS topics for staff at USAID, relevant implementing partners, and the Government of Ethiopia.

Finally, as PEPFAR is working closely with other USG programs on several activities, this program will provide support to help define and identify these integrated sites. There will be no vehicles purchased or leased under this program.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

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**
Governance and Systems	HVSI	120,000	0

Narrative:

This project will support the 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 implementation patterns, HIV related epidemiological data and other variables; respond to requests from the HAPN team 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 on conducting geographic information system (GIS) activities.

Specific activities under this program include the production of both paper and electronic copies of mapping products as well as geospatial analysis reports of major programs and background variables across USAID/Ethiopia's and PEPFAR Ethiopia’s technical offices. In addition, the partner will provide

technical reports containing methodology and geospatial analysis as requested, develop project specific GIS databases, and provide basic GIS training to relevant SI or M&E personnel who can implement the use of GIS in their daily program management. Trainees will come from implementing partners of PEPFAR/USAID programs and other stakeholders. The projec will train 100 SI personnel on basic GIS, which includes: how to use a Global Positioning System (GPS), how to transform GPS data to a map, and how to use the basic applications of ARC GIS software. Training will use an available geo-data base and practical public health program examples. The project will collaborate with the 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 Details

Mechanism ID: 10546	**Mechanism Name: Community Prevention of Mother to Child Transmission (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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

Pathfinder International		

Overview Narrative

The Community PMTCT program goal is to increase the uptake of PMTCT services aligned with GHI/P. The approach is to provide PMTCT services integrated within the overall MCH portfolio and with a strong facility-community linkage. The program targets Health Extension Workers and other volunteers to sensitize and mobilize communities to create demand; and provide access to quality MCH/ANC/PMTCT

services at health posts, health centers and outreach sites. This will be accomplished through: 1) Point of service ‘opt out’ CT offered to all women in ANC, labor and delivery and postnatal in FP units, 2) Male involvement through community 'gatekeepers' and lay counselors to avoid counselors burnout, 3) prophylactic ARVs offered to HIV-positive women, 4) 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, and 5) Ensure continuum of care/functional referral linkages between health and community services. Coverage is Amhara, Tigray, Oromia, SNNPR and Addis Ababa. There will be ongoing coordination with USAID and CDC care and treatment implementing partners to promote efficiency of TA provision at health facilities. At the national level CPMTCT will adopt and roll out the new WHO guidelines (with FMOH), participate in the PMTCT TWG, strengthen GOE capacity in quality assurance, supportive supervision and M & E and advocate/facilitate revisions of key policy issues, such as integrating mother and child health cards, support regional, zonal and woreda health bureaus. M & E will include a USAID midterm evaluation and quarterly site reviews. No vehicles needed. Though no COP12 funds are being requested for this project, the project will continue as described using pipeline funds.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Safe Motherhood

Budget Code Information

Mechanism ID:	**10546**
Mechanism Name:	**Community Prevention of Mother to Child Transmission (PMTCT)**
Prime Partner Name:	**IntraHealth International, Inc**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

The Community Prevention of Mother to Child Transmission (CPMTCT) program will support comprehensive pediatric HIV/AIDS care and support (CPCS) activities. A key activity will be training for health workers on DBS testing, sample transportation and chronic HIV/AIDS follow-up care using standard manuals. Other training will include decentralized one-day training on case detection and referral and training for the respective HEW/volunteers on active case detection and referral. Reinforcement of skills and knowledge learned will be provided to each trained HW post-training, to ensure that the quality of service delivery conforms to established standards. The practice of monthly Primary Health Care Unit meetings of referring units, particularly the health centers, woredas, Health Extension Workers (HEW) and community volunteers will be strengthened in many places to improve coordination between all levels of care. The CPMTCT program will continue to collaborate with Regional Laboratories to strengthen the sample referral and feedback for HIV exposed children 0-12 months for dried blood spot analyses. CPMTCT will also work with University partners and other PEPFAR partners for sample transportation and feedback for samples collected from HIV positive children above 12 months to 14 years for CD4 counts and ART initiation. The program will work with OVC projects and other partners to link clinically malnourished infants and their mothers to nutritional support and other community services. CPMTCT will train MSG on safe breast feeding, infant feeding, weaning, and complementary feeding and in-turn they will train HIV positive pregnant and lactating women.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

The Community Prevention of Mother to Child Transmission (CPMTCT) project will continue to operate in five major regions (Tigray, Amhara, Oromiya, SNNPR and Addis Ababa). The project will scale-up PMTCT services above the current level of 200 Health Centers (HCs) in FY2012 and FY2013. PMTCT service provision will be at HCs, outreach in the community and through Health Extension Workers (HEWs) at HPs. It is planned to increase the number of pregnant women who know their HIV status to 372,708 in FY 2012. The number of HIV positive pregnant women receiving ARV prophylaxis is planned to increase to 1,433 in FY 2012. The project is maturing and becoming more and more efficient year to

year demonstrating increased service coverage and improving the quality of services. PMTCT service providers' capacity will be strengthened by in-service trainings, on the job trainings, regular mentoring through project staff, supportive supervision/quality improvement visits and feedback through the project staff and Woreda/Zonal trained staff. CPMTCT will strengthen the capacity of regional, zonal, woreda, and health facility staff by training on supportive supervision and performance/quality improvement methods to enable these cadres to supervise, monitor, and assure quality of PMTCT programs at community and facility levels. This project will strengthen the mentoring and support of Mother Support Groups (MSGs) to increase retention and adherence for ARV prophylaxis and retention in care of mother infant pairs and support HIV positive pregnant and lactating women adhere to educations given to them. CPMTCT will support and strengthen the Primary Health Care Unit (PHCU) meetings between HC staff, HEWs, Volunteers, and woreda health bureau staffs in the catchment area of a health center. This will strengthen the referral and linkage from community to health facilities and tracing lost to follow up of HIV positive women from care and treatment.

Implementing Mechanism Details

Mechanism ID: 10548	**Mechanism Name: HIV/AIDS Anti-Retroviral Therapy Programme 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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 88,520	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	88,520

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. Jimma University (JU) is a local PEPFAR partner located in the Oromia Region of Ethiopia. JU is the first innovative, community-oriented institution of higher learning in Ethiopia, and a major contributor to health and human resource development. The JU teaching hospital serves as a site for in-service training of health workers working to rollout comprehensive HIV/AIDS program activities in Oromia. Through the cooperative agreement with HHS/CDC, JU has enhanced its administrative and technical capacity allowing the university to scale-up ART services and strengthen ART training for health professionals. In order for JU to establish itself as a long-term technical support center, the university will begin to handle the administration and management of the technical and logistical arrangements required to support the health networks delivering ART and other HIV/AIDS-related services. JU will use the funds to strengthen the pre-service training for medical education, train other health professionals, and strengthen the STI/HIV prevention activities within the University and the surrounding communities. Additional support will be provided from CU-ICAP for JU to provide in-service trainings. All these efforts help the university to build the capacity and ensure the sustainability of JU to take over the technical support currently being provided by CU-ICAP. The JU program supports the goals of the GOE's National Strategic Plan II (SPMII) as well as the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. JU has a system in place for routine performance monitoring and reporting. JU will document best practices and analyze its performance data, which will contribute to sustainability, and cost effectiveness.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	8,000
Human Resources for Health	5,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**10548**
Mechanism Name:	**HIV/AIDS Anti-Retroviral Therapy Programme Implementation Support through Local Universities**
Prime Partner Name:	**Jimma University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	7,760	0

Narrative:

Transactional sex is evident in the social dynamics of the university campus. The main goal of the program is to strengthen the STI/HIV prevention activities within JU and the surrounding communities. The target population for this intervention is the students and staff of JU, of which there are about 20,000. Under COP2012, the interventions targeting abstinence/be faithful include:
1. Promotion of abstinence and delay of sexual debut among JU students.
2. Educating JU students and community about the importance of secondary abstinence to reduce the risk of HIV/STI transmission.
3. Promoting fidelity among JU students and community to reduce the risk of HIV/STI transmission.
4. Educating JU students and community on reducing multiple and concurrent partners to prevent transmission of HIV/STIs.
5. Thematic discussion topics on social and community norms, gender-based violence, and stigma and discrimination.
6. HIV prevention peer leader training and information.
7. Adaptation of education and behavior change communication materials for the JU students.
8. Peer outreach education programs (training to enhance behavioral change or modification).
9. Life skills training.
10. Supporting the mini media and AIDS resource at the university to pass continuous messages on HIV/STIs and reproductive health.
11. Mainstream HIV/AIDS program at JU.

The program will collaborate closely with the JU Gender Office to improve intervention efforts to reach the female student population.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	50,760	0

Narrative:

Transactional sex is evident in the social dynamics of the university campus. The main goal of the program is to strengthen the STI/HIV prevention activities within JU and the surrounding communities. The primary target population for this intervention is university students and members of the surrounding community who commonly interact with the university population. Under COP2012, the interventions include:

1. Strengthening of the youth-friendly STI and reproductive health (RH) clinics within the university.
2. Promotion and provision of condoms at the university.
3. Promotion and provision of HTC services.
4. Peer outreach education programs (training to enhance behavioral change or modification).
5. Life skills training.
6. Mini media (AIDS Resource Center) at the university to pass continuous messages on STI/HIV/RH.
7. Mainstream HIV/AIDS program at the university.
8. Conduct HIV/AIDS Behavioral and Sero-prevalence survey in the JU community (including the students)

The interventions will target young men and women of reproductive age with special emphasis on young women. All interventions will use the recommended protocols by national and international standards. Pre-service training for health professionals on core HIV/STI competency areas will build the capacity of the health institutions and promote sustainability. JU will support the university health center and clinics by providing training of health care workers on STI/RH/HIV services, provision of STI job aids, STI treatment kits, condoms, HTC supplies, IEC/BCC materials and referral and linkage to ART care and treatment services. In collaboration with the zonal health department outreach support to health facilities (e.g. clinics and pharmacies) around the university and its branches in areas of STI/HIV service will be initiated.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	30,000	0

Narrative:

ANC HIV prevalence in Oromia Region in 2009 was 1.7% and the number of PLHA was last estimated at 80,000. JU is a major contributor to development of skilled human resources for Ethiopia’s health workforce. To date, JU has initiated a wide array of activities with PEPFAR support, including in-service

and pre-service trainings. JU has benefited from PEPFAR Ethiopia's regionalized support by partnering with Columbia University-ICAP (CU-ICAP). HIV/AIDS activities in the university are being consolidated. Under COP2012, JU will provide technical assistance to its teaching hospital for ARV service provision, the Oromia regional health bureau and other health facilities found in the catchment area. Additional support will be provided by CU-ICAP to establish a training unit at Jimma University in order to strengthen JU's capacity to provide in-service training. JU will use some of the funds to strengthen the pre-service training for medical education and training of other health professionals. Moreover, as the number of students using the clinic increases over time, it is necessary to further enhanced the capabilities of the clinic and make it youth friendly. With regards to TB/HIV, JU receives technical assistance from CU-ICAP to strengthen its HIV/TB screening and management clinical services provided to students and staff of the JU.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 149,760	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	149,760

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. Mekele University (MU), located in northern Ethiopia, provides higher education in science, liberal arts, and health (medicine, public health, nursing, and other mid-level

trainings). MU works closely with affiliated university and public hospitals in Mekele, the capitol of Tigray Region, providing support to build capacity to improve continuum of care to catchment area population. The goal of MU's program is to build its own organizational capacity to provide in-service training and technical assistance to improve HIV service delivery in the region. Activities will focus on priority needs within the university community and involve health networks in its catchment area. University of Washington I-TECH will partner with MU to build its capacity for providing skills-based in-service training. For the institution to establish itself as a long-term technical support center, MU will administrate and manage the technical and logistical arrangements required to support the health networks delivering ART and related services, which will enhance MU's capacity to provide overall supportive management of HIV/AIDS activities within the region. The MU program supports the goals of the GOE's National Strategic Plan II (SPMII) as well as the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. MU has a system in place for routine performance monitoring and reporting. MU will document best practices and analyze its performance data which will contribute to sustainability, and cost effectiveness.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	8,000
Human Resources for Health	25,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
TB
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
Prevention	HVAB	7,760	0

Narrative:

The primary target population for this activity is approximately 16,000 young adult men and women students and staff at MU. Under COP2012, abstinence and faithfulness activities will include:
1. Promotion of abstinence and delay of sexual debut behavior among the MU students.
2. Educating MU students/community about importance secondary abstinence to reduce the risk of HIV/STI transmission.
3. Promoting fidelity among the MU students/community to reduce the risk of HIV/STI transmission.
4. Educating MU students/community on reducing multiple partners to prevent sexual transmission of HIV/STIs.
5. Practicing HIV prevention skills and understand and adopt positive health-seeking behaviors.
6. Thematic discussion topics will include social and community norms, gender-based violence and stigma and discrimination. Peer leader training and information, education and communication material and behavior change and communication material will be adapted specifically for the MU student population.
The program will collaborate closely with the MU Gender office to improve intervention efforts to reach the female student population.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	72,000	0

Narrative:

In FY2009, MU entered into a cooperative agreement with HHS/CDC to establish and strengthen STI/HIV services. The primary target population for this intervention is approximately 16,000 MU students and staff. Under COP2012, activities include:
1. Strengthening youth friendly STI/RH services in three MU clinics.
2. Promoting condom use at the university.

3. Providing HTC services with the expectation that 10% of the MU population will participate in HTC.
4. Conducting peer outreach education and training 100 peer educators.
5. Providing mini-media (AIDS Resource Center) that will reach the entire university community to pass continuous messages on STI/HIV/RH.
6. Mainstreaming an anti-HIV/AIDS program at the university.
7. Providing access to user-friendly STI clinic service. The MU health center and other clinics under the university will be supported in training health care workers on STI/RH/HIV services, provision of STI job aids, STI treatment kits, condoms, and HTC supplies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	70,000	0

Narrative:

MU is working closely with the Tigray Regional Health Bureau (RHB) actively providing technical assistance that supports planning and implementing of various health programs in the region. Through technical support from the University of Washington/I-TECH, MU and its teaching hospitals have initiated anti-HIV/AIDS activities and services among the university community and its affiliated hospital clients. MU will also strengthen the services of students' clinics which are an entry point for HIV counseling and testing, which also includes TB/HIV screening and management. The university will have a strong working relationship with the University of Washington/I-TECH, in order for it to be in a 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 MU community and expanded further to involve the health networks in its catchment, and support the HIV program activities at regional and national levels. With support from University of Washington / I-TECH, MU will establish a training center that will be used for providing in-service trainings within Tigray region.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 770,933	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	770,933

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. Ethiopian soldiers are at risk for HIV infection. A majority are young, mobile, and sexually active with close interactions with other high risk populations. The 2004 HIV prevalence rates among urban and rural military recruits were 7.2% and 3.8%, respectively. The overall objective of the Ethiopia National Defense Force (NDFE) HIV/AIDS program is to avert new HIV infections among soldiers aged 18-40 years and their family members by creating access to and increasing demand for HIV/AIDS services, including HIV testing and counseling (HTC), sexually transmitted infection (STI) and other opportunistic infection (OIs) treatment and antiretroviral treatment (ART). The approach to be used, Modeling and Reinforcement to Combat HIV/AIDS (MARCH), peer-to-peer small group discussions has proven successful. There has been a four-fold increase in HTC uptake, a three-fold increase in ART uptake, a 50% decrease in hospital admissions, and anecdotal reports of a more accepting atmosphere of HIV/AIDS services among the military and an improved quality of life among PLWHA in the military. The NDFE program follows the GOE guidance on the implementation of a minimum package of prevention services for uniformed services and supports the goals of the GOE's National Strategic Plan (SPMII). In addition, the activity falls under the combination prevention framework of the USG HIV prevention portfolio and is aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. The NDFE has a system to routinely monitor and report on performance. An evaluation of MARCH is currently underway and findings will be used to further guide the implementation of the NDFE program.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Military Population
Mobile Population
Workplace Programs

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	72,983	0

Narrative:

The NDFE has more than 15,000 active and well-organized peer-to-peer HIV/AIDS discussion groups and aims to add approximately 4,000 new groups by expanding to new recruits and hard-to-reach NDFE units. In total, 200,000 military and family members will be reached through these peer groups. Under COP2012, the NDFE will provide refresher training to peer leaders in all NDFE commands, which includes an abstinence / be faithful (AB) training component that focuses on reducing multiple concurrent sexual partnerships and increasing fidelity. NDFE will produce and distribute military-specific and tailored information, education and communication (IEC) and behavior change and communication (BCC)

materials on AB-focused topics; provide information on HTC and STI services and referral linkages to care and treatment services. In addition, the NDFE will strengthen its AIDS Resource Centers (ARC) through procurement of audio-visual materials, collecting and documenting available IEC materials on HIV-related topics, producing military-specific IEC materials, creating linkages with other regional and national ARCs, improving functionality of the ARC website, training on the production of IEC/BCC materials, as well as capacity building and training for ARC NDFE staff. In addition, the NDFE will reinforce the peer group activities with other NDFE HIV/AIDS activities incorporated into NDFE music and sports clubs, radio programs, newsletters, movies or staged dramas, and events such as the World AIDS Day. Technical assistance to the NDFE will be provided by the University of California at San Diego (UCSD), Johns Hopkins University, and the US Department of Defense (DOD) to strengthen the capacity of the NDFE to successfully implement these activities on its own in the long-term.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	697,950	0

Narrative:

The NDFE has more than 15,000 active and well-organized peer-to-peer HIV/AIDS discussion groups and aims to add approximately 4,000 new groups by expanding to new recruits and hard-to-reach NDFE units. In total, 200,000 military and family members will be reached through these peer groups. Under COP2012, the NDFE will provide refresher training to peer leaders in all NDFE commands promoting the “other prevention” (OP) component of HIV prevention, which includes 100% correct and consistent condom use. In addition to peer education, activities will include promotion of HTC, promotion and distribution of condoms and establishment of condom service outlets, and creating linkages to other HIV services. The NDFE will produce and distribute military-specific and tailored information, education and communication (IEC) and behavior change and communication (BCC) materials on OP-focused topics; provide information on HTC and STI services and referral linkages to care and treatment services. In addition, the NDFE will strengthen its AIDS Resource Centers (ARC) through procurement of audio-visual materials, collecting and documenting available IEC materials on HIV-related topics, producing military-specific IEC materials, creating linkages with other regional and national ARCs, improving functionality of the ARC website, training on the production of IEC/BCC materials, as well as capacity building and training for ARC NDFE staff. In addition, the NDFE will reinforce the peer group activities with other NDFE HIV/AIDS activities incorporated into NDFE music and sports clubs, radio programs, newsletters, movies or staged dramas, and events such as the World AIDS Day. Technical assistance to the NDFE will be provided by the University of California at San Diego (UCSD), Johns Hopkins University Center for Communication Program, and the US Department of Defense (DOD) to strengthen the capacity of the NDFE to successfully implement these activities on its own in the long-term.

Implementing Mechanism Details

Mechanism ID: 10559	**Mechanism Name: Peer-to-Peer Capacity Building of Ministries of Health in Public Sector HIV Program Management**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 975,351	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	975,351

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. NASTAD's program will strengthen national and local public health sector capacity to plan, manage, and evaluate public sector HIV/AIDS programs; build public sector organizational capacity to support the delivery and sustainability of national and local HIV/AIDS programs; and collaborate with USAID partners to provide technical assistance for the community information system (CIS). The specific objectives are: 1) enhance the capacity of MOH regional, zonal, and woreda HAPCOs / HBs and community-based organizations (CBOs) to manage and implement the HIV/AIDS multi-sectoral response and social mobilization; 2) integrate ART adherence promotion into ongoing social mobilization/community planning activities; and 3) engage PLHIV, their support groups, and the community to retain individuals in ART treatment. The geographic focus is Oromia, Amhara, and SNNPR regions and the cities of Addis Ababa and Dire Dawa. The target populations reflect priorities of RHBs and RHAPCO of each respective region, which may include general public, most-at-risk and vulnerable populations or health professionals. NASTAD aims to implement cost-efficient and sustainable activities by transferring technical and programmatic skills to the regional and local public health sector. To ensure sustainability, NASTAD will sub-grant funds to CBOs and enable community ownership through

empowerment activities. NASTAD will work closely with other USG partners and compliments the USAID LMG program, whereby USAID focuses on management training, NASTAD focuses on capacity building for implementation. NASTAD has a system to routinely monitor and report on program performance. The NASTAD program supports the goals of GOE and USG Partnership Framework and Global Health Initiative.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10559**
Mechanism Name:	**Peer-to-Peer Capacity Building of Ministries of Health in Public Sector HIV Program Management**
Prime Partner Name:	**National Alliance of State and Territorial AIDS Directors**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

Collecting and analyzing community-based data has been deemed necessary by the HAPCO to

supplement the national health management information system (HMIS) which is currently being implemented in all regions of Ethiopia. The HAPCO endorses a community information system (CIS), and in support of this, NASTAD has been involved in providing technical assistance (TA) to develop and successfully pilot a CIS together with USAID partners in Addis Ababa and Dire Dawa. An assessment conducted by the HAPCO, UNAIDS, and other stakeholders on the CIS pilot indicated good performance by both Addis Ababa and Dire Dawa. Under COP2012, NASTAD will increase its TA to Addis Ababa and Dire Dawa in their efforts to scale up the CIS; provide capacity building support to community providers and other stakeholders in the collection, management, use, and dissemination of community data; strengthen the national CIS technical working group led by HAPCO; and provide TA and financial support for the training and re-training of stakeholders on CIS implementation, monitoring, and evaluation. This activity will be gradually transitioned to the HAPCO in the coming years.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	425,000	0

Narrative:

Creating an enabling environment for effective HIV/AIDS prevention, treatment, and care interventions is one of the major objectives of the MOH. Since 2007, NASTAD has been working to build capacity of the MOH at all levels in the areas of leadership and governance, community mobilization and empowerment, and coordination and partnership to improve the national and regional HIV/AIDS multi-sectoral response. To date, NASTAD supported the implementation of a community conversation (CC) program, community-based health sector planning, the development of various HIV/AIDS social mobilization/community planning guidelines, and established bi-directional twinning partnerships between regional MOH in Ethiopia and health/HIV/AIDS departments in the US. Under COP2012, NASTAD will enhance the capacity of regional, zonal, and woreda MOH in five regions (Amhara, Oromia, SNNPR, Addis Ababa, and Dire Dawa) to manage and coordinate public sector HIV/AIDS mulit-sectoral response; sponsor regional level partnership forums to improve coordination and referral networks among different stakeholders; provide ongoing TA to regional, zonal, and woreda MOH through site visits and joint supportive supervision; establish and strengthen a twinning partnership between Addis Ababa MOH and Washington, DC health department to address MARPs and PLHIV related to travel and migration; technically and financially support regional MOH for monitoring, documentation and dissemination of best practices of community-based activities; and develop a training toolkit and provide training on public health data use for woreda public health sector professionals under Track 1 Transition.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	450,351	0

Narrative:
Despite the impressive achievement of placing people on ART, the inability to retain HIV patients in care and treatment programs threatens to undermine the success. NASTAD will continue to strengthen and expand community planning/community conversations for ART adherence. In prior years, NASTAD provided training on community ART adherence for regional, zonal and woreda HB/HAPCO staff to build their capacity to cascade this training to the kebele-level community conversation facilitators and health extension workers; distributed booklets on ART treatment adherence to community conversation facilitators; provided ToT on ART treatment adherence; developed community ART adherence manual; supported ART implementation by raising community awareness on ART in general and treatment adherence in particular through community conversations; helped the community to understand and tackle barriers for ART adherence, including disclosure, stigma, and other cultural barriers; initiated an innovative community-based prevention of lost-to-follow-up program. NASTAD has and will continue to work in close collaboration with other USG implementing partners, PLHIV associations, and health extension workers. Under COP2012, NASTAD will continue with the above activities and further target technical assistance to the national community conversations intervention using strategies consistent with GOE national ART treatment guidelines. This intervention is based upon a model of community engagement and empowerment in which educated kebele members assume responsibility for PLHIV. NASTAD will also build the capacity of local government and community-based organizations to enhance ART adherence and reduce patients defaulting from treatment through integrating ART adherence education into community conversations; supporting community-based nutrition programs for 2, 500 PLHIVs on ART; and supporting focus regions to undertake surveys on community ART adherence.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**

GHP-State	0

Sub Partner Name(s)

Ethiopian Muslim Development Association (EMDA)	Ethiopian Orthodox Church, Development Inter-Church Aid Commission	

Overview Narrative

The HIV Prevention for Vulnerable Adolescent Girls project's goal is to prevent new HIV infections and promote abstinence and mutual faithfulness by addressing the HIV risk among the most vulnerable adolescent girls and their partners. This project will address specific needs of married adolescent girls. Activities will support delayed girls' marriage and support girls who are already married, outreach to husbands of adolescent girls, and support to poor urban girls, most of whom are migrants from rural areas. This activity is implemented in urban and peri-urban areas of Bahir Dar, Gondar, Dessie, and Addis Ababa, which are along truck routes. This program aligns with the PF Goal 1: Prevention intervention packages that reach Most at Risk Populations and the GHI woman- and girl-centered approach. PopCouncil works closely with Ministry of Women, Children and Youth Affairs partnering ward administration offices and local NGOs to strengthen their capacity by leadership training, mentorship program so they can eventually take on activities currently supported by the project. An estimated 2 new vehicles are needed for scale-up as the project has a wide reach (36 sites) and is expanding, a vehicle is critical for project implementation, management and oversight at these locations. The M&E plan includes an evaluation using a quasi-experimental research design involving pre-and post- intervention surveys in experimental and comparison areas to measure changes in social safety nets and HIV knowledge, discussion and prevention capabilities, especially VCT. Descriptive and multivariate analysis was conducted to understand changes associated with the project. Though no COP12 funds are being requested for this project, the project will continue as described using pipeline funds.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	0	0

Narrative:

This activity develops tools and training for OVC programs to meet the needs of adolescent girls escaping from early marriage and provides services and referrals to female OVC who have migrated to low-income urban centers. Services 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 project partners with economic growth programs to provide guidance on entrepreneurship training and employment strategies and resources and with programs addressing exploitive child labor to leverage experience and capacity. The activity establishes girls' groups for the most vulnerable, out-of-school, migrant girls, including domestic workers. The groups, led by adult female mentors, provide a safe space for girls to discuss their problems, obtain peer support, and engage with supportive adults. Livelihood skills training is provided to enable the girls to work and support themselves and therefore prevent them engaging in risky behavior.

Over 7,500 vulnerable migrant girls will be reached in FY 2012 through 100 trained female mentors. Groups are managed by local ward administrations and local NGOs. Female mentors identify needs, provide support, and make and following up on referrals. Assistance to OVC programs includes provision of technical input on improving reach and depth of services to vulnerable adolescent girls. The activity's focus on vulnerable adolescent girls increases gender equity in HIV/AIDS programs. The program includes 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 applies the Standards of Services for OVC in Ethiopia and conforms to the PEPFAR Ethiopia Prevention Strategy of targeting high-risk groups. Faith and community structures are 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 Pop Council's Safer Marriage activity in the Amhara Region.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

Narrative:

HIV Prevention for Vulnerable Adolescent Girls Project focuses on the vulnerability of adolescent girls who are married early and those who are migrants from rural areas to towns in search of better opportunities, trafficked by relatives for domestic work and or escaping early marriage. They are vulnerble to varieties of abuses like sexual, rape, overwork, lack of education and limiting their movement. Their ages range from ten to nineteen. The Projects works in Addis Ababa, Amhara and Tigray regions. Female mentors are trained for married adolescent girls programs and male for husbands/boys clubs. HIV prevention messages are conveyed in mentorship programs for married adolescent girls and the husband and boys. Married adolescent girls clubs with a membership of 25-39 involves mentorship programs such as life skills trainings, awareness raising on HIV/AIDS, RH, GBV, service provision to GBV survivors, addressing harmful male norms, non-formal education and others. Husbans' clubs and market place agents activities include awareness on HIV/AIDS, use and abuse of alcohol, GBV and care for family. Abstinence and being faithful programs are given by religious leaders trained in curriculum based trainings. Days of Dialogue training for priests through Ethiopian Orthodox Church (EOC) using Developmental Bible manual developed for the purpose. After the training the imams and priests conveyed HIV prevention messages to their congregations, and promote VCT, PMTCT and ARV. Rallies are held led by archbishops. In the intervention sites, many religious leaders make a policy that no marriage will be blessed without prior VCT testing by priests and imams. The project is monitored by way of supportive supervision at field and meetings with all stakeholders, site visits, standardardized materials. Services well integrated. Female mentors give awareness raising on GBV, encouraged to report as early as possible, and if encountered GBV, the survivor is linked to the

Project's client health facility with a coupon where necessary support is provided. If the need is for shelter the survivor is linked to subpartner where she can access temporary shelter.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

This activity addresses the HIV risks associated with early marriage, divorce and migration by implementing community awareness and premarital VCT interventions 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. 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.

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 120,000 individuals will be reached with prevention messages related to HIV, delaying marriage, male norms and behaviors, faithfulness, and premarital VCT. 200 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. 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. Condom distribution and consistent and proper use is passed through male and female mentors in their respective clubs.

Implementing Mechanism Details

Mechanism ID: 10592	**Mechanism Name: Integrated Family Health Program (IFHP) Maternal Child Health Wraparound**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Pathfinder International	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

C- Change	Consortium of Reproductive Health Agencies (CORHA)	John Snow, Inc.

Overview Narrative

Activities in support of prevention-of-mother-to-child transmission (PMTCT) fully integrate within the overall family planning (FP) and maternal, neonatal, and child health (MNCH) mandate of the Integrated Family Health Program (IFHP). These activities rely on strategies and approaches formulated in the IFHP work plan approved by USAID and the Federal Ministry of Health (FMoH). In addition, PMTCT-related activities in this project are in-line with GHI principles to focus on women and invest in country-led plans, and support the overall GHI Ethiopia goal to reduce maternal, neonatal and child mortality through an integrated service delivery platform.

In line with the MoH's PMTCT acceleration plan, integration is achieved by considering antenatal care as the overarching service delivery framework and by paying considerable attention to maternal and newborn health, in particular, to HIV/AIDS prevention in mother and child and to birth spacing or prevention of unwanted pregnancies as essential inclusive components of quality and focused antenatal care (ANC).

In the areas of Amhara and Oromia, the full range of ANC, PMTCT and FP support is provided. With regard to PMTCT, this includes health center based HIV/AIDS counseling and testing and provision of antiretroviral (ARV) prophylaxis, and follow-up for exposed infants and early infant diagnosis. IFHP will collaborate with partners to ensure availability of commodities and supplies required for the implementation of the program, including HIV counseling and testing (HCT) kits and ARVs for PMTCT. To provide essential contraceptives, IFHP already has a system in place.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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:	**10592**
Mechanism Name:	**Integrated Family Health Program (IFHP) Maternal Child Health Wraparound**
Prime Partner Name:	**Pathfinder International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

IFHP plans to increase the number of pregnant women who know their HIV status and who receive ARV prophylaxis by building on exisiting MNCH-FP service delivery platforms. In essence, the PEPFAR investment will decrease "missed opportunities" among women accessing facility-based services and will help to standardize the inclusion of HIV services within the spectrum of services for women of

reproductive age throughout the health system. This project will continue to operate in two major regions of the country: Amhara and Oromiya. The project will scale up the prevention-of-mother-to-child (PMTCT) services from the current 70 Health Centers (HCs) to 80 HCs with COP 2012 funds. PMTCT service provision will be primarily at health centers, with support provided at the community level, and through Health Extension Workers (HEWs) at Health Posts (HPs).

IFHP will use a variety of methods to increase demand for antenatal care (ANC) and institutional delivery, which includes the use of mobile vans and information, education, and communication (IEC) and behavior change communication (BCC) materials.

Further, IFHP will strengthen the integration of FP with HIV services in 250 health facilities. This project has two years of experience in implementing PMTCT services and integrating FP with HIV. The project is maturing and becoming more efficient each year by demonstrating increased service coverage and improving the quality of services. The PMTCT service providers' capacity will be built by in-service trainings, on the job trainings, regular mentoring through project staff, and supportive supervision visits through the project staff and woreda/zonal trained staff. This partner will support and strengthen the Primary Health Care Unit (PHCU) meetings between HC staff, HEWs, Volunteers, and woreda (neighborhood administrative unit) health bureau staff in the catchment area of a health center. This will strengthen referral and linkages from the community to health facilities and trace lost to follow up of HIV positive women from care and treatment. In PHCU meetings, participants discuss PMTCT performance, challenges, and plan the way forward for program improvement. The project will use pipeline funds for ongoing activities.

Implementing Mechanism Details

Mechanism ID: 10599	**Mechanism Name: Twinning Initiative**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: American International Health Alliance Twinning Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,020,000	**Total Mechanism Pipeline: N/A**

Funding Source	Funding Amount
GHP-State	3,020,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The American International Health Alliance-Twining Center (AIHA-TC) will strengthen human and organizational capacity of Ethiopians and local institutions, as well as improve the quality of HIV testing and counseling (HTC) services in Ethiopia. AIHA-TC's largest contribution is to mobilize professionals to assist in Ethiopia's fight against HIV/AIDS through its Volunteer Diaspora initiative, build institutional and human resource capacity in the field of emergency medicine, and strengthen medical institutions' capacity to deliver high quality pre- and in-service medical, health science and social work education. AIHA's social work education activity leads from Jane Addams School of Social Work are in communication with the leads for USAID's Social Welfare activities. AIHA-TC's main strategies include twinning partnerships with health institutions abroad to build local institutional capacity and mobilizing highly skilled Diaspora professionals to USG-supported HIV service delivery sites and AIDS service organizations. AIHA-TC works both nationally and regionally and targets medical schools, healthcare service providers, and pre-service medical and health science education graduates. AIHA-TC's program supports the goals of the GOE's National Strategic Plan II (SPMII) as well as is aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. AIHA-TC monitors each individual partner through their own established work and M&E plan, tracks outcomes across partnerships working in similar technical areas, and conducts regular evaluations measuring the overall outcomes related to AIHA-TC's goal.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,800,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10599**
Mechanism Name:	**Twinning Initiative**
Prime Partner Name:	**American International Health Alliance Twinning Center**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	3,020,000	0

Narrative:

Barriers to addressing HRH issues include insufficient skill mix among health workers, low training output, misalignment of pre-service education with needs of the health sector, lack of standardized in-service training, and overall weak HRH management. AIHA-TC is an important PEPFAR partner to help address Ethiopia's significant HRH crisis. AIHA-TC has a unique role in twinning individuals and institutions from Ethiopia's extensive and highly qualified Diaspora community who come to mentor counterpart institutions and individuals. To date, a diverse group of 48 Ethiopian Diaspora have been placed with the Ministry of Health (MOH), local universities, public hospitals, regional health bureaus, HIV/AIDS Prevention and Coordination Offices (HAPCO) and other institutions to address specific needs. E.g., AIHA-TC will continue its partnership between Howard University and Addis Ababa University (AAU) School of Pharmacy for a national information center to improve the quality of HIV/AIDS services provided by pharmacists. It will also continue the partnership between the University of Illinois Jane Adams School of Social Work and the AAU School of Social Work to establish their social work and case management training for >350 community-based workers who provide care and support services for OVC. In addition, linkages will be made with the USAID/UNICEF grant supporting the social welfare system. AIHA-TC will also continue support to the Federal MOH to develop and implement a framework for a national quality assurance (QA) system for HTC services. Because of the high prevalence of HIV-infected patients in the emergency care setting, AIHA-TC will also develop new institutional and individual capacity in emergency medicine through a partnership between the University of Wisconsin and AAU to promote, develop, and sustain the delivery of optimal emergency care for acutely ill and

injured children, adolescents and adults. Finally, through the GOE's New Medical Education Initiative, AIHA-TC will create new partnerships to place skilled volunteers in medical schools across the country to improve the quality of pre-service medical education. Specifically, these volunteers will focus on organizing and teaching courses, mentoring faculty, and providing student advice and counseling to improve their academic success.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

This is a current activity without the need for FY2012 funding due to adequate pipeline from the previous fiscal year. AIHA-TC will continue to strengthen the provision of HTC services in Ethiopia through a previously initiated "South-South" twinning partnership between the Liverpool Voluntary Counseling and Testing Program (LVCT), which is an indigenous Kenyan organization, and Ethiopian government institutions responsible for HCT service delivery. The partnership is providing assistance in the development of a quality assurance training manual and to build the capacity of the FMOH and regional health offices to strategically plan, develop and support HTC service delivery sites throughout Ethiopia. Specific support will include the following:
1) Provision of support in the implementation of HCT quality assurance (QA) strategies at the national and regional level;
2) Assist with the implementation of QA at the facility level; and
3) Conduct HCT QA training of trainers (TOT) at the regional level for further expansion of the program.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 231,762	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	231,762

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The Addis Ababa University (AAU) HIV/AIDS program has two goals. The first goal is to enhance behavior change and increase use of HIV/AIDS services among students on 16 AAU campuses given their vulnerability to HIV infection. Behavior change activities are based on a peer education approach called Modeling and Reinforcement to Combat HIV/AIDS (MARCH). Peer to peer outreach / behavior modeling will be done through small groups and multi-media. The second goal is to strengthen pre-service education for AAU students and in-service training for HIV/AIDS health workers. AAU will mainstream HIV/AIDS training into undergraduate/graduate curriculum and provide refresher in-service training for health workers in Addis Ababa. Johns Hopkins University (JHU) will provide technical assistance to AAU in both program areas. To promote sustainability, different faculties, and departments will be involved in the program; an in-service training unit and advisory board at the AAU President's level will be established; and the existing HIV/AIDS office will assume a stronger coordination role. The AAU program supports the goals of the GOE's National Strategic Plan II (SPMII) and is aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. A formal evaluation of MARCH is underway. Findings will guide the AAU HIV/AIDS activities. Routine monitoring of the program will be done by AAU, JHU, and technical officers from HHS/CDC. AAU is also the principal for the HRSA supported Medical Education Partnership Initiative that involves 3 local (Defense, Harwassa, Haramaya) and 4 US based universities (JHU, University of Wisconsin, Emory, UCSD) focused on improving quality of medical education and research capacity.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	30,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
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
Prevention	HVAB	78,704	0

Narrative:

The AAU HIV/AIDS prevention activities will target peer education interventions to 30,000 students and 5,000 staff on 16 campuses to increase delaying sexual debut, fidelity and abstinence and use of key HIV services. As appropriate, students and staff will be linked with HIV/AIDS services including HIV testing and counseling and sexually transmitted infection management. Over 200 student-led small group peer discussions will take place to provide opportunities for participants to practice HIV prevention skills and understand and adopt positive health-seeking behaviors. Thematic discussion topics will include social and community norms, gender-based violence and stigma and discrimination. Peer leader training and information, education and communication material and behavior change and communication material will be adapted specifically for the AAU student population, such as the AAU monthly comic book series on “Life 101”. The AAU will supplement peer group activities through “anti AIDS” clubs at different campuses and organize anti AIDS campaigns during special AAU occasions, commemorations, and holidays. The program will collaborate closely with the AAU students' Dean Office, Gender office, and

Social Sciences and Public Health Department to improve intervention efforts to reach the female student population.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	123,058	0

Narrative:

The AAU HIV/AIDS prevention activities will target peer education interventions to 30,000 students and 5,000 staff on 16 campuses to increase delaying sexual debut, fidelity and abstinence, correct/consistent condom use and use of key HIV services. As appropriate, students and staff will be linked with HIV/AIDS services including HIV testing and counseling and sexually transmitted infection management. Over 200 student-led small group peer discussions will take place to provide opportunities to discuss and practice HIV prevention skills and understand and adopt positive health-seeking behaviors. Peer group discussions will reach approx. 2000 students. In addition, 24 condom outlets will be established on the campuses. Thematic discussion topics will include social and community norms, gender-based violence and stigma and discrimination. Approximately, 400 students will receive an HIV/AIDS certificate for being trained and organizing five peer outreach groups. Student peer leader training and information, education and communication material and behavior change and communication material will be adapted specifically for the AAU student population. An example is the AAU monthly comic book series on “Life 101”, a print serial drama, that will targeted to at least 14,000 students. The AAU will supplement peer group activities through “anti AIDS” clubs at different campuses and organize anti AIDS campaigns during special AAU occasions, commemorations, and holidays. The program will collaborate closely with the AAU students' Dean Office, Gender Office, and Social Sciences and Public Health Department to improve intervention efforts to reach the female student population. AAU will adapt and use the newly developed GOE “Package of Services for MARPs and other highly vulnerable population” as its main tool to guide interventions. To ensure quality control, the AAU will standardize its approach in the 16 campuses. In addition, the AAU will provide regular quarterly progress reports.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	30,000	0

Narrative:

AAU will continue with mainstreaming of HIV/AIDS training into graduate and undergraduate curriculm of various disciplines, such as the social science and health science fields. Different colleges, faculties, and departments of the university will be actively involved in HIV/AIDS activities based on their areas of specialty and comparative advantages. For example, the College of Medicine will be involved in curriculum development related to ART and the School of Public Health will be involved in curriculum development on prevention. AAU will scale-up its HIV/AIDS services for students and staff, specifically

HTC and TB/HIV services at student clinics and strengthening referral linkages with nearest health facilities. AAU aims to expand HTC services to 1315 students and staff which is a 20% increase from the prior year. With JHU technical assistance, the AAU will establish a training unit to provide refresher in-service training for health workers who are working in Addis Ababa providing HIV/AIDS services. Additionally AAU will strengthen medical and other health-related education pre-service training curriculum by updating current curriculum, training of instructors and teaching staff and providing training/teaching aids and material. AAU will provide technical assistance in national strategy development and planning to the Federal MOH as they continue to expand HIV/AIDS services nationally. In addition, the AAU will also provide support to HIV/AIDS service delivery within Addis Ababa, particularly on ART.

Implementing Mechanism Details

Mechanism ID: 10603	**Mechanism Name: Supporting Laboratory Training and Quality Improvement for Diagnosis and Laboratory Monitoring of HIV/AIDS Patients in Resource-Limited Countries (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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 200,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The American Society for Clinical Pathology (ASCP) has been providing technical assistance to the Ethiopia Health and Nutrition Research Institute (EHNRI) and the national lab

system since 2005 with the primary goal of strengthening national public health laboratory services. ASCP support has been crucial for expansion of lab monitoring services (such as CD4) to support ART services in Ethiopia. The ASCP program will continue to focus on laboratory strengthening, specifically in the areas of improving pre-service training within local universities, supporting laboratory accreditation efforts, and addressing laboratory human resource in-service training needs through the development of continuing medical education and certification. ASCP's continuing medical education activities target specific laboratory professionals not reached by other USG activities.All of ASCP’s technical assistance promotes and enables long-term sustainability of the Ethiopia’s laboratory services as it relates to HIV/AIDS service delivery and supports the GOE efforts to strengthen the laboratory system nation-wide. In addition, ASCP supports the goals of the GOE's National Strategic Plan (SPMII) and is aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. ASCP has in place a system to monitor and report on program performance.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	90,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10603**
Mechanism Name:	**Supporting Laboratory Training and Quality Improvement for Diagnosis**
Prime Partner Name:	**and Laboratory Monitoring of HIV/AIDS Patients in Resource-Limited**

	Countries (ASCP) American Society of Clinical Pathology		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	200,000	0

Narrative:

In prior years, ASCP supported national efforts to standardize pre-service training curriculum for medical laboratory education. ASCP provided technical assistance for the development of a clinician handbook and prepared the national reference laboratory for international accreditation. ASCP rolled out the Strengthening Laboratory Management Towards Accreditation (SLMTA) training and conducted three rounds of SLMTA workshops. Under COP2012, ASCP curriculum experts will continue to work with the Ethiopian medical laboratory schools to provide technical support and coaching to laboratory school instructors in the practical teaching of hematology and chemistry courses. USG CME programs have previously been targeted towards physicians. The ASCP program specifically addresses the needs of and targets laboratory-related professionals (e.g. instructors, laboratory techs). In collaboration with the Ethiopian Medical Laboratory Association, ASCP will develop a continuing medical education (CME) certification program for laboratory school instructors and professionals which is not included in any current CME activities. ASCP curriculum experts will assist with the actual teaching of classes and in developing new lectures based on school-specific needs or continuing education training needs. ASCP will provide reference books, atlases and manuals for the pre- service laboratory training activities and support the development of the modules for chemistry, hematology and CD4 training that will be used for continuing education of laboratory workers. The updated curriculum in modular form will be used for nation-wide training. Lastly, ASCP will support the implementation of the national WHO/AFRO accreditation scheme initiative by providing a series of task-based SLMTA training with follow up post training to assess performance improvement. ASCP will assist in conducting post SLMTA assessment of laboratories and evaluating the overall WHO/AFRO accreditation effort.

Implementing Mechanism Details

Mechanism ID: 10604	**Mechanism Name: Capacity building assistance to support sustainable HIV/AIDS integrated laboratory 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: Association of Public Health Laboratories	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 200,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The goal of the Association of Public Health Laboratories (APHL) program is to strengthen the public health laboratory system in accreditation and quality assurance and build capacity of the Ethiopian Public Health Laboratory Association (EPHLA) in the implementation and evaluation of activities in its strategic plan.

APHL will technically assist in developing and refining training curriculum of laboratory personnel on equipment maintenance and laboratory management and leadership. In support of the national HIV/AIDS antiretroviral treatment (ART) program, APHL will assist in supportive site assessments, evaluations and development of processes associated with strengthening and expanding the laboratory information system (LIS) to selected laboratories. APHL will also continue to assign a technical expert for one to two months to work with the national and regional reference laboratories in implementing the National Quality Assurance Program plan. APHL will continue mentoring Ethiopia Health and Nutrition Research Institute (EHNRI) laboratory personnel and leadership to strengthen their role as Ethiopia's national reference laboratory and promote its sustainability. The APHL program supports the laboratory strengthening goals of the GOE's National Strategic Plan II (SPMII) as well as the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	90,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10604**		
Mechanism Name:	**Capacity building assistance to support sustainable HIV/AIDS integrated laboratory program development**		
Prime Partner Name:	**Association of Public Health Laboratories**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	200,000	0

Narrative:

The Association of Public Health Laboratories (APHL) has an active history of providing technical assistance to strengthen key laboratory systems and services in Ethiopia. APHL has provided most of its support to EHNRI in the development of their five-year strategic plan, the National Public Health Laboratory System to improve testing quality, and in the expansion of the national quality assurance program. APHL has also provided technical assistance to pilot and expand the laboratory information system (LIS) to 10 laboratories in Ethiopia. Training conducted by APHL has focused on laboratory mentoring, equipment maintenance and laboratory leadership and management. APHL will continue to provide technical assistance in several of the above mentioned programmatic areas, but more emphasis will be placed on transitioning and strengthening regional quality assurance activities, lab equipment maintenance, focused in-service training associated with laboratory accreditation, supportive site assessment of LIS implementation and expanding LIS to selected laboratories. As part of transitioning, APHL will assist EPHLA in continuing to play an active role in improving laboratory services in Ethiopia through the development of the EPHLA national network and support to implement EPHLA's five-year

strategic plan. Additionally, APHL will continue building local capacity through specific laboratory training on basic equipment maintenance, laboratory management and leadership, mentoring and supervisory skills to ensure and consolidate the capacity established is sustainable. APHL will continue assisting EHNRI in partnership with HHS/CDC in improving laboratory quality systems, which involves training of EHNRI quality officers on implementation and expansion of EQA programs, data analysis, interpretation and timely feedback. This effort is crucial to support WHO/AFRO stepwise accreditation of laboratories.

Implementing Mechanism Details

Mechanism ID: 10606	**Mechanism Name: ANECCA, African Network for Care of Children Affected by HIV/AIDS**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The African Network for Care of Children Affected by HIV/AIDS (ANECCA) is a Pan-African network of experts involved in promoting access to quality services for prevention, care and treatment of HIV infection in children. Due to realignment of Care and Treatment activities across PEPFAR agencies in Ethiopia, it is necessary to modify ANECCA's scope of work to fill outstanding pediatric HIV programmatic gaps. An important gap in the care and treatment continuum is the provision of quality HIV services to adolescents who have emerging psychosocial and sexual/reproductive health needs. It is imperative to ensure that HIV-positive adolescents receive appropriate, quality and comprehensive HIV treatment, care and support services that are tailored to their needs. Additionally, secondary prevention is important during this stage to control the spread of HIV by this group. Currently, there is no comprehensive program

in Ethiopia that is targeting HIV-positive adolescents; and the GoE has recognized this gap and has asked for PEPFAR assistance. In this regard, ANECCA will support the GoE to develop and roll-out a program that is focused on HIV-positive adolescents within the current national HIV/AIDS control program. The overall objective will be to support the GoE to strengthen, standardize and monitor implementation of the national program for care, treatment and support of adolescents living with HIV. The program will be aligned with GoE's National Strategic Plan II (SPMII), the Global Health Initiative and the GoE-USG HIV/AIDS Partnership Framework. Two vehicles will be procured with a unit cost of $55,000. No COP 12 funds are requested; the partner will utilize pipeline funds.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Safe Motherhood

Family Planning

Budget Code Information

Mechanism ID:	**10606**		
Mechanism Name:	**ANECCA, African Network for Care of Children Affected by HIV/AIDS**		
Prime Partner Name:	**African network for Care of Children Affected by HIV/AIDS**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	0	0

Narrative:

The African Network for Care of Children Affected by HIV/AIDS (ANECCA) will support the Government of Ethiopia (GoE) to develop a national program for HIV-positive adolescent services. The project will build on activities conducted by ICAP and other partners. The revised workplan for this partner will be finalized but illustrative activities include:

• Conducting a baseline knowledge, attitude and practices (KAP) survey for adolescents living with HIV;

• Conducting a care and support needs and service-mapping assessment for HIV-positive adolescents;

• Sensitization and consultation with key stakeholders at national and regional levels;

• Defining a care and support package for adolescents living with HIV;

• Designing a framework and systems for program planning; implementation and monitoring/evaluation;

• Developing the necessary tools for effective implementation of the program;

• Selection of sites for piloting the HIV-positive adolescent health program; and

• Initializing activities in the selected pilot sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	0

Narrative:

Since 2008, the African Network for Care of Children Affected by HIV/AIDS (ANECCA) and other partners have supported the Government of Ethiopia (GoE) in scaling up pediatric ART services in the country. By the end of FY 2011, there were 14,208 children on ART with a significant proportion already in the adolescent age group. This age group of PLWHA has not been fully addressed in the current HIV/AIDS control program, particularly taking into consideration adolescents' unique psychosocial and sexual/reproductive health needs. In FY 2012-13, ANECCA will support the GoE in strengthening adolescent treatment services; particularly with regards to the adolescent ART adherence program. The key activities will include:

• Conducting ART adherence needs assessment among adolescents living with HIV;

• Sensitization and holding consultative meetings with key stakeholders at national and regional levels with regard to status and proposed strategies for ART adherence among adolescents. • Developing adolescent ART adherence strategies for Ethiopia; and • Designing monitoring and evaluation framework and tools for adolescent ART adherence.

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: American Society for Microbiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 250,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The American Society of Microbiology (ASM) aims to strengthen the Ethiopian public laboratory network for clinical microbiology services. ASM engages local universities and organizations to build capacity and transfer technology to promote sustainability. ASM works with stakeholders to improve human resources and laboratory infrastructure specifically for opportunistic infections and sexually transmitted infection diagnostics. Specific areas of focus include: Onsite training to national/regional reference lab staff for skill transfer and capacity development. Assisting with development of expanded test panels, national guidelines and SOPs for specimen collection and

transport from health centers/hospitals and subsequent testing, recording and reporting of test results. Partnering with institutions in educating Ethiopian lab scientists to strengthen clinical microbiology curricula. Onsite supervision/training to strengthen the national microbiology external quality assurance program and enhance skills on TB culture procedures, instrument operation and preventive maintenance, and quality assurance. Developing a training of trainers curriculum and conduct diagnostic microbiology training to improve local capacity. Partnering with EHNRI to implement better diagnostic tools for microbial infectious diseases. Providing technical assistance to the national reference laboratory in producing EQA panel for national external quality assurance system. Working closely with Ethiopian stakeholders to report results according to the nationally developed monitoring and evaluation scheme. The ASM program supports the laboratory strengthening goals of the GOE's National Strategic Plan II and the GOE and USG HIV/AIDS Partnership Framework and GHI.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	90,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

TB

Budget Code Information

Mechanism ID:	**10663**
Mechanism Name:	**Capacity building assistance for global HIV/AIDS microbiological Lab**
Prime Partner Name:	**program development**

	American Society for Microbiology		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	250,000	0

Narrative:

ASM has been working closely with EHNRI and HHS/CDC to strengthen clinical microbiology with emphasis on TB, OIs and STIs. ASM has conducted basic microbiology training, provided mentorship to the national reference and two regional laboratories and reference books for 9 regional laboratories. A standard list of microbiology equipment, reagents and consumables was created to help the establishment and strengthening of microbiological laboratory services at selected facilities. In FY2012, ASM will provide TOT for routine and specialized microbiological procedures. The TOT training will build national capacity and is an important strategy for transitioning. ASM will provide site-level mentorship for EHNRI and selected regional microbiology referral laboratories. ASM will also provide support to the microbiology pre-service education which will be important in sustaining the support through local capacity building. PEPFAR/E in collaboration with EHNRI and the Foundation for Innovative New Diagnostics (FIND) is expanding TB liquid culture to selected regional sites. For this expansion, ASM will train laboratory technicians/technologists in instrument operation and maintenance, specimen transport, specimen processing, decontamination, procedures for culture and sensitivity testing, quality control and general trouble shooting of assays. ASM will support EHNRI for national microbiology External Quality Assessment program through supervisory visits, panel preparation, and test results and data analysis. ASM's support to prepare a panel in country will be helpful to sustain the program and attain cost-efficiency. ASM in collaboration with EHNRI will introduce competency assessment for the microbiology laboratory staff which will enable the country to attain adequate, qualified and motivated staff for OI, microbiology and STI diagnostic services. ASM will provide technical support to improve the quality of AFB smear microscopy for the implementation of the EQA program for AFB smear microcopy, safety related to TB and assist the rollout and validation of the EQA program.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 350,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	350,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Since 2010, the USG "Strengthening PEPFAR Visibility" activity has been receiving direct PEPFAR funding via a State/AF mechanism. The activity aims to represent the public face of the USG PEPFAR Ethiopia program. Increasing and diversifying existing public diplomacy activities are crucial to raise PEPFAR's visibility. Under COP 2012 and onwards, the PEPFAR Ethiopia public diplomacy efforts will continue to focus on a "One USG" message that emphasizes the generous support of the American People to the people of Ethiopia and the strong partnership between the USG and the GOE in its joint efforts to create an AIDS-free generation. Specific messaging will focus on (`1) successes achieved with evidence-based interventions on PMTCT services, treatment as prevention and volunatary male medical circumcision; (2) smart investments where every US dollar is put into interventions that will have the maximum impact in terms of human lives saved and reductions in HIV infection and successful programs that leverage non-USG resources and innovations to promote efficiency; (3) achievements in transitioning to local partners and country ownership, including host government system strengthening; and (4) importance and success of integration of PEPFAR HIV and AIDS program and other USG-supported health programs.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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**
Governance and Systems	OHSS	350,000	0

Narrative:

There are two distinct programs - $50,000 for Public Diplomacy activities and $300,000 for the US Ambassador's Small Grants program. The Public Diplomacy program aims to strengthen partnerships with host government, media and implementing partners by highlighting the efforts of the US Government in making significant gains to create an AIDS free generation in Ethiopia. Under COP2012, activities will include conducting site visits to various PEPFAR activities, documenting PEPFAR success stories, co-organizing campaigns at different public events and preparing and distributing promotional materials and behavioral change messages. Technical support will also be given to PEPFAR partners and the GOE to strengthen their own abilities to document success stories and highlight the strong partnership between the USG and GOE in addressing HIV and AIDS in Ethiopia.

Established in 2007, the PEPFAR Small Grants Program, administered by the Small Projects Office (SPO), offers one year grants ranging from $5,000-$30,000 and aims to support small-scale, community-based programs to help prevent the spread of HIV/AIDS and/or provide care and support to people infected or affected by HIV/AIDS, including orphans and vulnerable children (OVC). To date, the program has provided funding to 46 care and support projects and 10 prevention projects, totaling $1,218,378.57and benefiting 1,769,106 people in Ethiopia. Grantee activities have ranged from direct

support, counseling support, income generating activities, medical support, OVC educational support, HIV/AIDS prevention and awareness (e.g., stigma reduction, HIV/AIDS peer education, reduction of mother-to-child transmission). SPO conducts site visits to monitor grantee performance, identify and produce success stories, link small grants activities to larger PEPFAR partners and activities, and provide technical support to strengthen small grants management and program oversight capabilities. This past year, SPO has made several administrative changes to reduce costs, streamline the grant application process, and improve grantee and potential grantee capacity. Under COP2011, the cost per beneficiary for all SPO administered PEPFAR projects was $48.70. Under COP2012, SPO aims to increase the number of beneficiaries and reduce the cost to $29.00 per direct beneficiary. No fewer than 15 grants will be awarded under COP2012, and a special emphasis will be given to increase the number of prevention grant applications targeting Most At Risk Populations (MARPs) and geographic “hotspots”.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 576,835	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	576,835

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of IRC’s program is to decrease new HIV infection through prevention activities and increase access to care and support for people infected and affected by HIV/AIDS in refugee camps and the

surrounding rural communities located in Shimelba, My'Ayni, and Adi Harush. The total population of the three camps is approx. 44,000 refugees. IRC activities will include training Administration for Refugee and Returnee Affairs, IRC health staff, and community-based providers on needs-assessed topics (e.g. diagnosis/management of opportunistic infections, clinical care for survivors of sexual assault, universal infection prevention, voluntary counseling and testing, prevention of mother-to-child transmission), and home-based palliative care). IRC will strengthen laboratory services to perform clinical tests needed for HIV care and treatment and provide reagents/materials to support testing and diagnosis of typical OIs. IRC will strengthen coordination mechanisms, promote a safe and confidential referral pathway, and build partner and community capacity through training and mentoring to increase access to quality health and psychosocial services for survivors of gender-based violence (GBV). IRC will support income-generating activities (IGA) and provide vocational and business skills trainings for PLWHA in all three camps. In all three camps, IRC plans to target youth with school-based HIV/AIDS education focusing on prevention of HIV/AIDS, as well as provide tutorial services for OVC where the need is identified. IRC has in place a monitoring system to report on program performance. The program supports the goals of the GOE and USG Partnership Framework and the Global Health Initiative.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	7,460
Education	2,850
Gender: Reducing Violence and Coercion	13,502

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	126,358	0

Narrative:

IRC will provide home-based care to PLWHA and make palliative care kits available. IRC will also encourage PLWHA to join established support groups such as post-test clubs and PLWHA Associations. These groups will be used as an entry point to ensure that HIV-positive individuals receive the minimum package of clinical services including co-trimoxazole prophylaxis and that those eligible for ARV receive their medication and are properly treated. As IRC has found that many PLWHA lack adequate food supply and thus fail to comply with ARV despite the nutritional counseling they receive, IRC will also advocate for additional food rations with food distribution agencies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	50,000	0

Narrative:

IRC's OVC program in Shimelba and My'Ayni Camps will seek to strengthen the range and availability of services for children living with PLWHA, at-risk of contracting HIV/AIDS, living without parental support, and/or exposed to sexual violence.

Community Support and Coordination
Trained SWs will provide psychosocial support to children at child friendly spaces (CFS), and will refer OVC to services as needed. IRC will provide information to younger and older OVC on AB through Sports for Life and Youth Action Kit discussions in the CFS.

SWs will conduct home visits to follow-up on identified OVC, especially for those living with PLWHA or

who are HIV-positive. SWs will also accompany HIV-positive OVC to doctor appointments and adherence counseling, and will refer OVC to IRC education programs. In Shimelba, IRC will refer OVC requiring nutritional support to ARRA and provide food supplements for OVC on a needs basis. In My'Ayni, IRC will implement a feeding program for children that are under group care. IRC will refer older OVC to vocational skills training, and will establish a scheme to support IGA for older OVC and OVC caregivers.

Increase Data Development and Use for Strategic Planning
IRC will use the inter agency child protection information management system to register at-risk children including OVC and to develop individual intervention plans for identified, assessed, and verified children.

Strengthen Systems/Government/Policy
To strengthen the referral systems, IRC will regularly coordinate with UNHCR, ARRA, and community-based associations and will conduct training on child rights and protection for community leaders and service providers.

Family/Household Strengthening
IRC will provide material assistance for the construction of shelters for OVC and their caregivers and will build the capacity of caregivers/foster families through trainings. In My'Ayni, IRC is working to identify families with the capacity to foster OVC who are currently in group care arrangement, and will continue this process in COP2012 and 2013.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	17,072	0

Narrative:

Awareness-raising activities on abstinence will target young people ranging from 10-14 years old, while those on faithfulness will target married couples and sexually active young people aged 15 years and above. Messages will include abstinence and the need to delay sexual debut, the value of mutual faithfulness, and partner reduction. They will be tailored to address community norms that impact these behaviors, such as polygamous marriage, early marriage, and widow inheritance. IRC will also raise awareness on the relationship between GBV and HIV/AIDS.

Youth Health Clubs will distribute IEC materials on AB through mini-media. IRC Social Workers (SWs) will raise awareness on AB through regular coffee ceremonies, house-to-house visits, health education sessions, community wide campaigns and video shows in all three camps. SWs will be equipped with guidelines, training and training materials, job aids, and supervisory checklists on relevant topics to

ensure effective outreach.

IRC employs the Community Conversations (CC) model developed by the United Nations Development Program (UNDP) as a basis for its own CC model. Led by a facilitator, communities participate in a series of small-group discussions to identify and explore factors fuelling the spread of HIV/AIDS in their community. Phase I of the CC process will focus on AB as a means of preventing HIV transmission. Group members will then be encouraged to develop and implement action plans to mitigate the effects of the disease in their communities. Phase II will focus on combating stigma and discrimination, and Phase III will focus on improving care and support for PLWHA. This process is expected to take two to three years in total. All eight CC groups in Shimelba have completed Phase I; seven CC groups have completed Phase I in My'Ayni whereas four CC groups are still at Phase I. In Adi Harush, IRC will establish seven CC groups during COP2012. If all meetings are held according to plan, these groups are expected to complete Phase III during COP2013.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	200,000	0

Narrative:

IRC currently conducts client-initiated counseling and testing (CT) services in Shimelba and My'Ayni and surrounding host communities in IRC VCT centers located in ARRA Health Center compounds. To improve access, IRC will maintain community VCT centers in Adi Harush and in close proximity to existing community centers in Shimelba and My'Ayni. In host communities, CT is conducted through an outreach VCT service twice per month. IRC will strengthen the integration of family planning services into VCT services at the centers, ensuring that both services are provided in the same location.

IRC will implement VCT services using the national testing algorithm, which includes a KHB, StatPak, and Unigold test; when the first test is positive, a client will be tested by all three tests. Each VCT center will include a laboratory equipped to ensure the cold chain is maintained. IRC will perform quality control for all testing to ensure that HIV rapid tests are in accordance with national and international standards. IRC will implement external quality assurance of HIV rapid tests by sending 10% of all negative tests, 100% of all positive tests, and 100% of all couple discordant tests to regional laboratories on a quarterly basis. In addition, twice a year, representatives from the Tigray Regional Health Bureau (TRHB) will conduct monitoring visits. IRC recognizes the importance of pre- and post-test counseling and conducts annual training for all counselors. During counseling sessions, counselors discuss risk reduction plans, partner referrals, sources of support, medical follow-up, and coping mechanisms. Counselors use checklists and give follow-up appointments when necessary.
IRC will target MARPs, particularly CSWs for training and promote VCT and referral for clinical services

including treatment of STI. IRC will refer sexual assault survivors to the ARRA Health Centers for clinical care and HIV CT services while encouraging survivors to seek timely assistance. To ensure quality of service, IRC will train ARRA health staff on clinical care for sexual assault survivors (CCSAS), ensuring at least one training a year for each camp during COP2012 and COP2013.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	183,405	0

Narrative:

Activities will target sexually-active people aged 15 years and above who do not employ AB as means of prevention: those with multiple partners; mobile persons; those likely to engage sexually with one-time partners; and MARPs, particularly CSWs and at-risk youth. IRC will also promote proper and consistent condom use among HIV-positive women thereby addressing Prong II of the national PMTCT strategy.

Youth Health Clubs will distribute IEC materials and disseminate information via mini media on the correct and consistent use of condoms as a means of HIV/AIDS prevention. In all the camps, IRC will train newly formed Youth Health Club members on how to promote HIV prevention through condom use while those previously trained will receive refresher trainings during COP 12 and COP 13.

SWs will raise awareness on condom use through coffee ceremonies, household visits, health education sessions, and video shows. The CC process, as described in the HVAB section, also addresses condom use as a means of prevention. To investigate condom uptake by age and gender, IRC will map condom use at each distribution point. As a monitoring and evaluation strategy, IRC will conduct focus group discussions to assess the impact of awareness-raising activities on behavioral change related to condom use. An assessment of the CC methodology will also be done to extract best practices and lessons learned.

SWs will raise awareness through coffee discussions and house-to-house visits in My'Ayni and Adi Harush on GBV prevention in relation to HIV/AIDS, available services, and the importance of seeking assistance. In Shimelba and My'Ayni, IRC will continue implementing SASA! , an innovative prevention approach to ending violence against women and girls and HIV/AIDS.

IRC will raise awareness among MARPs specifically targeting CSWs on the referral system and train them to provide peer support, promote condom use, seek STI screening and treatment, and encourage other CSWs to access existing services. IRC will also work to decrease the commercial exploitation of women through alternative income generation. Outreach efforts will be supported by condom distributors in the camps and local communities.

Implementing Mechanism Details

Mechanism ID: 11040	**Mechanism Name: HIV in Refugee Camps**
Funding Agency: U.S. Department of State/Bureau of Population, Refugees, and Migration	Procurement Type: Grant
Prime Partner Name: United Nations High Commissioner for Refugees	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,030,705	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,030,705

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	Partnership for Pastoralists Development Association	Rehabilitation and Development Organization

Overview Narrative

The goal of UNHCR's program is 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) in Ethiopia. The objectives are to ensure PoC human rights, integrate HIV policies and programs into PoC programming, reduce HIV transmission and morbidity, ensure HIV positive PoCs have access to HIV services, increase PoCs and refugee support staff HIV knowledge and awareness, and ensure UNHCR's data are included in national HIV surveillance systems and that refugee programs are routinely monitored and reported on. The geographic cover is Gambella (Fugnido camp), Benshangul Gumuz (Sherkole camp), Tigray (Shimelba and My-Ani camps), Afar (Aysaita, Berhale), Somali (Kebribeyah, Sheder, Awbarre, Melkadida and Bokolmanyo camps) and in Addis Ababa (urban program). The target population is approx. 290,000 refugees, which includes all age groups, men and women, and the

surrounding community. 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). JHU, ICAP and I-TECH will partner with UNHCR in providing HIV trainings and technical and material support in M&E). The program supports the goals of the GOE and USG Partnership Framework and the Global Health Initiative.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	90,000
Economic Strengthening	90,000
Education	14,760
Food and Nutrition: Commodities	31,500
Food and Nutrition: Policy, Tools, and Service Delivery	900
Gender: Reducing Violence and Coercion	67,500
Human Resources for Health	360,180
Water	4,500

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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:	United Nations High Commissioner for Refugees		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	83,316	0

Narrative:

All eligible individuals are planned to receive at least one care service which includes either facility-based or community-based or both facility-based and community-based care services in the reporting period with the support of the federal and regional HAPCO and Ministry of Health in order to optimize the quality of life of adults living with and affected by HIV. The target population will be all PLWH and their families which mainly includes adults .

PLWH will be referred appropriately to health facilities, counseling and social protection services with focus on women. The social protection includes livelihood programs such as multi-storey gardening (MSG) and chicken rearing for all PLWH and those at risk of gender violence. Multi-storey gardening is a simple farming technology, which is aimedat producing vegetables to supplement the food basket for micronutrients provision and addressing food insecurity in resource poor settings like the refugee camps. Development of support groups for PLWH will continue in order to involve more of them in designing and implementing advocacy packages. Caregivers at the health facility and social workers will be identified and trained on HBC (Home Based Care), including clinical care (at the health facility level), nursing care, counseling and psycho-social support. The HBC program will be strengthened thanks to the referral linkages established through the care clinics described above. HBC will also serve an important role in the system of monitoring adherence to treatment provided; specifically, HBC will enable UNHCR to effectively trace defaulters and refer them to the care clinic. In addition, UNHCR will support provision of HBC kits by partner organizations. Other services that will be provided include: hygiene and sanitation for HIV-infected persons and their care givers, nutrition counseling linked to clinical and home-based care for all HIV-infected persons; HIV counseling about high risk behavior for all HIV-infected persons based on ABC, on an ongoing basis; Provision of condoms and referral for HIV-infected persons to other

preventive services, especially family planning and STD clinics; Counseling for discordant couples to promote risk reduction behaviors; HIV counseling and testing for sex partners of HIV-infected persons and referral to care and prevention for persons identified as HIV-infected.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	375,000	0

Narrative:

UNHCR plans to maintain the existing OVC programs in the camps and also expand services in two refugee camps (Kobe and Haloweyn) that recently opened in 2011. The OVC program will focus on community support and coordination, family household strengthening and improving quality service delivery.

Interventions will focus on the family unit and the community so as to promote the best interest of the child. Measures to prevent gender inequality, to mitigate further degradation of family structures, and to reduce social marginalization and stigmatization will be taken. UNHCR will support family capacity, whether the head of household is an ill or widowed parent, an elderly grandparent, or a young person, in order to build a protective environment for vulnerable children. Priority will be given to keep siblings together, encourage and maintain strong links with extended families, reintegration of children back into the community, and securing a stable, family-based placement. UNHCR will also strive to fortify the abilities of the target communities, local government and indigenous institutions to continue providing for vulnerable childrenand their families for sustainability. Children and their families will be encouraged to participate, to the fullest extent of their capacities, through the entire program. This will be promoted through child rights clubs, coffee ceremonies with community members and leaders on child protection topics etc.

UNHCR will also create and maintain existing safe social spaces for children, such as youth centers and child friendly spaces. UNHCR will concentrate on the following service areas: health care, protection, nutrition, shelter, and education and/or livelihood support programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	98,800	0

Narrative:

In refugee settings in Ethiopia, there is a dire lack of HIV prevalence and behavioral data. Refugees have not been consistently integrated into national HIV sentinel surveillance or community-based surveys. Under this project, technical assistance and training will be provided to a cross section of implementing partners' staff members in Ethiopia through expert consultation, on-site visits, as well as meetings. A mission will be conducted each quarter to see first-hand the monitoring of PEPFAR programs and the

surveillance systems. Technical assistance will be provided during these visits, as well as throughout the funding cycle. On-the-job training and supervisory support will be strengthened. Joint supervision will be enhanced through the involvement of UNHCR, PEPFAR, RHB (Regional health bureau) and RHAPCO (Regional HIV/AIDS Prevention and Control Office) and implementing partners. A time-limited consultant will be hired to support healthcare providers and provide technical support to carry out sentinel surveillance. UNHCR will train implementing partners on data collection systems and the use of indicators. UNHCR staff will train implementing partners (IP) on data collection and program monitoring in Addis Ababa and within the camps. UNHCR will review monthly data submissions and will discuss them with the IPs. In order to develop and implement a single-point surveillance system, UNHCR will collaborate with universities working in the regions of Ethiopia. The PEPFAR university partners (ICAP, I-TECH and JHU) will support the camps with data collection tools and train partners working in the camps to ensure that they are well-versed in data collection and use of computers. UNHCR will synthesize information collected on refugees and manage its own database. Information will be provided by IP and organizations, including the Government of Ethiopia (GOE), working with the refugee populations in the country. UNHCR will ensure that data is shared with IPs, PEPFAR, and other relevant partners and interested organizations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	70,000	0

Narrative:

UNHCR will continue 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. UNHCR plans to expand the male circumcision program to Sherkole refugee camp which currently has started receiving a new influx of Sudanese refugees and to implement 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 in the surrounding community.

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	79,009	0

Narrative:

Health clinics within the camps are staffed and administered by ARRA. Although ARRA provides sufficient basic-health services for large camp populations, they are often under-resourced and they lack staff adequately trained in universal precautions and the provision of PEP. Shortages of supplies (e.g., heavy-duty gloves, aprons, masks, eye shields, and safety boxes for disposal of sharp materials) or supplies of improper use are common. Cleaning, disinfecting, and sterilization procedures are often inadequate, and some camps do not have incinerators. The provision of PEP is required for healthcare workers who have possibly been exposed to HIV through, for example, needle sticks. Universal precautions are important to prevent transmission of HIV from patients to health workers and vice versa, either through occupational accidents or through contaminated blood or instruments. UNHCR will continue to strictly implement a series of universal precautions in all camps. This will be done through the provision of protective wear, equipment and reagents as well as through trainings for health workers on universal precautions. Efforts will focus on refresher training for medical and cleaning staff and maintenance of existing medical waste incinerators, thus making it possible to expand the program to the new refugee camps
UNHCR will also ensure that appropriate protocols are in place for the safe disposal of potentially dangerous waste products, such as needles and syringes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVAB	149,564	0

Narrative:

The activities aim to reduce the transmission of HIV by promoting delayed sexual activity, abstinence, and faithfulness within the refugee and host communities.
UNHCR will initiate the provision of AB services in the newly established camps and will continue to implement HIV/AIDS education activities geared towards behavior change and the reduction of risky sexual behavior by:
• Training of community and religious leaders and involving them in outreach activities;
• Conducting teacher training on life skills and HIV/AIDS curriculum infusion and integration based on the Ministry of Education guidelines;
• Training peer educators to instruct youth on sexual and reproductive health with focus on abstinence and faithfulness.
• Sport for Life (curriculum developed by Health Communication Partnership (HCP), Ethiopia) is a programme that helps youth protect themselves from HIV/AIDS using different life skills. Youth will develop communication and other life skills that help them make healthy choices and protect themselves from HIV/AIDS.
• Interactive Theatre places young people as major actors of their own prevention. The principle of Interactive Theatre is first to present several situations through a drama performance and then to invite the audience to comment on the scenes and join the actors by creating a new character.
• Establishing Anti-AIDS Clubs for both in-school and out of school youth.
• Education and communication programmes targeting youth will promote risk-avoidance skills, such as delay of sexual debut or abstinence.
• Addressing cultural and social norms that increase risks for young people especially young women to have early sexual debut.
• Linkage with services, including treatment of STIs and voluntary HIV counselling, testing, and referral, will be provided.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	140,000	0

Narrative:

UNHCR will continue to provide quality VCT services for camp-based and urban refugees in Addis Ababa.
UNHCR will also increase VCT outreach and mobile services targeting people in the various camp zones thus increasing the access to quality VCT services in the region. The approach will involve working closely with community leaders, community health agents (CHAs) and community resource persons

(CORPs) through trainings and using them in community mobilization. The VCT counselors will prepare work plans which they will share with community leaders. Through work plans and invitations, community leaders will spare time to accompany the VCT team to targeted areas. Due to demand for CT after such awareness campaigns, the mobile VCT team will be encouraged to carry to the field all counseling and testing tools so that those who demand for services are served on the spot.
Provider Initiated Testing and Counseling (PITC) services offered on “opt out” basis to patients affected by STIs, pulmonary TB, and other conditions suggestive of HIV infection, will be strengthened at all the camp sites. Trainings on VCT and PITC service provision will also be conducted. UNHCR will support efforts to provide confidential HIV counseling and testing within family planning sites. The counseling and testing supervisors will be responsible for quality control and capacity building with respect to the provision of quality VCT and PICT services in all the locations. Counseling support supervision and CT Quality Assurance will also be carried out.
HIV rapid diagnostic tests will be provided freely by the Ministry of Health. UNHCR will continue to collaborate closely with HAPCO and the MOH on quality control and the provision of supplies. UNHCR will increase its efforts to strengthen post-test clubs (PTC) in all camp locations and involve PTC members in education and mobilization activities. The PTC members will be trained on HIV related topics including risk reduction.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	634,870	0

Narrative:

UNHCR plans to expand the key population/MARPs program in all the camps which had been piloted in Sherkole, Shimelba and Aw Barre camps. The program has had a very positive response whereby sex-workers even from the most religious communities in the Somali refugee camps opened-up about their sex-work and got series of trainings on condom negotiation, peer education and also received male and female condoms. To generate evidence necessary to implement innovative and impact oriented prevention programs, UNHCR will rollout the program in all the other camps.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	325,000	0

Narrative:

UNHCR will maintain PMTCT services in Kebribeyah, Awbarre, Sheder, Sherkole, Shimelba, My Ani, Fugnido, Bokolmanyo, Melkadida and Afar camps and host populations and expand PMTCT service delivery to Adi Harush, Melkadida and the newly opened camps in Liben zone, Dollo Ado woreda: Kobe, Haloweyn and Buramino camps. UNHCR will integrate a package of PMTCT services into routine antenatal and postnatal consultations as part of integrated MCH (Mother and Child Health) services;

establish supportive services for HIV pregnant women and their families; and provide HIV care and treatment to all HIV-infected pregnant women, HIV-exposed infants, infected children, partners and family members. UNHCR will provide facility-based and outreach services to improve the quality and equitable coverage of antenatal care, especially as PMTCT services are taken to scale. Delivery and postpartum care services, including periodic evaluation of the progress of pregnancy, labor support and active management of the third stage of labor will also be part of the integrated MCH services. UNHCR will also aim to reduce the risks of gender-based violence related to HIV sero-disclosure by supporting couples counseling and testing and partner participation in PMTCT. UNHCR will also support training to build capacity of healthcare workers to deliver high quality, comprehensive PMTCT services and enhancing monitoring and evaluation systems. UNHCR and its partners will work towards increasing follow-up of HIV-exposed infants and uptake of cotrimoxazole prophylaxis for the prevention of Pneumocystis jiroveci; Promoting best infant feeding practices among HIV-positive women (UNHCR 2009 Guidance on Infant feeding and HIV in the context of refugees and displaced populations); Integrating provider-initiated HIV testing throughout the continuum of maternal-child health services; Enhancing ART services for HIV-infected children; Building connections with communities and empowering them to mitigate the effect of HIV on families. Family planning (FP) services will be provided for HIV-positive women who desire to space or limit births as an important component of the preventive care package of services for women accessing PMTCT services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	75,146	0

Narrative:

UNHCR will continue to ensure that persons of concern (nincluding thousands of 2011 and 2012 new arrivals from Somalia and Sudan) 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.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The University of Connecticut Prevention with Positives and Adherence Support for HIV Positives program aims to provide care and support services and target PwP efforts to HIV positive Ethiopian National Defense Force (ENDF) military members and their spouses to increase HIV prevention and ARV adherence. The target population is HIV positive military personnel who are currently receiving care at ENDF military clinics in Ethiopia. The University of Connecticut works closely with other USG PEPFAR partners to collaborate PwP efforts throughout Ethiopia where appropriate and ensure that military-specific PwP activities are in line with the GOE's PwP national efforts. The program supports the goals of the GOE and USG Partnership Framework and the Global Health Initiative. University of Connecticut has in place a monitoring system to routinely report on program performance. Note that the agreement with University of Connecticut currently ends March 2012. DOD is currently in the process of extending the agreement for an additional year.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Malaria (PMI)
Military Population
Mobile 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	0	0

Narrative:

Under COP2012, University of Connecticut will work with the NDFE to provide PwP training to clinical staff and related care and support staff who are providing PwP services to HIV positive military personnel and their staff. In addition, University of Connecticut staff and implementing peer education program for PLWHA. With support from University of Connecticut, the ENDF aims to reach 1,800 HIV positive military personnel and eligible spouses with care and support services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:

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: Johns Hopkins University Bloomberg School of Public Health	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,138,744	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,138,744

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. Johns Hopkins Center for Communication Programs/AIDS Resource Center (JHU/CCP) works closely with the AIDS Resource Center and other partners to implement a behavior change communication (BCC) and stigma reduction program that actively reaches out to and engages people. JHU/CCP has helped to design and implement BCC programs including multi-media youth interventions, Dagu radio program, 'Dagu Net' and 'Dagu Kit'; maternal and child health campaigns with a focus on PMTCT, and strategies that address gender norms and multiple concurrent partnerships. JHU/CCP provides technical assistance on behavioral interventions targeting highly vulnerable population including uniformed services to partners implementing comprehensive peer education using the Modeling and Reinforcement to Combat HIV/AIDS (MARCH) approach with the National Defense Forces, the Federal Police, and local Universities. In addition, the aim of this program is to increase the use and improve the quality of ART counseling services and strategic behavioral interventions as a main piece of biomedical interventions. JHU/CCP has in place a system to regularly monitor and report on program performance and uses lessons learned from prior years of implementation to further guide program implementation. The JHU/CCP program supports the goals of the GOE's National Strategic Plan II (SPMII) and is aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	155,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Military Population
Safe Motherhood
Workplace Programs

Budget Code Information

Mechanism ID:	**12303**
Mechanism Name:	**Behavioral Interventions for general pop, youth, and MARP in Ethiopia**
Prime Partner Name:	**Johns Hopkins University Bloomberg School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	200,000	0

Narrative:

HIV testing and counseling (HTC) services are now available in all regions of Ethiopia. Given that the epidemic is mixed and heterogeneous with marked regional variations, HTC services are targeted to both general and most-at-risk populations (MARPS), however in the case of the latter, these populations have difficulty accessing services. An increase in the demand and utilization of HTC is imperative at this stage in the epidemic. Better and more targeted communication strategies are needed to increase access to and uptake of HTC among hard-to-reach populations. In the past, CCP/ARC contributed to the increased demand for and the quality of HTC by providing targeted multi-channeled communication materials. In addition, JHU/CCP played a major role in establishing the annual National HTC Day on the eve of the

Ethiopian New Year, and since then, has coordinated the last six national HTC Day campaigns in Addis Ababa and in each of the regions of Ethiopia. The number of people reached through community wide events in 2010 campaign was around 4 million. JHU/CCP will continue to support the GOE in promoting and coordinating HTC Day at national and regional levels by producing campaign materials, and organizing and coordinating media coverage. JHU/CCP will strengthen campaign efforts by developing promotional messages for a variety of target audiences. In support of the GOE's leadership on the campaign, JHU/CCP will assist with the development of an operational plan to more efficiently implement the campaign. The plan will be monitored and feedback solicited from stakeholders and participants to improve quality control. HTC campaign activities in selected towns and locations will be targeted to identified “hot spots” with higher HIV prevalence. In these areas, JHU/CCP will target MARPs and couples to increase uptake of HTC. JHU/CCP will utilize networks and collaborative relations with the GOE's regional health bureaus and regional HIV prevention efforts to ensure continuity and foster increased ownership of the annual HTC campaign efforts. JHU/CCP will strengthen its monitoring and evaluation system to better respond to the USG new generation indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	616,875	0

Narrative:

JHU/CCP will continue to implement the Youth Media Program called "Dagu" reinforced by mini-media activities through trained facilitators in selected high schools. This activity will also include mini-media capacity building to schools and students that engages the anti-AIDS clubs and reproductive health service providers. The target population for “Dagu” is at-risk youth aged 15 to 24 years. Social topics addressed through “Dagu” include the risks of using alcohol and chat in relation to HIV/AIDS, multiple concurrent sexual partnerships, use of condoms, and linking to other HIV/AIDS services. Complimenting the “Dagu” media program will be the development of an HIV/AIDS services directory targeted to youth. To support “Dagu” program efforts, JHU/CCP will provide TA to improve health education and promotion post-graduate training for health workers at Jimma University. It is envisioned that eventually Jimma University will become a technical support leader in the area of strategic communication and provide technical support to other in-country activities. Another activity that JHU will implement is the Betegna radio diaries, which is an innovative media activity that promotes healthy sexual behavior through sharing interactive real diaries from PLHWA on situations that exposed them to HIV and what could have been done to prevent HIV infection. The target population is the general public, discordant couples and other specific groups based on the diaries developed and disseminated. JHU/CCP will also provides technical assistance to the National Defense Force of Ethiopia, Federal Police commission and Addis Ababa University in their efforts to implement behavioral interventions among specific high risk groups. Please refer to the implementing mechanism details for these partners for specific information on their activities.

JHU/CCP is evaluating the MARCH approach, which is being used by multiple USG partner BCC activities. Results from this evaluation will be used to further strengthen USG partner behavioral interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	321,869	0

Narrative:

JHU/CCP aims to implement a comprehensive communication program to create demand for quality HIV/AIDS service provision and increase ART adherence. JHU/CCP will generate awareness among the general public and develop communication materials targeted to PLHIV, their caregivers, health providers, and community leaders. Communication efforts will focus on promoting both pediatric and adult ART and will be adapted and targeted to meet regional community needs and promote adherence. JHU/CCP 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. JHU/CCP will adapt the already successful capacity-building activities with the Ethiopian Orthodox Church and Muslim leaders to other religions. JHU/CCP has developed 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. JHU/CCP will collaborate with US universities and other partners to ensure that similar activities are coordinated and duplication of efforts is minimized. The Federal MOH will be actively supported to lead activities related to this project in order to build local in-country capacity and sustain activities in the long-term.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,100,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The World Health Organization (WHO) has had a close working relationship with the Ethiopia Federal Ministry of Health (FMOH) since the early days of the HIV/AIDS epidemic. WHO has been providing technical assistance to FMOH and Regional Health Bureaus (RHBs) to strengthen the delivery of a national comprehensive response to the HIV/AIDS epidemic. Primarily, WHO has supported the development of national policies and guidelines, training manuals and training of trainers programs, and building capacity for TB and HIV control at national and regional level. WHO also plays a key role in keeping the national technical working groups (TWGs) active and functional for improved mobilization and coordination of technical and financial resources at the national-level. WHO as a global directing and coordinating UN health agency will continue to work with the FMOH to identify research priorities and generate information to better inform programs. WHO will continue to assist FMOH to enhance capacity and leadership skill at central and program level and will assist and give guidance to FMOH to design appropriate evidence based disease control strategies. WHO's activities are in full support of the goals of the GOE's National Strategic Plan (SPMII) and are aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVTB	WHO	600000	Provision of Technical assistance on the implementation of Global fund TB/HIV program.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	240,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services

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	HVTB	600,000	0

Narrative:

In prior years, WHO in collaboration with the FMOH led the national TB program review and provided technical assistance for the implementation of the second round national TB prevalence survey and supported Oromia and Amhara regions to implement TB infection control interventions including procurement of supplies. In addition, WHO seconded four TB/HIV program officers to provide technical assistance for the TB/HIV programs at the national-level and to three regional health bureaus. WHO also supported the MDR TB program and piloted Tuberculin Skin Test for pediatric TB diagnosis at selected facilities to assess feasibility and cost effectiveness. Under COP2012, WHO will:

1. Support human resources for the TB/HIV program at both the national and regional-level by seconding TB program officers who will provide "hand on" technical assistance on the implementation, coordination and monitoring of TB/HIV and MDR TB program.
2. Organize and mobilize international technical assistance to support the MDR-TB program evaluation and scale up and assist the national TB program in the development and revision of TB/HIV, MDR-TB and TB infection control related policy documents, guidelines, training manuals.
3. Assist the FMOH in strengthening TB/HIV strategic information including maintaining and updating TB/HIV information on the FMOH website.
4. Assess the feasibility of introducing gastric aspirate, string testing and induced sputum and other technologies at selected hospitals to improve diagnosis of TB among children.
5. Support the revision of TB diagnostic algorithms incorporating new diagnostic technologies.
6. Work with the FMOH and regional health bureaus to advocate and promote TB infection control activities including development of regional infection control plans as well as standard operating procedures for health facilities, make periodic joint site assessment to oversee the status of TB infection control at health facilities and make recommendations for improvement.
7. Coordinate and collaborate with other partners to supply N95 masks to MDR-TB treatment centers depending on the need.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	300,000	0

Narrative:

WHO supported the development of the national blood policy and plan and its implementation and monitoring. WHO will provide technical assistance with the aim of establishing an efficient, sustainable, nationally coordinated blood transfusion services that can assure the accessibility, quality, safety and adequacy of blood and blood products to meet the needs of all patients requiring transfusion in Ethiopia. WHO will support the implementation of blood safety in the following areas:

1. National coordination and development of basic components for management of blood safety serviced will be supported through conducting planning and review meetings at national and regional levels. WHO will track the implementation of blood safety program at the NBTS /Addis Ababa Blood Bank.

2. Enhancement of blood donor recruitment to meet national requirements for safe blood supply. This will be achieved through support to expand regular voluntary non-remunerated blood donors via development of strategies and plans for improved community mobilization. WHO will also improve communication mechanisms via training of journalists, community mobilisers and staff.
3.Establishment of 27 mobile collection teams with the aim of collecting 120,000 units of blood in 2012.
4. Support the training of trainers and mentors from USG universities and NBTS. About 81 individuals will be trained.
5. Cost-effective quality testing and processing will be achieved through support in establishment and strengthening of the blood bank laboratory functions particularly in the regions. This will include scale up of component production and improved cold chain maintenance.
6. Support the reduction of unnecessary transfusion to reduce wastage and avert adverse transfusion events and reactions by training clinic staff in the use of blood and safe bedside practices. WHO will conduct training of trainers courses for USG universities and regional staff.
7. Strengthen systems for regular monitoring, evaluation, review and re-planning.
8. Support the improvement of the quality management system and its roll out to the regions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	200,000	0

Narrative:

Scaling up of HIV care and treatment services requires the establishment of surveillance for HIV drug resistance (HIVDR). Because of the high mutation rate of HIV and the lifelong treatment of the disease, it is expected that some degree of HIVDR will occur among persons on treatment even if appropriate regimens are provided with good adherence. As part of ART scale-up, WHO is putting a system in place to assess ART program factors that may be associated with HIV drug resistance and to monitor the emergence of HIV drug resistant strains. WHO has supported the development of the national HIVDR strategy working group, HIV drug resistance Early Warning Indicators (EWI) survey, sentinel monitoring of HIV drug resistance in treated populations and associated ART program factors, threshold surveys to evaluate the transmission of HIV drug resistance, and the HIVDR database, as well as has provided support for the WHO-accredited HIVDR genotyping laboratory at EHNRI. Under COP2010/2011, WHO provided HIVDR training to facility and regional health bureaus staff in the five regions accounting for most HIV. WHO has also supported EHNRI on the EWI protocol development, data collection, processing and report writing. And WHO provided technical assistance to EHNRI in conducting ANC based HIV surveillance and STI/TB/HIV surveillance. Under COP2012, WHO will continue to:
1. Provide technical assistance to EHNRI on HIVDR and EWI survey data collection, report writing and result dissemination;
2. Support EHNRI data collection and analysis on HIVDR Threshold and Prevention Monitoring surveys

in selected ART sites; 3. Provide technical assistance to FMOH/FHAPCO to conduct pre-ART treatment adherence and outcome studies; 4. Provide technical assistance on ANC, TB HIV/STI surveillance and PMTCT data assessments; 5. Support the establishment of Visceral Leishmaniasis/HIV sentinel surveillance sites; and 6. Provide support to FMOH/FHAPCO /EHNRI to conduct assessments and program review on HTC, ART, PMTCT, STI and MC.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,447,052	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,447,052

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The Organization for Social Services for AIDS (OSSA) is a pioneer indigenous not-for-profit organization that has been working on HIV/AIDS prevention and control interventions in most parts of Ethiopia since 1989. OSSA became a direct partner of HHS/CDC in 2010. The goal of OSSA's HIV/AIDS program is to prevent HIV infection and alleviate the impact of HIV/AIDS at

the community-level through the implementation of mobile HIV counseling and testing (HTC) and provision of HIV/AIDS community care and support in eight regions of Ethiopia in both urban and rural communities. The OSSA program supports GOE efforts to expand health services nationally by filling gaps not yet met by public sector services. In accordance with USG PEPFAR program realignment, OSSA will shift emphasis to reaching discordant couples and family members from individuals who test HIV positive from CDC-supported facilities. This insures continuity of services, and fits neatly in OSSA's existing activities providing home-based support for ART patients. OSSA regularly conducts supportive supervision visits to each program site as well as has in place a system to routinely monitor and regularly report on program performance.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	73,000
Gender: Reducing Violence and Coercion	100,000
Human Resources for Health	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

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

Budget Code Information

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**
Prime Partner Name:	**Organization for Social Services for AIDS (OSSA)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	747,052	0

Narrative:

In prior years, OSSA successfully established 31 care and support community-based service outlets in 7 regions providing nutritional, psychological, social and spiritual support to PLHWAs. Under COP2012, OSSA will establish 19 new service outlets, reach 40,000 people with care and support services (of which 3,000 will receive food support) and continue to improve the quality of services at existing sites. All OSSA sites will be actively linked to referral systems with facility-based HIV/AIDS services. OSSA will distribute nutritional assessment equipment to each service outlet, carry out malnutrition screening and provide nutritional support and/or link clients to food programs, such as the World Food Program. OSSA will adopt the PwP/PHDP lay counselor training guidelines and develop PwP/PHDP community implementation guidelines in collaboration with the MOH and stakeholders. Regular and close follow-up by volunteer care providers and establishment of client support groups as well as close collaboration with case managers and adherence supporters at health facilities will enhance referral linkages and tracing of lost-to-follow-up PLHIVs. The performance and quality of care and support services will be monitored by trained nurse supervisors locally at each site and through periodic supportive supervision by senior program staff. A major focus will be on performance improvement by strengthening data management systems and developing uniform data capturing tools including registers, reporting templates, referral slips and key performance measurement indicators. All service outlets will review their performance measurement indicators on a regular basis to assess and compare achievements. In order to improve the referral linkages, OSSA will strengthen its network with health facilities and urban or rural health extension workers. It will participate actively in catchment area and multidisciplinary team meetings held by the regional health bureaus. To promote stronger working relationships with the public sector, MOUs will be developed with health facilities and the regional health bureaus to clearly delineate OSSA's role and contributions in providing community care and support services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	700,000	0

Narrative:

Under COP2012, OSSA will intensify targeting of HTC services to MARPs and increase couples testing with a goal of testing a total of 100,000 people in eight regions of Ethiopia. Mobile HTC services will be transitioned to index case testing. Index case HIV testing will be implemented in close collaboration with the facilities and PEPFAR and other partners. It will target facilities with high load HIV patients, who are residing in urban and peri-urban settings. HIV testing of partners or family members will be conducted at home when the index case voluntarily agrees for the service. OSSA counselors will support disclosure counseling for the index case to build the clients' negotiation skill. OSSA will pilot a combined approach using both mobile and home-based testing and counseling at the same time to increase female and couple HIV testing. Linkage and referral with the health facilities will be strengthened, all clients found HIV positive through mobile services and index case testing will be referred to nearby health facilities and ensure client reached and received service through care and support service providers. Regular supportive supervision visits to each project site will also be conducted to monitor the performance of the project. In addition, linking activities and strengthening referral systems with HIV/AIDS facility-based services will be a focus. OSSA will follow-up with clients to ensure enrollment in appropriate HIV services and will play an active role in improving retention rates. OSSA will provide in-service training (both basic and refresher) for service providers, perform regular case conferences and counseling session observations, and conduct supportive supervision in partnership with regional HIV/AIDS Program Coordination Offices to improve and ensure quality of OSSA services. In addition, OSSA will work with regional laboratories to conduct external HIV testing quality control. To improve OSSA service delivery activities and inform future programming, OSSA will evaluate both mobile and home-based HTC approaches during FY2012.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 439,139	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	439,139

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. Pathfinder's support to the GOE's cervical cancer prevention (CCP) program aims to increase access to and use of cervical cancer prevention services among HIV positive women in Ethiopia. Specific objectives are to build national capacity, integrate the single visit approach into the care package for PLHIV, and increase cervical cancer awareness and uptake among women. The GOE has included cancer prevention, early detection and a registry for the first time in its HSDP IV plan. Pathfinder's program aligns with GOE priorities as well as with the USG Partnership Framework and GHI strategy. In 2010, Pathfinder initiated the first CCP services at nine public hospital sites in Oromia, Amhara, Tigray, Addis Ababa and SNNPR. Pathfinder will continue its partnership with the SPIRES program at Stanford University's School of Medicine to bring technical knowledge and evidence-based training materials to the GOE CCP program. The facility-based activities will be complemented with community-based sensitization and mobilization activities through collaboration with Federal MOH, Federal and Regional HIV/AIDS Program Coordination Offices (HAPCO), regional health bureaus (RHBs), PLHIV associations and health facilities. Ultimately, Pathfinder's CCP services will be transitioned to be led and managed by the respective hospitals with support from the FMOH/RHBs. Current facilities have shown commitment to CCP by providing examination rooms, sinks, water, and furniture. To ensure sustainability of the screening program, Pathfinder has led revision of the national reproductive health strategy to incorporate cervical cancer diagnosis and management. Pathfinder regularly conducts site visits and has a monitoring system in place.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	200,000
Human Resources for Health	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

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	439,139	0

Narrative:

In prior years, Pathfinder initiated new cervical cancer prevention services in five centers of excellence hospitals (Assela, Felege Hiwot, Mekelle, St Paul and Yirgalem). According to the March 2011 SAPR, a total of 1,856 HIV positive women had been screened for cervical cancer, of which 203 (11%) were positive. Eight of the 203 (4%) were diagnosed with advanced cervical lesions and were referred for further evaluation. Of the remaining eligible women, 183 (94%) were treated with Cryotherapy. Staff from four additional hospitals (Axum, Debre-Markos, Nekemt and Wolita Sodo) were also given training on the procedure for a total of nine sites. Pathfinder procured equipment for the Loop Electrosurgical Excision Procedure (LEEP) for the five centers of excellence in order to minimize the risk of other invasive procedures, including hysterectomy. Under COP2012, Pathfinder will continue to build upon its extensive and strongly-rooted reproductive health and HIV/AIDS activities in Ethiopia and close working relationships with the FMOH, FHAPCO, RHBs, PLHIV associations and health facilities. Pathfinder will establish and strengthen the referral system for those women diagnosed with advanced cervical lesions who are not eligible to be treated with Cryotherapy. Pathfinder uses the project findings specific to

acceptability and feasibility of the single visit when considering further scale up of the program. The facility-based activities will be complemented by community-based sensitization and mobilization via IEC/BCC materials in local languages. Pathfinder will also provide and cascade training of trainer and site level trainings CCP procedures, such as cryotherapy. Pathfinder will also focus on strengthening its monitoring and evaluation system to improve performance, support stakeholder use and mid-course corrections, and evaluate impact.

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: NETWORK OF NETWORKS OF ETHIOPIANS LIVING WITH HIV/AIDS (NEP+)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,300,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. Ethiopia's network of PLWHA (NEP+) implements activities as part of the "Greater Involvement of People Living with HIV/AIDS (GIPA)." NEP+ aims to build capacity of nine regional PLWHA associations in managing and implementing HIV activities, support involvement of PLWHA, strengthen indigenous organizations and promote transition of activities to indigenous partners, maximize programmatic efficiency, support ART service provision through standardized case management, facilitate linkages between community services and facilities, improve retention of patients

in care and treatment services to optimize ART adherence, and fight stigma and discrimination. NEP+'s target population is all ART patients enrolled in care and treatment services in all nine regions. It supports national level case management in policy, training, and development of guidelines, curriculum/manuals, M&E tools, and coordination. NEP+ collaborates with FMOH, RHB, implementing partners and stakeholders in planning and implementing the case management program for better efficiency. The NEP+ program supports the goals of the GOE's National Strategic Plan II (SPMII) as well as the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. NEP+ has a system in place for routine performance monitoring and reporting. NEP+ plans to procure 3 vehicles with COP2012 funding and 5 vehicles with COP2013 funding at an estimated unit cost of $40,000 each. Vehicles will be used by central and regional NEP+ offices to implement and monitor the case management activities.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Principal Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?
(No data provided.)

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	100,000
Human Resources for Health	300,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Mobile Population

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:	**NETWORK OF NETWORKS OF ETHIOPIANS LIVING WITH HIV/AIDS (NEP+)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,300,000	0

Narrative:

The Network of Networks of HIV Positives in Ethiopia (NEP+) is an indigenous organization which is an umbrella network for the associations of people living with HIV (PLHIV) in Ethiopia. NEP+ is important to the USG transition strategy from US based partners who employ cases managers to support patients with various issues including treatment adherence. NEP+ is currently implementing the case management program at HIV care and treatment sites in all the regions and supports the program at national level. It works with the existing PEPFAR ART implementing partners and the RHB in the respective regions to eventually transition their case management activities to NEP+. It trains case managers and adherence supporters, and deploys them in the care and treatment providing facilities. NEP+ will eventually be supporting the overall training, deployment, and payment of salary to the case managers/adherence supporters.

Through this activity, NEP + will improve retention of ART (and pre-ART) patients in care and treatment services, and optimize adherence. The case managers and adherence supporters trained and deployed by NEP + work on adherence counseling, facilitating linkages between services, and identification and tracking of ART patients who are “lost-to-follow-up”, which are critical in minimizing patient attrition and optimizing adherence to ART. Case management activities contribute to fighting stigma and discrimination, and further strengthen activities in preventing HIV transmission to other uninfected individuals through enhancing disclosure, achieving virologic suppression by optimizing adherence, and promoting responsible healthy living.

NEP+ implements the program according to the national HIV/AIDS Case Management Guidelines and standards. It conducts regular on-site supportive supervision to ensure compliance with guidelines and monitor performance. It will review the program regularly. The program will have its own monitoring and evaluation plan and reporting system.

This activity further strengthens the Greater Involvement of People Living with HIV/AIDS (GIPA) in Ethiopia. It promotes transition of HIV program activities to local ownership and ensures long term sustainability of these activities.

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: Ethiopian Society of Obstetricians and Gynecologists	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,100,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The Ethiopian Society of Ob/Gyns (ESOG) has supported PMTCT implementation at private health facilities since COP2007. Under COP2012, ESOG's focus included national-level support for the GOE’s new cadre of Emergency Surgical Officers to help address maternal mortality. Under COP2012, ESOG's two main objectives are to continue to expand/strengthen comprehensive and integrated PMTCT services at private/NGO health facilities (maternity hospitals, specialized MNCH higher clinics and general hospitals) and contribute to the reduction of maternal and neonatal mortality and morbidity by improving access to and quality of comprehensive emergency and obstetric care services. This includes supporting deployment of a new cadre of health worker, Integrated Emergency Obstetric and Surgery (IEOS) Officers, to primary hospitals. The FMOH has identified this as a priority intervention to reduce maternal mortality in Ethiopia. Activities implemented by indigenous

organizations are cost effective and the private sector initiative would contributes towards sustainability of PMTCT. ESOG will build capacity of private facilities through training, mentorship, improving monitoring and evaluation and referral linkages. ESOC's program will be guided by a central coordinating committee. ESOG has in place a monitoring and evaluation team to measure performance. Implementation of national-level activities and ensuring quality of services require frequent site visits and close supervision. ESOG will procure one vehicle to carry-out these oversite responsibilities. The ESOG program supports the goals of the GOE's National Strategic Plan II (SPMII) as well as the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **No**

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	10,000
Human Resources for Health	400,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Child Survival Activities
Safe Motherhood
Family Planning

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:	**Ethiopian Society of Obstetricians and Gynecologists**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,100,000	0

Narrative:

The private sector initiative was started in COP2007 as a collaborative effort by signing a Memorandum of Understanding (MOU) between Addis Ababa Regional Health Bureau, EPHA/ESOG, JHU/TSEHAI and private health facilities. Starting under COP2010, ESOG expanded the service nationally to increase the number of service outlets providing the minimum package of PMTCT services from 40 to 50 private health facilities. Under COP2011, in addition to the expansion of PMTCT at private health facilities, ESOG supported the deployment of 47 health officers at primary hospitals through assessing site readiness, onsite mentoring and supervision, and monitoring and quality assurance. Under COP2012, ESOG will: • Strengthen ongoing activities and continued support for expansion of PMTCT services in Private/NGO health facilities. Expand the service to 55 sites.• Support the Federal MOH in revising the national PMTCT guidelines, training packages and implementation manual, to adapt the new 2010 WHO PMTCT guidelines, and the roll out of the revised national PMTCT guidelines at private health facilities. • Implement proven QI approaches to improve retention of HIV positive mothers and HEIs in care, and strengthen within facility and external referral linkages. • Establish and implement an effective monitoring system for the PMTCT program along the PMTCT cascade.• Support training on safe pregnancy/FP counseling and promotes integration of FP/HIV services through provision of FP services in all HIV service points.• Scale up couple counseling and partner testing, and establish a monitoring system.• Support counseling, PWP and treatment services for discordant couples.• Provide PMTCT training and mentoring for health professionals working in Private/NGO health facilities.• Enhance postnatal follow-up of HIV-infected mothers and HIV-exposed infants.• Support follow up of the HIV infected infant diagnosis (EID) program.• Provide comprehensive PMTCT services to over 30,000 pregnant women with known HIV status, and ARV prophylaxis and treatment to approximately 500 HIV positive women. • Support deployment of 92 Emergency Surgical Officers at selected primary hospitals.

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: Federal Police, Ethiopia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 250,173	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	250,173

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. HIV prevalence among the Ethiopian Federal Police Commission (FPC) population is declining (ANC surveillance in police hospital 24.8% in 2005, 10.7% in 2007, and 3.7% in 2009), suggesting that prevention interventions targeting this high-risk population are working. During the next two years, the FPC will target HIV peer education to more than 30,000 federal police aged 20-49 years and their family members, particularly those living in Addis Ababa and Dire Dawa. The FPC's program is based on a peer education approach referred to as the Modeling and Reinforcement to Combat HIV/AIDS (MARCH). Its goal is to avert HIV infection among the police force by increasing correct/consistence condom use, fidelity and abstinence, and use of key HIV services (e.g. HCT and ART), as well as improving the police force's ability to discuss sexual risks and HIV/AIDS related stigma. The program is fully-owned by the FPC and integrated into their routine command structure. The formation of a FPC HIV/AIDS advisory board has led to greater ownership of the program and stronger leadership on behalf of the FPC, which will enable its sustainability in the long-term. The FPC program follows the GOE guidance on the implementation of a minimum package of prevention services for uniformed services and supports the goals of the GOE's National Strategic Plan (SPMII). In addition, the activity falls under the combination prevention framework of the USG HIV prevention portfolio and is aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health

Initiative. Currently a formal evaluation of MARCH approach is underway. Evaluation findings will be used to further guide and target the FPC HIV/AIDS interventions during the next two years.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance? **(No data provided.)**

Cross-Cutting Budget Attribution(s)

Education	50,000
Gender: Reducing Violence and Coercion	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Military Population
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:	**Federal Police, Ethiopia**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	33,174	0

Narrative:

The FPC will target peer education interventions to FPC members aged 20-49 years and their family members to increase correct and consistence condom use, fidelity and abstinence, and use of key HIV services. In addition, interventions will improve the police force's ability to discuss sexual risks and HIV/AIDS related stigma. As appropriate, interventions will link FPC service members with HIV/AIDS services including condom access, HIV testing and counseling, sexually transmitted infection management, prevention from mother to child transmission, antiretroviral therapy and care and support. Approximately 3,500 peer group trainers will lead peer group discussions every two weeks. With an average of 10 persons per group, the program aims to reach 35,000 people each year. Small group discussions will provide opportunities for participants to practice HIV prevention skills and understand positive health-seeking behaviors. Thematic discussion topics will include addressing multiple concurrent sexual partnerships, social and community norms, and stigma and discrimination. Peer leader training and information, education and communication material and behavior change and communication material will be adapted specifically for the FPC uniformed service members. FPC "anti-AIDS" clubs will supplement the peer group activities by organizing dramas and sporting events, World AIDS Day activities, and other outlets for peer groups to meet. For monitoring purposes, the FPC will provide routine progress reports on the number of peer groups that meet and the discussions that have taken place, as well as the number of participants. In addition, the number of participants attending other types of HIV prevention reinforcing activities will be included in the report. The FPC will conduct site visits to assess peer group discussions for regularity, group and member participation, and to identify major challenges that arise during the discussions. Documentation of best practices and sharing of lessons learned with the FPC leadership, the GOE and other key stakeholders will be an integral and on-going activity throughout implementation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	216,999	0

Narrative:

The FPC will target peer education interventions to FPC members aged 20-49 years and their family

members to increase correct and consistence condom use, fidelity and abstinence, and use of key HIV services. In addition, interventions will improve the police force's ability to discuss sexual risks and HIV/AIDS related stigma. As appropriate, interventions will link FPC service members with HIV/AIDS services including condom access, HIV testing and counseling, sexually transmitted infection management, prevention from mother to child transmission, antiretroviral therapy and care and support. Approximately 3,500 peer group trainers will lead peer group discussions every two weeks. With an average of 10 persons per group, the program aims to reach 35,000 people each year. Small group discussions will provide opportunities for participants to practice HIV prevention skills and understand positive health-seeking behaviors. Thematic discussion topics will include addressing multiple concurrent sexual partnerships, social and community norms, and stigma and discrimination. Peer leader training and information, education and communication material and behavior change and communication material will be adapted specifically for the FPC uniformed service members. FPC "anti-AIDS" clubs will supplement the peer group activities by organizing dramas and sporting events, World AIDS Day activities, and other outlets for peer groups to meet. For monitoring purposes, the FPC will provide routine progress reports on the number of peer groups that meet and the discussions that have taken place, as well as the number of participants. In addition, the number of participants attending other types of HIV prevention reinforcing activities will be included in the report. The FPC will conduct site visits to assess peer group discussions for regularity, group and member participation, and to identify major challenges that arise during the discussions. Documentation of best practices and sharing of lessons learned with the FPC leadership, the GOE and other key stakeholders will be an integral and on-going activity throughout implementation.

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: Gondar University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 105,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	105,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. Gondar University (GU) is a local university PEPFAR partner located in north-west Amhara region of Ethiopia, which has the second highest prevalence of HIV. GU provides higher education to various health cadres contributing to the development of a skilled-health human resources workforce. GU's teaching hospital provides health services to the Amhara region population and serves as a technical support lead to regional health institutions and other health facilities providing HIV services. GU partners with the University of Washington (I-TECH) to build its own capacity to provide technical leadership, technical assistance and services to the region. A key focus for GU is to strengthen both medical pre- and in-service training. Ultimately, the goal is to have GU take over the responsibility to deliver a majority of the HIV/AIDS technical support to the region. GU documents best practices and analyzes its performance data regularly to guide program implementation and ensure cost effectiveness. The GU program supports the goals of the GOE's National Strategic Plan II (SPMII) as well as the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	30,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**12321**
Mechanism Name:	**HIV/AIDS Antiretroviral therapy implementation support through local universities**
Prime Partner Name:	**Gondar University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	105,000	0

Narrative:

This is a continuing activity. GU will build its capacity to provide the necessary technical assistance to Amhara regional health bureau and health institutions found within the region. GU has a student body whose members approaching 16,000, of whom nearly 5,000 are in the faculty of medical health sciences. The 400-bed GU hospital serves a catchment population of 5 million and currently has nearly 4,000 patients on ART. The university having its own teaching hospital can get the necessary skills by providing mentoring and training activities to GU hospital staff before expanding its program to other health facilities within the catchment area. The university will strengthen its working relationship with I-TECH to benefit from their technical assistance. I-TECH will support the establishment of a training unit that helps to provide in-service trainings in partnership with the Amhara regional health bureau. The university will also strengthen the pre-service education for medical and other health professionals. Moreover, as the number of students using the clinic increases over time, it will be necessary to further enhanced the capabilities of the clinic and make it youth friendly. In addition to mainstreaming the HIV/AIDS program within the university community, GU will use the already existing mini media (AIDS resource center) to create awareness among students on the availability of ARV services across multiple campuses. Moreover, GU will continue strengthening the youth friendly STI/RH clinics under the university and increase the promotion and provision of condom use and HTC services across the university population. TB/HIV screening and management will be strengthened at GU student/staff clinics. GU will collaborate with I-Tech to initiate and conduct program evaluations and surveillance activities to generate data and

improve performance of the HIV/AIDS program within the hospital and catchment areas. The grantee will document its activities, share best practices, undertake monitoring and evaluation of the program and play its part in the implementation of GHI.

Implementing Mechanism Details

Mechanism ID: 12932	**Mechanism Name: HRH support for the 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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 11,127,676	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	11,127,676

Sub Partner Name(s)

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

Overview Narrative

This is a continuing activity. The University of Washington 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. Specifically, I-TECH provides operational support, human resource development and quality improvement strategies. The geographic focus is three regions - Afar, Amhara and Tigray with a total population of over 23 million and accounts for 40% of the HIV burden in Ethiopia. Technical assistance is specifically targeted to all public hospitals in Amhara and Tigray regions and both public and private sector hospitals and health centers in Afar region. The I-TECH program supports the goals of the GOE's National Strategic Plan (SPMII). It is a key activity under the GOE's national Human Resources for Health (HRH) strategy as well as supports the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. I-TECH has in place a comprehensive system to routinely monitor and evaluate its performance that is also aligned with the MOH's national HMIS and the USG PEPFAR indicators. To date, a total of 18 vehicles have already been purchased and/or leased by I-TECH with an additional three vehicles currently under the procurement process. Under COP2012, four additional vehicles will be procured to replace leased vehicles at an estimated total cost of ~$40,000 per vehicle. The new vehicles will be used by I-TECH's field-based monitoring and mentoring teams.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	950,000
Food and Nutrition: Policy, Tools, and Service Delivery	500,000
Gender: Reducing Violence and Coercion	40,000
Human Resources for Health	1,500,000
Water	90,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Mobile Population
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**12932**
Mechanism Name:	**HRH support for the 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	326,380	0

Narrative:

In prior years, I-TECH initiated tracing of lost-to-follow-up (LTFU) PLHIVs on pre-ART care and support. In COP2012, I-TECH will increase involvement of community-based organizations in multi-disciplinary and catchment area meetings to increase dialogue and active tracking of LTFU PLHIVs. Furthermore, I-TECH will support health facilities to develop community-based resource matrices and strengthen to and from referral/linkages to wrap-around programs. To increase PLHIVs retention in care, I-TECH will continue to ensure availability of nutrition assessment, counseling and support services at ART and PMTCT units in collaboration with USG partners working in the area. It will ensure the availability, distribution, proper training, utilization, and monitoring of the adult preventive care package in all facilities. In the absence of other USG partners, I-TECH will directly manage the delivery of the basic preventive care package. I-TECH will integrate mental health services into existing services in partnership with Johns Hopkins University. I-TECH will strengthen the provision of psychological and spiritual care including mental health counseling, family care and support for disclosure, support-group formation, future life planning, bereavement care, spiritual counseling, and referral and life completion tasks. It will strengthen site-level mentorship and supervision on CPT, use CPT as a quality indicator and assesses care providers' compliance with the CPT guidelines. I-TECH will pilot a pain management monitoring tool and work with other USG partners to make available oral morphine in facilities. I-TECH will support the development of national Positive Health & Dignity Prevention (PHDP) within health facilities, care and support guidelines and curricula review, and rehabilitation and repatriation support for clients with HIV/VL in Humera and holy water sites. Mentoring support for orphanages will be included. Involvement of men

as caregivers, reducing gender imbalance and domestic violence, and promoting access to HIV services for women and girls will be emphasized.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	450,000	0

Narrative:

I-TECH supported TB/HIV services at 46 facilities on 3I's and linkage of HIV+ TB patients to care and treatment services, supported renovation of TB wards and TB clinics and waiting areas to improve TB Infection control in selected facilities. Capacity building support was given in relation to in-service and pre-service trainings to ensure sustainability and country ownership. I- TECH Ethiopia supported sample transportation to assist MDR-TB case finding and treatment monitoring for MDR TB treatment program at GUH(Gondar University Hospital)

Under COP 2012, I-TECH will:

1) Strengthen routine TB screening at the ART clinics; integrate TB screening to ANC, PMTCT and pediatric clinics;

2) Strengthen PITC to test TB patients and suspects for HIV and link TB/HIV co infected patients with HIV care and treatment services;

3) Strengthen IPT coverage in supported regions

4) Implement basic administrative and environmental TB infection control measures, and provide supplies.

5) Strengthen quality of care of TB/HIV co infected patients including CPT provision and early initiation of ART.

6) Improve the capacity for pediatric TB diagnosis at regional and referral hospitals, Support TB household contact screening

7) In collaboration with CDC-Ethiopia and CDC-Atlanta, evaluate the impact of TB/HIV care among co infected patients at ART clinics in I TECH supported sites.

8) Support national and regional efforts to scale up M/XDR-TB prevention, care and treatment.

9) Collaborate with EHNRI and RLAB to introduce improved TB diagnostic services including bleach concentration, fluorescent microscopy and other technologies as appropriate.

10) Support sample transport mechanism both at community and facility level to improve access to TB diagnostic services.

11) Collaborate with EHNRI to promote TB culture and DST diagnostic service expansion.

12) Collaborate with FMOH, the RHBs of the 3 regions and other partners to strengthen the TB/HIV HMIS at all levels.

13) Strengthen PPM TB DOTS and community TB care

14) Improve access to PWP services at the TB clinics.

15) Strengthen TB/HIV ACSM(Advocacy Communication & Social Mobilization)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	236,800	0

Narrative:

In prior years, I-TECH supported implementation of basic pediatric care and support services at 46 sites in Amhara, Tigray, and Afar regions with the aim of extending and optimizing quality of life for HIV-exposed and HIV-infected children and their families. Under COP2012, I-TECH will continue to support pediatric care and support services within the same sites. Specific activities will include:

• Participate at national level in the revision of pediatric guidelines, training curricula and standard operating procedures for pediatric HIV care as appropriate.

• Implementation and scale up of EID for early identification of HEIs, prevention and treatment of OIs and other HIV/AIDS related complications including malaria and diarrhea, pain and symptom relief, nutritional assessment and counseling as well as integrating food provision in coordination with other partners.

• Support training in coordination with local universities to ensure their provision of appropriate technical support to establish HIV treatment and care adherence support groups for children, adolescents, caregivers and families in an effort to address adherence and retention issues.

• 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 to children under five years in endemic areas, point-of-use water sanitation, hand washing and personal and household hygiene.

• Integrate services with existing child survival interventions, which include immunization, safe water and hygiene, micronutrient supplement, growth monitoring, improved infant and young child feeding, and treatment of life threatening childhood illnesses.

• Enhance the documentation of all infants' HIV exposure status and follow-up.

• Provide on-site clinical mentorship to improve basic care and support provision.

• Provide on-site care and support training and supportive supervision to strengthen and improve the quality of services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	924,000	0

Narrative:

In prior years, I-TECH has provided technical assistance to strengthen the laboratory system and improve service quality in over 40 laboratories in its operational area through on-site mentorship, strengthening quality assurance, renovating/furnishing laboratories, providing lab equipment and training

on HIV, EID, TB and malaria laboratory diagnosis, and providing ART monitoring and supported EID service expansion. Under COP2012, specific activities include:
• Provide high quality HIV/AIDS services and continue laboratory capacity strengthening through on-site embedded mentoring of lab technicians in the sites within its operational area.
• Provide in–service training using nationally approved curricula and provision of technical assistance to strengthen and standardize laboratory policies, protocols and guidelines and program evaluations emphasizing WHO-AFRO step-wise accreditation.
• Support the implementation of the laboratory information system (LIS) in selected hospitals and continue to scale-up ART intakes.
• Build regional capacity for laboratory equipment maintenance and improve laboratory service quality through on-site mentorship on quality control and assurance.
• Expand minor renovation activities to selected health facilities and provide standard laboratory furnishings to renovated laboratories.
• Provide technical assistance on viral load, EID, POC testing and microbiology lab services in selected regional and hospital laboratories.
• Provide technical assistance to the national / regional TB program through training on TB diagnosis and culturing in regional labs.
• Provide technical assistance to regional labs to decentralize quality assurance programs for TB, HIV and Malaria and build regional lab capacity to serve as referral testing centers to support out break investigation and surveillance activities.
• Support monitoring and evaluation of laboratory services and strengthen partnerships with stake holders like the Ethiopia Health and Nutrition Research Institute (EHNRI), and USG partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	200,000	0

Narrative:

I-TECH aims to strengthen the implementation of the national HMIS for comprehensive HIV/AIDS services and optimize the use of routine data for service and program strengthening. Under COP2012, in its operational area, I-TECH will:
• Fully document information on pre-ART, ART, TB/HIV, PMTCT, VCT, and PICT clients.
• Establish regular data quality assessment and feedback mechanisms.
• Build capacity of site staff in data analysis and data use to improve service delivery.
• Facilitate annual, regional review and planning meeting where facilities share experiences.
• Strengthen sites with data clerks and availability of M&E tools to fill gaps.
• Facilitate the implementation of HMIS in new health facilities by renovating and furnishing space and

providing technical support in data archiving, retrieving, and report aggregation.
• Work with Tulane University to facilitate the training of I-TECH's regional mentors and M&E officers so that they can mentor facility staff on HMIS.
• Provide overall monitoring and evaluation support to 46 existing sites and collaborate with partners to scale up HMIS implementation and fully integrate HIV information in the national HMIS and EMR systems.
• In line with the government plan, I-TECH will support sites to assess and address gaps in space, furniture, equipment and training to implement HMIS and EMR systems.
• Prospectively collect, archive, retrieve, compile and report data for all HIV-related service using HMIS forms.
• Provide data clerks, print and distribute HMIS tools, conduct data quality assessments and report validations through regular supportive supervision and mentoring.
Support catchment area and health facility multi-disciplinary teams meetings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,393,334	0

Narrative:

In recognition of the Human Resources for Health (HRH) crisis in Ethiopia, I-TECH's support addresses health workforce challenges through strengthening institutional capacity of medical institutions to deliver quality pre-service medical education. In prior years, as part of scaling up of pre-service medical education, I-TECH provided technical, material and financial support to Gondar, Bahir-Dar, and Mekelle Universities medical schools to deliver quality medical education, supported essential medical education teaching materials and equipment, and subscribed online updates of teaching materials. Under COP2012, I-TECH will build institutional capacity of the existing Gondar, Bahir-Dar, and Mekelle universities including the new medical institutions of Axum, Wollo, Debre-Berhan and Debre-Markos universities by providing technical, material and financial support, including infrastructure development; support the procurement of teaching materials and tool kits; and establish mini-libraries in affiliated hospitals. I-TECH will also continue its support in faculty development, cases development for problem based learning, ICT support, e-resources, and simulation production. I-TECH will support an Integrated Emergency Surgery and Obstetrics (IESO) training at the postgraduate program at Gondar and Mekelle Universities. I-TECH will continue to provide TA to medical schools of Gondar, Bahir-Dar, and Mekelle universities to deliver quality pre-service medical education and to training units to deliver HIV-related in-service trainings in their catchment area.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HMBL	130,000	0

Narrative:

This is a new activity for I-TECH. The mission of the FMOH is the provision of safe and adequate blood and blood products to all patients who require blood transfusion as part of their treatment. The target of the FMOH is to collect 120,000 units per annum from voluntary blood donors, test all the blood in a quality assured manner in the regional blood banks and preposition stocks of blood for use at the health facilities. I-TECH will provide technical support to blood banks and health facilities in three regions (Tigrai, Amhara and Afar) in the implementation of blood safety program:

1. Strengthening of the clinical interface through training of clinicians and nurses on appropriate clinical use of blood as well its safe administration to patients as well as support the establishment of hospital transfusion committees in the regions of Afar, Tigray and Amhara
2. Support creation of linkages between blood banks and the hospitals in the respective areas of responsibility including transportation of blood and blood products, supplies as well maintenance of blood inventory at the hospitals
3. I-TECH will support the strengthening of data collection both from the blood banks and the regional blood banks and develop a comprehensive monitoring and evaluation plan as well as support reporting of blood bank activities to the RHB and the FMoH.
4. With the support and collaboration of WHO, conduct mentorship of 9 blood banks in the regions to ensure quality of services in the regions. This will be achieved through the mentors trained through WHO support
5. I-TECH will support the activities of the mobile collection teams in the regional blood through target setting and development of collection plans
6. Support blood donor education and mobilization through effective engagement with local radio stations, print media, and training of communication experts, blood donor mobilisers and blood bank staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	61,694	0

Narrative:

In COP2011, I-TECH provided technical support to national TWG on revision of strategy, guidelines, and training material on IP/PS. Clinical mentoring by IP field team was provided to IP committees at health facilities, and TB committees cooperated with IP; 488 HCWs were trained with IP/injection safety training at semiannual performance. Under COP2012, I-TECH will:

Work closely with TWG at FMOH, Afar, Amhara and Tigray RHBs, and facility IP committees on proper management of IP/Injection safety program to decrease occupational exposure to blood borne pathogens aiming at promoting ownership and sustainability

Work in collaboration with GOs & NGOs partners to ensure availability of commodities of IP/Injection

safety
Work to assess quality of IP program from commodity production and supplies to proper & frequent use of products by health care workers, paramedics and support staffs in collaboration with IP committees, federal & regional IP TWGs
Conduct outcome studies of IP program in facilities of I-TECH operation zone with strong collaboration of IP committees, regional & federal IP TWGs
Continue to provide clinical mentorship and ISS to health facilities in Afar, Amhara & Tigray regions
Design a strategy for ownership and sustainability of IP/Injection safety programs with series of consultation and sensitization of IP committees at health facilities, regional & federal TWGs
Strongly engage in integration of injection safety and waste management in HIV services such as Post Exposure Prophylaxis (PEP)
Provide on- site & off-site training to staff on injection safety to those facilities identified with training gaps
Continue to support medical universities to integrate IP and injection safety as pre- service training
Conduct HE, IEC/BCC to patients, health care workers and support staff at hospital and HCs to use the available injection safety and waste management procedures properly in a user-friendly way.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	450,000	0

Narrative:

In prior years, I-TECH supported HIV testing and counseling (HTC) services in 46 facilities in Amhara, Tigray and Afar. A total of 235,593 people received HTC services in FY2011. ITECH trained 179 health care workers on provider-initiated testing and counseling (PITC) and voluntary counseling and testing (VCT). In COP2012, I-TECH will support the implementation of VCT services including couples / partner and family testing and counseling and routine HIV testing at point-of-care (POC) in all service outlets. Pediatric PITC will be strengthened in all entry points at all I-TECH supported facilities such as pediatric inpatients, under five outpatient departments, therapeutic feeding units and immunization outlets. Implementation of family-centered care to address the whole family including children to ensure the referral of HIV positive clients to HIV care and treatment services will be emphasized where appropriate. Other activities will include:
1) Strengthen systems through regular mentorship and supportive supervision to ensure quality HTC service delivery.
2) Build human capacity through onsite training of health care workers on couple and individual HTC and PITC.
3) Work with partners' implementing mobile VCT services in high risk corridor of Afar and Humera to improve referral and linkage.
4) Support HIV rapid testing quality assurance through regular supervision of labs.

5) Develop and translate IEC materials in support of HTC activities.
6) Provide monitoring and evaluation support through mentoring and regular supportive supervision and distribution of the new HTC HMIS materials to all sites.
7) Establish stronger HTC related partnerships at national and regional levels and provide technical and financial assistance to sites implementing HTC services in line with national VCT days other local promotional initiatives.
8) Work with the FMOH and national HTC technical working group, university partners and the National Counselors' Association and provide technical support to partners involved in mentorship of community counselors.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	155,100	0

Narrative:

In prior years, I-TECH has supported facility-based sexually transmitted infection (STI) management at 42 sites in Amhara, Tigrai and Afar regions. Support included training healthcare providers on STI syndromic management, provision of materials and supplies and site-level mentoring of facility staff. Under COP2012, I-TECH will continue its technical assistance to the same 45 health facilities. Specific activities include:
1) STI syndromic management training.
2) On-site clinical mentorship and supportive supervision.
3) Provide STI job aid materials.
4) Improving STI data recording/reporting.
5) Support integration of STI service package delivery into general health care services that include outpatient departments, antenatal care clinics, family planning services, and PMTCT and ART units.
6) Support the implementation of a comprehensive approach to STI management that includes STI syndromic management, sex partner notification and treatment, provision of sufficient information and risk reduction counseling on STIs, offering HIV testing and counseling (including provider-initiated counseling and testing), provision of condoms, and STI screening and treatment and referrals to HIV care and treatment of MARPs.
7) Provide technical support to the national STI technical working group and MOH regional health bureaus to enable their leadership and the eventual sustainability of the I-TECH program activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,200,000	0

Narrative:

In prior years, I-TECH supported PMTCT activities in 46 sites in Amhara, Tigray, and Afar regions. Under

COP2012, I-TECH will expand PMTCT services to 52 health facilities and support the USG PEPFAR PMTCT Acceleration Plan to improve uptake and quality of PMTCT services. I-TECH's goal is to provide comprehensive PMTCT services to pregnant women with known HIV status and ARV prophylaxis and treatment to HIV positive women. Activities include:
1) Support PMTCT services at public hospitals and health centers and expand outreach PMTCT services focusing on high prevalence and hotspot areas.
2) Support the MOH in revising the national PMTCT guidelines, training packages and implementation manual to adapt the new 2010 WHO PMTCT guidelines; support rolling out of the revised national PMTCT guidelines at health facilities.
3) Implement QI approaches to improve retention of HIV positive mothers and HEIs in care services and expand the role of Case Managers and Mother Support Groups(MSGs) to strengthen referral linkages.
4) Support the MOH RHBs to introduce a monitoring system for PMTCT along the PMTCT cascade.
5) Support training on safe pregnancy and FP counseling and promote integration of FP and HIV services.
6) Integrate TB Screening with PMTCT program
7) Scale-up couple counseling and partner testing, facilitate male friendly services, and establish monitoring system related to these services.
8) Expand counseling, prevention with positives (PWP) and treatment services for discordant couples.
9) Expand MSGs to 7 more sites and establish linkages with income generating activities.
10) Expand integrated MNCH/ART/PMTCT services.
11) Enhance postnatal follow-up of HIV-infected mothers and HIV-exposed infants.
12) Strengthen and expand Essential Newborn Care (ENC) services.
13) Provide minor renovation, refurbishment, and repair of ANC, labor and delivery rooms, and maternity wards.
14) Provide 80% of supported facilities with e-mobile phones and airtime cards to facilitate inter-facility communication including consultation requests for transport, referrals, lab test results and client tracing.
15) Work with the GOE to support research and evaluation of PMTCT programming.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	4,600,000	0

Narrative:

University of Washington (I TECH) provides technical support to improve the delivery of comprehensive treatment services in its operational area. Comprehensive services includes TB screening, provision of IPT and the preventive care package, clinical and laboratory monitoring of all ART patients (and pre-ART patients) for ART eligibility and/or follow-up for progress on ART or development of side effects, inter-current illnesses, and ART failure. I-TECH provides comprehensive ART training to physicians,

health officers, nurses and pharmacy personnel and site-level mentoring via field-based teams to continuously update provider knowledge and skills. Quality improvement activities have been initiated and technical assistance provided to strengthen Multi-Disciplinary ART Teams (MDT) at all sites. I-TECH collaborates with the MOH Regional Health Bureaus, zonal and district health departments, and other partners and stakeholders in its operational area to strengthen the health network and referral system to ensure the delivery of efficient quality continuum of care to ART patients. I-TECH also supports and participates in the catchment area meetings in the network areas it supports. I-TECH implements case management at all its supported facilities to improve ART adherence and retention in care and treatment services, which has led to a decrease in attrition of ART patients. To further address ART adherence, I-TECH also collaborates closely with faith-based organizations in its operational zone . These types of activities have led to stronger intra-facility linkages and linkages with community services for ART patients. I-TECH provides renovation, furnishings, maintenance and restoration of basic functions in the care and treatment facilities it supports. I-TECH works to build the capacity of local partners to promote local ownership and sustainability and supports the HMIS implementation in its operational area.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,000,368	0

Narrative:

In prior years, I-TECH has supported full-spectrum pediatric HIV prevention, care, and treatment services at 46 ART sites in rural, urban & pastoralist communities including hospital-health center networks in the Afar region. Under COP2012, specific activities include:

• Provide technical support to integrate the family-centered HIV care and treatment approach into the national ART program to strengthen the overall pediatric HIV program.

• Provide technical support to increase pediatric ART service uptake at all sites by improving detection of HIV infected children at service entry points.

• Strengthen internal and external linkages including internal referrals to HIV care clinics from various points of care and externally through referrals to and from community-based resources.

• Support the development and implementation of strategies to integrate the pediatric HIV/AIDS treatment with child survival and MNCH services.

• Support pediatric ART training, according to national guidelines and curriculum in collaboration with local universities.

• Expand case management services to pre-ART and pediatric wards to decrease drop out.

• Assess and improve quality of service for pediatric care and treatment by ensuring standardized approaches in all operating sites.

• Build capacity of care providers on quality ART monitoring through in-service training, on-site mentoring, case-based discussion and distance learning.

• Expand adherence support to in-patient wards and extend adherence support through home visits using outreach workers. • Assist RHBs to assure CD4 ART monitoring at all facilities. • Build capacity of HIV Committees and providers on quality assurance and monitoring for clinical and non-clinical ART outcomes and perform program evaluations. • Conduct integrated regular mentoring, supportive supervision and review meeting with stakeholders. • Support the use of Information, Education and Communication and Behavior Change Communication (IEC/BCC) materials in local languages to enhance public awareness of pediatric HIV care and treatment services.

Implementing Mechanism Details

Mechanism ID: 12955	**Mechanism Name: Maternal Child Health Integrated Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,200,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,200,000

Sub Partner Name(s)

John Snow, Inc.	Johns Hopkins University Bloomberg School of Public Health	Program for Appropriate Technology in Health
Save the Children US		

Overview Narrative

The Maternal and Child Health Integrated Project (MCHIP) is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program, which focuses on reducing maternal,

neonatal and child mortality and accelerating progress toward achieving Millennium Development Goals (MDGs) 4 and 5. MCHIP is a follow-up field support activity to JHPIEGO's previous Maternal Health Project, ACCESS, which supported the Government of Ethiopia's (GOE) Health Extension Program (HEP) to train Health Extension Workers (HEWs) in clean and safe delivery.

Through this wraparound activity, the Maternal Child Health Integrated Program will leverage PEPFAR resources to support and strengthen prevention-of-mother-to-child transmission (PMTCT) activities in the routine maternal and child health services supported by the project. This is in line with the Global Health Initiative (GHI) approach of providing PMTCT services through an integrated MNCH delivery platform. Such an integrated approach promotes local ownership and sustainability of the PMTCT program by helping to standardize these interventions within the continuum of services provided to women of reproductive age.

MCHIP will apply quality assurance and improvement (QA/QI) tools, cooperate with other partners to cultivate synergies, provide technical assistance to health facilities and work with them to strengthen the primary health care unit (PHCU) to increase demand and utilization of PMTCT and MNCH services. MCHIP will also support the GoE to strengthen pre-service PMTCT training for midwives and nurses. The geographic coverage includes Ooromia, Tigray, SNNPR and Amara regions.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	500,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)

Child Survival Activities
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**12955**
Mechanism Name:	**Maternal Child Health Integrated Program**
Prime Partner Name:	**JHPIEGO**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,200,000	0

Narrative:

Maternal Child Health Integrated Program (MCHIP) will leverage PEPFAR resources to support and strengthen prevention-of-mother-to-child transmission (PMTCT) activities in the existing maternal and child health (MCH) services supported by the project.

With COP 12 funds, MCHIP plans to: 1) integrate provider-initiated testing and counseling (PITC) services in antenatal care (ANC) clinics, 2) build the capacity of Health Center Workers (HCWs) on PMTCT support and assessment of HIV positive pregnant women for antiretroviral therapy (HAART/ARV), and 3) ensure counseling and education provision for HIV positive pregnant women on nutrition, family planning, and infant feeding.

The project also applies its known quality assurance (QA) tool to improve the quality of PMTCT services and to decrease dropout rates for pregnant women in the health facilities supported. The project shall work with PEPFAR and other stakeholders to ensure availability laboratory reagents, ARVs, PMTCT registers and summary sheets and other MCH equipment at health facilities. Regular PMTCT site mentoring, data quality assurance (DQA) and supportive supervision, selection and sharing of best practices will be part of project activities. The project will work together and collaborate with the host government, and give technical assistance as necessary from the national to district level, being sure to work within the existing government structure.

Demand creation for ANC and institutional delivery is critical for strengthening the PMTCT program. Therefore, MCHIP will work with Health Extension Workers and other community volunteers. This includes strengthening primary health care unit (PHCU) meetings and conducting outreach to health

posts for ANC/PMTCT services where feasible. MCHIP will also support the GoE to strengthen pre-service PMTCT training for midwives and nurses.

Implementing Mechanism Details

Mechanism ID: 13039	**Mechanism Name: Ethiopia HIV/AIDS Counselors Association (EHACA)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ethiopia HIV/AIDS Counselors Association (EHACA)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 300,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The Ethiopia HIV/AIDS Counselors Association (EHACA) is a professional association established by a group of HTC providers and trainers working in governmental, private and non-government organizations. EHACA ensures quality and standardized HIV counseling skills and provides technical support for practicing counselors. EHACA aims to protect the rights of counselors and be an advocate for their work benefits to ensure that counselors are motivated, supported and empowered. It has an active participating membership of many different professionals who have received basic HTC training. Members include physicians, nurses, health officers, sociologists, psychologists and other health professionals working in HIV/AIDS counseling and testing. EHACA has established nine regional associations and is striving to be a leading advocate for HTC in Ethiopia. Its objectives are: (1) Build the capacity of counselors in Ethiopia to provide high quality counseling service; (2) Safeguard the honor, interests, and professional rights of the counselors, and be an advocate for their work benefits; (3) Contribute and participate in the formulation of regulations, policies, and guidelines in

the prevention and control of the HIV/AIDS; and (4) Establish a counseling training institute. The EHACA program is aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. EHACA regularly conducts supportive supervision visits to each program site as well as has in place a system to routinely monitor and regularly report on program performance.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Workplace Programs

Budget Code Information

Mechanism ID:	**13039**		
Mechanism Name:	**Ethiopia HIV/AIDS Counselors Association (EHACA)**		
Prime Partner Name:	**Ethiopia HIV/AIDS Counselors Association (EHACA)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	300,000	0
Narrative:			
Under COP2012, EHACA will continue building the national association and regional chapter capacity to play a major role in the delivery of quality HTC services in the country at large. The association will			

conduct case conferences and organize continuing education to improve performance of counselors. EHACA will collaborate with MOH and partners to provide an advance counseling training. EHACA will continue providing HTC, stress and burnout management trainings to members. The association will actively participate at the national and regional HTC TWG and also be involved in the major HTC undertakings at the national regional level. EHACA will expand post test clubs at the health facilities. It will actively participate in the development of training manuals, quality tools and policy documents. In collaboration with local and international partners, EHACA will strengthen networking through establishing counselor support groups, coordination and linkages with similar initiatives and enhancing gender equity in project activities. EHACA plans to encourage and recruit association members to provide free services during HTC campaigns on weekends and off hours. The national and regional chapter offices will be involved in promotion of HTC services at workplaces, schools and HIV testing date events. EHACA will continue to participate in supportive supervision of public and private facilities in collaboration with RHBs and PEPFAR partners.

Implementing Mechanism Details

Mechanism ID: 13053	**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: Family Guidance Association of Ethiopia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,866,225	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,866,225

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The Family Guidance Association of Ethiopia (FGAE) is a local non-governmental organization providing integrated and comprehensive reproductive health services in Ethiopia. It delivers services to the needy, marginalized and high-risk population groups through 18 reproductive health clinics, 28 multi-service youth centers, 850 community-based sites and 250 outreach service delivery sites. Since 2000, FGAE has successfully integrated HIV/AIDS services into these sites, which includes HIV testing and counseling (HTC), prevention from mother to child transmission (PMTCT), and sexually transmitted infection (STI) management. The goals of the FGAE program are to continue to provide high quality health services to its target population, expand services into 45 FGAE sexually reproductive health clinics and youth centers and increase the targeting of these services to most-at-risk and vulnerable populations. The FGAE will continue to work in partnership with other USG implementing partners to maximize efficiencies and minimize duplication of effort. The FGAE program follows the GOE guidance on the implementation of a minimum package of prevention services for most-at-risk populations. The FGAE program supports the goals of the GOE's National Strategic Plan (SPMII) and is aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. The FGAE has in place a comprehensive monitoring and evaluation system to routinely report and monitoring program performance.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	100,000
Human Resources for Health	400,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13053**
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:	**Family Guidance Association of Ethiopia**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	600,000	0

Narrative:

Under COP2012, FGAE will enhance and strengthen HTC, specifically voluntary counseling and testing (VCT), and introduce Provider Initiated Testing and Counseling (PITC) services in 45 FGAE clinics and youth centers. Outreach workers will be trained to provide education and referral for HTC. Training of master trainers courses will be held aimed at improving individual and couple testing. Same hour HTC services will be initiated in all clinics and youth centers. Major emphasis will be given to partner/couple testing in all testing outlets. Those testing HIV positive will be linked to care and treatment services in public and private facilities. Family planning services will be offered to all HTC clients. FGAE plans to recruit more volunteers to promote HIV testing service, and influential leaders will be used to encourage and promote couples and families to get tested for HIV. FGAE will collaborate with government and nongovernmental partners to promote testing during National HIV Testing day and other campaigns. To ensure quality, direct observation of the HTC sessions will be conducted periodically by senior counselors, and case conference and client exit interviews will be conducted for the same purpose. By 2015, FGAE aims to have more than 550,000 individuals counseled and tested for HIV through their clinics and outreach sites, and 1,050 individuals trained in counseling and testing. Where applicable, prevention of gender-based violence and coercion will be integrated into FGAE activities. Refer to

indicators and targets for magnitude and impact of the FGAE program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	666,225	0

Narrative:

STIs are common among MARPs, which include sex workers (SWs) 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. Under COP2012, the objective of the FGAE program is to provide comprehensive HIV and STI services to highly vulnerable women from low socioeconomic groups working in bars, petty trade or daily laborers. The service includes regular screening and treatment for STIs, referral to other services like HTC, ART, PMTCT, and prevention education.

Major activities will include:

• Renovate and equip 50% the 44 FGAE clinics to be friendly to highly vulnerable women.

• Provide regular STI screening diagnosis and treatment for 13,200 highly vulnerable women at the 44 FGAE clinics.

• Promote and provide condoms for highly vulnerable women at the 44 FGAE clinics.

• Link the highly vulnerable women to HTC, ART, PMTCT services and prevention education.

• Transition free standing sex workers' confidential clinics from US-based Universities to sole implementation by FGAE.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	600,000	0

Narrative:

In prior years, JHPIEGO and JHU/TSEHAI technically supported FGAE service delivery activities. Since COP2010, FGAE has taken over the direct implementation of their activities as a prime partner. Currently, FGAE clinics offer HTC services to all ANC clients and ARV prophylaxis to HIV positive pregnant women. Labor and delivery services are at two FGAE PMTCT sites. FGAE is successfully linking their ART eligible patients to nearby health facilities. Under COP2012, FGAE will focus on the following - 22 FGAE health facilities provide ANC services linked with HIV testing and ARV for PMTCT; pregnant women will be tested for HIV; HIV positive pregnant women will receive ARVs to reduce risk of mother-to-child-transmission; health care workers will be trained in PMTCT; and PMTCT services will be

delivered to pregnant women with known HIV status and ARV prophylaxis to HIV positive women per the national guidelines. Activities will include: • Strengthen ongoing PMTCT activities in FGAE clinics. • Support laboratory and diagnostic services and undertake minor renovations to improve service quality. • Support the MOH in revising national PMTCT guidelines, training packages and implementation manual to adapt the 2010 WHO PMTCT guidelines and support rolling out of these guidelines at FGAE sites. • Ensure the availability of ARVs and integration of PMTCT with RH services at all FGAE clinics. • Undertake extensive community-level PMTCT awareness campaigns in all catchment areas through outreach and community-based reproduction health associations. • Establish and support Mothers Support Groups at FGAE clinics • Ensure the organized and integrated implementation of the four-pronged approach to PMTCT. • Support the MOH to introduce a monitoring system of PMTCT indicators along the PMTCT cascade and implementation of proven quality improvement models to increase retention in care. • Conduct training on PMTCT/ART/infant feeding and support infant feeding options. • Design and implement family- based approaches to improve male involvement in PMTCT. • Ensure that the necessary Job Aid, IEC materials, PMTCT testing and counseling tools are available in FGAE that provide PMTCT services. Where applicable, prevention of gender-based violence and coercion will be integrated into FGAE activities. Refer to indicators and targets for magnitude and impact of the FGAE program.

Implementing Mechanism Details

Mechanism ID: 13158	**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: Federal Ministry of Health, Ethiopia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,600,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,600,000

Sub Partner Name(s)

Ethiopian Red Cross Society		

Overview Narrative

This is a continuing activity. The GOE National Health Sector Development Plan (HSDP IV) identifies blood safety as a high priority in support of the prevention and control of HIV/AIDS and other transfusion transmissible Infections (TTIs). The GOE Federal Ministry of Health (FMOH) is in the process of taking over the management of the blood transfusion services from the Ethiopian Red Cross in an effort improve to better meet the national needs for safe blood. By early 2012, the construction of 21 new blood banks will be completed, of which 17 will become fully functional. The remaining 4 will be functional in two years. The goal of the FMOH blood safety program is to meet the health care system's blood safety needs on a national-level. The program is aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative, where an increased blood supply is critical to reduction of maternal mortality.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Principal Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

(No data provided.)

Cross-Cutting Budget Attribution(s)

Human Resources for Health	900,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Safe Motherhood

Budget Code Information

Mechanism ID:	**13158**
Mechanism Name:	**Supporting the National Blood Transfusion services**
Prime Partner Name:	**Federal Ministry of Health, Ethiopia**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	2,600,000	0

Narrative:

The FMOH blood safety program will implement the following activities under COP2012:
1) Blood collection from voluntary donors will be strengthened through mobile teams. A total of 27 mobile teams will be established in 21 blood banks. Pre and post donation counseling will be provided for donors. Donors will be notified immediately of test results for transfusion transmissible infections (TTIs) and referral to health facilities will be arranged for those who require clinical care. To meet the rapidly expanding health care demand, the FMOH has set a target of collecting 120,000 units of blood per year.
2) Medical education & pre-service training for new staff will be provided. Staff training within clinics will be enhanced to ensure safety of the recipients to decrease unnecessary transfusions. Total of 500 individuals will be trained over two years. Exchange programs with centers of excellence as well as mentorship will be additional modes of technological transfer and capacity building.
3) Recruitment of blood donors is an important component of transfusion service. Community mobilization will be done through training of blood donors' mobilizers and communication professionals. Other communication channels for blood donors' education, mobilization, recruitment and retention will be utilized. Promotional materials (brochures, posters. radio &TV messages) will be disseminated to mobilize donors and increase public awareness about blood transfusion & donation. Community blood donors' clubs will be established under the auspices of regional blood banks.
4) Rolling out of quality management systems to the regions will be completed. Mechanism and systems for M&E will be developed and implemented.
5) Blood & blood products must be stored and transported at correct temperatures to all collection

centers, blood banks and hospitals. The cold chain system will be maintained in transporting blood from the BB to the health unit. Equipments and supplies that are needed for blood banks and hospitals to meet these requirements will be procured and distributed to the sites.

Implementing Mechanism Details

Mechanism ID: 13188	**Mechanism Name: Maintenance and Certification of Biosafety Cabinets and Support for In-country Capacity Building of Biomedical Engineers on Biosafety Cabinets Maintenance**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Field Epidemiology Network	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 150,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity in COP2012. Having stringent biosafety measures in place while dealing with biohazard materials and infectious agents in a laboratory setting is critical to maintaining high quality laboratory testing and attaining WHO laboratory accreditation. Currently, Ethiopia has no capacity for certification of biosafety cabinets, relies on costly consultants from South Africa, yet has 24 laboratories enrolled in the first round of the WHO/AFRO laboratory accreditation process. The goal of the African Field Epidemiology Network (AFENET) biosafety program is to provide biosafety cabinet maintenance and certification and build sustainable local capacity to assume this key laboratory function in the future. The rapid expansion of specialized laboratory services together with the increasing number of laboratories needing accreditation requires greater attention to biosafety issues. Due to the absence of

in-country capacity, HHS/CDC and the Ethiopian Health and Nutrition Institute (EHNRI) previously contracted with firms abroad to certify more than 25 biosafety cabinets in Ethiopia. This was time consuming and expensive. Building local capacity for biosafety cabinet certification is significantly more cost-effective and sustainable. The AFNET biosafety program supports the laboratory strengthening goals of the GOE's National Strategic Plan II (SPMII) as well as the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. The success of the AFENET biosafety program will be evaluated based on the number of locally trained biomedical engineers on biosafety cabinet certification, the number of biosafety cabinets certified and the calibration of measuring equipment.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13188**		
Mechanism Name:	**Maintenance and Certification of Biosafety Cabinets and Support for In-country Capacity Building of Biomedical Engineers on Biosafety Cabinets Maintenance**		
Prime Partner Name:	**African Field Epidemiology Network**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Governance and Systems	HLAB	150,000	0

Narrative:

To meet the need for highly specialized laboratory services, Ethiopia will have at least 6 biosafety level III laboratories for TB culture and drug sensitivity testing and rapid drug resistance detection and 7 biosafety level II laboratories for viral load and DNA PCR testing. The national reference laboratory, EHNRI, has become an integrated advanced laboratory that deals with highly contagious agents like Influenza and other emerging infectious diseases. All laboratories are equipped with biosafety cabinets. Regular monitoring and certification of the biosafety cabinet functionality is essential to protecting the laboratory personnel and environment from contamination and ensuring high quality testing. It is also a requirement for attaining WHO accreditation. There is no in-country capacity for biosafety cabinet certification nor is there a comprehensive in-service biosafety training of laboratory engineers and related personnel. Currently, safety cabinets are being used with no functionality check, which is against national safety guidelines. Many cabinets are not working due to the absence of timely installation and maintenance services. The EHNRI biomedical equipment maintenance engineers have not been trained and lack appropriate tools to maintain cabinets. AFENET will both provide immediate biosafety cabinet maintenance and implement a training and certification course to build local capacity. AFENET will assess biosafety cabinets for functionality, check air velocity, replace parts like HEPA filters, and calibrate pipettes and balances. AFENET's goal is to certify 50 cabinets annually. EHNRI maintenance engineers will be mentored by AFENET staff and become certified on maintenance and certification of biosafety cabinets. AFENET will customize a standard biosafety training curriculum developed by HHS/CDC to the Ethiopian context, conduct a "training of trainers" course and then roll-out the training to each region. The training will include hands-on biosafety cabinet certification. AFENET's goal is to fully train and certify 14 maintenance engineers.

Implementing Mechanism Details

Mechanism ID: 13254	**Mechanism Name: Technical Assistance 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	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 5,524,966	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	5,524,966

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The goal of Tulane University Technical Assistant Program Ethiopia (TUTAPE) is to build capacity of MOH, universities, and regional health bureaus in strategic information and human resources via TA to GOE-owned programs. TUTAPE provides TA to GOE's national HIV/AIDS monitoring and evaluation system, the national HMIS, Electronic HMIS and Electronic Medical Records. TUTAPE supports GOE's development / implementation of SI training programs including new curricula for diploma-level training of health information officers and master's level training in monitoring and evaluation, biostatistics and health informatics. Previously, TUTAPE provided TA to the FMOH to develop the 2009-2020 Human Resources for Health (HRH) strategy. TA will continue to be provided to the FMOH, RHBs and health institutions to roll-out the HRH strategy to improve the retention of key health professionals. The HRH strategy, when formally approved, will also enhance GOE capacity to conduct human resource planning and develop a detailed densities estimate for the health workforce at the Woreda level enabling the FMOH to annually update the HRH data base, improve M&E, target in-service training, enhance HR development and career progression, and target deployment of the Human Resource Information System (HRIS) to different organizations within the FMOH. TUTAPE's program compliments USAID's HRH program through e-learning and training of health information technicians and masters level training. TUTAPE's target population is medical doctors, health information technicians, and emergency surgery officers. USAID's HRH program targets nurses and midwives. TUTAPE's program aligns with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	880,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13254**		
Mechanism Name:	**Technical Assistance 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**
Governance and Systems	HVSI	4,900,000	0

Narrative:

Under COP2012, TA will focus on improving data quality, performance monitoring and information use at the health administrative and institution levels. TUTAPE will provide mentoring and training on HMIS to M&E officers that operate at the health facility level. TuTAPE will also co-locate its HMIS technical staff with FMOH staff to transfer skills and foster sustainability. Short-term in-service training on performance and quality improvement, M&E for program improvement, and use of data for decision-making will continue. TUTAPE will conduct process evaluations to continually improve program implementation. The regions and FMOH will be provided support to produce annual HMIS/M&E reports.

TUTAPE will start to transition its support to Jimma University and M&E graduate students to ensure sustainability. Under COP2012, support will also continue for two cohorts of the biostatistics/health informatics MSc program and health information technicians. Institutional support will include provision of international faculty exchange, ICT support and education supplies.

TUTAPE has been supporting the implementation of Electronic Medical Records (EMR) system at 30 health facilities that implemented the new paper-based HMIS. It has also been supporting the development of the e-HMIS implemented by MOH. TUTAPE will continue supporting the maintenance of EMR at the existing sites and implementation of the program in seven new sites. Moreover, TUTAPE will support the disease surveillance report system in the public health emergencies management section of the Ethiopian Health and Nutrition Research Institute. Development and expansion of the full EMR will be implemented in collaboration with the Jimma University ICT department by training future programmers and ICT experts.

TUTAPE will purchase IT equipment, configure hardware, install LAN infrastructure, conduct ongoing trouble shooting, upgrade the software and EMR (SmartCare) installation at facilities, and conduct user training and mentorship. All the e-health programs will be GIS capable. TUTAPE will work with FMOH to leverage Global Funds and other resources to expand coverage of e-HMIS and other e-solutions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	624,966	0

Narrative:

In recognition of the HRH deficiencies in Ethiopia, TUTAPE will address health workforce challenges by providing TA at the national level for the FMOH on HR policies, strategies and implementation. In FY 2011, TUTAPE provided TA and support to the FMOH on the development of HRH strategic plan and deployment of the Human Resource Information System (HRIS). TUTAPE also provided support to the Medical and Health Science Education Council for developing and reviewing curricula for the New Medical Education Initiative (NMEI) and e-learning support to the St. Paul Millennium Medical College for delivering the new medical education curriculum.

Under COP2012, TUTAPE will provide TA to the FMOH, including secondment of a technical advisor to the FMOH to design and coordinate the implementation of the NMEI. They will continue to work on the implementation of the NMEI at the national level, and will also work on developing approaches to decrease the number of students dropping out of medical school, with emphasis on the NMEI. TUTAPE will assess and monitor the quality of the NMEI in collaboration with the FMOH.

TUTAPE will also continue to support HR management and administration including deploying HRIS to the FMOH, RHBs, Zonal Health Departments and Woreda Health Offices and health institutions. Moreover, it will also continue to provide technical, material and financial support to St. Paul Millennium

Medical College to deliver quality pre-service medical education.

Implementing Mechanism Details

Mechanism ID: 13450	**Mechanism Name: BCC Technical Assistance on Comprehensive Peer Education Program and the National ARC**
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 University Bloomberg School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,376,212	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,376,212

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The Johns Hopkins University Center for Communication Programs (JHU/CCP) provides technical assistance to improve the dissemination of up-to-date HIV/AIDS information primarily to the general public through the GOE's AIDS Resource Centers (ARC). The ARCs are managed by the Federal and Regional HIV/AIDS Prevention and Coordination Offices (HAPCO), including the national ARC in Addis Ababa and 15 regional ARCs. The target population is the general public and researchers/journalists. JHU/CCP's priorities during the next two years are to expand upon the popular and widespread use of the AIDS information help lines to deliver more targeted communication programs and strengthen the outreach capacity of decentralized Regional ARCs. Main activities include maintaining ARC libraries, establishing and supporting user-driven interventions, such as call-in help lines for the public and healthcare providers, and assisting with information, communication and technology for the development of websites and other applications in support of virtual ARCs. JHU/CCP also provides technical support for national campaigns (eg, the current HCT and PMTCT campaigns), builds capacity of

media professionals, and provides technical assistance to the GOE in national-level strategic communication. JHU/CCP is currently co-located within the GOE offices and is working towards a sustainable transfer of ARC management to the GOE. The JHU/CCP program supports the goals of the GOE's National Strategic Plan II (SPMII) and is aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Safe Motherhood
Workplace Programs

Budget Code Information

Mechanism ID:	**13450**
Mechanism Name:	**BCC Technical Assistance on Comprehensive Peer Education Program and the National ARC**
Prime Partner Name:	**Johns Hopkins University Bloomberg School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVAB	474,220	0

Narrative:

The target population of JHU/CCP's program is the general public (particularly high school and university students) and researchers and journalists who will use ARC library resources and websites. The geographic focus is one national ARC and 15 regional ARCs. JHU/CCP will provide technical assistance and support in five priority areas described below.

1. JHU/CCP will support the National AIDS Resource Center (NARC) library and clearing house to serve the HIV information needs of varied audiences ranging from students and researchers, journalists, the general public and special target groups. JHU/CCP will restock materials, streamline distribution channels, institute new distribution systems, and establish systems for remote areas.
2. JHU/CCP will establish two more regional ARCs and streamline their functions to act as IEC/BCC clearinghouses, translate materials into local languages, and serve as centers for planning and conducting outreach, peer education, and other interventions to the general public and specific target groups.
3. The highly utilized call-in HIV/AIDS hotline, The Wegen Talkline, offers a source of accurate prevention information and anonymous counseling to callers in multiple languages. JHU/CCP will produce an inventory of service organizations operating in different areas for referrals to hotline callers.
4. JHU/CCP will improve the capacity of public and private media professionals to raise awareness about HIV, mobilize communities, reduce HIV-related stigma and discrimination, and promote HIV services through innovative media. Topics of particular interest will include positive gender norms, delaying sexual debut, abstinence and fidelity.
5. JHU/CCP will continue to provide TA and coordination of media and events lead by federal and regional Ministry of Health offices, as well as will support the secondment of Prevention and Communication experts as needed.

JHU/CCP will strengthen its monitoring and evaluation system to better respond to the USG new generation indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,515,750	0

Narrative:

The target population of JHU/CCP's program is the general public (particularly high school and university students) and researchers and journalists who will use ARC library resources and websites. The geographic focus is one national ARC and 15 regional ACRs. As part of the USG’s prevention portfolio, JHU/CCP provides technical assistance to several national and regional services and behavior change interventions, which include:

1. JHU/CCP will support the National AIDS Resource Center (NARC) library and clearing house to serve

the HIV information needs of varied audiences ranging from students and researchers, journalists, the general public and special target groups such as blind/handicapped. JHU/CCP will restock materials, streamline distribution channels, institute new distribution systems, and establish systems for remote areas.
2. JHU/CCP will establish two more regional ARCs and streamline their functions to act as IEC/BCC clearinghouses, translate materials into local languages, and serve as centers for planning and conducting outreach, peer education, and other interventions to the general public and specific target groups, such as the blind/handicapped.
3. The highly utilized call-in HIV/AIDS hotline, The Wegen Talkline, offers a source of accurate prevention information and anonymous counseling to callers in multiple languages. JHU/CCP will produce an inventory of service organizations operating in different areas for referrals to hotline callers.
4. JHU/CCP will continue to provide support and technical assistance for World AIDS Day events, which will include coordination support for media and events lead by GOE.
5. JHU/CCP will continue to build communications capacity of public and private media professionals, so that they can more effectively raise awareness about HIV, mobilize communities, reduce HIV-related stigma and discrimination, and promote HIV services through innovative media. Topics of particular interest include positive gender norms, promotion of couples testing, alcohol and HIV, correct and consistent condom use, and treatment adherence.
JHU/CCP will strengthen its monitoring and evaluation system to better respond to the USG new generation indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	386,242	0

Narrative:

JHU/CCP established a call center - Fitun Warmline - specifically targeting health care providers working in antiretroviral therapy (ART) service outlets in all regions of Ethiopia. The Warmline provides up-to date HIV clinical information and expert case consultation with immediate response to problems and constraints encountered while providing ART services. The Warmline is a valuable asset for service providers who need one-on-one consultations, patient specific information, materials on HIV/AIDS topics to include how to address gaps in HIV care and treatment related supplies and equipment. The goal of JHU/CCP's support to the Warmline is to increase awareness and utilization of the Warmline. JHU/CCP will improve internet access and phone access to the Warmline from care and treatment facilities and identify gaps in service provider knowledge and capacity and fill these via collaborative trainings with other treatment partners. JHU/CCP will integrate information on gender-related needs and issues into all training to ensure that these are well understood and taken into account by health professionals being served. In addition, JHU/CCP will institute a continuous quality improvement program that will help

Warmline staff to assess, analyze and improve the quality of its varied service components and expand and strengthen the Warmline's capacity to respond to needs through staff and focal persons training. Promotional outreach activities will be targeted to health facilities in remote and underserved areas. Networking relationships will be improved with local organizations, and twinning relationships will be cultivated with international universities. Lastly, a drug and supply procurement referral service for callers will be established. JHU/CCP will strengthen its monitoring and evaluation system to better respond to the USG new generation indicators.

Implementing Mechanism Details

Mechanism ID: 13456	**Mechanism Name: Ethiopian Health Management Initiative (EHMI)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Clinton Health Access Initiative	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,210,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,210,000

Sub Partner Name(s)

Yale University		

Overview Narrative

This is a continuing activity. The Clinton Health Access Initiative (CHAI) is implementing a program referred to at the Ethiopian Health Management Initiative (EHMI), which aims to enhance the effectiveness and efficiency of Ethiopian public hospitals, maximize resources and ensure equitable access to high quality clinical care that is supported by national systems for performance management. EHMI's objectives are to provide technical assistance (TA) to the Federal Ministry of Health (FMOH) and Regional Health Bureaus (RHBs) to strengthen management systems at both the federal and regional

level and conduct a Masters of Healthcare Administration (MHA) program at both Jimma and Addis Ababa Universities for Hospital-based CEOs. The target population for both objectives is management staff at government hospitals. To promote sustainability, a primary focus of EHMI is to build capacity of hospital leadership and other government leadership to carry out performance management monitoring. In addition, EHMI aims to transition the MHA program at Jimma and Addis Ababa Universities by building the capacity of faculty members of these universities to take full responsibilities and manage the program. The EHMI program supports the goals of the GOE's National Strategic Plan II (SPMII) as well as the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. EHMI has a system in place for routine performance monitoring and reporting.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13456**
Mechanism Name:	**Ethiopian Health Management Initiative (EHMI)**
Prime Partner Name:	**Clinton Health Access Initiative**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	OHSS	1,210,000	0

Systems			

Narrative:

This is an ongoing activity that is linked with PEPFAR/E's support for health system strengthening activities. Important health initiatives can fall short of their goals when leadership is weak and skilled management and strong organizational systems are lacking. Lack of management skills is also manifested in the form of poor resource utilization. Recognizing the importance of strengthening management capacities, the FMOH has emphasized building the management capacities of hospitals through the pioneering of the EHMI.

In FY2011, CHAI provided TA to the FMOH, RHBs and individual hospitals on monitoring hospital management; developed a core set of key performance indicators (KPI) to measure hospital performance; and drafted a Hospital Performance Monitoring and Quality Improvement Manual that contains detailed guidance on each KPI.

As part of the effort to strengthen the management capacity of government hospitals, CHAI is conducting a two-year Masters in Healthcare Administration Program (MHA) to equip senior Ethiopian health care professionals with leadership skills and management tools to improve the quality of health care delivered via their respective hospital institutions.

Under COP2012, CHAI will continue to play an advisory role at the federal-level and provide technical assistance to RHBs by deploying regional managers and hospital associates; lead joint monitoring site visits to hospitals in all regions; ensure that the KPI data collected at sites is accurate and complete; and provide guidance on the analysis and interpretation of hospital data and use of hospital performance monitoring tools. CHAI will also continue to provide assistance to the FMOH, RHBs and hospitals in the areas of Patient Flow and Quality Management.

Furthermore, via a sub-agreement with Yale University, CHAI will continue to conduct the MHA program at Jimma and Addis Ababa Universities as well as work towards transferring the overall responsibilities of implementing the program to University faculty.

Implementing Mechanism Details

Mechanism ID: 13470	**Mechanism Name: Twinning of US-based Universities with institutions in the Federal Democratic Republic of Ethiopia**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: University of California at San Diego	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 4,872,951	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	4,872,951

Sub Partner Name(s)

Federal Police, Ethiopia	National Defense Forces of Ethiopia	PRISONS

Overview Narrative

This is a continuing activity. UCSD provides support for implementation of comprehensive HIV services to Uniformed Services of Ethiopia (USE) to prevent new infections, scale-up ART services, and create access to care and support services. UCSD serves a large most-at-risk population (MARPS) that includes the military and their dependents, the federal police and their families, and federal prisoners. It's important to strengthen the health system capacity of the USE in human resources and infrastructure to enable a smooth transition of specific program activities, strengthen ownership and ensure sustainability. UCSD provides support to USE facilities located in nine administrative regions of Ethiopia. UCSD is supporting mobile ART units to improve access, enrollment, compliance and quality of ART services to mobile populations in "hard-to-reach" areas. The Armed Forces are often deployed to different parts of the country and by the nature of their military duties, they are frequently required to more from one area to another. UCSD works to align the monitoring and evaluation activities within USE with the national HMIS. UCSD has leased but not purchased eight vehicles. It plans to procure two vehicles under COP2011 at $64,584 per unit and two more vehicles in COP2012 at $71,042 per unit cost. Total planned/purchased/leased vehicles for the life of this mechanism is 10. The vehicles will be used for supporting program activities centrally and at the sites spread across the 9 regions, many of which are in hard-to-reach locations. The UCSD program supports the goals of the GOE's National Strategic Plan II as well as the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. UCSD has a system in place for routine performance monitoring and reporting.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	80,000
Food and Nutrition: Policy, Tools, and Service Delivery	20,000
Gender: Reducing Violence and Coercion	30,000
Human Resources for Health	1,500,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Military Population
Mobile Population
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**13470**
Mechanism Name:	**Twinning of US-based Universities with institutions in the Federal Democratic Republic of Ethiopia**
Prime Partner Name:	**University of California at San Diego**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	217,890	0

Narrative:

Under COP2012, UCSD will revise and standardize the national pain management and training guidelines in support of overall HIV care and support services. UCSD will conduct awareness sessions among policy makers, training institutions, and other stakeholders on the national guideline for palliative care. It will work closely with the FMOH to establish the national TWG on palliative care and will conduct a series of stakeholders meetings on the national pain management guidelines. It will strengthen its training programs in palliative care and pain management for health care providers in order to increase the pool of trained and skilled USE human resources. It will also continue to strengthen the availability and accessibility of morphine. To increase the access of pain management, UCSD will establish pain clinics and strengthen internal and external linkages at the USE and harmonize referrals to and from HIV clinics. It will also update the service directory of community based resources. UCSD will strengthen the positive living strategies through prevention with positives activities with the help of case managers and lay counselors. UCSD will support health facilities to implement the minimum preventive care package provision of nutritional assessment, counseling and supports. UCSD will work on mental health service integration in partnership with JHU-TSEAHI in order to enhance patient compliance to treatment. It strengthens site level mentorship and supervision on CPT and will consider CPT as one of the quality improvement indicators and will assess healthcare providers' compliance with the national CPT guideline. UCSD will strengthen and utilize the palliative care model center to expand its psychological and spiritual care services and improve the quality of life of terminally-ill patients and their families. UCSD will continue to advocate for palliative care through USE media. To increase the psychological services, USCD will train nurses on psychological support, prepare guidelines and job aids for distribution. USCD will open a cervical cancer prevention center in one of its referral hospitals. Where applicable, prevention of gender-based violence and coercion will be integrated into UCSD's activities. Refer to the indicators and targets for magnitude and impact of UCSD's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	330,000	0

Narrative:

In FY2011, UCSD supported the implementation of TB/HIV programs at 35 uniformed service facilities focusing on the 3 'I's including minor renovations to improve quality of TB/HIV care and infection control. UCSD is working with the Military Health Command to establish MDR-TB treatment center and TB culture diagnostic services at the Armed forces referral teaching hospital. UCSD introduced TB/HIV activity recording and reporting tools at the USE to ensure proper documentation and timely reporting of program data. In FY 2011, UCSD conducted a survey at the central prison to determine baseline prevalence of TB, HIV, and STI.

Under COP2012, UCSD will:

• Support routine TB screening for HIV positive patients.
• Promote integration of routine TB screening to ANC, PMTCT and pediatric clinics.
• Promote HIV testing of TB patients and linkage of HIV co-infected TB patients to HIV care and treatment services.
• Improve uptake of IPT and work with the prisons administration and WHO country office to expand the pilot disease screening program to other major regional prisons.
• Undertake TB screening campaigns at military barracks and police training camps.
• Support renovation of TB clinics, waiting areas, isolation wards and temporary isolation rooms at the prisons to minimize nosocomial transmission.
• Implement basic administrative and environmental TB infection control measures at supported facilities and prisons, and provide supplies as appropriate.
• Promote the scale up of bleach concentration technique and fluorescent microscopy as well as the introduction of other technologies for TB diagnosis as appropriate.
• Undertake program evaluation to assess the impact of the disease screening pilot project at Kality central prison.
• Strengthen TB/HIV M&E through training, mentorship and supportive supervision to ensure data quality.
• Support TB DOTS expansion at the USE through assessing the gap and intervening in its supported sites in line with the GHI.
• Introduce outreach TB and TB/HIV control activities at remote military camps.
• Improve access to PWP services.
• Strengthen TB/HIV ACSM activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	74,261	0

Narrative:

In FY2010, UCSD supported USE's basic pediatric care and support program for HIV exposed and infected infants and children at 15 facilities. In FY 2012, key activities in the facilities include: participation in development of guidelines and training materials at national level, initial assessment of site-level palliative care activities, training of the multidisciplinary team on palliative care and the preventive care package for children, site-level clinical mentoring, enhancement of data collection and reporting, minor renovations, and supportive supervision pediatric care and support services.

Under COP2012, UCSD will continue to support pediatric care in the supported facilities and expand the

service in all facilities providing adult HIV care and treatment via a multidisciplinary, family-focused approach. UCSD will improve the skills of human resources at the facilities with training in collaboration with local universities. Moreover, UCSD will work to ensure provision of nutritional assessment and counseling services for HIV exposed/infected children and infant, supplying of job aids, and collaboration with other partners to ensure provision of micronutrients and nutrition supplementation. In addition to supporting sites to perform early infant diagnosis, UCSD will promote prophylaxis and treatment for opportunistic infections in accordance with national guidelines. Appropriate use of pediatric treatment for HIV-positive children and for HIV-exposed infants will be an important component of UCSD implementation activities, especially at those sites not yet providing ART. Similarly, TB screening and IPT will be promoted and provided for HIV-positive children.

With case managers' deployment, UCSD will strengthen referral and linkages with community based support groups for adherence counseling and psychosocial support. UCSD will ensure regular supply of drugs for OI and pain management, malaria prevention and de-worming, as well as sensitize its community to PC care through preparation and distribution of IEC/BCC on pediatric care and support materials targeting children. Where applicable, prevention of gender-based violence and coercion will be integrated into UCSD's activities. Refer to the indicators and targets for magnitude and impact of UCSD's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	390,584	0

Narrative:

UCSD provided comprehensive site-level laboratory technical support at facilities of uniformed services (police, defense and prison health services). This includes off-site and on-site training, mentorship and coaching, support to strengthen quality assurance and sample referral linkage, strengthening TB and other OIs diagnostics and implementation of 12 laboratory quality essentials and accreditation of laboratories.

Under COP2012, UCSD will focus on strengthening site-level laboratory quality systems, with the overall goal of implementing the 12 quality system essentials and ultimately attaining accreditation. UCSD will provide embedded mentorship which is extended and side-by-side bench level coaching to ensure the delivery of high-quality laboratory services as well as systems strengthening. UCSD will support a tiered laboratory network within the uniformed services for referrals and EQA program. UCSD will provide support to strengthen microbiology and OI diagnostic services in selected hospitals through training, mentorship, minor renovation and procurement of equipment and supplies.

UCSD will continue to build capacity and carrying out minor renovation and refurbishment of facility-level laboratories to improve laboratory organization, layout, work flow and to support the WHO-AFRO accreditation effort. Technical assistance will be provided for specimen management, testing procedures, standard documentation, record keeping and reporting and inventory management. UCSD will also conduct standardized trainings using nationally-approved curricula. UCSD will continue strengthening 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. Technical assistance will be provided 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	250,000	0

Narrative:

This activity will strengthen the national HMIS and optimize the use of routine data for service and program improvements. Under COP2012, UCSD site-level M&E support will be maintained at 114 facilities and expanded into new health facilities to support data quality and to maximize data use for continuous quality improvement.

UCSD will:

• Fully document information on pre-ART, ART, TB/HIV, STI, PMTCT, VCT, and PICT clients.
• Establish regular data quality assessment and feedback mechanisms.
• Build capacity of site staff in data analysis and data use to improve service delivery.
• Facilitate semiannual review and planning meeting for regional commands to share experiences.
• Strengthen sites with data clerks and provide M&E tools.
• Facilitate the implementation of HMIS in new health facilities by renovating and furnishing space and providing technical support in data archiving, retrieving, and report aggregation.
• Work with the Ministry of Defense, Ministry of Health and Tulane University to facilitate the implementation of HMIS and EMR by the uniformed services.
• Prospectively collect, archive, retrieve, compile and report data for all HIV-related service using adopted HMIS forms.

In addition, UCSD will continue ongoing support for supportive supervision related to SI, internet and telephone services, IT supervision and mentoring, review meetings and experience sharing visits among

the data personnel, and training on clinical research methodology for health care providers. It will also support health facility multi-disciplinary team meetings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	90,000	0

Narrative:

This is an ongoing activity and is linked with PEPFAR/E's support for HRH activities. In recognition of the HRH deficiencies in Ethiopia, UCSD will be addressing health workforce challenges by providing technical assistance (TA) to and strengthening institutional capacity of medical school and health science colleges of the Uniformed Services in Ethiopia to deliver quality pre-service medical and health science education. In FY2011, as part of scaling up of the pre-service medical education, UCSD provided technical, material and financial support to the Defense University and Health Science College (DUHSC). UCSD also provided trainings on effective teaching skills, student assessment and clinical skills to the academic faculty members of DUHSC. Under COP2012, UCSD will continue to build institutional capacity of the DUHSC by providing technical, material and financial support, as well as infrastructure development; support the procurement of teaching materials; and equip classrooms and clinical skills labs. To ensure the sustainability of the pre-service training efforts, UCSD will establish an academic development and resource center for designing, developing, implementing, and monitoring pre-service training programs for the DUHSC. UCSD will provide TA to DUHSC to deliver quality pre-service medical and health science education. Moreover, it will provide TA to establish a training unit to deliver HIV-related in-service trainings within the USE.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	61,694	0

Narrative:

Medical Injection/Infection Prevention (IP) procedures are important components for providing quality health care services and to prevent the transmission of HIV and other diseases. UCSD has been implementing various activities since 2009 such as technical support through training; provision of basic IP/personal safety equipment; ISS and clinical mentoring to all USCD supported facilities. In FY2011, TOTs was organized for 17 HCWs by UCSD resulting in the cascade of training on IP/HMIN principles to 817 health care workers. IP committees were established in each facility to bring ownership and sustainability.

Under COP2012 USCD will focus on distribution of IP materials to 115 health facilities that are found in military, police and correction areas. Integrate injection safety and waste management practices into all

OPD/IPDs under UCSD. Incorporate injection safety into mid-level health care professional curriculum as a standard practice. Regarding capacity building on the HMIN, USCD will train 1103 medical, paramedical and support staffs working within the defense health units on IP/injection safety.

UCSD will closely work with the defense disease prevention and control unit and the IP committee at all health facilities to build the capacity through mentoring, ISS and providing IP support materials. This support will include assistance with planning for cost effective, appropriate, and environmentally friendly waste management technologies. The organization will continue to work on ventilation of TB wards and complete the MDR/XDR TB prevention activities. A continuous quality improvement assessment on the injection safety activities will be conducted to identify and close gaps in close collaboration with the IP committees at health facilities, regional and national TWGs. Biannual stakeholder meetings will be held to share best practices.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	800,000	0

Narrative:

UCSD supported the expansion and establishments of 115 HTC fixed and mobile Uniform Service health facilities at the national level and prisons. This facilitated testing and counseling services for over 200,000 uniform persons and general population. Under COP2012 major interventions will continue strengthening HTC services down to the regiment level as well as for mobile and hard-to-reach communities around military camps through the support of the mobile services. The organization will continue to assist the regional prison clinic efforts to establish a strong referral linkage with the nearby public health facilities. UCSD also plans to strengthen the existing services and ensure their quality by conducting trainings on partner and couple counseling with emphasis on discordant results. The Civil Military Alliances initiative will continue to build the HTC outreach services for marginalized civilian communities. Child testing will be supported at all sites through family-centered counseling. UCSD will strengthen the collaborative activities by using the Uniform Service media, MARCH programs, developing and dissemination of IEC/BCC materials and involving PLHIV as peer educators in promoting partners testing. UCSD, MOH/HAPCO and National Defense Force will work together to plan events around the National Annual Testing Day and WAD to promote HIV testing. UCSD and the National Defense Force will improve the quality of M&E tool (HMIS) for data capturing and timely reporting through training and mentoring of staff. This will include working with facilities and mobile units to improve the quality-assurance system through refresher training, mentoring, case review meetings, and peer and group supervision. UCSD will assist facilities in documenting and sharing best practices for increasing couple/partner testing. UCSD will also continue to support the National HTC program by contributing to the policy and training manual development. Where applicable, prevention of gender-based violence

and coercion will be integrated into UCSD's activities. Refer to the indicators and targets for magnitude and impact of UCSD's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	95,175	0

Narrative:

Since FY2007, UCSD supported the prevention and control of sexually transmitted infections (STI) in the 76 health facilities of the military, police and prisons.

The major focus of FY2012 shall include:

• Continuation of STI service support to the existing 76 sites supported by UCSD.
• Provision of on-site technical assistance to improve STI diagnosis and treatment.
• Providing on-site training, supportive supervision, and mentorship for health providers on STI prevention, diagnosis, and treatment.
• Strengthening the pool of core training of trainers (TOT) at the UCSD supported sites and departments.
• Promoting PICT for all STI patients, and linkages to care and treatment services for PLHIV.
• Scaling up and sustaining STI education focused on risk reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals.
• Strengthening provision of condoms to patients enrolled in care and treatment and education on how to use them.
• Strengthening integration of STI services into antenatal and PMTCT services.
• Strengthening of STI data recording and reporting system at all levels and site level data use. Where applicable, prevention of gender-based violence and coercion will be integrated into UCSD's activities. Refer to the indicators and targets for magnitude and impact of UCSD's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	500,000	0

Narrative:

In FY2011, UCSD supported PMTCT in 20 USE health facilities. In COP 2012, UCSD will strengthen and expand PMTCT services at uniformed services health facilities nationally. UCSD will support FMOH and PEPFAR/E PMTCT acceleration plan to improve uptake and quality of these services. Under COP2012, UCSD will:
• Support PMTCT services at health facilities and expand outreach services focusing on high prevalence and hotspot areas.
• Support the FMOH in revising the national PMTCT guidelines, training packages and implementation

manual, to adapt the new 2010 WHO PMTCT guidelines. This will include rolling out the revised national PMTCT guidelines at health facilities.
• Implement quality improvement approaches, expand the role of case managers and Mother Support Groups (MSGs) and strengthen referral linkages to improve retention of HIV positive mothers and HEIs in care.
• Support the Uniformed Health Services/FMOH to introduce a monitoring system for PMTCT program along the PMTCT cascade.
• Support training on safe pregnancy/FP counseling and promote integration of FP/HIV services.
• Scale up couple counseling and partner testing, facilitate male friendly services, and establish a monitoring system.
• Expand counseling, PWP and treatment services for discordant couples.
• Support improved maternal and neonatal emergency services through training, minor renovation, refurbishment of ANC, labor and delivery rooms and maternity wards and support the establishment of MNCH services where these services are non-existent to increase demand for ANC and delivery and thereby improve PMTCT uptake.
• Expand integrated MNCH/ART/PMTCT services.
• Enhance postnatal follow-up of HIV-infected mothers and HIV-exposed infants.
• Strengthen and expand Essential Newborn Care (ENC) services.
• Strengthen the pre-service training in the uniformed services training institutes.
• Set the research/ evaluation agenda with the GOE and support PMTCT program evaluation.
• Provide comprehensive PMTCT services to pregnant women with known HIV status and ARV prophylaxis and treatment to HIV+ women. Where applicable, prevention of gender-based violence and coercion will be integrated into UCSD's activities. Refer to the indicators and targets for magnitude and impact of UCSD's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,670,465	0

Narrative:

UCSD has been providing support for comprehensive ART service delivery at Uniformed Services of Ethiopia (USE) health facilities and their respective health governing bodies. UCSD provides in-service training to health officers, nurses and pharmacy personnel from the USE health facilities.

UCSD conducts regular on-site supportive supervision and mentoring to ART providing facilities. It conducts Integrated Supportive Supervision (ISS) with health workers from the National Defense Forces, Federal Police and Federal Prison Administration of Ethiopia. The partner uses a cascade mentoring approach to provide mentoring support to remote and hard-to-reach sites that are difficult to visit

regularly. USE facilities' clinicians provide mentoring to other ART providers of the remaining ART sites in their area.

The ART service delivery in most of the USE facilities is provided by health officers and nurses due to shortage of physicians among the USE. This requires intensive support through continued training, supervision and mentoring. USCD supports and builds the capacity of the USE health governing departments in leadership and coordination of HIV care and treatment activities.

UCSD supports case management activities for improving adherence and retention of ART patients. Specifically, it trains and deploys case managers to the ART sites and provides mentoring support to the case managers. The partner supports the provision of integrated comprehensive care and treatment services to ART patients. All ART patients are screened for TB disease and isoniazid prophylaxis (IPT) provided according to the national guidelines. It also supports the preventive care package services. UCSD works to align the USE ART monitoring and evaluation activities with that of the national HMIS. It works to track and evaluate clinical outcomes and other performance data for site level use and quality improvement.

UCSD supports the USE facilities to strengthen "civil-military alliance" so that civilians in remote hard to reach areas can access HIV services at USE facilities. The partner works in renovation, furnishing, maintenance and restoration of basic functions in USE care and treatment facilities. Where applicable, prevention of gender-based violence and corecion will be integrated into UCSD's activities. Refer to the indicators and targets for magnitude and impact of UCSD's program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	392,882	0

Narrative:

UCSD has played a critical role to support implementation of pediatric ART services in its Operation Zone.
Under COP2012, UCSD will:
• Provide technical support to national and regional working groups in the area of guideline development, training curricula and other job aids.
• Work to improving pediatric case-finding and referral to care and treatment services with strong linkages with PMTCT and strengthen implementation of PICT at under-5 clinics, pediatric inpatient, TB clinics and EPI clinics
• Ensure the implementation of family-focused care and family testing in all sites
• Provide trainings for health workers in uniformed service facilities on comprehensive pediatric HIV

care/ART in collaboration with the Defense University. • Promote advocacy to improve the attitude among health professionals as well as creating awareness in the community on the importance and benefit of pediatric ART services. • Improve the quality of service (growth monitoring, TB screening, cotrimoxazole prophylactic treatment (CPT), determination of infection status) provided for HIV exposed infants in the follow-up clinic with on job refresher training and regular mentorship as well as thru the provision of job aids to all the facilities. • Focus on regular site level support thru clinical mentoring, on job refresher trainings and supportive supervision. • Continue to work closely with the MOH, the Global Fund for AIDS, Malaria, and Tuberculosis, the Supply Chain Management System/RPM+, to ensure drugs purchased and distributed rationally. • Assess and improve quality of service for pediatric care and treatment through standardized QI approach. • Assist the ART health networks to follow standardized clinical procedures and use of tools that have been agreed upon by all partners. • Work to establish and strengthen strategies to integrate pediatric HIV services with MNCH and other child survival program interventions. • Identify potential challenges in implementing the program related to the peculiar administrative structure in uniformed services and work with the uniformed forces to implement appropriate solutions. Where applicable, prevention of gender-based violence and coercion will be integrated into UCSD's activities. Refer to the indicators and targets for magnitude and impact of UCSD's program.

Implementing Mechanism Details

Mechanism ID: 13521	**Mechanism Name: Community outreach and social mobilization for prevention**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 433,407	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**

GHP-State	433,407

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. This is a social marketing project that promotes and disseminates pre-packaged treatment kits for sexually transmitted infections (STIs) through local pharmacies, the NGO Family Guidance Association of Ethiopia (FGAE) clinics, commercial sex worker (CSW) clinics and public health hospitals. Kits contain condoms, partner referral information, STI/HIV prevention and education information, and appropriate STI treatment. The intervention also includes intense service-promotion and demand-creation activities for STI/HIV services by branding the kits as Ulcure, Addis-cure and Addis-cure Plus.The goal is to increase healthcare access to prevent new HIV infections through improved prevention, education, and treatment of STIs among most at risk populations (MARPs) in urban and peri-urban areas of Ethiopia. The program targets people with STI symptoms and their partners, CSWs, sexually active youth and other MARPs. The program is implemented in all major towns of Ethiopia where HIV is more prevalent. Cost efficiencies are being gained by partnering with private sector entities, NGOs and government organizations. The STI pre-packed treatment kits are sold for a nominal fee and support long-term sustainability of the program. The program falls under the combination prevention framework of the USG HIV prevention portfolio and is aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. PSI regularly conducts supportive supervision visits to each program site as well as has in place a system to routinely monitor and regularly report on program performance.Semiannual performance reports are generated from the data collected during the on-going monitoring and evaluation efforts to track the progress of this

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	43
Human Resources for Health	20,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Mobile Population

Budget Code Information

Mechanism ID:	**13521**
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	HVOP	433,407	0

Narrative:

PSI's goal is to improve access to STI treatment to MARPs in all the 9 Regions of Ethiopia. In FY2011, a total of 100,000 urethral discharge kits and 19,974 vaginal discharge kits were socially marketed through private drug retail outlets, public facilities and NGOs working with and attempting to reach CSWs and other MARPS. In support of socially marketing the kits, over 880 health care professionals, mainly working in private health facilities, were trained in syndromic management of STIs in Tigray, Amhara, Addis Ababa, Oromia, Diredawa, Harer, Gambella, Afar and Somali regions. Under COP2012, PSI in collaboration with the FMOH and regional health bureaus will:

• Produce and distribute 300,000 STI pre-packaged treatment kits through private and public facilities, ART clinics, and high risk corridor centers.
• Link STI services to HIV counseling and testing.
• Train private-sector providers on syndromic management of STIs.
• Promote quality STI services and pre-packaged treatment kits.
• Strengthen and improve STI recording and reporting.
• Strengthen STI partner notification and management.
• Start transitioning the pre-packed treatment kitting activity to FMHACA /PFSA or other local entity.

Implementing Mechanism Details

Mechanism ID: 13530	**Mechanism Name: Technical assistance to build host government capacity**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,005,344	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,005,344

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The HHS/CDC Office builds capacity through agreements with partners or via direct technical assistance (TA) implementation. The Laboratory and Strategic Information Branches are co-located with the Ethiopia Health and Nutrition Research Institute (EHNRI), enhancing HHS/CDC's ability to work government to government. HHS/CDC's largest investments in direct TA implementation and material support include: LAB SYSTEMS - TA, training, accreditation support and equipment and facilities investments strengthen the health system by improving infrastructure and human capacity. SI CAPACITY – HHS/CDC collaborates with EHNRI and other partners on surveys and surveillance (including study design); use of information systems; data collection, analysis and use; and report writing and dissemination. SCIENCE - TA to health workers, updating of guidelines and policies, support to program managers and policymakers to improve their understanding and abilities in research methods, ethics and carrying out evidence-based projects. HHS/CDC assists with the establishment and continuation of Institutional Review Boards. HEALTH SYSTEMS STRENGTHENING – support the FMOH to assess its management capabilities, address quality standards, and take action to rollout quality improvement focused on improving outcomes from work processes among national and regional

managers and prevention of mother to child transmission (PMTCT). PREVENTION – TA in formative evaluation, piloting of innovative program strategies, sexual networking studies, and cross-program evaluations.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	2,704,810

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Military Population
Mobile Population
TB

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13530** **Technical assistance to build host government capacity** **U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	600,000	0
Narrative:			

This is a continuing activity with direct technical and material support to EHNRI for strengthening laboratories in line with the national laboratory master plan and provision of guidance and leadership for PEPFAR lab strengthening efforts. In FY2011, HHS/CDC assisted with the implementation of the national laboratory strategic plan. HHS/CDC provided technical support for implementation of the WHO/AFRO laboratory accreditation of 24 laboratories, all of which are currently in the final stage of assessment. Another 15 were enrolled in the second round. HHS/CDC also supported the WHO accreditation of the national reference laboratory for HIV drug resistance testing. In collaboration with the American Society of Microbiology, HHS/CDC is taking steps to strengthen microbiology services at selected national, regional and hospital laboratories. In all laboratories enrolled in accreditation, HHS/CDC provided training on laboratory quality management systems and worked with partners to implement the "Strengthening Laboratory Management Towards Accreditation" (SLMTA) program. To incorporate principles of laboratory quality systems into pre-service training curricula, HHS/CDC trained faculty of laboratory schools. HHS/CDC also supported local professional associations to develop strategic plans to facilitate laboratory strengthening efforts. Under COP2012, HHS/CDC will continue to work towards sustainability and integration of laboratory services, provide trainings and enhance national and regional quality assurance programs. Support will continue to strengthen microbiology services, laboratory information system, sample referral testing, early infant diagnosis, drug resistance testing, and surveys and surveillance. HHS/CDC will support WHO/AFRO accreditation of laboratories and implementation of SLMTA projects in selected laboratories. HHS/CDC will collaborate with the Ethiopian National Accreditation Office (ENAO), a recently established government accreditation body, and local professional associations. HHS/CDC will provide technical and material support for full functionality of three DNA PCR sites and four TB liquid culture facilities being established.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	1,050,000	0

Narrative:

HHS/CDC will provide TA for surveys and surveillance and train partners in data generation and dissemination for evidence-based decision making. TA will improve timeliness and quality of national- and regional-level data collected by GOE and partners. HHS/CDC TA will focus on:

• Surveillance for ANC, TB/HIV, STIs and AIDS mortality through Demographic Health Surveillance sites. Assist GOE and partners with guidelines revisions and updates, site readiness assessments, training of trainers for surveillance officers, and oversight of data collection, analysis, report writing, and dissemination;

• Subject-matter experts for FELTP, HMIS and AIDS mortality and vital event registration program;

• Initiation of HIV case surveillance, including pediatrics;

• Data management and analysis training on statistical packages (e.g. EpiInfo, SPSS, STATA, SAS, EPP/Spectrum, GIS) as well as health informatics/ICT trainings for national and regional surveillance staff; and
• TOT to improve use and management of national M&E system data by national and regional staff.
Secondly, HHS/CDC will expand capacity to interpret and conduct evidence-based research by providing TA and training on scientific writing, communication and ethics. HHS/CDC will support IRBs with training, capacity building, and obtaining federal-wide assurances. HHS/CDC will assist the National Ethics Board and the Ministry of Science and Technology with development and revision of guidelines, SOPs, and IRB accreditation documents, advanced research ethics training, and use of tracking systems. HHS/CDC will support experience-sharing visits by national committee members. HHS/CDC will specifically provide TA to:
• Print and disseminate national guidelines and accreditation documents
• Assist 7 RHB and 8 university IRBs to register and secure Federal Wide Assurances
• Procure computers and materials for national and regional ethical committees
• Assist with design of a graduate-level “Ethics in Health Research” course
• Coordinate research methodology trainings for USG technical staff and health research methods/ethics trainings for IRBs and partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	640,000	0

Narrative:

Under COP2012, continued activities will include the Sustainable Management Development Program (SMDP) and capacity building for partners in administrative management and media relations. PMTCT is a GOE priority given data showing that Ethiopia has the lowest HTC coverage among pregnant women. SMDP aims to strengthen the management and training skills of public health officials and improve PMTCT services and outcomes. SMDP's efforts have focused on training national and regional managers to improve processes and outcomes using SMDP process improvement tools. In collaboration with Oromia Regional Health Bureau and Addis Ababa City Administration, HHS/CDC conducted training workshops for PMTCT service providers. After training, HHS/CDC mentored the providers in carrying out and analyzing results from their applied management improvement projects. COP2012 funding will continue to support process improvement trainings, material production, delivery and management, as well as follow-up to ensure application at the national, regional and local level. The program will also replicate successful SMDP projects from Oromia and Addis Ababa within some worksites in Amhara Region.

HHS/CDC will provide partners with classroom and on-site TA in the administrative management of US Government awards. This TA will focus heavily on developing the capacity of local partners including the GOE. Some partners have never been funded directly by the USG, while others have several years of experience. This TA will include capacity assessments that will customize follow-on support based on findings.

Finally, HHS/CDC will provide TA to partners on systematic, proactive approaches to external communication with policymakers, partners and the general public. Such efforts seek to optimize performance and disseminate successes to meet USG PEPFAR goals. HHS/CDC will assist with the provision of media relations support services, including training in media and public relations, and will provide logistics support for media relations events.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	715,344	0

Narrative:

HHS/CDC will provide TA and financial support for a range of activities specifically designed to inform prevention programs. These may include formative evaluation, piloting of innovative program strategies, sexual networking studies and cross-program program evaluations with the prevention portfolio. Specific activities include:

• Improving collection, analysis and dissemination of routine program monitoring data for prevention programs. Examples include establishing a broader HTC monitoring platform covering national model testing sites, mobile, home-based, and facility-based testing, routinizing monitoring for confidential STI clinics for most at-risk populations, routine testing among university populations, and hotline calls and mobile phone outreach.

• Establishing mechanisms to trace linkages between prevention and care-and-treatment programs, to demonstrate which programs are most effective at getting clients into care

• Systematic comparisons of biomedical service platforms for most at-risk populations, comparing for-profit private sector, non-profit or NGO private sector, and public sector services.

• Formative evaluation of STI treatment patterns among most at-risk and surrounding hotspot and how pre-packaged STI treatment kits are achieving prevention goals

• Piloting interventions on alcohol and ART adherence conflict among most at-risk populations. Such information is important for establishing the feasibility of test-and-treat programs for most-at-risk

populations • Small scale piloting of test-and-treat strategies for most-at-risk group In addition, HHS/CDC will provide direct TA and work with local partners to selected local universities to improve the quality of training on formative and operations research and qualitative methods and mixed method research which have proven to be weak in African settings.

Implementing Mechanism Details

Mechanism ID: 13597	**Mechanism Name: Continued Education Health Workers**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Mayo Clinic	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 250,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Mayo Clinic, as a contracted partner, has worked on HIV/AIDS continuing medical education (CME) activities in Ethiopia. This is listed as a new activity due to change in mechanism. The goal of Mayo Clinic's CME program for HIV/AIDS is to improve quality and efficiency of HIV service delivery by updating the skills and knowledge primarily of physicians and nurses. CME is an element of the MOH's Human Resources for Health (HRH) strategy and is aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. Mayo Clinic has developed an innovative evidence-based curriculum approach that will be further developed in order to standardize and systematize HIV/AIDS CME training. The program will be implemented nationwide where internet access

is available and where internet access is limited, JHPIEGO will work with regional authorities and institutions on ways to directly train while working to develop their capacity. USAID is competing a Human Resources for Health FOA that includes the development of an overall system for credentialing and accrediting health professionals. Mayo Clinic's emphasis on quality assurance and relevant content is a key element of credentialing and may serve as a platform for the development of the broader system. Although the professional associations support CME, they are in need of being strengthened technically and organizationally. As the capacity of professional associations improves technically and organizationally, the USG will transfer more of the responsibility for CME to them. The effectiveness of the HIV/AIDS CME program will be measured through pre and post measures, number of learners beginning and completing a course, and annual growth trend in program participation per learner levels.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13597**
Mechanism Name:	**Continued Education Health Workers**
Prime Partner Name:	**Mayo Clinic**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	OHSS	250,000	0

Narrative:

Mayo aims to improve the performance of healthcare practitioners, and improve the quality and efficiency of health service delivery through the provision of continuing medical education for HIV/AIDS. Currently there is not a uniform system for developing the content of HIV/AIDS CME materials. While there are active professional associations, they lack the capacity and resources to develop a strong system for offering CME for all health provider cadres. Mayo Clinic will focus on content and quality assurance of CME. It is complemented by JHPIEGO who's focus is on developing the system for offering HIV/AIDS CME activities for physicians and nurses. Mayo Clinic will focus on the content of the CME and delivering the on-line education, reviewing all other partner CME activities, developing and revising the content of CME activities and instructional media tools, developing quality assurance activities to see if health providers are using new information in order to assure that CME is competency based and supporting the capacity building health care providers. Other USG implementing partners will be leveraged to support a single HIV/AIDS CME system. USAID, in FY12, is launching an Human Resources for Health (HRH) program that includes the development of an overall system for credentialing and accrediting health professionals. The HIV/AIDS focused CME program will be an element of the overall system and may serve as a content model for it. As the comprehensive CME system develops and professional associations strengthen, it is likely that the level of support needed for the HIV/AIDS specific CME partners will diminish. Development of the organizational capacity of professional associations is also an element of the Human Resources for Health FOA with a goal of these organizations eventually managing CME program delivery. Currently the USG is supporting both the technical and organizational capacity of various professional associations such as Ethiopian Medical Association, Ethiopian Nursing Association, and Ethiopian Public Health Association. As the capacity of these and other professional associations strengthen, we could transfer more of the responsibility for the CME system to them.

Implementing Mechanism Details

Mechanism ID: 13652	**Mechanism Name: JHPIEGO**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	

G2G: N/A	Managing Agency: N/A

Total Funding: 275,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	275,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a new partner supporting a continuing activity. The goal of the HIV/AIDS continuing medical education (CME) program is to strengthen human capacity and improve HIV service delivery. It is a key activity under the GOE's national Human Resources for Health (HRH) strategy and supports the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. This CME activity is national in scope and aims to update the skills and knowledge of health care practitioners. An innovative evidence-based curriculum developed by Mayo Clinic will be used to standardize and systematize HIV/AIDS CME training. JHPIEGO will guide the overall process to establish the HIV/AIDS CME system for physicians and nurses though coordinating inputs and leadership from USG and government stakeholders. The CME program will be implemented throughout Ethiopia where internet access is available. Where internet access is limited, JHPIEGO will work with regional institutions to directly provide the CME. The program will be implemented in collaboration with the GOE Ministry of Health and professional associations and may serve as a platform for a new USAID program focused on developing a comprehensive system for credentialing and accrediting health professionals. Ultimately, the responsibility of implementing CME activities will be transferred to local professional health associations. The effectiveness of the HIV/AIDS CME program will be measured through pre and post measures, number of learners beginning and completing a course, and annual growth trend in program participation per learner levels. JHPIEGO has a monitoring and evaluation plan and an end-of-program evaluation will be conducted.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	275,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	13652		
Mechanism Name:	JHPIEGO		
Prime Partner Name:	JHPIEGO		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	275,000	0

Narrative:

The purpose is to improve the performance of healthcare practitioners and improve the quality and efficiency of health service delivery through continuing medical education (CME) for HIV/AIDS. Currently there is not a uniform system for developing the content of HIV/AIDS CME materials. While professional associations are active, they lack the capacity and resources to develop a strong system for offering CME. This activity aims to develop an HIV/AIDS CME system for physicians and nurses. It is complemented by Mayo Clinic's activities that focus on CME content and quality assurance. JHPIEGO will guide the overall process to establish the HIV/AIDS CME system and coordinate inputs and leadership from USG and government stakeholders. Activities include assessing the current CME activities (including those being conducted by USG partners), establishing a CME task force, developing a network, working with regulatory bodies in establishing standards, building capacity of local universities to plan and conduct CME (i.e. faculty development) and evaluating the CME network. USAID, in FY12, is launching overall Human Resources for Health (HRH) program that includes the development of a comprehensive CME system for credentialing and accrediting health professionals. JHPIEGO's HIV/AIDS CME program will likely be an element of this broader system and may serve as a platform for

its initial development. Development of the organizational capacity of professional associations, such as the Ethiopian Medical Association, Ethiopian Nursing Association, and Ethiopian Public Health Association, is a key element of the USAID HRH program. As the capacity of these and other professional associations strengthen, the USG will transfer the responsibility to manage the CME system to these organizations, and the level of support needed from JHPIEGO to manage the HIV/AIDS CME activity will decrease.

Implementing Mechanism Details

Mechanism ID: 13770	**Mechanism Name: Support to GOE Regional Health Bureau in Harari**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Harari Regional Health Bureau	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 250,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. Harari Regional State is located in eastern Ethiopia with a total population of approximately 183,344. ANC HIV prevalence in 2009 was 3.7%. The Harari Regional Health Bureau (HRHB) directly funded by PEPFAR to implement HIV program activities for preventing new HIV infections, scaling-up and strengthening ART, providing care and support to PLHIV and affected populations, improving the quality of service delivery, and effective M&E of the HIV program. It works to strengthen the health network model and the health system in the region. It will build the human resources for health and infra-structure of the health facilities providing care and treatment services. HRHB oversees all health facilities in the region. The population served is predominantly urban, but also

includes rural population around the town of Harar and neighboring region of Oromia. HRHB will maximize efficiency by leveraging resources from various sources. It will strengthen the linkage between services and facilities, including community level services, to ensure the continuum of care for the PLHIV. The HRHB program supports the goals of the GOE's National Strategic Plan (SPMII) and is aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. HRHB will continue to work with CU ICAP to build the capacity of the RHB and transition specific program activities to ensure sustainability and strengthen local ownership. HRHB will purchase one vehicle in COP2012 at a cost of USD$55,000. The vehicles will be used to support implementation and monitoring of the program activities in the region and distribution of supplies to the health facilities. The total number of vehicles for the life of this mechanism is two.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?
(No data provided.)

Cross-Cutting Budget Attribution(s)

Construction/Renovation	30,000
Human Resources for Health	20,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

TB

Budget Code Information

Mechanism ID:	13770		
Mechanism Name:	Support to GOE Regional Health Bureau in Harari		
Prime Partner Name:	Harari Regional Health Bureau		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	250,000	0

Narrative:

HRHB currently manages eight ART sites and >2,500 patients on ART. HIV/AIDS activities initially implemented through a sub-grant with Columbia University ICAP are now continuing under the primary direction of the HRHB. Under COP2012, Columbia University ICAP will continue to provide technical assistance as the HRHB assumes the lead implementer role. HRHB will work with CU ICAP in coordinating and supporting in-service training of different cadres of health providers. It will support and strengthen the clinical mentorship program in the health facilities providing care and treatment services in the region. It will strengthen quality improvement activities in all health facilities and laboratories, and promote use of site level data. HRHB will support and strengthen the health network and referral system in the region in order to ensure the provision of efficient, quality care and treatment services for PLHIV and other persons affected by HIV. It will support and facilitate catchment area meetings in the region. It will strengthen the health facility Multi-Disciplinary ART Teams for site level monitoring of care and treatment program activities, coordination and efficient delivery of available services. The RHB will also conduct regular supportive supervision site-visits to the care and treatment facilities in the region in order to monitor the progress of planned HIV program activities, identify challenges and implementation gaps, and support the sites to improve their performance. The HRHB will work closely with NEP+ in implementing case management to improve ART adherence and retention of HIV patients in care and treatment services, as well as strengthen linkages among facilities and with community-based organization efforts related to HIV/AIDS care and support.

Implementing Mechanism Details

Mechanism ID: 13794	**Mechanism Name: Oromia Regional Health Bureau HIV/AIDS program**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: Oromia Health Bureau, Ethiopia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 500,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. The Oromia Regional Health Bureau (ORHB) was previously a sub-grantee under Columbia University ICAP (CU ICAP) to build its capacity to plan, implement, coordinate, and monitor HIV/AIDS activities and is now a prime partner. The ORHB is a government institution and oversees all public sector health care within the Oromia region (population 29 million). ANC HIV prevalence was 1.7% in 2009 and the number of PLHA last estimated at 80,000. The goal of the ORHB HIV/AIDS program is to prevent new HIV infections by increasing access to and improving quality of a comprehensive package of HIV/AIDS services within the region. The program will be linked with community-level activities. ORHB will leverage funding from other sources and activities will be coordinated with other stakeholder activities to maximize cost and reduce duplication of effort. With COP2011 funding, one vehicle was purchased at a cost of US $40,487 and under COP2012 additional vehicles will be rented for the purpose of coordinating and monitoring activities and services. The ORHB program supports the goals of the GOE's National Strategic Plan (SPMII) and is aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. In addition, the ORHB program supports the GOE’s national efforts to address the Human Resources for Health (HRH) issues in Ethiopia. ORHB has in place a system to routinely monitor and regularly report on program performance. Additional technical assistance will be provided by Columbia University-ICAP to further support ORHB’s capacity to implement these activities solely by itself in the long-term.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Principal Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?
(No data provided.)

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	50,000
Human Resources for Health	30,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Safe Motherhood
TB

Budget Code Information

Mechanism ID:	**13794**
Mechanism Name:	**Oromia Regional Health Bureau HIV/AIDS program**
Prime Partner Name:	**Oromia Health Bureau, Ethiopia**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	500,000	0

Narrative:

ORHB HIV/AIDS activities initially implemented through a sub-grant with CU ICAP are now continuing under the primary direction of the ORHB. ORHB currently oversees 224 ART sites which manage ~53,000 patients on ART. CU ICAP will continue to provide technical assistance as the ORHB assumes the lead implementer role. ORHB efforts will focus on strengthening regional and woreda health planning, coordination of HIV/AIDS activities in the Oromia region and management oversight of comprehensive HIV prevention, treatment, and care and support services. The ORHB will implement capacity building activities at different levels for sustainable HIV/AIDS service delivery. Specific activities to be implemented directly by the ORHB include improving the health network and referral system within the public sector health care system to ensure efficient delivery of the continuum of HIV care and treatment services to PLHIV in its area; strengthen catchment area meetings; establish and support full functioning ART multi-disciplinary teams in all ART delivery sites in the region; implement quality improvement activities; and improve use of site-level data. The ORHB will strengthen clinical and system mentoring and site supportive supervision activities in the region and conduct periodic evaluations to monitor service delivery at health facilities. Regional review meetings will be led by the ORHB to discuss issues and identify solutions. The ORHB will provide minor renovations, furnishings, maintenance, and restoration within health facilities. The ORHB will address HRH issues by supporting and coordinating HIV in-service training of different cadres of health providers and strengthen on-site mentoring. The ORHB will work closely with NEP+ in implementing case management to improve ART adherence and retention of HIV patients in care and treatment services, as well as strengthen linkages among facilities and with community-based organization efforts related to HIV/AIDS care and support.

Implementing Mechanism Details

Mechanism ID: 13926	**Mechanism Name: Confidential Sex Worker Clinics**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 128,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**

GHP-State	128,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity in COP2012. Mekele University (MU) is one of the local university PEPFAR partners in northern Ethiopia. This large public university provides higher education in diverse fields of study including science, liberal arts, and health (medicine, public health, nursing, and other mid-level training). The university's School of Public Health through the cooperative agreement with HHS/CDC has opened a confidential STI/HIV Clinic for sex workers in Mekele, the capitol and commercial center of Tigray Region. The goal of this program is to provide regular STI screening; promotion and dissemination of condoms and HCT services to sex workers in Mekele and Adigrat towns; and provide linkages with the continuum of care including ART. The project also supports a sex workers peer outreach education program and life skills training. For the institution to establish itself as a long-term technical support center, the university will begin to handle the administration and management of the technical and logistical arrangements required to support the confidential sex workers activity and services. This will allow the university to strengthen its engagement in managing the HIV/AIDS program for MARPs (sex workers). This supports the national and regional HIV prevention programs. The MU program supports the goals of the GOE's National Strategic Plan II (SPMII) as well as the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. MU has a system in place for routine performance monitoring and reporting.MU will document best practices and analyze its performance data, which will contribute to sustainability, and cost effectiveness.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	12,000
Human Resources for Health	33,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

TB

Budget Code Information

Mechanism ID:	**13926**
Mechanism Name:	**Confidential Sex Worker Clinics**
Prime Partner Name:	**Mekele University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	128,000	0

Narrative:

The target population for this initiative is commercial sex workers (CSW) and their partners. There are approximately 5000 CSWs known to work in or around Mekele and Adigrat towns. The partner has previously initiated this activity under COP2011 and currently manages confidential sex workers clinics in Mekele and other hot spot towns in Tigray Region providing peer training and outreach, promotion and dissemination of condoms, STI testing and management, and HTC services. To date,1012 commercial sex workers have received comprehensive STI/HIV services from the clinic. Under COP2012, the confidential sex workers STI/HIV clinics will continue to: 1. Provide regular STI screening and treatment for 3000 sex workers in Mekele and Adigrat town. 2. Promote and supply condoms to 3000 sex workers at the confidential clinics. 3. Promote and provide HTC services to 3000 sex workers at the confidential clinics. 4. Support peer out reach education activities that will serve 3000 sex workers. 5. Support life skills training for 3000 sex workers.

Implementing Mechanism Details

Mechanism ID: 13928	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13929	**Mechanism Name: Dire-Dawa Health Bureau HIV/AIDS program**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Dire Dawa City Administration Health Bureau	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 250,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity to enhance transition to local partners. The Dire-Dawa City Administration Health Bureau (DDAHB) was previously a sub-grantee under Columbia University ICAP (CU ICAP) to build its capacity to implement HIV/AIDS activities. The DDAHB is a government institution and oversees all public sector health care within Dire Dawa city and surrounding rural areas with a total population of 341,834. The goal of the DDAHB HIV/AIDS program is to prevent new HIV infections by increasing access to and improving the quality of a comprehensive package of HIV/AIDS services both hospital and health center-based. The program will be linked with community-level activities. Additional funding will be leveraged from other sources. The program will be coordinated with other USG partner activities to minimize cost and reduce duplication of effort. With COP2012/2013 funding, it is anticipated that one vehicle will be purchased at a cost of US$55,000 for the life of this mechanism for the purpose of coordinating facility-level HIV services in the region. The DDAHB program supports the goals of the GOE's National Strategic Plan (SPMII) and is aligned with the goals of the GOE and USG HIV/AIDS Partnership Framework and Global Health Initiative. In addition, the DDHAB program supports the GOE’s national effort to address the Human Resources for Health (HRH) issues in Ethiopia. DDAHB has in place a system to routinely monitor and regularly report on program performance. Additional technical

assistance will be provided by Columbia University-ICAP to support DDAHB's capacity to implement these activities solely by itself in the long-term.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance? **(No data provided.)**

Cross-Cutting Budget Attribution(s)

Construction/Renovation	30,000
Human Resources for Health	20,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13929**		
Mechanism Name:	**Dire-Dawa Health Bureau HIV/AIDS program**		
Prime Partner Name:	**Dire Dawa City Administration Health Bureau**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Treatment	HTXS	250,000	0

Narrative:

The DDHAB HIV/AIDS activities initially implemented through a sub-grant with Columbia University ICAP are continuing under the primary direction of the DDHAB. Columbia University ICAP will continue to provide technical assistance as the DDHAB fully assumes the role of lead implementer. DDHAB currently provides ART to ~4,000 patients at 11 sites. Under COP2012, specific activities to be implemented directly by the DDHAB include improving the health network and referral system within the public sector health care system to ensure efficient delivery of the continuum of HIV care and treatment services to PLHIV in the Dire Dawa area; strengthen catchment area meetings; improve functioning of multi-disciplinary ART teams within care and treatment facilities; implement quality improvement activities; and improve use of site-level data. The DDHAB will conduct regular on-site supportive supervision to monitor service delivery at health facilities and improve functioning of health network and referral systems. Quarterly review meetings will be led by the DDHAB to discuss issues and identify solutions. The DDHAB will provide minor renovations, furnishings, maintenance, and restoration within health facilities. The DDHAB will support GOE efforts to address HRH issues in Ethiopia by supporting and coordinating HIV in-service training of different cadres of health providers and strengthen on-site mentoring. The DDAHB will work closely with NEP+ in implementing case management to improve ART adherence and retention of HIV patients in care and treatment services, as well as strengthen linkages among facilities and with community-based organizations implementing HIV/AIDS care and support activities.

Implementing Mechanism Details

Mechanism ID: 13930	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13931	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13932	**TBD: Yes**

REDACTED

Implementing Mechanism Details

Mechanism ID: 13933	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13934	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13948	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14186	Mechanism Name: ENHAT-CS
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The USAID Comprehensive HIV/AIDS Treatment, Care and Support Program (CHAT-CS), now the Ethiopia Network of HIV/AIDS Treatment, Care and Support (ENHAT-CS), has the overall goal to improve the quality of treatment, care and support services in health facilities in Tigray and Amhara regions. The program objectives are to: 1) Improve provision of comprehensive and quality HIV/AIDS prevention, treatment, care and support services; 2) Improve integration and linkages of HIV/AIDS services with other health and social services; 3) Strengthen health facilities for HIV/AIDS services provision; and 4) Increase evidenced-based decision-making with strategic information. With COP 2012 funding, ENHAT-CS will support the expansion of ART in about 52 health facilities, while improving quality, integrated HIV/AIDS service delivery in existing 215 health centers. Strategies and implementation will focus on integration of primary health care services including maternal and child, nutrition, family planning, reproductive health, tuberculosis, etc. The program will focus on a family-centered approach to address services for PLHIVs. This program is aligned with GHI principles, particularly the women-centered approach. It will also address host-country ownership through local organizations and GOE involvement. Operations research will be conducted to inform new interventions by closely working with Mekele and Bahirdar universities. This program will leverage funding from programs such as HEAL TB, World Vision's PCP program and others to increase efficiency and improve service outcomes. COP12 fund not requested, and pipeline funds will be used to implement this program.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**14186**		
Mechanism Name:	**ENHAT-CS**		
Prime Partner Name:	**Management Sciences for Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0

Narrative:

ENHAT-CS will be implementing facility as well as community-based care and support activities in Amhara and Tigray administrative regions of Ethiopia. Care and support services include: prevention of diarrheal diseases, ensuring access to safe drinking water through supply of home-based drinking water treatment methods and safe storage, nutrition assessment, counseling and support (NACS), Positive Health Dignity and Prevention (PHDP) services, psychosocial support including mental health services and economic strengthening activities including income-generating activities (IGA). CHAT-CS will be targeting all HIV infected and affected populations of the two regions with particular emphasis on women, adolescents, Orphans and Vulnerable Children (OVCs), Most-at-risk-Populations (MARPs) and other vulnerable populations. This is aligned with the GHI strategy promoting host-government ownership, research and a women-centered approach. Services will be implemented with a focus on the continuum of care that includes bidirectional referral and follow-up between the community/household and HC/hospital ,complementary care services (ANC, MNCH, RH, WASH promotion) and linkages to other community health services. ENHAT-CS will be addressing client retention and referral through a number of mechanisms: decentralization of the service to more health centers, increased access and proximity of services, provision of quality adherence counseling by case managers and follow-up by community volunteers for those who miss appointments. The Fully Functional Service Delivery Point -FFSDP (which is a method used by health facility heads and health workers to identify and work towards addressing

barriers to deliver quality and comprehensive services) and other QA and QI processes developed previously byMSH/HCSP will be used to monitor the quality of the service delivery. Pipeline fund will be used to impelemt these activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0

Narrative:

A key focus of the Comprehensive HIV Treatment, Care and Support Program is to support the targeted health centers to provide quality comprehensive HIV/AIDS services, including TB/HIV services, in Tigray and Amhara.
Main program strategies are: (1) Build the capacity of health workers to provide quality TB/HIV services through training being provided by certified government trainers and ongoing mentorship program; (2) Support strengthening of health center laboratories; and (3) Provide community TB screening.
The program has supported training of health workers on HIV/TB collaborative activities and will continue to provide this training to ensure each HC has an adequate number of health workers to provide comprehensive and quality TB/HIV services. Infection control and INH prophylaxis activities will be taken to scale in COP 2012. The GoE deployed Health Development Army (HDA), trained in community TB screening and infection control will continue to support these activities at community level. The program will train more than 400 HDAs in the 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 focusing on 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 services and outcomes.
Program regional laboratory advisors are providing on-site support in TB and malaria microscopy reading, quality assurance, HIV testing, and other opportunistic infection laboratory investigations.
Senior program technical staff 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 2012.
MSH will continue coordination among its HIV treatment, care and support project, HEAL TB project and other PEPFAR partners to ensure efficiency.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

MSH/ENHAT-CS will support the provision of comprehensive pediatric HIV/AIDS care and support services in health centers of Tigray and Amhara regions with FY 2012 target of 2000

HIV-exposed/infected infants/children. The service package will include Provider-Initiated HIV Testing and Counseling (PITC); Early Infant Diagnosis (EID); prevention and treatment of common/opportunistic infections; pain and symptom relief; nutritional assessment, care and support (NACS); and psychosocial support. All the infants/children that test positive will be assessed and started on ART as per the standard care and treatment guidelines. To ensure continuum of care, all the HIV-exposed/infected infants/children will be linked to community-based OVC services. Case Managers (CM) and Mother Support Groups (MSG) will continue to play a critical role in pediatric care and support by providing adherence support; follow-up of HIV-exposed/infected infants in collaboration with kebele-oriented outreach workers (KOOWs) and health extension workers (HEW); and linkage with community-based OVC services. The family-centered approach will be promoted as an appropriate and effective model for increasing pediatric HIV case detection through index patient; and for service provision. Furthermore, MSH/ENHAT-CS will support health centers to integrate – in a phased manner - pediatric HIV/AIDS care and support services into the overall Maternal, Neonatal and Child Health (MNCH) services. With increasing number of HIV-positive adolescents owing to long term survival of children on ART, MSH/ENHAT-CS will work with GoE & ANECCA to support development and scale-up of adolescent-friendly HIV care and support services. The services will include adherence support and peer support groups. MSH/ENHAT-CS will continue to provide technical assistance to health centers - as part of the health systems strengthening strategy - through in-service training; provision of resource materials including job aids; mentorship; and supportive supervision. This should result into program effectiveness and continuous quality improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

The MSH/ENHAT-CS program supports the GOE's expansion of comprehensive HIV/AIDS services by supporting 215 health centers, of which 159 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 215 health centers provide laboratory support. These laboratories are located in Tigray and Amhara regions. 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 program. The Program will support other health centers labs in their geographical areas. The project will support lab infrastructure such as tables, chairs, and point of care CD4 testing machines, chemistry and haematology analyzers for selected health centers. The program has provided more than 200 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 provide refresher training for about 300 laboratory professionals based on EHNRI developed training manual that will include EQA for TB, Malaria and HIV labs. In addition, a quarterly EQA for the 215 health center laboratories will be conducted covering TB, Malaria and HIV tests. The program has one senior laboratory advisor to support regional laboratories in EQA and on-site lab mentors helping health centers implement the quality performance monitoring and improvement measure, the Fully Functional Service Delivery Point tool. The program will also provide supplies to fill gaps. At the national level, senior MSH technical staff will continue to work closely with EHNRI and PEPFAR and non-PEPFAR partners to develop/update the national training manuals and guidelines, standard operation procedures and EQA systems for HIV tests, TB microscopy, malaria and OIs. Senior program technical staffs have been involved in the development of a revised EHNRI EQA strategy for TB, HIV tests and malaria will assist the GOE in the implementation of the EQAs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

Strategic Information budget allocation in the ENHAT-CS program will support health facilities monitoring and evaluation activities including routine data collection, analysis, reporting and data use for decision-making in targeted sites in Tigray and Amhara regions. The main SI strategy is to strengthen the capacity of health workers to collect, analyse and use data for decision making through targeted training and support for deployment of data clerks through recruitment and payment, based on GOE salary scale. In the 154-supported health centers providing ART services, the already established SI systems will be strengthened to ensure no parallel system to the GoE-led Health Management Information System. The program will continue monthly one-on-one on the job training/mentorship by a team of MSH as well as GoE mentors to strengthen the capacity of HC staff and monitor quality of services, which includes SI. Mentors will continue to monitor the data clerks' performance and in collaboration with the Regional Program Monitoring &Evaluation Advisors, provide technical assistance in SI data collection, data management, quality data checks, analysis, and reporting. Health Facility-led multi-disciplinary team meetings will also be used for strengthening the capacity of health care workers on strategic information as well as catchment area meetings that join together representatives from health facilities, woreda offices, zonal health departments, PEPFAR and non-PEPFAR partners, and other stakeholders. Senior program M&E staff will continue to ensure the quality of SI provided by the health facilities and share and disseminate key data stakeholders, including the GOE (at woreda, regional and national levels), USAID, and PEPFAR partners. Senior program technical staff will support the implementation and scale-up of GOE's Community Health Information System.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVAB	0	0

Narrative:

A key focus of ENHAT-CS is to support integration of HIV prevention within a continuum of care that links health centers with community-based care and support for targeted populations in Tigray and Amhara targeting PLHIV and the general population. Through health centers, ENHAT-CS 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. Case managers provide health education and preventive counseling to PLHIV. At the community level, the program will target 5,250 individuals for training on HIV/AIDS prevention 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 (including Ethiopian Interfaith Forum for Development Dialogue and Action which carries out AB promotion initiatives in churches and mosques, and Dawn Hope Ethiopia which produces a quarterly newspaper highlighting HIV/AIDS topics and information. ENHAT-CS will adapt IEC/BCC materials from other PEPFAR partners to ensure they complement AB activities. ENHAT-CS will train an additional 461 community health and para-social workers on HIV/AIDS and 400 rural HEWs to support an intensified community outreach initiative in 80 high prevalence woredas served by supported HCs. Following the GOE's voluntary community anti-AIDS promoters (VICAP) approach, they will then orient 11,000 volunteers to mobilize their families and neighbors in HIV/AIDS, including prevention through AB.
Quality assurance will be ensured through supportive supervision and use of nationally standardized IEC/BCC materials.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

HIV Testing and Counseling budget allocations will have a key focus to increase the number of persons who know their HIV status in Tigray and Amhara, through different testing approaches which target the general population of the two regions. This will be accomplished through strengthened capacity of health workers to provide comprehensive and quality CT through training being provided by GOE certified trainers and on-site visits by program mentors, and community outreach activities. Trainings will be conducted to train 108 health workers during COP 2012 with national CT curricula for VCT and PITC that encompasses point of care testing (to ensure CT is completed in one room by one professional using the national algorithm). This will be complemented with monthly one-on-one mentorship and quarterly supportive supervision. Mentors oversee QA at VCT clinics 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-positive and use of the family focused approach, which employs a family matrix to promote couple counseling and the bringing of family members for CT. ENHAT-CS supports CT outreach during religious festivals, weekends, and other events in high prevalence areas. The program will implement a community outreach CT initiative that will reach the 80 highest prevalence woredas served by supported HCs. the program will focus on refferals and linkages of HIV positives to HIV/AIDS care and treatment services. Over 210 rural HEWs supervisors will be trained to provide orientation for HEWs and volunteers who will organize outreach days to mobilize the community for CT. Special attention will be on populations likely to be HIV-positive (i.e. MARPS). Facility-based health service providers will provide CT and couples counseling for these outreaches. The program will also support the GOE's new Urban Health Extension Program (UHEP) initiative that uses task-shifting with employed nurses to provide, among other health services, CT at the household level in Amhara and Tigray regions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

A key focus of ENHAT-CS's other sexual prevention component will be to reach community members with high risk sexual behavior especially PLHIV and repeat HIV testers who continue to engage in risky behavior in Tigray and Amhara regions. Through health centers, the program trains health workers to provide health education to every person receiving CT including topics such as condom use and reducing multiple and concurrent partners. In COP2012, particular attention will given to CT clients who are receiving repeat testing. The program's HC 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 in other community forums such as community conversations and coffee ceremonies. ENHAT-CS provides unlimited, free condoms to clients at all supported health facilities as well as HIV counseling and testing services. ENHAT-CS in partnership with PSI will train health workers on proper condom use. At the community level, in collaboration with Population Services International, ENHAT-CS will provide condoms to over 100 health posts managed by HEWs for free distribution to the community. Over 6,000 KOOWs and community volunteers will directly participate in community condom distributions to ensure community level access to condoms. In addition, ENHAT-CS will train 2,000 rural HEWs to support an intensified community outreach initiatives in 80 high HIV prevalence woredas. Using the GOE's VICAP approach, they will then cascade the training to volunteers to mobilize their family and neighbors around HIV/AIDS OP issues. At the community level, the program will train around 150 individuals (school teachers, students, religious leaders, KOOWs, and others) on HIV/AIDS topics. ENHAT-CS will continue community level promotion of OP through six NGO partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

ENHAT-CS supports PMTCT services in health centers in Tigray and Amhara regions. The main strategies are increasing awareness and uptake for integrated PMTCT/ANC services by mothers and strengthening the capacity of HCW to provide integrated quality PMTCT/ANC services through training and ongoing mentorship support by program mentors. The program goal is to test 223,524 pregnant mothers in COP FY 2012 and an additional 245,876 in COP FY2013. About 70% of HIV positive pregnant mothers will be targeted to receive ARV prophylaxis, up by 30% from previous 40% reach. In order to make the program more effective and also to increase ANC attendance, ENHAT-CS will implement a community outreach CT initiative and encourage increased use of ANC/PMTCT services through IEC/BCC strategies. The program will continue to support Mother Support Groups and volunteers that provide peer counseling on testing and prophylaxis, adherence for mother and infant, ensure follow-up of mother-infant pairs, link HIV exposed infants to Early Infant Diagnosis services and improve infant and young child feeding practices through provision of or referral to other nutrition support services. ENHAT-CS will support the training of HCW using national PMTCT Guidelines with emphasis on group counseling and opt-out testing with same day results. Point-of-care CD4 testing machine for ANC, labor and postpartum clients will be provided for selected high volume health centrers. Families of HIV-positive women will be linked to HCT and other services, such as OVC and NACS, using the family matrix model. ENHAT-CS will continue providing more efficacious ARV regimens-including AZT from 14 weeks and 3TC + sdNVP at onset of labor as well as the required infant ARV prophylaxis dosing. ENHAT-CS will prioritize identifying and providing HAART through clinical staging and CD4 testing for an estimated 30% of women who will need it. Eligible women will be linked to ART services. Other support includes facilitation of timely replenishment of test kits and drugs for PMTCT prophylaxis. ENHAT-CS will actively participate in the National PMTCT TWG.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:

In COP2012, the ENHAT-CS Program will support provision of ART services in 206 health centers in Tigray and Amhara regions. For adult treatment main strategies include: (1) Strengthened capacity of health workers to provide adult HIV/AIDS care and treatment (through training on nat'l comprehensive management of OIs and AR and on-site mentorship and (2) strengthened adherence to treatment. The predecessor of ENHAT-CS, HCSP, has trained 3,360 health workers (in 5 regions) and additional 1,183 HCW will be trained in COP 2012 in Amhara and Tigray. ENHAT-CS will collaborate with the

USG-nutrition partners (WFP, SC/FBP, and SC/ENGINE) to ensure health care providers are providing NACS and nutrition needs of clients are addressed. The program will continue providing monthly on-site, one-on-one mentorship, backed up by telephone consultation, to build the knowledge and skill of HC staff in managing ART patients and monitoring quality of service. Mentors will also actively participate in catchment area meetings to discuss implementation issues including referrals, achievements, and challenges. Clinical outcomes of patients will be monitored using clinical and immunological responses to treatment. To promote adherence, ENHAT-CS has recruited, trained, and deployed more than 150 case managers, with a minimum of 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 HEWs. Currently, supported HCs report a lost-to-follow-up rate of 9%, well below a national average of 20%. Under COP 2012, ENHAT-CS will train additional case managers to ensure all facilities supported by ENHAT-CS have adequate coverage. ENHAT-CS will continue to expand to more high-HIV burden sites that provide HIV treatment and care services and will ensure all patients enrolled in care also receive a comprehensive preventive package including ART, CPT, and TB screening and INH preventive therapy. ENHAT-CS is implementing M&E activities using the Fully Functional Service Delivery Points (FFSDP) quality improvement tool which focuses on data quality.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	0

Narrative:

MSH/ENHAT-CS will continue to support the scale up of quality comprehensive pediatric HIV treatment services health centers in Tigray and Amhara regions. For the two regions, by end of March 2011 (2011 SAPR), a total of 1,549 children (0-15 years of age) had ever been enrolled on ART; 1,800 children were on treatment and 416 children had been enrolled on treatment during the previous six months. The target for FY 2012 and FY 2013 is to enroll 820 and 850 children on treatment, respectively; and increase the children currently on treatment to 2,600 and 3,400, respectively.

The program's main strategies are: (1) Build the capacity of health workers to provide pediatric treatment through in-service training; provision of resource materials, mentorship, and supportive supervision; (2) Ensure that the children that test HIV positive are promptly assessed and initiated on treatment; (3) Retain patients through adherence support and follow-up with Case Managers; (4) Strengthen intra- and inter-facility referrals; and (5) Build capacity of GoE in managing pediatric treatment programs.

MSH is currently participating in the adaptation of the 2010 WHO pediatric treatment guidelines and will continue to support their roll out in FY 2012. Children on treatment will be linked to nutrition programs including the USAID-supported Food by Prescription; World Food Program, and Empowering New Generation to Improve Nutrition and Economic Opportunities (ENGINE). MSH will also continue to work

with GoE on integration of pediatric treatment into the overall Maternal, Neonatal and Child Health (MNCH) services. With increasing access to CD4 count services, MSH will continue to support HC in using CD4 count to monitor patients on ART. Viral load services – that are currently available at regional level – will be particularly useful for patients with suspected treatment failure. With increasing number of HIV-positive adolescents, MSH will work with GoE to develop and scale up adolescent-friendly treatment services. MSH will also support HC and GoE in data collection, analysis/interpretations for continuous quality improvement.

Implementing Mechanism Details

Mechanism ID: 14187	**Mechanism Name: HEAL TB (The Help Ethiopian Address the Low TB Performance (HEAL TB)**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 500,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

All Africa Leprosy Rehabilitation and Training Center (ALERT)	Kenya Association for the Prevention of Tuberculosis & Lung Diseases	Program for Appropriate Technology in Health

Overview Narrative

The HEAL TB Project has the goal of providing quality Directly Observed Therapy through enhanced TB program leadership and management (60% LOE), collaborative TB/HIV activities (10%), programmatic management of drug resistant TB (PMDT, 20%) and health systems strengthening (10%). HEAL TB's objectives are to strengthen health worker skills, referral linkages, laboratory and diagnostic capacity,

community TB care, drug supply management, monitoring and evaluation to increase the TB case detection rate from the current estimated rate of 39% to >70% and achieve treatment success rate of > 85% within 2 years in the targeted areas. HEAL TB project has two phases whereby the first phase is aimed at scale-up of services and capacity building in 10 zones of Amhara and Oromia regional states for an estimated population of over 25 million with further expansion to new zones and possible regions during the preceding 3-5 years, HEAL TB will ensure establishment of effective coordination mechanism for all stakeholders involved at national, regional and zonal levels and overall ownership by the national program in service provision and M & E to ensure cost-effectiveness and sustainability as aligned with the PF and GHI. M & E tools with key indicators based on baseline assessment and nat'l and regional data are used to ensure implementation of effective strategies with continuous adjustment when needed to achieve the intended project impact. Due to the vastness of the project areas and the required high level of supportive supervision and drug and commodity logistical management, a strong logistical capacity including transport system with a number of vehicles is needed. 22 vehicles are needed; 16 vehicles are transferred from the old project and 6 will be purchased.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVTB	Oromiya RHB and Amhara RHB	45000	HEAL TB project will be involved in tracking of global funds for TB program.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

TB

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**14187** **HEAL TB (The Help Ethiopian Address the Low TB Performance (HEAL TB)** **Management Sciences for Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	500,000	0

Narrative:

The HEAL-TB project has been designed by incorporating national guidelines for prevention of transmission of tuberculosis in health care facilities, and community settings in Ethiopia as well as global policies for TB control (WHO Policy on Collaborative TB/HIV activities). The implementation strategies and activities are aimed at improving, expanding and sustaining services according to the GOE Health Sector Development Program IV (HSDP IV). HEAL-TB activities will collaborate closely with and expand on the progress made by existing implementing partners including the USAID/ ENHAT-CS Program (ENHAT-CS) that focus on health facilities, USAID's TB Care I project, Private Health Sector Program (PHSP) and other PEPFAR partners including CDC funded US university partners and Supply Chain Management System (SCMS). A partnership forum to coordinate activities with other USAID projects and all relevant stakeholders is part of the strategy to ensure effective and efficient program implementation. HEAL-TB involves regions and zones to foster political commitment at regional, zonal, and woreda level. The Stop TB Partnership will be established in Oromia and Amhara regions to engage all decision makers and TB/HIV stakeholders to identify strategies for human resource capacity development in a sustainable manner. A strategy to provide mentoring, supportive supervision, and

continuous medical education (CME) are key aspects of sustaining human resource capacity. The use of specialized local training partner institutions such as ALERT offer strategic capabilities to contribute to the sustainability of the program. HEAL TB will draw from evidence-based best practices established in Ethiopia as well as other country experiences' to increase timely, accurate and complete reporting. There is a pool of already trained facility-level focal persons and woreda TB/HIV program coordinators in TB M & E, and data management using a standardized M&E framework, indicators and tools.

Implementing Mechanism Details

Mechanism ID: 14188	**Mechanism Name: TB CARE 1**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: KNCV Tuberculosis Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 785,236	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	785,236

Sub Partner Name(s)

Management Sciences for Health	World Health Organization	

Overview Narrative

TB CARE I is a global USAID-funded Indefinite Quantity Contract (IQC) mechanism for TB control. TB-CARE I is implemented through a coalition of int'l TB and public health institutions-the KNCV Tuberculosis Foundation, World Health Organization (WHO) and Managerial Sciences for Health (MSH). TB CARE I aims to improve the national TB prevention and control response through the following objectives: 1) Support GOE to achieve or exceed WHO's 70% case detection and 85% treatment success, 2) Enhance diagnosis and treatment of MDR-TB, 3) Reduce the case fatality rate among HIV-co-infected TB patients and 4) Ensure that TB is considered a public health priority. This is aligned with PF Goal 2.3: An increased number of individuals in all age groups access a continuum of quality comprehensive clinical HIV/AIDS care and treatment services, including TB/HIV by 2014 and GHI HHS

strategy to strengthen TB services. TB CARE I focuses on strengthening the management and technical capacity of the Nat'l TB Control Program at the central and regional levels to ensure universal and early access to TB diagnosis and treatment, encourage TB/HIV collaborative activities, and strengthen programmatic management of drug-resistant TB and infection control.The health system will be strengthened through increased GOE stewardship and management as well as strengthened technical capacity & increased human resource development. This includes cost-effective and sustainable coordination mechanisms for all stakeholders involved for service provision, M & E and coordination of partners. National MDR-TB M & E tools with key indicators are being used and TB-CARE will work with WHO to develop a national electronic database. No additional vehicles are needed.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	150,000
Human Resources for Health	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
TB

Budget Code Information

Mechanism ID:	**14188**
Mechanism Name:	**TB CARE 1**
Prime Partner Name:	**KNCV Tuberculosis Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	785,236	0

Narrative:

TB CARE I re-enforces the Health Sector Development Strategic Plan of the nat'l TB program by improving political commitment and management capacity at federal and regional levels as aligned with the PF and GHI strategy. Unlike Heal TB which focuses on service delivery in two geographic regions, TB CARE focuses on providing central level support to FMOH, EHNRI, RHBs and Regional Labs in the areas of capacity building, support for development/revision of guidelines and training, Programmatic Management of Drug-Resistant TB (PMDT), strengthened coordinated TB/HIV activities, infection control (IC) and operational research (OR). Coordination across partners is planned to: 1) Improve the mechanism to capture TB and TB/HIV data, strengthen the TB/HIV technical working group (TWG) and improve TB case detection; 2) Strengthen TB-IC program through training, surveillance, coordination, implementing nat'l guidelines and strengthening the capacity of regional program managers; 3) Expand PMDT by improving access to second-line drugs, MDR-TB surveillance, support to MDR-TB TWG and training of staff; 5) Facilitate a nat'l OR agenda and create mechanisms to conduct research and build capacity of partners to generate evidence for effective program implementation and 6) Strengthen drug supply and mgmt by supporting trainings, SOP implementation, sensitization workshops, quantification, forecasting and integrating anti-TB drugs distribution with ARV. The TB CARE partners support the regular review and reporting of data on the key interventions as defined by the global and nat'l program indicators. National M&E frameworks and tools are used to track progress towards the defined objectives and targets. As a global USAID TB IQC, TB CARE I builds on the accomplishments of TB CAP project which preceded it that strengthened the capacity of health facilities to expand access to TB, MDR-TB and HIV care through DOTs. TB CARE I will continue to support the TB and TB/HIV strategic plan implementation, the functioning of TB/HIV and PMDT TWGs and the Nat'l STOP TB partnership.

Implementing Mechanism Details

Mechanism ID: 14189	**Mechanism Name: Preventive Care Package (PCP) for PLWHA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: World Vision International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	

G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

NEP +	Tulane University	

Overview Narrative

The World Vision (WV) Preventive Care Package (PCP) program will continue to scale-up the previous PCP services for people living with HIV and AIDS (PLHIV). The PCP program's goal is to mitigate the impact of HIV/AIDS in Ethiopia and improve the quality of life of PLHIV, their households and the community through sustainable coordinated evidence-based interventions. Local sub-partner NEP+ will lead the behavior change communication (BCC) for HIV/AIDS prevention component through community outreach services to increase PLHIV knowledge, attitudes and practices as well as increased demand for the PCP kits. Tulane University will support the use of evidence-based interventions, high quality monitoring and evaluation (M&E) and Operations Research (OR). The program will start in Addis Ababa, SNNPR, Oromia, Tigray & Amhara regions and then scale-up to other regions. Project activities will ensure PCP components are available, acceptable, & sustainable to meet PLHIV care needs and promote adherence to and increase uptake of clinical services like HCT, PMTCT, ART, etc. The PCP services will be delivered by health facilities, Health Extension Workers (HEW) and various categories of PCP-Community Workers through strengthening referral linkages & coordination to ensure efficiency. As a transition mechanism, the program focuses on strengthening capacity and working through the gov't systems with a local organization involving PLHIV. Activities will transition to host country (NEP+ and MOH) by year five of the program. The program has 3 vehicles available from phase I program and 2 approved new vehicle purchases through matching funds. Though no COP12 funds are being requested for this project, the project will continue as described using pipeline funds.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**

3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HBHC	CCRDA/CORE Ethioipia malaria project	0	WV is sub to CCRDA/CORE Ethiopia malaria project (GF round 8 recipient through FMOH) namely Begara for malaria free society through innovative BCCroup. WV (as a sub-sub recipient to GF) has an observer status in the CCM, invited to attend meetings

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**14189**
Mechanism Name:	**Preventive Care Package (PCP) for PLWHA**
Prime Partner Name:	**World Vision International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

Adult care and support funding allocations for this continuing activity is to increase access to the Basic Preventive Care Package (BPCP) including safe water for PLHIV. PLHIV in resource-poor settings often have limited access to BPCP including safe water, hygiene and sanitation. PEPFAR/E through this project will strengthen the government's safe water initiative and strengthen implementing partners' access to BPCP services for the PLHIV they serve. The BPCP package implementation is coordinated through collaboration with PEPFAR-supported partners (Universities and the CHAT-CS partners) providing comprehensive HIV/AIDS prevention, treatment, care and support services at health facilities (HF). Existing community networks (PLHIV support groups, etc) will be targeted, through the NEP+ coordination mechanism with active engagement of PCP community workers (CW) as the primary link between HF and communities. Partnerships also involve, FHI, SAVE-US/FBP, WFP, PMI, MOH/HAPCO, Health Education Center and AIDS Resource Centers. National BPCP distribution will be done in coordination with the current national PEPFAR/MOH logistics management system. BPCP kits will be distributed to PLHIV through HF and community-based care programs. The BPCP kits include a range of information and items to reduce morbidity: 1) Home or locally produced point-of-use water treatment; 2) Oral rehydration salts (ORS); 3) Basic hygiene products; 4) Antihelminthics; 5) Condoms (for sexually active clients), 6)Safe water storage vessels, 7) Long-Lasting Insecticide Treated Nets (LLITN) (as required), 8)IEC user-friendly, low-literacy materials about products, 9)Referral information. Activities also include: 1) Training of health providers at HF on the implementation of BPCP services; 2) Training and deployment of PCP-CW to counsel and educate clients to increase uptake of clinical services, 3) Healthy behaviors, proper use of BPCP kits; 4) Support of existing community-based education by the HEW and CW to create demand for health services delivered at the HF, community and HH level; and adapt/adopt the existing IEC/BCC and teaching materials.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

Strategic information is critical in implementing quality community and facility-based PCP services. PEPFAR/ E has been supporting implementation of the “three ones”: one plan, report, and budget, as per FMOH harmonization & the national HMIS manual. Per the HMIS reform, Community Information System (CIS) is being implemented at the HP level by the HEWs. The WV/PCP project proposes using the information gathered by the HEWs and HMIS to strengthen monitoring of the BPCP and community activities conducted by NEP+, ANECCA, and partners working at the community-level. The PCP program proposes to conduct a national PCP M&E capacity assessment at the HF and community levels to explore linkages with PCP monitoring with current HMIS and CIS. This includes supporting needs-based capacity building technical assistance to increase M&E and operations research (OR) skills. Subsequent mentoring will be provided to ensure adequate M&E/OR skill transfer. OR will be conducted to investigate the impact of PCP service provision on adherence to clinical appointments and adherence to ART. In the first stage, a cross sectional survey will be conducted. In stage two, a longitudinal study on sampled beneficiaries will be conducted. Tulane will be working through their established relationships with local universities, Health M&E Departments. TA in Data Quality Assurance (DQA) will be provided to improve data quality at health facilities using data auditing guidelines. A national data quality assessment will be conducted using LQAS to minimize and control double counting issues. BPCP will be mainstreamed in participatory review meetings and there will be trainings on Data Demand and Use for decision makers, HF and PCP-CWs. Coordination Mechanisms will be used as forums to share experiences and review performance, lessons learned, promising practices, and challenges. To strengthen BPCP services, the project proposes to develop a cellular phone-based, voice-driven, expert system to support diagnosis, consultation, follow-up, and education for PLHIV. This tool was developed by Tulane to be integrated with the FMOH Electronic Health Record System.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

The PCP program focuses on Health Systems Strengthening (HSS) aligned with USAID’s GHI principles and the Partnership Framework. The PCP program strategies are aimed at strengthening health service delivery by improving access to and uptake of comprehensive services, strengthening health worker capacity in PCP, strengthening referral linkages, integrating supportive supervision (SS), and improving data collection and utilization. PCP will support the development of key PCP tools, standardized trainings, joint review and monitoring processes, and experience sharing protocols to strengthen existing systems. Community systems will be strengthened by building community structures, increasing demand and linking HEWs to PCP-CWs to promote task shifting for greater efficiency. The program will work with other PEPFAR partners to design a comprehensive capacity strengthening plan and transition to local the

partner (NEP+) and host country recipient (FMOH). It will develop a detailed handover timeline to ensure that transition/sustainability plans are jointly implemented. The project will strengthen existing GOE systems and structures such as the logistics system and actively engage in the community-to-HC referral system by analyzing and strengthening referral system tools, ensuring accurate documentation and tracking of referrals. The logistics team will provide trainings to the HF staff to monitor, track, & report on PCP kit stock. The project will collaborate with the GOE and partners to ensure that periodic client satisfaction surveys include PCP by ensuring questions relevant to PCP program are addressed and data is analyzed and used to address critical issues. PCP will facilitate joint SS between HF staff & PCP partners to monitor: stock & supply of PCP kits at the health facilities; client usage of PCP kits & associated adherence; HC staff & PCP-CW skills in BCC and delivery of key PCP messages.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

The PCP project will contribute to PMTCT service uptake by integrating PCP activities with PMTCT services at the health facilities (HF) and increasing awareness among clients of the community-based ANC, PNC, and child health activities. PCP kits contain IEC materials about PMTCT that PCP community workers (PCP-CW) will use to reinforce messages during home visits with HIV+ mothers. The project will link with PEPFAR PMTCT existing programs, promoting the mother-to-mother concept and integrating PCP information into these programs. PCP-CW will provide PMTCT referrals to clients that are pregnant or new mothers. The referral system will be strengthened through referral tracking and feedback loops. The PCP program will integrate antenatal and prenatal care with community prevention, care and support services, such as Nutrition, Assessment, Counseling and Support (NACS). ANC and PNC services are key entry points to integrate messages, PCP services, treatment and follow-up. The project will work through the PCP CW to improve PCP behaviors and practices, increase BPCP kit uptake, and educate HIV+ mothers on safe infant and young child feeding. The program will work with existing malnutrition assessment services at the HF for HIV+ mothers and their children, and will facilitate referrals for both services and follow up. There will be continued program support for micronutrients for PLHIV through routine ANC services. Upon referral for ANC and PNC visits, the project will encourage mothers to seek early infant diagnosis and work with partners such as ANECCA to ensure access to ART services as needed. They will also connect HIV+ mothers to PLHIV associations to register and receive adequate psychosocial support. Referrals to social programs, such as the NEP+ IGA, World Vision's WISDOM MF institution and regional government will also be instituted. Pediatric patients will be linked to USG pediatric and OVC implementing partners to ensure access to relevant OVC services such as education, health, life skills, psychosocial support, and protection.

Implementing Mechanism Details

Mechanism ID: 14190	**Mechanism Name: Architectural and Engineering for Ethiopia Health Infrastructure Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: DDS subgrants Cabo Delgado	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of Architectural and Engineering for Ethiopia Health Infrastructure Program is to provide professional architectural and engineering support in infrastructure design, tendering, construction oversight and program quality assurance for the Ethiopia Health Infrastructure Program. This program is the primary TA mechanism for providing cost effective designs. Additional objectives of this program include the development of a quality assurance plan for the USAID/Ethiopia Health Infrastructure Program; development of guidance for health facilities maintenance and operations; and capacity building and training in selected and relevant areas to the FMoH staff. The program is implemented in regions with particularly high HIV/AIDS prevalence including Addis Ababa, Oromia, Amhara, Tigray and SNNPR. In addition to HIV/AIDS caseloads, health facilities built/renovated under this program will also be utilized to treat other chronic diseases like malaria and TB. The program will place special attention on maternal and child health as delivery rooms in the new health centers will be properly designed; renovated delivery rooms will be upgraded to the maximum possible standard. Program aligns with GHI's Pillar 3: Improved Health Systems and PF Goal 3: Health systems necessary for universal access are functional by 2014. The program is implemented in coordination with the Federal Ministry of Health (FMoH) and its regional offices collaborate on site selection, design and approval as well as offer expertise and lessons learned.

All new designs will be gender sensitive and incorporate access for clients and staff with disabilities. There are no plans to purchase or lease any vehicles. This partner is using pipeline funds for ongoing COP 12 activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

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

Budget Code Information

Mechanism ID:	**14190**
Mechanism Name:	**Architectural and Engineering for Ethiopia Health Infrastructure Program**
Prime Partner Name:	**DDS subgrants Cabo Delgado**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:

Through the capacity building and training component of the USAID/Ethiopia Health Infrastructure Program (EHIP) the prime partner, Tetra Tech, provides advice, recommendations, and assistance to the

Federal Ministry of Health (FMoH) and Regional Health Bureau (RHB) engineers and architects. This component of the program complements the larger EHIP construction and renovation program implemented by International Relief and Development. Tetra Tech's areas of focus for training and capacity building include quality control/assurance, and standards and procedures in monitoring the adequacy and acceptability of health infrastructure. In addition, they will also develop health facilities maintenance standards, guidance, plans, and training materials for ongoing and preventive health facility maintenance. The partner will supervise sites that are under construction and renovation by USAID and provide recommendations to USAID. For each site, they will develop a performance tracking sheet with important milestones that reflect progress and quality. Utilizing this as a base, the progress of each site will be tracked starting from the design phase up until construction or renovation is completed. Accordingly, the data collected will be utilized to improve the quality of design, construction materials utilized and the overall facility. Health centers which will be renovated lack basic facilities such as water supply and waste water disposal lines, ultimately limiting their capacity to provide effective ART services. These facilities also face space limitations that hinder their ability to provide quality patient care and pose concerns regarding infection control. This program incorporates designs that aim to improve the space, while making health centers clean, attractive for HIV/AIDS patients. The geographic focus of the program is guided by plans regarding the decentralization of ART services, with particular emphasis on areas of high HIV/AIDS prevalence and substantial ART patient volume at facilities. Focus regions include Addis Ababa, Amhara, Oromia, SNNPR, and Tigray. The program will run through 2015. .

Implementing Mechanism Details

Mechanism ID: 14192	**Mechanism Name: Health Infrastructure Construction Program (HIP)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: International Relief and Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 8,000,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	8,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

With the addition of COP 12 funds, Ethiopia Health Infrastructure Program (EHIP) will construct approximately 26 new Government of Ethiopia (GoE)-standard health centers , renovate approximately 25 existing health centers, and 10 new warehouses. The EHIP aligns with Ethiopia's GHI country strategy Pillar 3: Improved Health Systems, which aims to achieve improved health infrastructure and laboratory systems for service delivery and PF Goal 3. Currently, Ethiopia is experiencing serious infrastructure problems in facilities with high antiretroviral therapy (ART) patient loads. The program will target health centers located in urban and peri-urban settings throughout the Amhara, Addis Ababa, SNNP and Tigray regions. The purpose of this Indefinite Quantity Contract with International Relief and Development (IRD) is to obtain construction and construction management services for the construction and renovation of GoE health facilities and infrastructure systems. The implementation plan for the proposed construction is to provide a standard floor design (cost effective) for new sites, renovations and new warehouse construction. All work undertaken by this contract will be authorized in the form of TOs and procurement actions. The actual numbers of sites to be constructed, renovated, or refurbished will depend on final site-specific assessments, which will not exceed the specified SOW and availability of LOP $60M. Upon completion of construction or renovation, the sites will be managed and maintained by the GoE. In addition to an internal M & E plan, this mechanism will also be monitored under the complementing architectural and engineering mechanism. Under this program it is expected that IRD will purchase four vehicles.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	8,000,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

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

Budget Code Information

Mechanism ID:	14192		
Mechanism Name:	Health Infrastructure Construction Program (HIP)		
Prime Partner Name:	International Relief and Development		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	8,000,000	8,000,000

Narrative:

The program will target health centers located in urban and peri-urban settings with high populations of people living with HIV. The actual numbers of sites to be renovated, refurbished or constructed will depend on final site-specific assessments, but with the addition of the COP 12 funds, we expect that approximately 26 new and 25 renovated health facilities and 10 new warehouses can be completed in total. This task order will provide services for construction program management, supervision, monitoring, and evaluation as needed to manage a total infrastructure construction program. The partner will provide complete on-site supervision for construction/renovation of facilities. Upon completion of construction or renovation, the sites will be managed and maintained by the GoE. In addition to internal monitoring and evaluations plans, this mechanism will also be monitored under the complementing architectural and engineering mechanism implemented by Tetra Tech.

Implementing Mechanism Details

Mechanism ID: 14193	**Mechanism Name: Health Sector Finance Reform Project**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,000,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,000,000

Sub Partner Name(s)

Banyan Global	Broad Branch Associates	Care International

Overview Narrative

The purpose of this wraparound project is to implement Health Sector Finance Reform (HSFR) and develop/implement health insurance programs through the existing health sector management system at the national, regional, zonal/woreda, and health facility levels. Health financing reform is a key priority for the GOE, the PF in goal 3 and throughout the GHI strategy. The program will focus on consolidation of health sector reforms, support to the FMOH to implement national health insurance and generation of evidence to inform policy changes including local retention and utilization of resources through the introduction of user-fees at public health facilities. HSFR will 1) strengthen the capacity of the Federal Planning and Program Department of the MOH, RHBs, woreda health management institutions, hospital and health center management bodies and the new health insurance management institution and 2) establish functioning health center/hospital boards while outsourcing non-clinical services. Coverage includes Oromia, Amhara and SNNPR and expansion is expected to Somali. To help minimize the economic burden of healthcare and unanticipated health costs for individual households, HSFR will pilot, evaluate and scale-up community based health insurance (CBHI), establish a health insurance institution and create a legal instrument for health insurance. A rapid assessment of the current reforms in health care financing including user-fee retention and private sector partnerships such as the establishment of private wings in public hospitals will be conducted. Findings will help increase facilities' resource base to increase investment in HR and medical equipment to improve quality service delivery at public health institutions. For scale-up the program will need two new vehicles.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	14193		
Mechanism Name:	Health Sector Finance Reform Project		
Prime Partner Name:	Abt Associates		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	1,000,000	0

Narrative:

The purpose of this award is to implement Health Sector Finance Reform (HSFR), including health insurance programs, at the national, regional, zonal/woreda, and health facility levels to improve access to and delivery of HIV/AIDS and other helath services. The program will address access and efficiency issues by focusing on the consolidation of health sector reforms, supporting the FMOH in the implementation of national health insurance and generating evidence to inform policy changes. COP 12 funds will be used to continue supporting GOE in scaling-up CBHI, provide technical support for the roll-out of the proposed social insurance scheme and wider implementation of HSFR. The program will identify and document challenges as well as the impact of the health care financing on service utilization and service equity. It is expected that the rapid assessment of the program will reveal new opportunities for facility-level health care financing reforms including maximization of outsourcing of non-clinical

services and establishment of case-based fees. The program will also continue to provide technical support for GOE's proposed social insurance scheme, including the development of an operational scheme; institutional capacity building; support for the establishment of an institutional mechanism to link insurance administration and accreditation of service providers; and capacity building to create an effective claims process. The program will also work to link national health insurance with satellite activities such as pilot CBHI and other financing programs.

Implementing Mechanism Details

Mechanism ID: 14194	**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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of USAID's Private Health Sector Program (PHSP) is to enable the GOE and Regional Health Bureaus (RHBs) to partner with private health service providers to deliver affordable and quality public health services to increase access, affordability and quality of standard service packages for TB, Malaria, HIV/AIDS. The program will strengthen GOE oversight including licensing, accreditation, supervision; improve client education; and strengthen referral mechanisms between private and public health providers. Regions include: Tigray, Ahmara, Oromiya, SNNPR, Dire Dawa, Harari and Addis Ababa. The program will strengthen an enabling environment for public health services in the private sector through policy, advocacy and assistance to GOE and private sector representative bodies in reforming RHB licensing, regulation and supervision protocols; improving access to commercial financing; and

private health insurance reforms. Implementation of PHSP anticipates discernable changes including increased access to public health service packages and scale-up of services in private health clinics and increased access and affordability to Ethiopians. Cost effectiveness, quality of health services and prevention interventions delivered at private health clinics will be improved. Sustainable mechanisms for QA/QI in private health clinics will be established and private educational institutions/GOE stewardship and quality of pre-service education in private nursing, laboratory and pharmaceutical programs will be strengthened. 4 vehicles are needed due to scale-up in Tigray and more sites in the other regions. A midterm evaluation is planned, with emphasis on the private sector. Pipeline budget reprograming action will be the source of funding for COP 2012.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing women's access to income and productive resources
Mobile Population
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**14194**

Mechanism Name:	Private Health Sector Program		
Prime Partner Name:	Abt Associates		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	0	0

Narrative:

PHSP will continue to improve the quality of the TB/HIV service delivery; this includes provision of technical support to 86 private clinics providing TB/HIV services in 4 administrative regions (Amhara, Oromia, SNNPR, and Tigray) and 2 cities (Addis Ababa, Dire Dawa). PHSP will also support TB/HIV services at for-profit and large and medium company clinics. In FY2012 the program will expand to additional 100 private clinics. PHSP will ensure TB service provision in private clinics comply with national standards by ensuring the use of national TB formats for patient registration and that TB drugs are provided for free in accordance with national policy. PHSP will coordinate with other partners through the national TB TWG and create linkages with community level activities for defaulter tracing. With high attrition among health personnel, the program will support quality training to ensure sustainability of high-quality services in the private clinics. PHSP will continue to support joint supportive supervision with RHBs and conduct external quality control activities for TB lab services to ensure high quality laboratory diagnosis at USG supported clinics. PHSP will also develop/disseminate IEC materials for USG supported clinics to improve quality of service. The project will use PDAs to facilitate faster and more efficient data transfer from supported sites to the PHSP head office. In FY2012 PHSP will establish innovative ways to strengthen referral networks and referral confirmation for clients of private facilities referred to public facilities including a tracking mechanism for TB defaulters. 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 and TB services into workplace clinical settings and train drug vendors to improve TB referrals for people seeking consultation at pharmacies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

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 private sector, technical assistance to improve the quality of lab services is critical. In collaboration with EHNRI, PHSP will strengthen the capacity of selected private labs and develop a mechanism for branding lab services that meets standards set through a central accreditation

system, improve the monitoring and quality control of private clinics through supportive supervision; and advance private-public partnerships through qualified referrals for selected services, training and shared manuals. PHSP will also collaborate with EHNRI/FMHACA to develop standard accreditation and supportive supervision tools and support regional level Quality Assurance (QA) and Quality Control (QC) mechanisms for USAID-supported clinics in collaboration with RHBs. PHSP will also work with EHNRI to create a more robust role for private enterprises in such areas as EQC, local production of reagents, surveillance studies and equipment maintenance. In collaboration with EHNRI, PHSP will train lab staff on lab diagnosis of HIV,TB, Malaria ,STIs and OIs using a centrally developed training manual, train on proper lab management including forecasting and budgeting; develop SOPs and provide related mentoring. PHSP will help USAID-supported clinics to establish a functional recording and reporting system in compliance with national requirements; implement appropriate quality control measures to ensure acceptable accuracy and precision in lab tests and create linkages with other lab services for efficient service continuity. To add value to USAID supported clinics delivering TB and HIV services, PHSP will provide minor materials such as infection prevention materials (masks, dust bins) and sputum collection caps. The program will also support minor renovation such as widening of windows to avoid overcrowding.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

Under this award there will be targeted health system strengthening activities with the end goal of creating an enabling environment for the private health institutions. This project will also be linked and work with USAID/DCA mechanism to overcome the financial barriers for the expansion of private health facilities.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 to quality delivery of health services. The poor state of health education in the country and the lack of appropriate screening mechanisms to ensure that graduates have learned the essentials are major barriers that impact the quality of health services. An increase the number of graduating health professionals from private institutions to address the current shortage of manpower without a focus on the quality of training may result in substandard service delivery. The following targeted activities will be rolled-out to strengthen the private health sector system: 1) PHSP will support FMHACA to produce comprehensive licensing and accreditation manuals for different health care providers. PHSP will engage professional bodies to obtain their buy-in for the accreditation program; 2) PHSP will work with FMOH to establish a framework for the engagement of the private health sector in publicly funded health activities, including the provision ART and TB services, quality management and surveillance in the health sector; 3) PHSP will also work with

private medical colleges to improve quality of health education and the creation of alternative financing for health education; 4) PHSP will also work with professional bodies and other relevant associations to consolidate private health sector representation and networking; 5) PHSP will work to strengthen the capacity of RHBS to support the private health sector through incentive-based monitoring, supportive supervision and proper documentation of private health sector achievements in 5 RHBs (AA, Oromia, SNNPR, Amhara and Tigray). This project will strengthen the overall health system and regulatory environment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

This is a continuing activity. PHSP will strengthen the HCT service delivery system by expanding access to and demand for HIV counseling and testing services. The type of activity for HCT services will be mainly client-initiated testing through mobile outreach using the national testing algorithm to address previous challenges with client uptake. 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. This mechanism will subsume OSSA's mobile and community based testing activity from CDC per the realignment. 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 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
Prevention	HVOP	0	0

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. As part of the PEPFAR

Ethiopia realignment process, mobile counseling and testing activities under the CDC partner OSSA will be subsumed by Abt starting first quarter of FY 2013. 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 condom use knowledge, attitudes and practices in the context of HIV and family planning (FP) will be assessed through a meta-analysis of existing research. The health information education communication (IEC) system will be improved as IEC packages will be disseminated 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- Djibouti; Addis-Moyale routes). The IEC package will include 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. 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
Prevention	MTCT	0	0

Narrative:

USAID Private Health Sector Program (PHSP) will support expanded access to and demand for MNCH/PMTCT services in Ethiopia. This is a relatively new activity that started with reprogrammed funds from COP FY2010. Strengthening of the overall private health system and the creation of an enabling environment for the private health sector will be essential outputs of this agreement. The four major technical focus areas: I) Creation of an enabling environment, II) Building the technical capacity of private higher clinics, III) Promotion and demand creation for PMTCT services, and IV) Quality assurance and quality control activities. The lack of PMTCT services at higher clinics represents a considerable missed opportunity in preventing mother to child HIV transmission, as significant numbers of antenatal care and a considerable number of deliveries take place in private higher clinics. A recent joint rapid assessment of 20 higher clinics made by Addis Ababa Regional Health Bureau and PHSP (May 2010) showed that the number of mothers seeking antenatal care at private clinics is significant. It was also noted from the assessment that the number of labor and deliveries that take place in private higher clinics are high as well. Despite the high demand for services from these facilities, the facilities are not equipped

to provide proper HIV screening and follow-up services. PMTCT services will be initiated at 12 private clinics in Addis Ababa in the first year, and will engage a total of 100 private clinics nationwide in the delivery of PMTCT service in five years time. PMTCT interventions at private higher clinics will focus more on the first three PMTCT components and link with community outreach services and public facilities, etc., for the fourth component. The project will use the national PMTCT guidelines and protocols to initiate PMTCT services in selected higher clinics with high prenatal client load. PHSP will create the necessary network and working relationships with the national PMTCT technical working group, the RHBs and community based organizations to create widely accepted PMTCT services in private higher clinics.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:

This is a continuing activity aimed at strengthening and expanding ART services at private clinics. The program will prioritize identification and enrollment of HIV positive 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. Despite a delay in the initiation of ART through private clinics, the PHSP during FY 2009 & FY 2010 worked to overcome many of the policy issues that were barriers for the expansion of ART services at private sector run clinics and will continue to work with the GoE legislative bodies. PHSP is now on track to expand to an initial 16 private clinics in Addis Ababa with the vision to expand to 60 private clinics in major urban centers during subsequent 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 for 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 CHWs supported by partner organizations. At initial stages, implementation will be aimed at 8 selected 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, the use of QA and QC tools and strengthened capacity of RHBs and District and City health offices to supervise private sector providers.

Implementing Mechanism Details

Mechanism ID: 14195	Mechanism Name: Leadership Management and Governance

Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 900,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	900,000

Sub Partner Name(s)

African Medical and Research Foundation	Frontline AIDS Support Network	John Hopkins Bloomberg School of Public Health, Center for Communication Programs (JHU-CCP)
Yale University		

Overview Narrative

The goal of Leadership Management and Governance (LMG) is to increase the stewardship, leadership and management capacity and skills of GOE national and regional personnel. Based on realignment of actvities with CDC, this project will also take the responsibility of NASTAD (Woreda level support) and focus on Track 1 sites of Columbia University/ ICAP to ensure the smooth transtion of activities to GoE leadership in Oromia, Harari and Dire Dawa region. This will be accomplished through targeted TA and training in the areas of leadership, planning, coordination, management and reporting to Regional and Zonal HIV/AIDS Prevention and Control Offices (HAPCOs), Health Departments and non-health sector political leadership. This will include training in organizational sustainability, financial management, HR mgmt and business planning for health. Targeted populations include decision-making authorities in the health sector-political administration at the regional, zonal and district levels. This is aligned with the PF Goal 3: Health systems necessary to support GOE in HRH and the GHI strategy to support the new GOE HRH strategy. Activities will build on the work of the Leadership, Management and Sustainability (LMS) project in 10 zones Amhara and Oromiya Regional States. The project introduced Leadership Development Program (LDP)-a team based approach to strengthening management and leadership and

a number of other innovative tools to improve performance. The assessment findings revealed that participating zones and districts have achieved significant improvement in management and leadership practices; and improvements in key health indicators, including PMTCT and VCT uptake compared to the neighboring non-participating zones and districts.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	900,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14195**		
Mechanism Name:	**Leadership Management and Governance**		
Prime Partner Name:	**Management Sciences for Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	900,000	0
Narrative:			
To address stewardship and management challenges within the GOE public health management, USAID will provide technical assistance and training in the areas of leadership, planning, coordination, management and reporting to Regional and Zonal HIV/AIDS Prevention and Control Offices (HAPCOs),			

Health Departments and non-health sector political leadership. This will include training in organizational sustainability, financial management, human resources management, and business planning for health. The SOW for the mechanism will be developed following a participatory assessment in which more details will be available. The SOW will take into consideration health management and leadership TA that may be provided through other PEPFAR projects to avoid duplication. The inital assessment will highlight these areas.

Implementing Mechanism Details

Mechanism ID: 14203	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14206	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14207	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14208	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14209	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14210	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14211	**Mechanism Name: Systems for Improved Access to Pharmaceuticals and Services**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program in Ethiopia contributes towards meeting specific PEPFAR program targets by providing technical support to GOE and private health facilities for the appropriate dispensing and rational use of medicines (RUM), including the expansion and maintenance of a Pharmaceutical Management Information System (PMIS). SIAPS interventions for COP 2012 are categorized under the following six pillars: 1. Improving pharmaceutical sector good governance 2. Strengthening institutional capacity to increase access and improve quality of pharmacy services; 3. Strengthening pharmaceutical management information systems to support evidence-based decision making; 4. Strengthening national capacity for safe, accountable management and timely disposal of pharmaceutical and clinical waste; 5. Promoting access to essential medicines. The activities are co-funded by PMI and PEPFAR for cost effectiveness. SIAPS supports institutional capacity building of national organizations such as the Food, Medicines, and Health Care Administration and Control Authority (FMHACA), the Pharmaceutical Fund and Supply Agency (PFSA), the Regional Health

Bureaus (RHBs), Schools of Pharmacy, the Ethiopian Pharmaceutical Association (EPA), and health facilities in key areas of patient-focused pharmacy services to ensure sustainability and local transition. This is aligned with PF Goal 1: to reduce the national HIV incidence as well as the GHI HSS: Commodity and Logistics Systems strategy. Although no COP 2012 funds are being requested for this mechanism pipeline funds will be used to continue activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Malaria (PMI)
Workplace Programs

Budget Code Information

Mechanism ID:	**14211**		
Mechanism Name:	**Systems for Improved Access to Pharmaceuticals and Services**		
Prime Partner Name:	**Management Sciences for Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	0	0
Narrative:			

SIAPS addresses major challenges with the national pharmaceutical commodities management system in Ethiopia. In collaboration with MSH's Center for Leadership and Sustainability (LMS), trainings in Leadership, Management, Supervision, and Team Building for FMHACA, PFSA, RHB Pharmacy Department and EPA managers strengthen their leadership and management capacity. Stewardship will be strengthened with continued strengthening of facility run Drug Therapeutic Committees, strengthening of the Nat'l Advisory Committee on Antimicrobial Resistance (AMR) to carry out its mandate effectively, scale up establishment and operation of Drug Information Services in selected hospitals throughout the regions, strengthen pharmaceutical human resource at different levels to ensure proper management and use of pharmaceuticals and related commodities, support consultative meetings between FMHACA and private pharmacies, medicines manufacturers, importers, distributors and retailers, improve nat'l compliance with international manufacturing standards, and provide pharmaceutical ethics training for EDA and EPA members. PEPFAR will continue supporting EDT/ADT until a national HMIS solution is worked out which includes closely collaborating with USAID/Deliver and SCMS on the roll out of Pharmaceutical Information Management System (PIMS). Quality systems will be improved with good dispensing practices training, FMHACA development, adaptation and implementation of disposal of pharmaceutical waste, development of a nat'l framework for clinical waste mgmt, support for FMHACA and RHBs to improve the quality of service given by Rural Drug Vendors (RDV) by accreditation and training in logistics, prescribing practices and production, dissemination of electronic and printed IEC materials on ethical (prescription) and over the counter (OTC) drugs for patient education in collaboration with FMHACA. SIAPS TA will pilot AMR containment interventions with ORHB , Jimma University and FMHACA, strengthen ADR monitoring and Pharmacovigilance (PhV) systems, initiate/establish an active ADR surveillance system, popularize the waste disposal framework.

Implementing Mechanism Details

Mechanism ID: 14212	**Mechanism Name: Promoting the Quality of Medicines Program**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 800,000	**Total Mechanism Pipeline: N/A**

Funding Source	Funding Amount
GHP-State	800,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal for Promoting the Quality of Medicines (USP-PQM) Program is to strengthen the national regulatory and quality assurance capacity of the Food, Medicine and Health Care Administration and Control (FMHACA) and Regional/City regulatory bodies. Under COP 2012 USP-PQM will work with FMHACA but with more emphasis on strengthening the six FMHACA branch offices to strengthen the GOE lab for transition. The project will also work with regional governments/regional health bureaus and autonomous cities towards creating an effective, efficient and sustainable medicine, food and healthcare regulatory and quality control systems at all levels. This is aligned with the GHI HSS: Commodity and Logistics Systems strategy. Additionally, the project will contribute to the improvement of the health status of the Ethiopian people by ensuring the quality, safety and efficacy of medicines, in particular those used for the treatment of opportunistic infections associated with HIV AIDS and by ensuring the quality and safety of foods used in HIV AIDS patients, mothers and children. The activity is co-funded by PMI and PEPFAR. There are a number of partner performance indicators that will be tracked. No vehicles needed.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	250,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Malaria (PMI)
Workplace Programs

Budget Code Information

Mechanism ID:	14212		
Mechanism Name:	Promoting the Quality of Medicines Program		
Prime Partner Name:	United States Pharmacopeia		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	800,000	0

Narrative:

The national regulatory and quality assurance capacity of Food, Medicine and Health Care Administration and Control (FMHACA) and Regional/City regulatory bodies is weak and needs to be strengthened in terms of quality, stewardship and overall coordination. USP-PQM plans to 1) Strengthen the regulatory and quality assurance capacity of FMHACA based on identified gaps; 2) Assist regional health bureaus and autonomous cities to establish food, medicine and healthcare regulatory systems; 3) Strengthen regulatory and quality control/quality assurance capacity of FMHACA branch office and equip them to conduct independent quality control of medicines and food; 4) Support establishment of medicine and food information /knowledge management centre; and 5) Support FMHACA in promoting compliance with GMP and HACCP among local food and medicine manufacturers. Plans for FY 2012 include developing a unified USG approach for FMHACA.

Implementing Mechanism Details

Mechanism ID: 14213	**Mechanism Name: Empowering New Generations in Improved Nutrition and Economic opportunities (ENGINE)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Save The Children Federation Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	

G2G: N/A	Managing Agency: N/A

Total Funding: 1,500,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Empowering New Generations in Improved Nutrition and Economic opportunities (ENGINE) program is the USG flagship nutrition program under the FTF and GHI Initiatives. The program is also funded with USAID/Ethiopia nutrition funds. The goal of the program is to improve the nutritional status of women and young children through sustainable, comprehensive, and coordinated evidence-based interventions. ENGINE will have four broad areas of intervention including: 1) strengthening the capacity and institutionalization of nutrition programs and policy, 2) improving the quality and delivery of nutrition and health care services, 3) improving prevention of undernutrition through community-oriented nutrition care and practices, and 4) adopting a rigorous and innovative learning agenda. In addition, as a cross-cutting area, the program aims to mainstream nutrition within GOE ministries and to promote rigorous monitoring and evaluation. The program will be implemented in 100 woredas in Amhara, Oromia, SNNPR, Tigray regions with a special focus on 100 woredas where FTF programs will be implemented. The program will target pregnant and lactating women and children under 5 in their households. Furthermore, the program will build on USAID's experience and focus on prevention of undernutrition through the promotion and institutionalization of the Essential Nutrition Actions (ENA) framework and will aim to link it to treatment programs, particularly the community-based management of acute malnutrition (CMAM) to provide a continuum of care for nutritional support. ENGINE will expand the reach and coverage of PEPFAR programs and aim to mainstream and integrate CMAM and nutritional assessment, counseling and support (NACS) frameworks as well as the ENA.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	200,000
Food and Nutrition: Commodities	600,000
Food and Nutrition: Policy, Tools, and Service Delivery	700,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Child Survival Activities
Mobile Population
Safe Motherhood

Budget Code Information

Mechanism ID:	**14213**
Mechanism Name:	**Empowering New Generations in Improved Nutrition and Economic opportunities (ENGINE)**
Prime Partner Name:	**Save The Children Federation Inc**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,500,000	0

Narrative:

The ENGINE program will operate in 100 rural woredas in the four most populous regions of the country for a period of five years. In COP 2012, the program will reach 47,500 beneficiaries infected and affected by HIV/AIDS in rural communities of Ethiopia including pregnant and lactating women, children less than 5 years and orphans and vulnerable children with nutrition services. Services will include nutritional counseling for pregnant and lactating mothers on appropriate infant and young child feeding practices using the Essential Nutrition Actions (ENA) framework, which has been adapted for the HIV/AIDS context. To ensure client retention and referrals ENGINE will collaborate closely with other

PEPFAR implementing partners so that clientele receive the complete package of services. In addition, ENGINE will conduct community mobilization and awareness using a variety of media which will widen the nutrition coverage to include men and other decision-makers in the community. Of critical importance, the program is intrinsically linked to the USAID's funded support to the Government of Ethiopia's Agriculture Growth Program (AGP) as part of the Feed the Future (FTF). This co-location of programs will allow ENGINE to ensure that beneficiaries of nutrition services are also linked into economic and livelihood opportunities as well as participate in value chain activities and linkages to markets. Lastly, the program will expand on the Office of Foreign Disaster Assistance (OFDA) funded community-based management of acute malnutrition (CMAM) to provide treatment services to acutely malnourished beneficiaries. The program will reach 14,250 acutely malnourished HIV affected and infected persons with therapeutic foods. A large component of ENGINE is focused on a rigorous, research-driven learning agenda which will be complemented by surveys and sites visits that will feed into the overarching M&E goals. It must be noted that contributions from PEPFAR are wrapping around with FTF programs to create efficiencies and more integrated services.

Implementing Mechanism Details

Mechanism ID: 14214	**Mechanism Name: Food by Prescription**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Save the Children US	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Clinical malnutrition is a risk factor for HIV progression, morbidity and mortality for all HIV + patients. As HIV infection progresses, hyper-metabolism, malabsorption of nutrients, diarrhea, and anorexia can

cause poor nutritional status that adversely affects adherence to and efficacy of drug treatments. The FBP goal is to provide therapeutic and supplementary feeding to malnourished HIV+ individuals at health facilities in alignment with the GHI and Government of Ethiopia (GOE) goals. In COP 2012, the program will expand NACS to approximately 100 new public health facilities, introduce NACS into private and NGO facilities, explore nutritional support to TB patients and strengthen and expand economic opportunities for 50,000 beneficiaries through linkages with ongoing PEPFAR and GOE programs, and other development platforms supported by FTF. The program will continue to enroll and support severely and moderately malnourished PLWHA, HIV + pregnant women in PMTCT programs, HIV + lactating women in the first six months post-partum, their infants, and OVC in Amhara, Oromia, SNNPR, Tigray, Harar, Dire Dawa and Addis Ababa.. As the program evolves, efforts will focus on strengthening health workers' skills and NACS quality through supportive supervision and integrated quality improvement. Coordination with other partners will focus on providing technical assistance and support to proper packaging and labeling of locally produced RUTF. Lastly, with the advent of FTF, FBP will capitalize on opportunities and platforms provided by FTF, that link into a network of new programs focused on improved agriculture, economic and livelihood opportunities. Though no COP12 funds are being requested for this project, the project will continue as described using pipeline funds.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing women's access to income and productive resources
Child Survival Activities

Safe Motherhood
TB

Budget Code Information

Mechanism ID:	14214		
Mechanism Name:	Food by Prescription		
Prime Partner Name:	Save the Children US		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0

Narrative:

The FBP program will target 50,000 urban and peri-urban beneficiaries in COP 2012 for nutrition services and support in seven regions (Amhara, Oromia, SNNPR, Tigray, Harar, Dire Dawa and Addis Ababa). The program will strengthen its economic strengthening activities by scaling-up previously identified best practices, such as the Back to Work Initiative.

Initiated by FBP, the Back to Work Initiative works with employment agencies to reintegrate HIV/AIDS infected and affected persons into the workforce. The Initiative has established links with employers in Oromia. These efforts will be scaled-up to other areas where FBP is operating. The program will also work closely with other ongoing development and PEPFAR programs funded by USAID and all levels of the GOE HIV/AIDS Program Coordinating Office (HAPCO) to identify sustainable and meaningful opportunities for program beneficiaries. HAPCO is already working with FBP to link beneficiaries to livelihood activities currently funded by the Global Fund. It is anticipated that 50% of the FBP beneficiaries will be absorbed through this mechanism. FBP will continue to link beneficiaries to ongoing USAID-funded programs such as the Urban Gardens Program, WFP and, where applicable, FTF agriculture and livelihood programs. Drawing from its pilot experience with HAPCO and local organizations, FBP will scale-up best practices in livelihood activities.

In addition, the program will work with PEPFAR partners involved in income generating activities (IGAs) to develop a set of standardized guidelines for economic strengthening activities. These guidelines will be incorporated into development of a database for the GOE to track and link beneficiaries to various income generating activities and track outcomes of those activities. This database is expected to prevent duplication of services to beneficiaries and provide an evidence base for determining best practices for IGAs in Ethiopia.

Lastly, the program will continue to strengthen community-facility linkages by working with key community leaders to ensure continuum of care and follow-up. In addition, as with other aspects of the

program, quality improvement will be incorporated into economic strengthening activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

Care for HIV pediatrics will remain a key component of the FBP program in COP 2012. The program will target 18,200 children infected or affected by HIV/AIDS in the urban and peri-urban areas of seven regions (Amhara, Oromia, SNNPR, Tigray, Harar, Dire Dawa and Addis Ababa) . The program represents a scale up of existing pediatric support activities into 500 public health facilities and expansion into NGO and private facilities. This includes a robust program of NACS and provision of therapeutic and/or supplementary foods to severely malnourished children infected or affected by HIV/AIDS. The program is aligned with other existingHIV/AIDS programs to promote efficiencies and integration in services. FBP will collaborate with existing USAID development platforms and FTF programs to provide complementarities in economic strengthening and food production to increase long-term food security for populations affected by HIV/AIDS.

In addition, greater focus will be placed on establishing effective referral systems to economic strengthening activities for families of HIV/AIDS infected and affected children. For adolescents, the program will work to develop and implement an adolescent targeted economic strengthening strategy that takes into consideration the needs of this group. This will include providing vocational training to adolescents and providing them with links to opportunities that can utilize their skills.

Like other areas of the FBP program, pediatric care and support activities will be incorporated into a quality improvement framework to ensure provision of quality services. Program monitoring will include creating a QI system, training healthcare workers in QI data collection and utilization to ensure NACS aligns with pediatric needs, supportive supervision and improving data collection, analysis and utilization.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

In COP 2012, the Food by Prescription (FBP) program will continue to expand nutritional assessment counseling and support (NACS) from 400 to over 500 public facilities ,in urban and peri-urban areas of seven regions (Addis Ababa, Dire Dawa, Harari, Oromia, SNNPR, Tigray and Amhara) where the program is currently implemented. In addition, the program will expand implementation into NGO and private sector facilities in order to create standardization and efficiencies in NACS delivery throughout these regions. FBPwill continue to provide nutrition services to nearly 1300 HIV-positive pregnant and lactating women in COP 2012, including provision of therapeutic and/or supplementary food products. The program will be further expanded to provide these services to 1500 pregnant and lactating women in

COP 2013.
Nutritional counseling materials to be used by health workers in the context of HIV/AIDS during and after pregnancy were just developed by FBP in collaboration with the GOE. In COP 2012, FBP will roll-out training in use of these materials and work in collaboration with FANTA-III to develop quality improvement (QI) systems, indicators and approaches. During development of this system, emphasis will be on improving data utilization and quality for informed decision-making by supervisors and health facility staff. Once this system is developed, FBP will support the introduction and adoption of quality improvement tools as part of provision of NACS. .
The program will take advantage of existing platforms at health facilities such as mother support groups to provide counseling on appropriate infant and young child feeding practices. Facility to community linkages will continue to be strengthened by identifying existing structures that can facilitate follow-up in the communities. In addition, FBP will collaborate with other PEPFAR partners in the regions to ensure appropriate linkages to other HIV services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:

In COP 12, the program will continue to expand the nutritional assessment counseling and support (NACS) to over 500 public facilities, the NGO facilities and the private sector in urban and peri-urban areas of the seven regions (Amhara, Oromia, SNNPR, Tigray, Harar, Dire Dawa and Addis Ababa) where the program is currently implemented. The FBP program will provide technical assistance to health facilities for the roll-out and implementation of NACS including training of health workers, the provision of registers and supportive supervision. In COP 12, the program will place a strong focus on quality of services to ensure that NACS activities are maintained and sustained. This will include the introduction of quality improvement (QI) approaches involving coordination with FANTA-III to roll-out QI systems, indicators and approaches. Emphasis will be placed on improving data utilization and quality for informed decision-making.
The program will provide technical assistance to local production companies of Ready-to-Use-Therapeutic Foods (RUTF) in the packaging of these products. FBP will coordinate with SCMS, TechnoServe and other stakeholders to ensure that packaging and quality and safety standards of the foods produced locally meet international standards.
FBP programs will be fully integrated with other HIV/AIDS services available at the facilities where the program is implemented and will connect with other VCT, care and treatment and PMTCT PEPFAR partners providing services.

Implementing Mechanism Details

Mechanism ID: 14215	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14217	**Mechanism Name: Urban HIV/AIDS Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: World Food Program	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,200,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The World Food Program (WFP) Urban HIV/AIDS Nutrition and Food Security Project (UHNFSP) overall goal is to improve household food security and nutritional status of PLHIV, OVC and households affected by HIV/ AIDS. This program will improve services in 23 urban and peri-urban areas with high HIV prevalence and poverty in SNNPR, Oromia, Tigray, Amhara, Dire Dawa and Addis Ababa regions. The program will be rolled-out to the emerging regions of Somali, Afar, Benishangul Gumuz and Gambella in COP 2012. The NACS approach will be used to assess and link clients to food security programs and support according to standardized criteria. Existing CMAM concepts and materials will be integrated into NACS programs to improve linkages between the community and health facility. Specific objectives are to: 1) improve the nutritional status and health of malnourished PLHIV, PMTCT clients and OVC; 2) improve household food security of these clients and their households; 3) strengthen the evidence-base for nutrition and food security programming; and 4) strengthen the capacity of the health system to provide nutrition care. Targeted populations include: 1) malnourished PLHIV on pre-ART/ART, 2) malnourished PMTCT clients and their children, 3) all malnourished and food insecure OVC regardless of

HIV status. Targeted populations will "graduate" from food and nutrition support once they reach food security criteria. Activities are aligned with the GHI strategy to prevent and treat malnutrition with an integrated response and the PF goal to support nutrition for PLHIV and OVC. The program's geographical coverage will complement other nutrition programs in country. Though no COP12 funds are being requested for this project, the project will continue as described using pipeline funds.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	600,000
Food and Nutrition: Commodities	300,000
Human Resources for Health	7,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Child Survival Activities
Safe Motherhood

Budget Code Information

Mechanism ID:	**14217**
Mechanism Name:	**Urban HIV/AIDS Project**
Prime Partner Name:	**World Food Program**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

UHNFSP will provide food and nutrition services to address the needs of malnourished PLHIV enrolled in ART, Pre-ART and PMTCT clinics and health facilities and OVC in Afar Benshangul, Gambella and Somali regions. PLHIV and OVC's nutritional status will first be assessed by Mid-Upper-Arm-Circumference (MUAC) or Body Mass Index (BMI) measurements, then counseled regarding appropriate nutrition and, if eligible according to MUAC and/or BMI criteria, they receive treatment in accordance with the National Guidelines for HIV and Nutrition. Those receiving treatment will have their nutritional status assessed monthly. Clients will be graduated if they attain targeted improvements in MUAC or BMI for two consecutive measurements. Malnourished individuals will also be referred for a household (HH) food security assessment and food insecure HHs (based on set criteria) will be linked to food assistance.

UHNFSP will utilize existing Community Resource Persons (CRPs), volunteers who are appointed by the GOE to work with HEWs to provide primary health care at the community level, to provide linkages between the community and health facilities. CRPs will provide HH level follow-up for the program, including counseling and assistance with nutrition and ART adherence. This will improve client retention, adherence to treatment and early detection, diagnosis and initiation of treatment.

UHNFSP will also conduct the following activities to ensure quality NACS is provided: 1) training on NACS for community-based CRPs; 2) equipping facilities with equipment and NACS materials; 3) developing NACS job aids for health workers; 4) improving nutrition M&E at health institutions; and 5) on-site supportive supervision and mentorship for NACS staff and volunteers.

This program will create and improve community and facility linkages for nutrition services, including referrals from other programs, in collaboration with the FMoH. Nutrition indicators will be integrated into existing clinical and community M&E systems and tools. Quarterly urban and peri-urban review meetings and bi-annual/annual regional and nutrition TWG meetings will be held to monitor the progress and challenges of the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,200,000	0

Narrative:

HKID funding allocations will address vulnerable children and households affected by HIV/AIDS, with a focus on food insecure households. Program provision of nutritious food vouchers to guardians of OVC for maintenance of normal nutritional status in OVC will continue in the previously targeted 23 woredas in SNNPR, Oromia, Tigray, Amhara, and Dire Dawa regions and will be expanded to selected project areas

of Somali, Afar, Benishangul, Gumuz and Gambella regions. OVC will be selected through the established community process and receive support through local sub-grantees at the community level, such as Early Childhood Care & Development (ECCD) organizations, NGOs, CBOs and PLHIV associations.

Existing Community Resource Persons (CRPs), recruited and managed by the GOE, will be trained in community NACS, with a focus on community management of acute malnutrition (CMAM) and how to do a household food security assessment. Simplified community job aids and reference materials will be developed to assist the CRPs to provide counseling and support in the community. CRPs will conduct monthly home visits to assess OVC for nutritional status, conduct growth monitoring, and counsel guardians regarding nutritional and psychosocial needs of OVC. CRPS will refer OVC to health facilities for treatment if there is evidence of OVC growth faltering, stunting or malnourishment.

In areas where USG nutrition programs do not provide specialized foods, OVC clients will be linked to UNICEF sponsored food programs for children under five. In addition, the program will collaborate with the GOE to improve the ability of other HIV/AIDS programs to link to and from UHNFSP services. This includes strengthening the linkages of UHNFSP with other community and facility-based partners for appropriate care and support services referrals. Sub-grantees (TBD) will be monitored through quarterly urban and peri-urban meetings. Sub-grantees will participate in bi-annual regional meetings with HAPCO/FMOH and implementing partners to facilitate collaboration and integration.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

Strategic Information activities in this program will strengthen the data collection and M&E system for nutrition. The revised Urban HIV/AIDS Information system (UHAIS) will capture all nutrition and food security outputs, outcomes and impacts. After rollout and implementation of this system, results will be documented and disseminated to inform planning and decision-making with an evidence-base. The program will focus on the following SI activities:

1) Documentation of nutrition best practices through systematic recording of lessons learned.

2) Conduct operations research with local and international universities (Ben-Gurion University in Israel) examining nutrition outcomes to provide evidence for refining and designing programs Potential research areas include: a) appropriateness of BMI as an indicator of nutritional status for PLHIV enrollment in specialized food support; b) nutritional outcomes when food support focuses on local nutritious diets for PLHIV; c) comparison of economic strengthening activities designed to increase household food diversity for PLHIV to identify changes in nutritional and HH food security status; and d) the impact of Neglected Tropical diseases (NTD) on the nutritional status of PLHIV.

3) Documentation of nutrition outcomes with an improved data information system, including UHAIS database training for community and facility-based service providers and MoH and HAPCO focal persons.
4) Establishing and setting up UHAIS database centers in all regions of the country and equipping them with the necessary IT equipment.
5) Conducting regular partner reviews to assist all implementers with jointly assessing performance and readjusting their programs to align with existing gaps, thus increasing the efficiency of program implementation. These reviews will include documentation of lessons learned.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

Health system strengthening will be a major part of the WFP Urban HIV/AIDS Nutrition and Food Security Project (UHNFSP). The program will strengthen the capacity of communities and health facilities to provide Nutrition Assessment, Counseling and Support (NACS) and improve household food security. The previously developed M&E tool kit will be revised in collaboration with the Nutrition TWG to ensure all needed nutrition indicators are included. These revisions will be captured in the newly designed Urban HIV/AIDS Information system (UHAIS) database and then rolled-out to all project sites. UHAIS is aligned with the HMIS and CIS and will capture all nutrition and food security outputs, outcomes and impacts. It is planned that the database will become a national FMOH system to inform planning and decision-making with evidence. During UHAIS roll-out, nutrition and food security service providers from all implementing partners, along with key GOE focal points, will be trained how to use both the database and the data for improved decision-making in nutrition programs (including HIV nutrition).
Health care providers (HCP) in targeted NACS health facilities will be trained on NACS, including: 1) taking anthropometric measurements, 2) nutrition counseling techniques and information, 3) prescription of specialized foods, and 4) nutrition M&E.
Use of the new database by CRPs and implementing partners will allow identification and tracking of clients, including those lost to follow-up. Malnourished PLHIV or OVC clients at the health facility who are prescribed specialized foods will be referred to a CRP for follow-up and tracking of food adherence. At the community level, PLHIV and OVC will be screened by CRPs and HEWs and referred to a health facility for NACS and treatment of severe malnutrition. CRPs will be trained on Community NACS and CMAM including adherence counseling, screening for malnutrition, IYCN, growth monitoring, healthy diets, ANC and IYCN for PL-PLHIV, the Basic Preventive Care Package (BPCP) for child survival, nutrition for PMTCT and pregnancy, and referral. Efforts will be made to coordinate with other USG-supported nutrition partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

MTCT funding for UHNFSP will target malnourished pregnant and lactating women living with HIV (PL-PLHIV) and their babies with dietary support to meet nutritional requirements and contribute to better pregnancy outcomes. PL-PLHIV will receive NACS including: 1) counseling on improved infant and young child feeding practices (IYCN) using the National IYCN materials and guidance; 2) guidance on how to access the Basic Preventive Care Package (BPCP) for babies; and 3) referrals for FP and other care and support services.

Community resource persons (CRPs) will be trained on community NACS, ANC, IYCN, BPCP for child survival, and PMTCT focused nutrition for pregnancy. CRPs are community focal persons who identify clients together with HEWs, provide follow-up home visits and ongoing counseling and refer malnourished clients to appropriate facilities. The program will focus on using existing community and facility based mechanisms to strengthen referrals to and from other HIV/AIDS programs in alignment with national referral protocols. CRP's will track mother-infant pairs before and after birth with a focus on improving maternal nutrition and providing basic child survival interventions for the first 24 months of life. This will include malnutrition assessment and treatment of PL-PLHIV by PMTCT service providers. Malnourished clients enrolled inPMTCT services will be referred for a HH food security assessment and linked to HH food assistance if found insecure. Food vouchers for insecure HH are partially funded with support from other donors. Children's nutritional status will be assessed at 18 and 24 months of age. If the child's nutritional status is normal at the 24 month assessment, mothers of HIV negative children will graduate from the project, while mothers with HIV positive children will be reassessed for linkages to household food security activities. Nutritional status of all children under five will be followed through GOE HEW primary health care program (which recruits, trains and oversees the CRPs and HEWs). This program will also coordinate with other USG-supported PMTCT, ANC, and FP partners, as well as facility and community-based partners and programs (such as mother support groups).

Implementing Mechanism Details

Mechanism ID: 14218	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14220	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14221	**Mechanism Name: Agricultural Market Development (AMD) Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Agricultural Cooperative Development International Volunteers in Overseas Cooperative Assistance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 686,362	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	686,362

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overall goal of the Agriculture Market Development (AMD) wrap around program is to support OVC,caregivers, and PLHIV households to build assets, income and livelihoods through agricultural economic strengthening activities to increase resiliency to the socio-economic effects of HIV/AIDS. This is aligned with the GHI strategy to increase linkages with other sector programs and “wrap-around” opportunities including agriculture and FtF. AMD addresses the cross-cutting areas of income generation and gender. Coverage areas will be in 82 Woredas in the Amhara, Tigray, Oromia and SNNPR regions, selected based on the presence of booming business centers and high-volume agriculture production areas that attract a high influx of migrant workers during peak agricultural harvest periods. Objectives include: 1) Increasing livelihood opportunities (i.e. IGA) for households affected by HIV and AIDS; 2) Strengthening referral linkages with HIV/AIDS community service providers for economic strengthening activities 3) Increasing HIV/AIDS prevention knowledge in agricultural communities -with an emphasis on high-risk time periods and populations and 4) Incorporating economic

risk reduction into livelihoods programs through program implementation methods. HH-level beneficiary needs assessments will be conducted by the CBO focal persons and support provided based on agreed upon criteria including HH food security, poverty indicators including assets and whether the HH is affected by HIV/AIDS. Existing community groups will be targeted for implementation through a small grants program. In addition, efforts will be made to address gender gaps in accessing livelihood and economic strengthening activities. 1 new vehicle is needed to support program implementation.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	289,483

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Workplace Programs

Budget Code Information

Mechanism ID:	**14221**
Mechanism Name:	**Agricultural Market Development (AMD) Program**
Prime Partner Name:	**Agricultural Cooperative Development International Volunteers in**

	Overseas Cooperative Assistance		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	289,483	0

Narrative:

The AMD program provides economic strengthening/livelihood activities for HIV-infected adults and their families (PLHIV), OVC, caregivers and their households through social support via income generating activities (IGAs) in the agriculture sector. This program operates at the community level in urban and peri-urban areas in four regions (Amhara, Oromia, Tigray, and SNNPR) where HIV/AIDS prevalence is high. It will contribute to the Partnership Framework universal access goal by providing economic support and contributing to goals to reduce socioeconomic impacts of HIV by reaching more than direct beneficiary 1,000 households. CBO focal persons will be trained to engage PLHIV and OVC households in IGAs through standardized economic strengthening. These focal persons will then identify beneficiaries and refer them to IGAs that best accommodate their interests in order to promote ownership. Since women/females play a lead role in facilitating family member access to health care and social services, ACDI-VOCA in coordination with selected local NGOs and CBOs will ensure at least 60% of beneficiaries are female. The agriculture IGA activities will be embedded within an agriculture value chain approach to ensure that no single IGA is promoted without market demand. Four commodities will be focused on for value-chain includes coffee, wheat, maize and oil seeds. In coordination and collaboration with the other USG nutrition and FTF partners job aids and 1-2 page briefs will be developed to provide guidance for CSOs and agriculture stakeholder on how to implement IGAs. High impact, realistic IGAs that increase food security and nutrition status of the households will be implemented. AMD integrates with other USG-supported partners to improve linkages to other HIV services. For sustainability, CBO focal persons are given additional capacity building so that local CBOs can assume full activity responsibility in the future. ACDI/VOCA will be involved in the development of the referral forms to ensure correct ES indicators and data collection. M & E includes quarterly review meetings with the FMOH and implementing partners as well as regular meetings to discuss monthly indicators, program challenges and solutions.

Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	56,277	0

Narrative:

ACDI/VOCA reaches highly vulnerable individuals concentrated in 82 woredas of 4 regions at the community and household levels. This funding will target behavior change for at risk youth and clients of commercial sex workers, permanent and seasonal farm laborers and local leaders. In and out of school youth (15-24 yrs) from higher education and secondary school students are more likely to engage in

higher risk sex and HIV prevalence among women 15-19 years is three times higher than men. Female Sex Workers (FSW or CSW)-females who regularly or occasionally trade sex for money in drinking establishments, night clubs, local drink houses, chat and 'shisha' houses, 'on the street', around military and refugee camps (female). Clients of FSWs are diverse and include truck drivers, field workers, migrant workers, etc. Whenever CSWs are targeted their clients' behaviors also need to be addressed. The HVAB funding will be primarily used to support a community dialogue tool and peer-outreach community activities with targeted messages for behavior change to reduce multiple sex partners, male norms, gender based violence, stigma and discrimination against PLHIV and promotion of positive sexual behavior. ACDI/VOCA staff will train CBO focal persons and community members as peer educators using national curricula on comprehensive HIV prevention. The quality of peer education and communication skills will be assessed using agreed upon tools. The peer educators will target farm laborer households, local leaders and those involved in trade and transportation of agricultural products. There will be regular monitoring to ensure the quality and consistency of comprehensive messages among the targeted populations. ACDI/VOCA will link with existing HCT partners so that AB prevention education efforts can be twinned with mobile CT outreach or referrals and transport to nearby testing sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	340,602	0

Narrative:

Through the Other Sexual Prevention funding allocations ACDI/VOCA will reach 20,000 high-risk permanent and seasonal mobile workers including farm laborers, local community leaders, youth and the general population. This funding will increases access to prevention services among these groups in 82 agricultural growth woredas. MW are at risk for multiple concurrent sexual partners and are not well integrated into the communities. Peer educators from these groups will be trained in at least 8 intensive sessions on appropriate and consistent use of condom messages, combined STI referral and treatment and promotion of CT services. Peer educators will then conduct outreach with the existing farmers cooperatives, unions and other community agriculture groups. 82 condom service outlets will be established with partners and 5,000 permanent and seasonal farm laborers counseled and tested for HIV and STIs. In order to ensure sustainability, placement of condom distribution outlets will be planned so that it is more likely to remain after USG-funding ceases (commercial shopkeepers, etc.). M & E includes regular monitoring and assessments' of the outreach/education with revised tools and joint supportive supervision with the Woreda Health Officer. ACDI/VOCA will actively participate in the food security, soil and water conservation and nutrition TWGs and food insecure households will be linked with other food and nutrition services.

Implementing Mechanism Details

Mechanism ID: 14222	Mechanism Name: Ethiopian Sustainable Tourism Alliance (ESTA)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: International Resources Group	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 200,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overall goal of Ethiopian Sustainable Tourism Alliance (ESTA) is to improve HIV/AIDS prevention and support services in ESTA Community Conservation Areas in 15 woredas (Oromia and SNNPR regions). These areas are creating ecotourism opportunities to attract business to the area that will affect 80,000 beneficiaries. The expansion of tourist activity increases the risk of HIV/AIDS due to increased commerce and interaction with urban areas where HIV/AIDS prevalence is higher. Thus, the program incorporates a strong HIV/AIDS care and support social segment to increase economic opportunities for PLWHA and households affected by HIV/AIDS. This builds on previous activities that included HIV/AIDS awareness, decreased stigma and discrimination, and increased VCT services and referrals in these areas.
Specific objectives include: providing need-based capacity building in HIV/AIDS care and support to selected Community Level Implementing Partners (CLIPs), improving referrals and linkages to existing HIV/AIDS services, and increasing income opportunities and resilience of households affected by HIV/AIDS, with an emphasis on PLWHA and OVC and their caretakers. Economic strengthening activities in this project preferentially target PLWHA, OVC caretakers, and young adolescents in order to assist these populations to attain viable sources of income and address cross-cutting areas highlighted in PEPFAR, GHI, GCC and FtF Initiatives.
In order to effectively monitor and evaluate the progress of this program, a KAP assessment was

conducted in 2010. The program was adapted to the results of the KAP and it informed the M&E system that reports data quarterly.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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)
Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	**14222**
Mechanism Name:	**Ethiopian Sustainable Tourism Alliance (ESTA)**
Prime Partner Name:	**International Resources Group**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,000	0
Narrative:			

The HIV/AIDS Component of ESTA will focus on adult care and support services at both health facility and community levels within the target areas. Services will be delivered through workplace and community volunteers recruited and trained by CBOs selected and managed by CLIPs. Volunteers will be trained in basic palliative care and will provide basic adult care and support services to the beneficiaries. In addition, the program will provide economic opportunities for PLWHA and OVC caretakers, who focus on the tourism value chain. This will include skills trainings and support to individuals to start small businesses linked to ecotourism activities implemented at the community level to promote sustainability and leverage existing resources to improve livelihoods and food security for PLWHA and OVC and their caretakers. Previous activities in HIV/AIDS awareness and prevention activities have significantly reduced stigma and discrimination in these communities, creating an enabling environment in these communities where PLWHA, OVC and their caretakers have greater access to income-generating activities. In order to further minimize stigma and discrimination. PLWHA will continue to be actively involved in all aspects of the program. Recognizing that PLWHA need more than just income generation, this program specifically links with other HIV services and implementers working in the target area. Last year, a service delivery map was created to inform linkages between HIV/AIDS programs. The information from this map will be disseminated among volunteers and used to improve linkages with prevention, treatment, income generating activities (IGAs), sexual and reproductive health, nutrition, PLWHA support groups, social, spiritual, and legal services. This map and other standardized tools align the program with other programs in the target areas and ensure provision of quality services throughout Ethiopia. A baseline needs assessment was conducted to estimate the targeted populations and their care and support needs. An M&E system was designed and implemented to ensure provision of quality care and support services and monitored regularly by staff through review of reports, supervision visits and review meetings.

Implementing Mechanism Details

Mechanism ID: 14223	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14224	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14228	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14230	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14232	**Mechanism Name: Ethiopia Highly Vulnerable Children (HVC) Program (Yekokeb Berhan)**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 6,993,250	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	6,993,250

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This new Ethiopia Highly Vulnerable Children (HVC) Program continues the activities for OVC under the Positive Change: Children, Communities and Care (PC3) program. The primary goal is to reduce vulnerability among OVC and their families by strengthening systems and structures to deliver quality services to increase resiliency through a family-centered care and support approach. The program will reach 500,000 highly vulnerable children through a systems approach resting on four pillars: 1)

Addressing child development needs; 2) Ensuring availability of and access to high quality services; 3) Strengthening community support; and 4) Promoting evidence-based decision-making and policy development. This is aligned with the GHI strategy to reduce socio-economic impacts of HIV on OVCs and people living with HIV/AIDS and the PF Goal 2.5: Increase care and support to needy OVC from 30% in 2008 to 50% by 2014. HVC will strengthen capacity and partnerships with local civil society and gov't partners for better network coordination of services and support using standardized existing guidelines, tools, and materials. Coverage will be nat'l with emphasis on urban 'hotspots' with high HIV prevalence. By the end of 2014, a child-focused Social Welfare Framework will be locally sustained to support quality, comprehensive services and empower caregivers to holistically address the needs of children and families through cost-effective coordination and integrated linkages in an extended care network focused on child wellness and family support. With its nat'l scope, the IP will operate six offices to appropriately provide M & E and coordinate community-based activities with continuous support supervision and review meetings. Six vehicles will be purchased for activity implementation

Cross-Cutting Budget Attribution(s)

Construction/Renovation	240,000
Economic Strengthening	480,000
Education	300,000
Food and Nutrition: Commodities	480,000
Food and Nutrition: Policy, Tools, and Service Delivery	240,000
Gender: Reducing Violence and Coercion	100,000
Human Resources for Health	375,000
Water	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	14232		
Mechanism Name:	Ethiopia Highly Vulnerable Children (HVC) Program (Yekokeb Berhan)		
Prime Partner Name:	Pact, Inc.		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	6,993,250	0

Narrative:

The Ethiopia Highly Vulnerable Children (HVC) Program is the USAID umbrella mechanism to support HVC and their families affected by HIV/AIDS. The program components will be implemented at the regional and community levels by PACT International, in conjunction with Family Health International, ChildFund and more than 40 local implementing partners. UNICEF will implement programming at the Federal level. Furthermore, PACT will manage sub-awards to local Ethiopian entities that will comprise of up to 75% of the total funding received each year. HVC builds on existing strengths at the family, household, community and government levels to support the needs of highly vulnerable children. Central to ensuring quality services is family-centered care management that recognizes that child well-being is wholly dependent on household members, HVC and their families to receive age-appropriate, inclusive services and active child participation. The program's regional to community level component also works with government administrative offices from three Ministries and a variety of service organizations. In addition to Boston University's engagement to design and implement an impact evaluation, the HVC program should also include robust monitoring, evaluation, feedback and learning processes that generate evidence to inform program implementation and policy discussions.

Implementing Mechanism Details

Mechanism ID: 14234	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14236	**Mechanism Name: Strengthening the Federal Level Response to Highly Vulnerable Ethiopian Children through the Development of a Child-Sensitive Social Welfare System**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: United Nations Children's Fund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,107,960	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,107,960

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this program is to develop a Child-Sensitive Social Welfare System that fills social need gaps within households and/or family structures and communities through UNICEF. The outputs from this grant will be achieved through close coordination and collaboration with a separately funded USAID activity, the Ethiopia Highly Vulnerable Children (HVC) Program implemented by Pact International. Both activities share the same goal: to mitigate the impact of HIV and AIDS for children through improved Ethiopian systems and structures.. This includes increasing highly vulnerable children access to education, healthcare, shelter, food and nutrition, psychosocial support, protection, and economic support. This is aligned with PF Goal II: To improve the quality of life and ensure the continued provision of quality OVC services. This mechanism will directly link with pillars 1 and 3 of the approved USAID/Ethiopia GHI strategy, increased access to health services and improved health systems. Activities will include developing a nat'l mgmt information system with better tracking of children, and improving institutional and technical capacities of GOE counterparts. With regards to geographic focus, this is primarily a federal-level initiative focusing on strengthening the policy framework. UNICEF will work directly with various GOE Ministries gradually transitioning the full responsibility of the program to the

GOE over time. In addition to internal systems, UNICEF will form a steering committee chaired by the Ministry of Women, Youth and Children Affairs (MoWYCA), including representatives of various GOE agencies; the committee will be crucial to the monitoring and evaluation of the program. There is no plan to purchase or lease vehicles with these funds.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	700,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Child Survival Activities

Budget Code Information

Mechanism ID:	**14236**
Mechanism Name:	**Strengthening the Federal Level Response to Highly Vulnerable Ethiopian Children through the Development of a Child-Sensitive Social Welfare System**
Prime Partner Name:	**United Nations Children's Fund**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HKID	1,107,960	0

Narrative:

UNICEF is a Public International Organization (PIO). The goal of the Strengthening the Federal Level Response to Highly Vulnerable Ethiopian Children through the Development of a Child-Sensitive Social Welfare System program is to mitigate the impact of HIV/AIDS on children through improved Ethiopian systems and structures. This program compliments the Ethiopia Highly Vulnerable Children (HVC) program implemented by Pact International, which will focus on service delivery in the communities and regions. This program will operate primarily at the federal level in order to strengthen policies and build Government capacities. This program is in-line with the national PEPFAR OVC goals and priorities which aim to impact the community, regional and federal networks in order to strengthen government and civil society partnerships. This project will utilize a broad range of approaches for successfully achieving a strong family-focused and child-sensitive social welfare system. This will include active participation in developing policies, regulations and standards related to child-sensitive social welfare. Experts in the field of database creation and management information systems will provide support and expertise in setting up a national and coordinated system. UNICEF in collaboration with relevant Government of Ethiopia (GOE) partners will take advantage of a vast network of academic institutions interested in supporting a national-level curriculum development, accreditation and roll-out process. UNICEF is in an excellent position to work closely with several GOE ministries. With its strong relationship with these ministries, UNICEF has a clear comparative advantage with regards to implementing a program of this nature as they can potentially leverage resources and draw on evidence-based results. As they will be working directly with the GOE, UNICEF will be building the capacity of Government counterparts and systems. For COP FY 2013 the planned amount to put into this mechanism is $1.7 million.

Implementing Mechanism Details

Mechanism ID: 14267	**Mechanism Name: Infrastructure development for health systems strengthening**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: USG Core
Prime Partner Name: Regional Procurement Support Offices/Ft. Lauderdale	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 14,670,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	14,670,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

As a continuation of previous COP Year strategies, HHS/CDC will use the Regional Procurement Support Office (RPSO) to procure the design, monitoring, and contracting services required to construct Regional Laboratories and Outpatient Annexes in Ethiopia.This improvement of infrastructure is essential for the delivery of quality health care and will directly lead to the Partnership Framework's goal of reducing HIV incidence and AIDS-related mortality while building a sustainable health system in high-prevalence areas. This program is also an important diplomacy tool of PEPFAR. 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 the health work force 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 47 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, MCH, and TB services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14267**
Mechanism Name:	**Infrastructure development for health systems strengthening**
Prime Partner Name:	**Regional Procurement Support Offices/Ft. Lauderdale**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	14,670,000	0

Narrative:

Activities include new construction of Outpatient Annexes and Laboratories. Currently 40 outpatient departments in high-volume hospital outpatient departments, and 7 Regional Laboratories have been assessed and prioritized for HHS/CDC's Renovation/Construction Program. These 47 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. 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. HHS/CDC's RenCon partner, RPSO, will be supported with technical assistance from two qualified engineers on the HHS/CDC team. Two laboratories and one OPD have already been completed, two OPDs are near completion, and work has begun on 7 additional sites, including two Regional Laboratories. Other PEPFAR partners will continue to carry out minor renovations in other sites needing infrastructure improvements. OPD annexes and Regional Laboratories exemplify integrative health service delivery. Ideal-sized exam spaces will promote efficient workflow and staff/patient comfort. High quality, low maintenance laboratories will provide state of the art facilities that will set the standard of excellence for future laboratories in Ethiopia. Internal furnishings, when necessary, will be procured through other funding resources.

Implementing Mechanism Details

Mechanism ID: 14308	**Mechanism Name: Measure Evaluation Phase III (CBIS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Measure Evaluation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,148,700	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,148,700

Sub Partner Name(s)

John Snow, Inc.		

Overview Narrative

Despite the existence of tremendous community-based HIV/AIDS interventions, there has been no coordinated information system to address the data demands. The Federal HIV/AIDS Prevention and Control Office (FHAPCO), in collaboration with key stakeholders, has developed technical reference guidelines to be used for the monitoring of non-clinical HIV/AIDS routine programs by all implementing organizations in the country. This community-based HIV/AIDS information system (CBIS) tries to address the registration and reporting tools and data flow systems for community-based HIV/AIDS program indicators. This mechanism will support FHAPCO in subsequent implementation of the new HIV/AIDS community-based information system. When fully rolled out, this community information system is expected to address the relevant data demands for HIV/AIDS prevention, care and support programs (including OVC) at the community level. Federal level TA to FHAPCO is supposed to be provided by this program when it comes to regional implementation; CDC's partner will continue providing TA to Dire Dawa and Addis Ababa. Similarly, The Federal Ministry of Health has completed the design and pilot testing of a Family Folder (FF) that contains detailed information about the hygienic and environmental practices of each household. While the FFs are a rich source of information, capitalizing on this potential will require strengthening the health Extension Workers' skills in creating and using evidence, as well as

their capacity to pass these skills onto households and communities. This program will support the scaling up of the family folder in Southern Regional State (SNNPR), Tigray, Amhara and Oromia. The latter three regions added as per the request of the FMOH.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	300,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**14308**		
Mechanism Name:	**Measure Evaluation Phase III (CBIS)**		
Prime Partner Name:	**Measure Evaluation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	1,148,700	0
Narrative:			
Ethiopia faces challenges regarding data related to 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 exaggerated the problem. PEPFAR/Ethiopia is having difficulty in harmonizing data regarding non-facility based programs.

The Government of Ethiopia's Health Extension Program is now being expanded to the urban setting. Urban health extension workers (HEWs) and community volunteer workers are the cadres implementing HIV/AIDS community-based programs. The Federal Ministry of Health (MOH) has completed the design of, and pilot tested a Family Folder (FF) that contains detailed information about each household and its members, and training provided to the HEWs. While the FFs are a rich source of information, capitalizing on this potential will require strengthening the HEWs skills in creating and using evidence.

In addition, the Federal HIV/AIDS Prevention and Control Office, in collaboration with key stakeholders, has developed technical reference guidelines to be used for the monitoring of non-clinical HIV/AIDS routine programs by all implementing organizations in the country. This community-based HIV/AIDS information system (CBIS) tries to address the registration and reporting tools, and data flow systems for community-based HIV/AIDS program indicators. The designed system was pilot tested in a few selected local administrative units throughout all regions.

This program will support 1) the scaling up of the FF in SNNPR, 2) regional level taskforces composed of key stakeholders that oversee the overall implementation of the HIV/AIDS CBIS, 3) provision of technical assistance for the Federal and Regional Government's implementation of the HIV/AIDS community-based information system and the electronic database/data warehouse, 4) the training of community health workers and other M&E personnel at all levels who will be involved in the implementation of the HIV/AIDS CBIS, 5) the implementation of HIV/AIDS CBIS processes and tools, strengthening mechanisms for a smooth flow of HIV/AIDS CBIS data at all levels, and 6) the establishment of data assurance mechanisms for HIV/AIDS CBIS.

Implementing Mechanism Details

Mechanism ID: 14309	**Mechanism Name: Strengthening National Response to HIV/AIDS**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	

G2G: N/A	Managing Agency: N/A

Total Funding: 1,060,526	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,060,526

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This implementing mechanism is a follow-on to the World Health Organization (WHO)/ Integrated Management of Adolescent and Adult Illness (IMAI) program implemented from 2008-2011. COP 2012 funding will mitigate the impacts of HIV on adults and children through strengthening the response of the FMOH to the pandemic. Specific objectives include: 1) Support for policy formulation, guidelines revision and adoption of new recommendations and best practices; 2) Strengthening the evidence base for programming and shared learning and 3) Provision of ongoing HR support to the FMOH and RHBs. This is in alignment with PF Goal 2.3: An increased number of individuals in all age groups access a continuum of quality comprehensive clinical HIV/AIDS care and treatment services, including TB/HIV by 2014 and GHI strategy to save approximately 1.3 million lives by treating a minimum of 2.6 million new TB cases. Activities include: support implementation of the 2010 WHO PMTCT guidelines, revision of existing guidelines and support exchange of experiences through organizing interregional and inter-country visits. WHO will also be supporting program reviews and documenting evidence-based best practices, providing ongoing HR support to the FMOH and RHBs through securing full time and short term WHO experts, seconding experts to the FMOH and RHB and also providing support for the Global Fund CCM. An end of program evaluation is planned. No new vehicle needed.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of	Approximate	Brief Description of Activities

	Support	Budget	
OHSS	Global Fund Country Coordinating Mechanism	150000	WHO supports the CCM secretariat of GF

Cross-Cutting Budget Attribution(s)

Human Resources for Health	750,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Malaria (PMI)
TB

Budget Code Information

Mechanism ID:	**14309**		
Mechanism Name:	**Strengthening National Response to HIV/AIDS**		
Prime Partner Name:	**World Health Organization**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	150,000	0
Narrative:			
PEPFAR Ethiopia has made major contributions towards implementation of the Global Fund. The			

Government of Ethiopia has a 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). 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). Starting from FY05 through FY 2011 PEPFAR provided modest funds to support the CCM Secretariat. This covered salary of 2 individuals in the secretariat (coordinator and secretary) and running costs of the office which is co-located with the Federal HIV/AIDS Prevention and Control Office. 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 FY2012 to assure the successful management of Ethiopia's grants in HIV/AIDS, Malaria, and TB.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	769,901	0

Narrative:

For the COP2012, WHO Ethiopia will continue as Secretary of the consolidated National HIV and AIDS Prevention, Care and Treatment Technical Advisory Group to update new developments, adapt and disseminate the new WHO treatment guidelines and to share strategic documents, training materials, tools including job aids developed through this IM. It will also support the MOH's effort to conduct program evaluations and document evidence-based best practices. WHO will provide training of trainers (TOT) at national level for different cadres of health care providers in close collaboration with the FMOH and existing PEPFAR partners to create a pool of trainers. Intensified TOT will be conducted for the potential trainers selected from regional health facilities, public and private local universities and colleges to help the RHBs to cascade the required training of health care providers accordingly. WHO will provide technical assistance to the FMOH to ensure clinical mentoring approaches are standardized across regions and are implemented according to the national clinical mentoring guidelines. Based on priorities of the FMOH, WHO will also assist the MOH to conduct a rapid assessment of pre-ART care packages and develop a standardized package of services to be adopted by all regions, assist review of

the national adherence strategy to reflect best, feasible and standardized approaches across the country.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	PDTX	140,625	0

Narrative:

World Health Organization (WHO) Ethiopia will continue to be an active member of the National Pediatric Technical Working Group 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 TOT for health care providers at national level. 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 FMOH in the revision of clinical mentoring guidelines and provide techncial assistance to coordinate the clinical mentoring program, with particular emphasis on pediatrics mentoring. All these activities will be done in coordination with other PEPFAR Ethiopia partners including CDC-funded US University partners, African Network for Care of Children Affected by HIV/AIDS (ANECCA) in order to avoid any duplication of efforts. To strengthen the national pediatric HIV programs, WHO will continue to provide support to the Federal Ministry of Health through the National Technical Working Group to ensure new WHO recommendations on Pediatrics HIV treatment are adopted by the country. Further, WHO will continue providing technical and necessary logistic support for FMOH to have national Pediatric HIV consultative meetings and workshops to address priority areas. In addition, WHO, in collaboration with other PEPFAR partners, will provide support in improving the monitoring and evaluation of Pediatric HIV programs by ensuring quality of data and promoting data use for decision making.

Implementing Mechanism Details

Mechanism ID: 14310	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14311	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14333	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14351	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14354	**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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 12,991,284	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	12,991,284

Sub Partner Name(s)

3I Infotech	Booz Allen Hamilton	Crown Agents
i+solutions	John Snow, Inc.	Management Sciences for Health
Northrup Grumman	The Fuel Logistics Group	The Manoff Group
UPS Supply Chain Solutions	Voxiva	

Overview Narrative

The Supply Chain Management System (SCMS) Project has a goal to ensure an efficient supply chain management system for HIV commodities in Ethiopia. Two objectives support this: 1) Support most of PEPFAR commodities purchases, storage and distribution and 2) In collaboration with stakeholders support GOE in strengthening the national logistics framework. In COP 2012 SCMS will nationally procure drugs for STIs, opportunistic infections, infection prevention materials, laboratory equipment consumables and reagents, therapeutic and supplementary food and commodities for Health Systems Strengthening(HHS)-which include but are not limited to supplies geared to strengthen the nat'l warehouse network. SCMS works with the PFSA which is the national authority to procure, store and distribute all health commodities for the public sector in Ethiopia. SCMS will procure and donate vehicles for PFSA with FY 2011 funds and will hand over its existing fleet to PFSA or the follow-on award at the end of COP 2012. This is aligned with the GHI HHS strategy for commodity and logistics systems and the PF's Goal III: Health systems necessary for universal access. PEPFAR collaborates with GFATM for HIV commodities procurements via monthly supply coordination committee meetings. SCMS will continue strengthening the warehouse network, integrate program commodity lines into one and assist PFSA in improving its MIS system. SCMS also works with the Ethiopian Health and Nutrition Research Institute (EHNRI) providing laboratory supply chain management TA and procurement services. To leverage resources and ensure cost effectiveness, SCMS will work closely with UNICEF on cold chain improvements, food supplement distribution and improvements to PFSA regional and central warehouse network.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	4,951,958
Human Resources for Health	750,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14354**
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	4,153,992	0

Narrative:

In COP2012, SCMS will continue procuring drugs for opportunistic infections (OI) and Food by Prescription commodities, ensuring availability for target beneficiaries. The quantities needed for OI drugs exceed identified funding sources, hence PEPFAR will continue coordinating with the Global Fund (GF), via a monthly supply coordination committee. PEPFAR allocated $1,411,762 to provide vital antifungal commodities such as fluconazole and miconozole in full supply. Cotrimoxozole and other OIs will be purchased by GF. $14,570,307 was disbursed in September 2011, and $23,602,633 has been requested as part of the RCC, Phase 2 proposal, which is pending approval.

PEPFAR, UNICEF and WFP are the major donors contributing to specialized food supplementation programs for malnourished PLWHAS. In COP2012, SCMS will procure ready-to-use therapeutic food (RUTF) for severely malnourished adults and children, and ready-to-use supplementary food (RUSF) for moderately malnourished individuals; 44,111 clients are targeted. The procurement of the therapeutic food products will be completed by SCMS, with Save the Children (Food by Prescription, project prime partner) and World Food Program providing technical assistance to the selected sites. SCMS will procure from both international and domestic markets. In COP2012, PEPFAR will work closely with UNICEF, collaborating on storage and distribution of RUTF and RUSF within the PFSA network, leveraging transportation resources and expertise from each other. All commodities in the PFSA distribution network are accounted and resupplied through the national Integrated Pharmaceutical Logistics System (IPLS). IPLS is currently in more than 1,200 facilities. All PEPFAR facilities have been trained and are successfully using the IPLS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	380,328	0

Narrative:

SCMS will procure Early Infant Diagnosis (EID) commodities for approximately 500 health facilities that provide Dried Blood Spot (DBS) sample collection services. The commodities include DBS sample collection kits and related consumables such as gloves, gauze, cotton, and antiseptics. The money will also be used for procurement of DBS sample transport boxes for the facilities. Additionally,SCMS will purchase deoxyribonucleic acid-polymerase chain reaction (DNA-PCR) reagents – with accompanying consumables – for referral laboratories (currently 7 but this is expected to be increased to 10 in COP2012). The money also serves as a potential gap filler as the Clinton Foundation phases out its pediatric support, transitioning to the MOH in December 2011. According to the RCC, Phase 1, $3,617,050 was disbursed in September 2011. The RCC, Phase 2 submission requests for $3,953,572 to procure supplies and consumables for 82,160 tests. SCMS will regularly review PFSA stock information and will advise PEPFAR if EID commodities are needed.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	943,885	0

Narrative:

The focus of laboratory infrastructure funding will be to continue to provide supportive supervision and technical assistance for the strengthening of supply chain systems for integrated quality lab services. The Pharmaceutical Fund and Supply Agency (PFSA) will play an increasingly central role in the logistics management of these supplies. In addition, SCMS will focus on strengthening lab commodity forecasting and lab logistics information management to ensure an uninterrupted supply, which is integrated with other program commodities within PFSA. Integrated training focusing on site-level lab commodity management will also be conducted in coordination with implementing partners.

In COP2012, SCMS will spend $100,000 to establish a supply mechanism for microbiology reagents and consumables for selected laboratories supported by CDC and $50,000 will be spent to procure reagents and supplies for HIV drug resistance testing at the national reference laboratory. An additional $500,000 will be allocated for External Quality Assurance (EQA) panels procured and distributed for the Ethiopian Health and Nutrition Research Institute (EHNRI) and $293,885 for lab technical assistance. Quality assurance and supportive supervision to ensure effective procurement and quality products will be carried out by USG and SCMS staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,518,067	0

Narrative:

SCMS works with the Pharnaceutical Fund and Supply Agency (PFSA) to strengthen their capacity to manage the implementation of the national logistics framework. The project works in collaboration with USAID logistics partners: USAID/Deliver and Systems for Improved Access to Pharmaceuticals and Services (SIAPS), as well as UNICEF, in cold chain, warehousing and transportation.

The PFSA priorities for the next five years include: 1) improve availability of quality pharmaceuticals; 2) expand and strengthen warehousing and distribution infrastructure; and 3) focus on capacity building and good governance.

Therefore in COP2012, SCMS will concentrate on the following: improve PFSA infrastructure by supplying and installing equipment in ten new regional hub warehouses after they are built; complete the roll-out of the Pharmaceutical Information Management System (PIMS) and generate ownership of the data within PFSA; continue transport planning functions to ensure the national goal of integrated distribution to 3,000 health facilities; develop the processes of stock flow management to optimize the relationship between procurement, storage and distribution at PFSA; and develop and implement processes/infrastructure for the reconstitution of TB laboratory reagents and processes for import and distribution of short shelf life laboratory supplies. Additionally, SCMS will complete the “Quick Win” project to transition management of the logistics functions from SCMS to PFSA including: finalize the alignment of PFSA and SCMS job descriptions for management of program commodities and transition the management roles from SCMS to PFSA staff; and, develop and put in place a suitable contract so that PFSA can fully manage the import, clearance, storage and distribution of PEPFAR procured commodities and receive appropriate fees for providing services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	3,394,044	0

Narrative:

PEPFAR will continue procuring infection prevention materials, coordinating closely with the Global Fund (GF). According to the 2010 five year quantification, $57,998,821 is needed annually for full support of infection prevention materials in country. GF disbursed $3,077,622 in September 2011, and $3,718,418 is requested under the RCC, Phase 2 to be reviewed in May 2012. PEPFAR will contribute $3,394,044 in COP2012.

The current PEPFAR procurement list includes but is not limited to: bleach, bins for waste segregation, gloves, sharp containers and plastic buckets. The prevention TWG reviews the feedback from the field quarterly and adjusts procurement accordingly. Additionally, a national review of quantification assumptions with the supply coordination committee will take place in March 2012. PEPFAR and GF will

then be able to address priorities and adjust procurement lists.

However, international funding cannot resolve the remaining gap and a mix of strategies, including working with facilities to allocate funding for locally available infection prevention materials, will be employed to ensure sufficient coverage. The new public health sector finance reform that allows facilities to retain a certain proportion of their budget can be instrumental in identifying sustainable ways to ensure availability of these essential supplies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	250,000	0

Narrative:

COP2012 funds will supplement private sector and community based prevention partners with 375,000 rapid test kits (RTKs). Over the years, PEPFAR noticed that the private sector and community based interventions run by the civil society are not well integrated with public sector procurement and distribution channels. To supplement the national effort, PEPFAR has allocated $250,000 to provide part of the private sector and community based testing needs to ensure that RTKs are available for partners working with the most at risk population. PEPFAR will continue to advocate for stronger recognition of the partnership role that the private sector plays within the national HIV response.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	667,926	0

Narrative:

In COP2011, SCMS procured STI drugs per the needs identified in the national quantification. These drugs were partly distributed in loose form to health centers and hospitals in high prevalence areas, such as transportation corridors and urban areas. The rest of the drugs were packaged into 200,000 kits by the PEPFAR supported Population Services International (PSI). Kits for urethral, vaginal discharge and genital syndrome treatment were distributed through public and private pharmaceutical channels.

In COP2012, as part of the coordinated procurement approach between PEPFAR and GF, STI drugs will be procured by PEPFAR for an estimated 300,000 clients. Drugs will be procured, packaged into kits by PSI and distributed through PFSA to health facilities in urban and high prevalence areas.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,100,000	0

Narrative:

Due to barriers, created by the lack of basic maternal-child health commodities, in COP2012 SCMS will continue working closely with the MOH to support improvements in service delivery at PEPFAR sites. In COP2010 the USG started a multi-year national initiative to supply PMTCT/ANC areas in 1,000 health facilities with essential equipment for various levels of health facilities. The lists were decided upon by the interagency TWG. This effort complements the MOH's procurement of similar equipment with MDG funding. A rapid assessment of sites was conducted by SCMS; site specific missing equipment will be procured and distributed door-to-door, avoiding potential bottlenecks inside the central distribution system. UNICEF, also working in this area, mostly supplies health posts, complementing PEPFAR efforts, which concentrate on hospitals and health centers. In COP2010, SCMS procured equipment and consumables for 115 high volume health centers. With COP2011 funds, equipment will be procured for 81 zonal and district hospitals. In COP2012, this initiative will continue in lower volume health centers.

It takes about a year for a new facility to be fully embedded into the PFSA central distribution network. To alleviate the initial strain to expand the PMTCT network, $250,000 worth of infection prevention materials and $500,000 worth of rapid test kits (RTK) will be procured and distributed to PMTCT community level partners. PEPFAR will supplement 50% of these partners' targets. Basic laboratory supplies for PMTCT sites will be procured and distributed via the PFSA centralized network. The approach is meant to supplement and not disrupt the government logistics system and assist the country's PMTCT acceleration plan. This will likely be a one-time intervention, as the PFSA logistics system matures and stabilizes. Ethiopia has adopted PMTCT WHO guidelines and GF will take care of the pharmaceutical costs for the roll-out of the activity.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	583,042	0

Narrative:

Currently PEPFAR provides full support for laboratory reagents required for patient monitoring. For adult and pediatric treatment, SCMS will procure CD4, chemistry, hematology and viral load reagents, as well as lab consumables. Estimated quantities were determined from consumption reports. Quality is assured by continuous supportive supervision by treatment partners. All commodities are accounted for and resupplied through the Integrated Pharmaceutical Logistics System (IPLS) that is currently rolled out in more than 1,200 sites, covering the entire PEPFAR footprint in addition to some government-owned facilities. Future discussions with the GOE need to define more sustainable ways to secure laboratory reagents for ART monitoring.

Implementing Mechanism Details

Mechanism ID: 14359	Mechanism Name: AIDSTAR I

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,148,283	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,148,283

Sub Partner Name(s)

None		

Overview Narrative

The AIDSTAR-One project, Making Medical Injections Safer and Infection Prevention, contributes to the PF and GHI prevention goals and supports clinical activities with its cross-cutting focus. The project provides technical assistance to the GoE, in collaboration with local universities and colleges, with the goal of strengthening and expanding safe injection interventions in public and private health facilities. The mechanism will end in 2013 and its activities will be subsumed by the facility-based care and treatment partner (MSH). Program activities include ensuring appropriate supplies and equipment to support safe injection interventions and waste management; training and curriculum development to enhance provider skills; routine monitoring of injection safety practices; and technical assistance to GoE Ministry of Health to create and sustain a standardized infection prevention system. The target population will include health professionals at various levels of care, laboratory services and waste management. AIDSTAR-One will monitor and evaluate specific activities in commodity management, capacity building, behavior change, advocacy and policy platforms, and waste management. Furthermore, in COP12, AIDSTAR One will provide technical assistance for Amhara and Tigray Regional Health Bureaus to strengthen their capacity in the implementation of the accelerated PMTCT plan and the roll-out of the new PMTCT guidelines and conduct a rapid assessment to enable the RHBs to make informed decisions while developing the Regional Emergency Plan. The program will also support FMOH in coordinating regional activities through national forums like TWG and advisory group. The program estimates the purchase or lease of 2 vehicles to assist with activity implementation.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	282,152

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	14359		
Mechanism Name:	AIDSTAR I		
Prime Partner Name:	John Snow, Inc.		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	766,131	0

Narrative:

With the goal of strengthening and expanding safe injection interventions in health centers throughout Ethiopia, AIDSTAR-One's injection safety activities cover five technical areas: commodity management, capacity-building and training, behavior change communication and advocacy, policy, and monitoring and evaluation. This mechanism has transitioned health centers to CDC partners except in Amhara and Tigray regions and health centers in those two regions will be covered by MSH after 2013, when the mechanism ends. The AIDSTAR-One program will target health professionals in the public, private, and informal sectors, including sanitarians, laboratory technicians, health extension workers, waste management staff, and supervisors. AIDSTAR-One also assures an adequate supply of injection devices and appropriate stock use and management at various types of health service facilities. AIDSTAR-One

will conduct regular safety and prevention assessments to help inform program activities. The program will also support technical pre-and in-service trainings for health workers responsible for administering injections. The AIDSTAR-One program will also address behavior change that target health care workers, decision-makers, clients, and the community. AIDSTAR-One collaborates with the FMOH and with other international donors working to refurbish health centers to assure high quality infection prevention and to address injection waste management issues such as incinerator maintenance and the provision of waste receptacles. AIDSTAR-One will also guide the development of standardized systems for safe waste management practices and offer workshops stressing systematic implementation. AIDSTAR-One regularly conducts monitoring and evaluation of health facilities to measure program progress.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	382,152	0

Narrative:

This activity will support the Federal Ministry of Health's (FMOH) "Emergency Plan for PMTCT". The goal of the proposed AIDSTAR-One project is to provide technical assistance to strengthen the PMTCT intervention programs at the national level as well as in two large regions (Amhara and Tigray). The objectives to be achieved are to 1)Support Tigray and Amhara regional health bureaus (RHBs) to effectively coordinate, adopt and launch the FMOH Emergency PMTCT Plan by conducting a rapid needs assessment and coordinating resource mapping and site expansion activities; and 2)Support the FMOH in provision of ToT and coordination of the implementation of the new PMTCT Guidelines to selected health facilities in Amhara and Tigray regions; 3)Coordinate with partners about the availability of necessary PMTCT commodities through closely working with Tigray and Amhara RHBs, RPFSA and SCMS; and 4)Strengthen and/or establish a quality monitoring system for routine monitoring of the implementation at the RHB and the zonal health district level. With COP 2012 funds, AIDSTAR One will conduct a rapid assessment and properly organize information to enable the RHB to make informed decisions while developing the Regional Emergency Plan. The partner will support RHBs to establish working groups and coordinate the selection of expansion sites, map partners and draft a detailed PMTCT Operational Plan. In addition, AIDSTAR One will coordinate a consultative workshop to finalize the PMTCT Operational Plan and officially launch the Emergency Plan.

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	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
ICASS		750,000			750,000
USG Staff Salaries and Benefits		1,250,000			1,250,000
Total	**0**	**2,000,000**	**0**	**0**	**2,000,000**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-State		750,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Capital Security Cost Sharing		1,500,000			1,500,000
Computers/IT Services		607,400			607,400

ICASS		1,100,000			1,100,000
Institutional Contractors		150,000			150,000
Management Meetings/Professional Developement	708,400	210,000			918,400
Non-ICASS Administrative Costs	232,200	300,400			532,600
Staff Program Travel	457,200	518,960			976,160
USG Staff Salaries and Benefits	2,465,200	2,292,700			4,757,900
Total	**3,863,000**	**6,679,460**	**0**	**0**	**10,542,460**

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		GHP-State		1,500,000
Computers/IT Services		GHP-State		607,400
ICASS		GHP-State		1,100,000
Management Meetings/Professional Developement		GAP		708,400
Management Meetings/Professional Developement		GHP-State		210,000
Non-ICASS Administrative Costs		GAP		232,200
Non-ICASS Administrative Costs		GHP-State		300,400

U.S. Department of State

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
ICASS		100,000			100,000
Management Meetings/Professional Developement		190,000			190,000
Non-ICASS Administrative Costs		2,500			2,500
Staff Program Travel		32,500			32,500
USG Staff Salaries and Benefits		125,000			125,000
Total	**0**	**450,000**	**0**	**0**	**450,000**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-State		100,000
Management Meetings/Professional Developement		GHP-State		190,000
Non-ICASS Administrative Costs		GHP-State		2,500

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		9,900			9,900
Management Meetings/Professio		25,000			25,000

nal Developement					
Non-ICASS Administrative Costs		219,500			219,500
Peace Corps Volunteer Costs		1,580,500			1,580,500
Staff Program Travel		80,000			80,000
USG Staff Salaries and Benefits		285,100			285,100
Total	**0**	**2,200,000**	**0**	**0**	**2,200,000**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		9,900
Management Meetings/Professional Developement		GHP-State		25,000
Non-ICASS Administrative Costs		GHP-State		219,500