

PD-ABN-120

310446

PROJECT PAPER

ETHIOPIA

SUPPORT TO AIDS CONTROL I (STAC-I)

September 28, 1992

TABLE OF CONTENTS

I.	PROJECT BACKGROUND	1
	A. Level of Effort	1
	B. Perceived Problem	1
	C. Local Capabilities	
	D. Rationale	2
	E. Assistance to the Ethiopian Military	3
II.	PROGRAM FACTORS	3
	A. Project Strategy	3
	B. Conformity with Recipient Country Strategy/Program	3
	C. Relationship to Mission Strategy	4
III.	STAC-I PROJECT DESCRIPTION	5
	A. Project Goal and Purpose	5
	B. Expected Achievements/Accomplishments	5
	C. Project Outline/How It Will Work	6
	C.1 Project Elements	6
	C.1a STD Prevention and Control	6
	C.1b Support for Information, Education, and Communication (IEC) HIV/AIDS Prevention and Control	9
	C.1c Condom Promotion and Condom Social Marketing (CSM)	11
	C.1d Increased NGO/PVO Involvement in HIV/AIDS P+C ...	12
	C.1e Behavioral Research Grants Program	13
	C.1f Surveillance and Research	14
IV.	PROJECT MANAGEMENT AND IMPLEMENTATION	15
	A. USAID	15
	B. TGE	16
	C. AIDSCAP	16
	D. Population Services International (PSI)	16
	E. Funding Mechanisms	16
	F. Condom Procurement, Customs Clearance, Storage, Perceived Demand and Delivery	17
	G. Implementation Plan	20
V.	COST ESTIMATES AND FINANCIAL PLAN	25
	A. A.I.D. Funded Contribution - STAC-I Estimated Budget (Through 4/31/94)	25
	B. Cost Estimates Inclusive of Local Currency Contribution	28
	B.1 STAC-I Summary Cost Estimates (USAID/E PLUS TGE) ..	28
	B.2 STAC-I Summary Cost Estimates (USAID/E PLUS TGE) for the \$835,000 Obligated in Support of the WHO PIO Grant and Condom Purchase	29

b

B.3	STAC-I Cost Estimates for Total Project Funding Inclusive of OYB Transfer to AIDSCAP, WHO PIO Grant and RD/POP Condom Procurement	30
C.1	Calculation Estimates of Local Currency Costs (USAID/E Contribution)	31
C.2	Calculation Estimates of Local Currency Costs (TGE Contribution)	31
D.	Donor Contributions Relative to STAC -I	31
VI.	MONITORING AND EVALUATION PLAN	32
VII.	AUDIT PLAN	33
VIII.	LEGISLATIVE CONDITIONS, COVENANTS, AND NEGOTIATING STATUS	33
A.	Legal and Regulatory Requirements	33
B.	Conditions and Covenants	34
C.	Negotiating Status	34
IX.	INSTITUTIONAL ANALYSIS	35
A.	Overview	35
B.	Role of DAC (Coordination of NACP Activities)	36
C.	DAC Institutional Support to STAC-I	37
D.	Other Institutions Relevant to STAC-I	38
X.	ATTACHMENTS	41

C

LIST OF ACRONYMS

AIDS	ACQUIRED IMMUNE DEFICIENCY SYNDROME
AIDSCAP	AIDS CONTROL AND PREVENTION PROJECT
CBD	COMMUNITY-BASED DELIVERY
CHAS	COMMUNITY HEALTH AGENTS
CN	CONGRESSIONAL NOTIFICATION
CP	CONDOM PROMOTION
CPSP	COUNTRY PROGRAM STRATEGIC PLAN
CRDA	CHRISTIAN RELIEF DEVELOPMENT ASSOCIATION
CSM	CONDOM SOCIAL MARKETING
CSW	COMMERCIAL SEX WORKER
DAC	DEPARTMENT OF AIDS CONTROL
DFA	DEVELOPMENT FUND FOR AFRICA
FHI	FAMILY HEALTH INTERNATIONAL
GPA	GLOBAL PROGRAM FOR AIDS
HIV	HUMAN IMMUNODEFICIENCY VIRUS
IEC	INFORMATION, EDUCATION, COMMUNICATION
IEE	INITIAL ENVIRONMENTAL EXAMINATION
LDC	LESS DEVELOPED COUNTRY
LOP	LIFE OF PROJECT
M&E	MONITORING AND EVALUATION
MIS	MANAGEMENT INFORMATION SYSTEM
MOE	MINISTRY OF EDUCATION
MOH	MINISTRY OF HEALTH
MOU	MEMORANDUM OF UNDERSTANDING
MPSC	MULTIPLE PARTNER SEXUAL CONTACT
MTP	MEDIUM TERM PLAN
NACP	NATIONAL AIDS CONTROL PROGRAM
NGO	NON-GOVERNMENTAL ORGANIZATION
OYB	OPERATING YEAR BUDGET
P+C	PREVENTION AND CONTROL
PACD	PROJECT ASSISTANCE COMPLETION DATE
PACD	PROJECT ASSISTANCE COMPLETION DATE
PSI	POPULATION SERVICES INTERNATIONAL
PVO	PRIVATE VOLUNTARY ORGANIZATION
RD/H	OFFICE OF RESEARCH & DEVELOPMENT FOR HEALTH (USAID)
REDSO	REGIONAL ECONOMIC DEVELOPMENT AND SUPPORT OFFICE
SIDA	SWEDISH INTERNATIONAL DEVELOPMENT AGENCY
STAC	SUPPORT TO AIDS CONTROL
STD	SEXUALLY TRANSMITTED DISEASE
TGE	TRANSITIONAL GOVERNMENT OF ETHIOPIA
UNDP	UNITED NATIONS DEVELOPMENT PROGRAM
UNICEF	UNITED NATIONS
USAID	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
USAID/E	U.S. AGENCY FOR INTERNATIONAL/ETHIOPIA
WHO	WORLD HEALTH ORGANIZATION

EXECUTIVE SUMMARY

I. PROJECT BACKGROUND

A. Level of Effort

The Support to AIDS Control I (STAC-I) project represents an interim set of USAID-supported activities which can serve as a "bridge" between FY 92 support and the development/implementation of a longer term USAID/E investment into AIDS prevention and control (P+C). The components of STAC-I are relevant to short- and long-term needs of the NACP and are in concert with the National Medium Term Plan for HIV/AIDS Control. The LOP funding for STAC-I is \$835,000 (FY 92). An additional \$1,806,000 will be provided by RD/H (through a USAID/E OYB transfer and core funds from the AIDSCAP Project) for technical support and approximately \$300,000 will be provided by RD/POP (Commodity Procurement Project) for condoms. The STAC-I PACD is September 30, 1994.

B. Perceived Problem

As of April 30, 1992, 1960 cases of AIDS have been reported in Ethiopia. It is estimated that the true figure is more than 20,000 and that over 18% of the total cases have occurred among rural Ethiopians. About 94% of reported AIDS cases are between the ages of 15-49 with the average age of cases among women about six years younger than the average for males (26 and 32 respectively). Among AIDS patients in Ethiopia, 73% reported a history of multiple sexual partners and 60% a history of having had a sexually-transmitted disease (STD). Other possible modes of infection with HIV were relatively rare (injections [3.9%], blood transfusion [3.1%], or IV drug use [$<.001\%$]). Pediatric AIDS is largely unrecognized or unreported and currently represents only 1.4% of reported cases; however, pediatric AIDS may account for up to 30% of the total AIDS cases. AIDS cases and HIV infections have been reported from all regions in the country and among a wide range of socioeconomic levels. Currently, the number of reported AIDS cases is doubling every 10-11 months.

HIV seroprevalence among urban adults aged 15-49 is estimated at approximately 6.5% (160,000) compared to about 0.3% (60,000) among rural adults. Although less prevalent, transmission in the rural areas is rapidly increasing. In 1993, the estimated total number of HIV-infected adults may exceed 450,000. Many factors exist in Ethiopia which are contributing to the rapid spread of the virus. These include: 1) migration of populations due to seasonal labor and restructuring of the economy; 2) the previous civil war; 3) high STD rates in both the prostitute and general adult populations; 4) increasing sexual activity among youth as (manifested by dramatically high teen-age pregnancy rates); and 5) a large number of demobilized soldiers. In five widely separated cities for which surveillance data on HIV infections among prostitutes was available for the period from 1986-1991, the percent of HIV-infected prostitutes increased steadily to nearly 40% in one city and about 60% or more in the other four. Syphilis prevalence among urban and rural women

attending antenatal and family planning clinics is estimated at 14%. The prevalence of HIV among urban women was 5% (40% of whom were co-infected with syphilis). Given existing HIV-prevalence rates and the above-described factors, the next 6-18 months represent a crucial time for intervention. STAC-I is designed to address these pressing needs.

C. Local Capabilities

The Department of AIDS Control (DAC) has central established divisions for surveillance, IEC, STD control, counselling services, blood screening and condom promotion. In addition, all activities are being decentralized to the regions. Although the DAC has many qualified people there is an overall shortage of trained personnel which can seriously hinder the decentralization process. The Government has been consistently committed to HIV prevention and control, providing over 20 percent of the total NACP budget as well as other human and material resources. It is important to realize that Ethiopia is the only country in the East and Southern Region of Africa (ESA) to consistently fund a significant portion of its AIDS control program from its own resources rather than from additional donor financing.

D. Rationale

As noted, the epidemiological profile of HIV/AIDS in Ethiopia contains elements which can induce a rapid and uncontrollable spread of the virus. Avoiding a hyperendemic situation like that witnessed in Uganda, Zambia and Malawi will require swift action, especially in a country whose population is approaching 55 million. Secondly, the Ethiopian National AIDS Control Program (NACP) is well organized and enjoys substantial TGE political and financial commitment. However, a WHO-sponsored mid-term review identified some concerns, for example, consolidating linkages among cooperating agencies of the NACP. USAID's comparative advantages for in-country development assistance could serve to partially strengthen weaknesses in the HIV/STD control program. Based on discussions with the NACP, a set of service delivery needs have been identified for support under STAC-I. Thirdly, present donor support (beyond the GPA) is not yet able to cover all of the needs of the NACP. Moderate investments by SIDA, UNDP, Redd Barna, Redda Barnen, UNFPA and UNICEF comprise the bulk of donor assistance at present. However, an effective decentralization effort cannot be realized with present levels of donor and TGE support. USAID/E in collaboration with R&D/Health and FHI/AIDSCAP, could bring considerable experience and expertise to assist the NACP to fill some important gaps. Furthermore, STAC-I will effectively complement other Mission development efforts by reducing the potential adverse social and economic impacts associated with a severe epidemic. Finally, a USAID/Ethiopia HIV P+C activity would contribute to the Agency earmark and the DFA/AIDS target suggested by Congress.

E. Assistance to the Ethiopian Military

The STAC-I Project will not provide direct assistance to the Ethiopian military. However, since NACP data that military personnel are among those at highest risk, STAC-I will not exclude assistance to the military personnel seeking information, condoms, counseling and/or information about HIV/AIDS prevention. This is in concert with Agency policy and General Consul guidance.

II. PROGRAM FACTORS

A. Project Strategy

AIDS is a public health problem whose consequences go beyond attributable deaths. It is a problem that will erode the economic potential of the country by depleting the limited ranks of the professional, skilled and semi-skilled labor force. The economic (and perhaps political) implications are ominous. Although attention to HIV/AIDS P+C will not make a significant impact during the transitional period, a sustained effort by the United States (and other donors) can do much to curtail spread and improve the well-being of millions of Ethiopians. Additional resources are needed now. It is on this premise that the proposed Mission effort is based.

The Mission recognizes that the AIDS pandemic will require a sustained commitment by donors and recipient governments alike if transmission is to be limited. Ethiopia is no exception. STAC-I represents an initial engagement by the Mission in HIV/AIDS P+C. In order to promote sustainability, STAC-I will strengthen public institutions (NACP, MOH, etc.) and private institutions (Univ. A.A., PVOs/NGOs, etc.) in concert with the priorities of the NACP/MOH. It will support collaborative behavioral research between Ethiopian and U.S. institutions to better understand sexual behavior and discern appropriate methodologies to promote safer behavior in urban and rural populations. The project will help to institutionalize early diagnosis and effective treatment of STDs within the NACP's decentralization effort. Condom promotion, via free distribution and social marketing, will also be expanded at the national level. Targeted IEC activities will aim at in school and out-of-school youth, women and high risk behavior groups. Each of these activities are in concert with the NACP and complement other donor efforts. Together, these elements represent a rational and cohesive AIDS P+C strategy for the Mission. In a more universal sense, STAC-I activities will help to strengthen the Ethiopian health service delivery infrastructure via training, commodity supply, logistics management and M&E system development.

B. Conformity with Recipient Country Strategy/Program

The National AIDS Control Program's (NACP) second Medium Term Plan (MTP II) presents a number of priority interventions aimed at controlling the spread of HIV nationwide. These include: targeting high risk groups; emphasizing prevention in youth; effective management of STDs; and promotion of condoms. Additionally, the NACP will devote attention to blood screening;

perinatal transmission and home-based care for infected individuals. Sentinel surveillance (antenatal populations and others), and biomedical/operations research will also be pursued. Finally, program monitoring and impact evaluation will be expanded/strengthened to better understand the outcome(s) of the program and fine-tune ongoing interventions. Throughout the fabric of the MTP II runs the concept of decentralization of effort; perhaps the single-most important challenge to curbing the epidemic. The STAC-I project is in concert with these objectives and will provide specific resources over the medium term. Issues of sustainability and the execution of decentralized AIDS P+C nationwide will be collaboratively addressed during STAC-I. The estimated NACP budget for 1992 is \$4.6 million. Pledges of \$2.8 million have been received as of May 1992. The \$1.4 million dollar deficit this year (and anticipated deficits in future years), reflects the general financial need of the NACP. To address these gaps in donor and national support, STAC-I investments will focus on the interventions stated in Section III(a+b). Training (long- and short-term), commodity supply, technical assistance (long- and short-term), and institutional strengthening characterize STAC-I support to the NACP.

C. Relationship to Mission Strategy

USAID/Ethiopia is in the process of developing its first bilateral development program in eighteen years. Thus, a CPSP does not yet exist. At present, Mission priorities clearly involve facilitating democratization, promoting economic reform via the development of competitive markets, providing food aid and providing generalized assistance in policy planning/implementation. However, as noted, the epidemiological profile of HIV transmission in Ethiopia demands rapid and significant action if the epidemic is to be curbed. Thus, within an informal "Mission Strategic Plan", HIV/AIDS P+C may be considered a "window of opportunity" for the present. Furthermore, based on the stage of the epidemic, the large population of Ethiopia, and the recognition that the opportunity to make a sustainable impact is real, RD/H and the Africa Bureau have identified Ethiopia as a "AIDS Priority Country". With this status, the Mission's program will be directly complemented and significantly supported by core support from RD/H (see attached MOU). Strategically, STAC-I is in concert with Agency and WHO priorities (i.e. focusing on behavioral change, condom promotion, STD P+C and NGO/PVO involvement). From the Africa Bureau perspective, a USAID/Ethiopia HIV P+C activity is appealing in terms of public health need and DFA/AIDS allocations.

III. STAC-I PROJECT DESCRIPTION

A. Project Goal and Purpose

GOAL: To increase the capability of the NACP to reduce HIV Transmission.

PURPOSE: To strengthen specific institutions and to expand the scope/scale

of government and private interventions to control the sexual transmission of HIV.

B. Expected Achievements/Accomplishments

STD Prevention and Control

- 90% of STD patients who are seen at 10 new pilot STD Clinics will receive effective STD Case Management according to national guidelines.
- National Research Institute for Health STD Referral Laboratory refurbished and providing effective/efficient diagnosis and treatment of STDs.
- National STD treatment algorithms developed, field tested, revised and approved for nationwide implementation.

IEC

- The number of schools providing HIV/STD education to youth and young adults increased from 93 in 1992 to 200 in 1993. 50,000 new students exposed to HIV/AIDS P + C education.
- Increase the number of A.A. MPSC women enrolled in the NACP MPSC control program from 9,500 (8.8%) to 15,000 (16.5%).
- 50,000 Oromo language booklets produced and distributed.

NGO Grants Program

- NGO Grants program designed and approved by NACP, USAID/E, AIDSCAP and NGO groups.
- NGO Grants initiated on a pilot basis up to 10 NGO grants awarded.
- Three NGO HIV P + C training/information workshops conducted.

Condom Promotion and Social Marketing

- 4.8 million condoms distributed freely by NACP-supplied public and parastatal distribution sites (300,000/month).
- Country-wide increase of condom sales (general public and specific target groups) increases from 0.5M to 1M per month (12M condoms sold annually by LOP).
- 1000 new Condom Social Marketing (CSM) outlets established.
- NACP and CSM MIS refined and expanded to electronically track inventory, shipments, warehouse supplies, distribution and monthly product performance by distribution point, sales outlet and geographic location.

Behavioral Research

- Long-term, collaborative, behavioral research agenda defined and initiated between an Ethiopian and a US research institution.

Surveillance

- A national surveillance system is expanded to include HIV, STDs and TB which effectively contributes to the management of the NACP and HIV impact assessment (6 HIV and 2 STD surveillance sites strengthened).
- Five central and 16 regional surveillance staff collect and use HIV/AIDS and STD surveillance data to support program managers (and program planning/evaluation) at national and regional levels.
- National HIV surveillance guidelines reviewed and implemented nationwide.

C. Project Outline/How It Will Work

C.1 Project Elements

C.1a STD Prevention and Control

Background - As in most developing countries, STD prevention and control has been underfunded. With the advent of the AIDS epidemic, increased focus has been placed on this spectrum of diseases. STD patients are, by definition, engaging in high risk behavior for contracting and transmitting HIV. They constitute a logical target for specific HIV/AIDS IEC campaigns. They are often open to behavior change, due to the presence of uncomfortable symptoms. STDs that lead to genital sores, such as syphilis and chancroid, provide physical

portals of entry and exit for the AIDS virus. Thus it is estimated that the presence of an STD multiplies the efficiency of HIV transmission 5 to 20 times. Therefore, targeting STD patients with special HIV/AIDS prevention messages (particularly promoting use of condoms) and decreasing the prevalence of STDs with effective clinical management is a powerful tool in controlling HIV transmission.

With the assistance of the international donor community, approximately 40 STD Clinical Units were established in selected hospitals and health centers throughout the country. This was an initial effort by the DAC to upgrade STD services. Multiple constraints limit the full implementation of this plan. These constraints include:

- Delayed finalization of case management algorithms due to incomplete biomedical data;
- Partial training of clinicians, health assistants, nurses and lab technicians;
- Shortage of effective drugs for treatment at the clinical sites
- Delayed implementation of protocols for counselling and contact tracing; and,
- Lack of rapid and simple STD diagnostic tests at clinical sites which could provide results during the initial visit by the patient.

STAC-I will address these constraints over the next 18 months. The project will focus on: 1) the expansion of effective case management; and, 2) the design/implementation of a pilot program to operationally assess the effectiveness of diagnostic algorithms and the delivery of effective therapy.

Case Management - Case management algorithms for STDs which include all facets of patient management, laboratory support, recommended drug treatments as well as public health aspects will need to be finalized and field tested. This will require completing essential biomedical research studies to identify the etiologies for the most common clinical-syndromes and drug resistance patterns of the causative organisms. STAC-I will provide technical assistance to the NACP (through AIDSCAP) to complete these activities. The facilities at NRIH will be utilized for these studies, and technical and material support will also be provided to strengthen the country's central reference STD laboratory.

Pilot STD Control - Three of the referral STD Clinics in Addis Ababa and seven other NEW STD treatment units in the country will be used for the piloting of the case management algorithms and service delivery. Clinicians, nurses, health assistants, and laboratory technicians will receive training through the NACP (via AIDSCAP). IEC materials necessary for this training will be developed through AIDSCAP assistance to the NACP. These materials include revised case management algorithms and counselling materials for both provider and client. Necessary physical facility upgrading, equipment, and supplies will be provided by STAC-I to ensure that physical exams can be performed and simple, rapid laboratory support is readily available in the pilot sites. In collaboration with

the NACP, AIDSCAP consultants, the Essential Drugs Program, the MOH Pharmacy Department, and the WHO/GPA, a consensus will be reached in order to deliver the most effective and cost-efficient drug regimens. STAC-I will support the purchase of essential drugs (via WHO) to implement the STD control in the 10 pilot clinics.

Outcomes - During STAC-1, a measurable change in STD prevalence/incidence in the communities served by the pilot STD Clinics is not expected. However, systems will be designed and put into place to provide ongoing STD prevention and control service delivery. At the end of STAC-I, the case management algorithms and services provided at the 10 STD Clinics will be assessed. The protocols will be refined and implemented through general training and supply which will take place during a follow-on activity in order to expand the upgraded STD services throughout the country. Thus, the 10 STD Clinics supported by STAC-I, will serve as a model for expansion of effective and efficient STD P+C service nationwide.

Program Support - Support for these efforts will be derived from a FY 92 Mission OYB transfer to RD/H-AIDSCAP and through a Letter Grant to WHO. Procurement of STD drugs, laboratory equipment/supplies and diagnostic test kits for surveillance will conform to the Agency procurement guidelines and those enunciated in the Letter Grant. In order to implement the pilot STD effort successfully, assistance will have to be provided over the STAC-I LOP in the following areas.

- **Applied Research** - biomedical research to refine case management algorithms technical assistance, supplies and equipment (-70° freezer, culturing supplies, etc.) will be provided to NRIH.
- **Training** - STD case management training (40 physicians, 40 nurses, 40 health assistants and refresher training for laboratory technicians).
- **IEC Material Development** - IEC materials for providers and clients in the 10 clinics (development, printing and distribution).
- **Upgrading Clinical Sites** - rehabilitation (curtains, room-dividers, sinks), equipment (tables, speculums, lamps, buckets, etc.) supplies (gloves, q-tips, etc.), operating costs.
- **Laboratory Support** - clinical sites (microscopes, gram stain, slides, gloves, transport media, RPR kits, etc.)

- **Essential Drugs** - for 10 pilot sites.
- **Provision of Condoms** - via STAC-I overall procurement.
- **Surveillance Activities** -linked to general STAC-I-supported surveillance strengthening (Section C.1e).

- **M&E/Operations Research** - facility-based survey to obtain baseline information on the operating STD Units.
- **Technical Assistance** - 12 weeks external TA.

C.1b Support for Information, Education, and Communication (IEC) HIV/AIDS

Prevention and Control

Background - Perhaps the most important tool in the battery of HIV prevention and control approaches is the sustained delivery of appropriate IEC messages to populations at risk. With the current status of the HIV/AIDS epidemic, the fact is that almost every sexually active individual is at risk to HIV transmission. However, it is important to note that 40%-50% of the population in LDCs is below 15 years of age, and may be proportionately less sexually active. Thus, a target on youth is eminently justified. Whatever the population age group, the differentiating variable of risk is the type of behavior a person(s) pursues. STAC-I will address youth as a target group and will assist in the expansion of IEC activities for individuals with Multiple Sexual Partner Contacts (MPSCs). It will also support formative research concerning the opportunities to reach other high risk groups thus reducing transmission and disease over the long term.

Target groups - The target groups for IEC interventions include persons engaging in high risk sexual behavior and groups which are critical for the future development of Ethiopia such as young educated professionals, workers and youth (in-school and out-of-school). STAC-I will support formative and operational research to discern which additional groups might merit special attention. Although STAC-I will focus on youth and MPSCs, over the long term, the opportunities and ways to reach other groups at risk needs to be considered. Categories which might be considered include:

- Youth (male and female) in primary and secondary schools and those aged 10 to 19 who are out-of-school;
- Females with Multiple Partners Sexual Contacts and their clients and males with multiple partners;
- Male and females at the workplace (private and public sectors) (including the military); and,
- Women of child-bearing age.

STAC-I will support this research through AIDSCAP as part of future program planning. The object of this effort will be to identify how the NACP might branch out targeted IEC activities over the long-term. This research will be conducted with the guidance and collaboration of the DAC IEC Division and will be assisted with external technical assistance (as appropriate) accessed through AIDSCAP.

AIDS Education in Schools - The NACP recognizes the urgency of the epidemic and plans to accelerate their approach to education for youth through a national school program of AIDS/STD education. An evaluation of the 1989 pilot AIDS/STD School Education Project in secondary schools indicated that students in the pilot schools had significantly increased their knowledge of facts about AIDS. Focus groups revealed that attitudes and behavioral intentions also changed positively. The NACP School Project currently targets all 7th and 8th grade students and the program expansion will extend it to all 9th and 10th grades. The goals of AIDS Education in Schools are: 1) to implement the project nationwide; 2) sustain the integration of HIV/STD education in schools and teacher training curricula; and, 3) to reduce behavior that spreads HIV/STD in Ethiopia. Major components include: the development of and production of course curricula; training materials; and, conduct of a teachers' training workshop. Both the MOE and the DAC will assist with the supervision and evaluation of this program. Specific STAC-I support for this activity will focus on providing training and upgrading for teachers, and support for the development and production of school-based IEC materials. AIDSCAP, in cooperation with the NACP, will provide assistance to help train the teachers and will supply the funding for the production of school materials. The Health Education Department of the Ministry of Health will assist DAC in designing of IEC material and facilitating the school health project.

Expansion of the MPSC Project - One major group with high risk of HIV/STD infection is women who have multiple sexual partners. Studies reveal that prevalence rates in this group doubled between 1989 and 1990 in several Ethiopian towns. In 1989 the DAC, with support from WHO/GPA, started an innovative MPSC project to educate these MPSC women about HIV/AIDS and to encourage them and their clients to use condoms. The project uses peer education as the primary means for transferring information. The DAC staff has trained several core trainers who in turn educate Community Health Agents (CHAS) in the kebeles (the smallest administrative unit). CHAS educate bar owners and group leaders among the MPSC women, who then train other women. STAC-I priorities for reinforcing and extending the project include:

- **Support Existing Project** - STAC-I will support the continuation of the project in the 14 towns where it has been started, including the preparation of refresher training modules and development/distribution of IEC materials;
- **Expand the MPSC Project** - As May of 1992, only 8.8% of the Addis Ababa target population had been reached by the MPSC project. STAC-I will support the expansion of the project by training, workshops and assessments through AIDSCAP Country Office support to the NACP. By the end of STAC-I it is estimated that 15% of the MPSCs will have participated in the MPSC project. In addition, the MPSC project will be initiated/re-initiated in 8 new towns within the country.

C.1c Condom Promotion and Condom Social Marketing (CSM)

Background - In May 1987 a five year plan for AIDS control in Ethiopia was developed by the Ministry of Health. After the first Medium Term Plan (MTP) review, an assessment team was sent to Ethiopia to plan and design a condom promotion services program. In August 1989 a WHO/GPA team completed the assessment which included comment on: condom requirements; management structure within the DAC; opportunities for CSM and CBD systems and condom procurement. It was concluded that condom promotion should proceed in a "tandem" mode, encompassing free distribution and CSM. To date, the NACP has been responsible for the distribution of free condoms in public and parastatal outlets. Thus far, it appears that the limiting factor in this system is condom supply.

In October 1989, Population Services International (PSI) offered its services to the DAC in support of NACP condom promotion activities. PSI's focus was CSM and included condom promotion, procurement, distribution and program management. The first condoms were sold in June 1990. By August, the MOH approved the brand name "HIWOT" ("life" in Amharic), and a national promotional campaign was launched. During the first year, over 2.1 million condoms were sold. To date, over 6 million have been sold. The Ethiopian PSI/CSM program has proven that condoms are acceptable to those who wish to use them, that commercial and public facilities can be used for distribution, and that properly developed condom messages can be culturally acceptable for use in mass media presentations.

Constraints - The major constraints relative to condom use in Ethiopia concern the supply and affordability of quality condoms and target group acceptability. This equally applies to both PSI/CSM and the free-distribution systems. The policies of several donors have changed regarding condom funding for the procurement of condoms, thus creating an uncertainty of source for future planning/expansion. Also, distribution and promotion to areas not previously accessible because of civil strife will likely create an increased demand for condoms. Thus, Ethiopia is facing an increased demand for condoms and an increasing need for condom promotion. STAC-I will address these important gaps over the near term and lay the groundwork for longer-term assistance.

Program Elements - STAC-I will provide support for condom promotion through the procurement of commodities (particularly condoms). It is estimated that approximately 9 million pieces will be procured with STAC-I support. Of these, 6 million will be dedicated to the PSI/CSM effort and 3 million will be dedicated to the NACP for free distribution. Additionally, STAC-I will support the strengthening of the PSI/CSM logistic systems (including data collection, storage and distribution network development). Management training, transport and office support is another key concern of both the NACP and PSI for which STAC-I support will be made available. Condom promotion will be expanded to wider elements of the general population, in addition to the ongoing mass media messages reaching specific target groups and the general public. This will be conducted jointly between PSI and the NACP. Support in this area will include training programs, workshops, operations research and outside technical

assistance.

Program Mechanisms - STAC-I will support the condom social marketing and PSI/CSM program through different mechanisms. Under the AIDSCAP program, the management and operational costs of the PSI/CSM activity will be supported directly through the AIDSCAP-PSI subcontract via a Mission OYB transfer to RD/H AIDSCAP. In addition, all condoms (9M) will be procured for the NACP free-distribution network and the PSI/CSM effort through a buy-in to the RD/POP Contraceptive Procurement project.

C.1d Increased NGO/PVO Involvement in HIV/AIDS P + C

Background - The NGO sector is relatively strong in Ethiopia and can be a complement to NACP efforts. There exists a strong potential for the NGO/PVO community to access "grassroots" populations in both rural and urban areas. The NGOs have demonstrated their ability to mobilize for the drought emergency and it is reasonable to predict that they can use that same capability to implement HIV P+C activities. A recent survey of CRDA membership (a local christian NGO coordinating body) indicated only moderate interest in HIV P+C involvement by NGOs (only 18 of 87 members [21%] responded to a brief questionnaire). However, this process was cursory and a more in depth canvassing of NGO interest is warranted. In this light, STAC-I will support the exploration of NGO interest and, if found to be broad enough, will support the initiation of a pilot NGO/PVO grants program. It is recognized that a NGO/PVO program of this nature could not proceed (or succeed) without the direct involvement of the NACP in its development, implementation and assessment. Discussions with the NACP indicate that they are willing to explore this possibility in collaboration with AIDSCAP resident team.

Elements of STAC-I NGO/PVO Grants Program - In order to adequately plan for NGO participation in the STAC-I project, this component will be initiated by an in-depth analysis of the interest, capabilities and training needs of the NGO community. This analysis will require two months of technical assistance by a consultant who is familiar with NGO programming and understands HIV P+C. Outputs will include a review of existing NGO/PVO activities in HIV/AIDS control, an assessment of the quality and appropriateness of these interventions and the potential for increased NGO/PVO involvement in HIV P+C. The assessment will make specific recommendations for enhancing the work of NGOs in this area, including a description of a NGO grants program. The exercise will detail the elements of proposal submission including criteria for selection, the process of application, screening and administration. It will also consider a training component which will be manifested in the support of NGO HIV P+C workshops, support for the development and production of print material, and assistance in proposal preparation. This activity will be pursued in collaboration with the NACP who will provide counterpart assistance to the consultant over the two-month period and for the medium-term development/implementation of the NGO/PVO grants program. STAC-I will consider support to an umbrella organization such as CRDA or the Organization

of Social Services for AIDS (OSSA) to collaboratively administer the grants program. However, reaching NGOs outside CRDA's purview remains an issue and will be considered during the development of the program. STAC-I will support the local hiring of a full-time NGO grants coordinator (NGO/GC) if the demand from the NGO community is high enough and if NGO involvement in HIV/AIDS P+C is feasible. The NGO/GC will be based either in the AIDSCAP Office or within the umbrella NGO/PVO grants organization. The NGO/GC will work jointly with the NGO community, AIDSCAP and the NACP, but will consistently represent the objectives of the MTP-II throughout the program's activities. Quarterly meetings among the NACP, AIDSCAP and the NGO/GC are envisioned to review progress, approve proposals and monitor activities. It is expected that the NACP will appoint a member of the IEC Division to serve as the NACP's representative to the NGO HIV P+C grants committee. As noted in Section IV, the NGO Grants component will be a "pilot activity" with STAC-I providing support for up to 15 NGO Grants, not exceeding one year of effort.

Mechanisms - The NGO/PVO grants program for STAC-I will be supported within the Mission's FY 92 OYB transfer to the AIDSCAP project. Thus, it will be the responsibility of AIDSCAP, in consultation with the NACP and USAID/Ethiopia, to manage the technical assistance; establish a grants program; hire the NGO Coordinator and assure that s/he is provided with the necessary support.

C.1e Behavioral Research Grants Program

Background - All human behavior, including sexual practices, can be potentially modified. Experience has demonstrated that communities can deliberately change sexual behaviors to reduce HIV transmission. However, in order to design interventions for behavior change, it is necessary to have an understanding of the risk behaviors, their antecedents and points of intervention. In-country behavioral research can further the understanding of behaviors which facilitate the spread of HIV. Research institutions, within the countries being assisted by USAID, are in an advantageous position to design culturally sensitive research protocols for these specialized studies. These will enable a definition of pertinent behavior information which can facilitate effective P+C interventions.

Program Elements - The behavioral research component of STAC-I will be initiated by a consultation from the Behavioral Research Unit of AIDSCAP in late FY'92. During this visit, AIDSCAP consultants will work together with the DAC and USAID/E to identify appropriate behavioral research topics. Research institutions will also be identified which might be strengthened to enhance their behavioral research capabilities. These institutions will then be contacted to determine their interest in collaborating with AIDSCAP and a US university or research institution to carry out HIV/AIDS-related behavioral research in Ethiopia. Once collaborating institutions are identified, the necessary agreements and understandings will be developed. A collaborative mechanism will be established to identify specific research questions. A long-term behavioral research program/plan will be subsequently developed and initiated during STAC-I. The research agenda will necessarily comply with DAC priorities for the control HIV infection. If the technical assistance is to come primarily from a single U.S. institution, AIDSCAP will enter into a contractual agreement with that institution which will enable them to provide the necessary consultation and assistance. The U.S. institution will assist in the formulation of the long-term research agenda. This Behavioral Research Component of STAC-I will be financed by central funding from AIDSCAP, which also will assume responsibility for entering into appropriate program and administrative relationships with both Ethiopian and U.S. collaborating institution(s).

C.1f Surveillance and Research

Background - A public health surveillance system must be action-oriented. Data should be analyzed and reports disseminated in a timely manner to all appropriate officers. Surveillance efforts should be tied to program objectives in order to track inputs and assess outcomes. This is an essential component of effective information management and program implementation. Effective surveillance relies on accurate and timely tracking of infection, not only clinical disease. Targeting specific groups such as antenatal women, transportation workers, CSWs, STD patients and others, will yield a more accurate profile of HIV transmission in the country and provide more information in the assessment of impact and overall program planning. Because it is widely recognized that STDs enhance HIV transmission, comprehensive HIV/AIDS prevention and control program strategies now include a component to strengthen the diagnosis and treatment of STDs. Thus, surveillance supported by STAC-I will include surveillance of STDs, especially among populations targeted for improved access and delivery of STD services and HIV/AIDS P + C interventions.

Constraints - During a recent review of the surveillance system, specific needs were identified. They include:

- **STD Surveillance** - Surveillance for selected STDs has not yet been fully established among populations which have been targeted by the NACP for intensified IEC and condom promotion messages (i.e. CSWs, young males, women attending antenatal clinic);

- **Anonymous "Sentinel" Surveillance** - Systematic, unlinked, anonymous sero-surveillance of HIV infections needs to be expanded among specific target groups (such as pregnant women attending antenatal clinics, blood donors, new military and/or police recruits, and STD patients) where sentinel sites are not yet established;
- **Training** - Short-term training in epidemiology and biostatistics for members of the national and regional surveillance staff;
- **Lack of HIV Screening Kits** - Finally, support is required to purchase HIV screening test kits and other commodities essential to the conduct of surveillance activities among sentinel groups, as well as for the surveillance of AIDS cases.

Program Elements - In order to improve the surveillance system for HIV/AIDS and establish a surveillance system for STDs, assistance will have to be provided in the above-mentioned areas. Therefore, STAC-I support for surveillance will:

- Provide short-term training abroad for one person and conduct national and regional training and supervision in the collection and use of HIV/AIDS and STD data for surveillance, modelling, and policy dialogue;
- Assist the epidemiologic unit of DAC to review, print and distribute guidelines for the national HIV surveillance system;
- Strengthen six sentinel sites (HIV (4) and STD (2)) via training, commodity supply (including HIV test kits), operations research.

IV. PROJECT MANAGEMENT AND IMPLEMENTATION

A. USAID

The USAID/E Project Implementation Office will be responsible for STAC-I Project management. The responsible offices in AID/W will be RD/H/AIDS, RD/POP, and AFR/EA. REDSO/ESA/RFMC will provide necessary Controller services until the arrival of the Mission Controller. REDSO/RLA will provide necessary legal services. REDSO/PDPS, RCO and REDSO/PH will provide assistance as appropriate and when requested.

B. TGE

The Ministry of Health (MOH) and the National AIDS Control Program (NACP) are the TGE organizations responsible for STAC-I implementation. All aspects of STAC-I as described in this Project Paper have been discussed and planned in detail with these organizations. All actions taken by USAID, WHO, and AIDSCAP under STAC-I will be taken in close coordination, at the request of,

and with the active involvement of the MOH and the NACP. It is understood that the Minister of Health or her designee will sign this Project. Thus, the MOH will be the functioning line Ministry.

C. AIDSCAP

The RD/H/AIDS AIDSCAP Project will be responsible for the routine implementation of STAC-I activities. A country office will be established with a Resident Project Manager (RPM) who will be the technical and administrative liaison between the NACP and USAID/E. AIDSCAP/W and the AIDSCAP Africa Regional Office will provide administrative and technical backup throughout the LOP of STAC-I. Up to \$750,000 will be provided annually out of AIDSCAP Project core funds to support technical assistance, general implementation, monitoring, and evaluation. Two annual workplans will be developed by AIDSCAP. The first by December 1992 and the second by October 1993. The workplans will be coordinated by the RPM with input from AIDSCAP core staff, RD/H/AIDS staff, the NACP and USAID/E. Quarterly progress reports will be provided to the mission and the NACP in order to track project progress relative to the annual plans. The AIDSCAP Country Office will be responsible for preparing semi-annual Project Implementation Reports which will be submitted to the mission and jointly reviewed by the USAID/E PIO and RD/H.

D. Population Services International (PSI)

PSI initiated a condom social marketing program in Ethiopia in 1990. Within the STAC-I project, PSI will receive support indirectly through their AIDSCAP subcontract, in order to continue and expand their condom social marketing efforts. The PSI country office will be responsible for the routine reporting of condom sales and will participate as full partners in the development of STAC-I annual planning. PSI progress will be enunciated within the routine AIDSCAP quarterly reports and PIRs.

E. Funding Mechanisms

Background - Critical to the effective implementation of STAC-I is the continuous and reliable supply of condoms and appropriate drugs for treating STDs. Due to procurement restrictions, USAID does not always offer the most cost-effective methods for procurement. Continuing external support for consumable items also does not establish long-term sustainability. However, without these supplies, the promotion of condoms is extremely difficult to achieve and the upgrading STD clinical services is impossible. Additionally, there are in-country, program operations costs which will require support. These include: the initiation of the NGO Grants Program; initiation of the collaborative behavioral research effort; establishment of the AIDSCAP country office; specific IEC and training support to the NACP; and the operational support to PSI for condom promotion.

Proposed Mechanisms - During STAC-I, the Project will provide a major

proportion of required consumable items using the mechanisms outlined below. The efficiencies of the arrangements will be reviewed during the implementation of STAC-I, and, modified as appropriate.

OYB Transfer to RD/H-AIDSCAP Project - The involvement of the RD/H-AIDSCAP project in the USAID/E STAC-I project is viewed as an important element of the Mission's short and long term engagement in HIV P+C. Thus, an OYB transfer to AIDSCAP totalling \$1,165,000 has been done in FY 1992 to support AIDSCAP in-country activities (program management, behavioral research, NGO grants initiation/management, specific TA, etc.) and provide the NACP operational support as agreed to and articulated in, the MTP-II for IEC, training (in-country, offshore), conference attendance, applied research, M&E, etc.). The elements of the OYB transfer will be further described in the AIDSCAP annual plan of operations, jointly developed by AIDSCAP, the NACP and USAID/E.

Letter Grant - A Letter Grant with the WHO Country Office which articulates a dedicated contribution to the NACP/Ethiopia appears to be a viable mechanism to procure appropriate and cost-effective commodities in support of the national HIV/AIDS control effort. The Grant will include funds to support the purchase of selected drugs for STD treatment and laboratory equipment/supplies. The mission has been assured by the NACP program director and the WHO Resident Representative that both would welcome this arrangement with USAID/Ethiopia. Thus, this mechanism could be utilized as part of the STAC-I project.

Condom Purchase through RD/POP-CP Project - Condoms will be purchased through the RD/POP Contraceptive Procurement project. It is recognized that U.S. procurement of condoms is more expensive and that the funds available within the STAC-I project will not be able to cover the costs of 9 million condoms if they must be procured and air-shipped by American suppliers. In this regard, RD/POP has agreed to augment the supply to the 9 million condom level with central funds for the STAC-I.

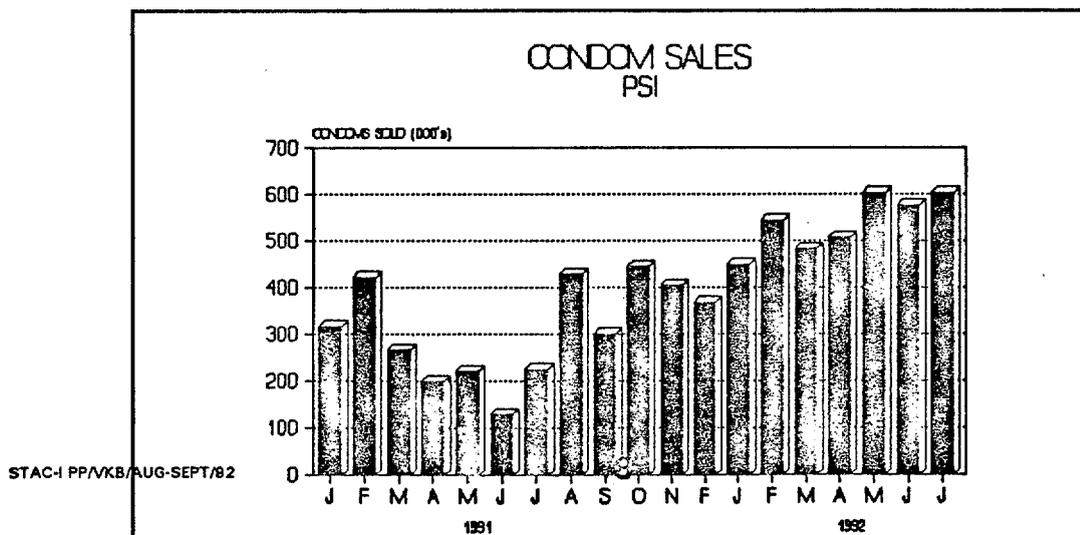
F. Condom Procurement, Customs Clearance, Storage, Perceived Demand and Delivery

Procurement - Condom supplies for the Social Marketing Program have been routinely supplied from the WHO/GPA stocks out of Geneva. These condoms were purchased in bulk by WHO/GPA in 1990 and meet international testing standards and African conditions for condom acceptability. Condoms purchased by PSI directly for the Ethiopia program are manufactured according to eight (8) specifications, including size, color and shape. PSI-procured condoms come from either Korea or Malaysia. Individual packaging requirements, plus markings for both inner and outer cartons are provided. This provides additional protection for the condoms and facilitates marketing. The MOH and PSI have well-established mechanisms to procure condoms offshore and to clear them through ports once they reach Ethiopia. All STAC-I condoms will be procured through American suppliers.

Customs Clearing - Customs clearance is handled by MOH directly and in the case of PSI, by PSI Staff in collaboration with a private clearing agent. Within STAC, PSI will take the lead in the clearance process with assistance, as required, from the MOH. The PSI clearing process for the US-procured STAC-I condoms will be as follows. The manufacture telefaxes a copy of the invoice, bill of lading and shipping documents directly to Addis Ababa. Original documents are sent by international courier to PSI Ethiopia. Duty free and custom clearance procedures are started based on the telefaxed documents. PSI maintains an agent in Assab for clearing and forwarding sea freight shipments. Air freight shipments are handled by PSI (Addis Ababa) staff directly. Agreements signed between PSI and the Government of Ethiopia guarantee duty and excise free privileges to PSI. This system is efficient and effective as evidenced by the fact that more than 6 consignments, totalling more than 13,000,000 condoms, plus dozens of other consignments ranging from vehicles to photo copy machines, have passed through PSI clearing process since 1990.

Storage Facilities - STAC-I condoms will be stored in the PSI warehouse located in Addis Ababa. The warehouse is on the same premises as the PSI office and is guarded 24 hours a day, seven days a week. The warehouse is cool, dry and capable of holding over 15 million condoms (350 sq. mtrs.). Laborers for loading and unloading are available at all times. PSI employs a warehouse inventory clerk and maintains inventory and stock registers which are audited annually.

Condom Sales - From January 1991 through July 1992, condom sales in Ethiopia have been increasing. Although some lulls were experienced before and during the time the Transitional Government came to power, sales soon resumed their upward trend. Thus, based on the graph presented below, the demand for free and socially-marketed condoms is high, and is increasing. Therefore, it is not unrealistic to anticipate condom sales in excess of one million per month before the end of the calendar year. If free condoms distribution is included, total consumption may approach 1.3 million condoms per month.



Proposed Delivery Schedule - Based on current sales of over 600,000 pieces per month, projections of up to 1.5 million pieces per month by mid-1993, and present condom reserves (4 million as of September 1992); it is important that some of the STAC-I condoms arrive quickly and the remainder arrive in the middle of the fourth quarter of 1992. Thus, the following condom procurement schedule will be followed during STAC-I. This schedule has been discussed with representatives of RD/H/Commodities and Program Support Division and they are in full agreement with its rationale and implementation.

MODE OF TRANSPORT	QUANTITY	DELIVERY
a) Air Freight/Addis Ababa 1992	3 million pieces	September
b) Sea Freight/Assab Port	6 million pieces	November 1992
c) Total Shipped	9 million pieces	November 1992

G. Implementation Plan

DATE RESPONSIBLE	IMPLEMENTATION ACTION	OFFICE
9/30/92	PP APPROVED AND AUTHORIZED	USAID/E
9/30/92	STAC-I PROAG SIGNED	AID/TGE

10/30/92	LETTER GRANT ISSUED TO WHO	AID/WHO
10/10/92	PIL NO. 1 ISSUED TO TGE	AID
10/30/92	CPs SATISFIED IN WRITING	TGE
9/30/92	3 MILLION CONDOMS AIR-SHIPED	RD/POP
9/30/92- NACP/MOH 4/30/94	CONFERENCE ATTENDANCE	
10/10/92	AIDSCAP RPM IDENTIFIED & APPROVED	AID/TGE
10/15/92	AIDSCAP OPERATIONS VISIT	AIDSCAP
10/15/92	TA: STD DRUG & TREATMENT APP. RES	AIDSCAP
10/15/92 NACP/WHO	STD DRUGS ORDERED	
10/20/92	CLIN. SITE REFURB PLAN DRAFTED	NACP/AIDSCAP
10/20/92 PSI/NACP	3 MILLION CONDOMS CLEARED A.A.	
10/20/92 NACP/AIDSCAP	SECONDARY TEACH TRAINING PLAN DEVEL.	

DATE RESPONSIBLE	IMPLEMENTATION ACTION	OFFICE
10/25/92	IEC MATERIALS PLAN APPROVED	NACP/AIDSCAP
10/30/92	EIS TRAINING - ATO BEKELE	NACP/AIDSCAP
10/30/92	AIDSCAP RPM ON BOARD	AIDSCAP
10/30/92	NRIH LAB EQUIPMENT LIST FINALIZED	NACP
10/30/92	MPSC MOBILIZATION TRAINING EXERCISE	NACP
11/1/92 NACP/AIDSCAP	CURRIC. REVIEW CORE COMMUNICATORS	
11/10/92 WHO/NACP	NRIH EQUIPMENT PROCURED	
11/15/92	AIDSCAP COUNTRY OFFICE ESTABLISHED	AIDSCAP
11/15/92	TA: DRUGS, SITE REFURB, NRIH REVIEW	AIDSCAP
11/20/92 NACP/AIDSCAP	SECONDARY TEACH TRAINING IMPLEMENT.	
11/24/92 NACP/TGE	CLIN. REFURB PLAN APPROVED	
11/30/93 RD/POP/PSI/NACP	6 MILLION CONDOMS ARRIVE ASSAB	
11/30/92	IEC MATERIALS PROCURED	NACP/AIDSCAP
11/30/92	1ST COMMUNICATOR TRAINING	NACP/AIDSCAP
11/30/92 WHO/NACP	CLIN. REFURB PROCUREMENT	
11/30/92 WHO/NACP	SURVEILLANCE REAGENTS PROCURED	

12/1/92
PSI/NACP

HIWOT-II MARKETING CAMPAIGN DEVEL.

12/5/92

RD/H-AIDSCAP PLANNING VISIT

RD/H/AIDSCAP

DATE RESPONSIBLE	IMPLEMENTATION ACTION	OFFICE
12/10/92	TA: STD ALGORITHM REVIEW	AIDSCAP/NACP
12/10/92	TA: NGO GRANTS PROGRAM DESIGNED	AIDSCAP/NACP
12/10/92	TA: BEHAVIORAL RESEARCH DESIGN	AIDSCAP/NACP
12/15/92	STD TRAINING CURRIC. DEVELOPED	NACP/AIDSCAP
12/15/92	COUNTRY OFFICE COMMODITIES PROCURED	AIDSCAP
12/15/92 PSI/NACP	HIWOT-II POSTERS DEVELOPED	
12/20/92 NACP/WHO	STD DRUGS ARRIVE & CLEARED	
12/20/92 NACP/WHO	NRIH EQUIPMENT ARRIVES & CLEARED	
12/24/92	STAC-I 1ST ANNUAL PLAN COMPLETED	ALL
12/30/92 NACP/PSI	6 MILLION CONDOMS ARRIVE IN A.A.	
12/30/92 NACP/WHO	NACP OPERATIONS SUPPORT PROCURED	
1/1/93 PSI/NACP	HIWOT-II CAMPAIGN LAUNCHED	
1/10/93 NACP/WHO	CLIN. REFURB EQUIP CLEARED	
1/15/93	IEC SCHOOL BOOKLETS PROCURED	NACP
1/15/93 WHO/NACP	SURVEILLANCE REAGENTS DELIVERED	
1/15/93	TA: MPSC/IEC TARGET GROUP ANAL.	AIDSCAP

1/20/93	STD TRAINING - 40 MDs	NACP/AIDSCAP
1/20/93	TA: STD M&E REVIEW & PLAN DEVELOPED FOLLOW-UP ON ALGORITHMS	AIDSCAP/NACP

DATE RESPONSIBLE	IMPLEMENTATION ACTION	OFFICE
1/20/93	NGO GC IDENTIFIED & HIRED	AIDSCAP/NACP
1/30/93	TA: SURVEILLANCE PLANNING	AIDSCAP/NACP
1/30/93	DEVELOP SURVEILLANCE GUIDELINES	NACP/AIDSCAP
1/30/93	2ND COMMUNICATOR TRAINING	NACP/AIDSCAP
2/10/93 NRIH/NACP	NRIH REFURBISHMENT COMPLETE	
2/10/93	TA: NGO GRANTS PROGRAM FOLLOW-UP	AIDSCAP/NACP
2/10/92	TA: BEHAV. RES. PROGRAM FOLLOW-UP	AIDSCAP/NACP
2/10/93	SENTINEL SYSTEM REFINED	NACP/AIDSCAP
2/15/93	MPSC PLAN EXPANDED TO 14 TOWNS	NACP/AIDSCAP
2/15/93	1ST MPSC WORKSHOP CONDUCTED	NACP/AIDSCAP
2/30/93 NACP/PSI/AIDSCAP	IEC MASS MEDIA PLAN DEVELOPED	
3/1/93	10 CLINICAL SITES REFURBISHED	NACP
3/1/93	STD TRAINING - 40 NURSES	NACP/AIDSCAP
3/10/93- 4/30/94	SENTINEL SURVEILLANCE IMPLEMENTED	NACP/AIDSCAP

3/15/92	2ND MPSC WORKSHOP CONDUCTED (MALE CONDOM USE)	NACP/AIDSCAP
3/30/93	3RD COMMUNICATOR TRAINING	NACP/AIDSCAP
3/30/93	TA: FOLLOW-UP SURVEILLANCE (IN-PATIENTS SURVEY)	AIDSCAP/NACP

DATE RESPONSIBLE	IMPLEMENTATION ACTION	OFFICE
4/1/93	TA: SURVEILLANCE FOLLOW-UP	AIDSCAP/NACP
4/15/93	GENERAL POP SURVEILLANCE INITIATED	NACP/AIDSCAP
4/15/93	SURVEILLANCE HIGH RISK DESIGNED	NACP/AIDSCAP
4/30/93	MASS MEDIA MESSAGES DELIVERED	PSI/NACP
5/1/93	STD TRAINING - 40 HAs	NACP/AIDSCAP
5/1/93	BEHAVIORAL RES. PROGRAM IMPLEM.	AAU/USU
6/30/93	ALL NGO GRANTS DISBURSED (8)	AIDSCAP/NACP
7/30/93	SURVEILLANCE TRAINING RUR/URB	NACP/AIDSCAP
9/30/93	PROJECT EVALUATION	ALL
10/15/93	GENERAL POP SURVEY COMPLETED	NACP/AIDSCAP
10/30/93	HIGH RISK SURVEILLANCE COMPLETED	NACP/AIDSCAP
2/10/94	STAC-I EVALUATION	ALL
3/10/94	STAC-I AUDIT	NFA

*The critical decisions regarding how to implement FY-93 AIDS funding will be

made in early FY-93. USAID/Ethiopia fully intends to put FY-93 funding in place well before STAC-I funding runs out in March 1994.

V. Cost Estimates and Financial Plan

A. A.I.D. Funded Contribution - STAC-I Estimated Budget (Through 4/31/94)

BUDGET ITEM	OYB TRANSFER	LETTER GRANT	AIDSCAP CORE	TOTAL
STD PREVENTION & CONTROL				
BIOMEDICAL RESEARCH \$25,000	\$25,000			
TRAINING FOR SERVICE DELIVERS \$25,000	\$25,000			
IEC MATERIALS \$50,000	\$50,000			
CLINICAL SITE REFURBISHMENT \$50,000		\$50,000		
TECHNICAL ASSISTANCE \$65,500			\$65,500	
LABORATORY SUPPORT (NRIH AND CLINICAL SITES) \$150,000		\$150,000		
STD DRUGS FOR 10 PILOT SITES \$200,000		\$200,000		
CONDOMS (SEE CP/CSM)				
SURVEILLANCE (SEE SURVEILLANCE)				
MONITORING & EVALUATION \$25,000	\$25,000			
SUBTOTAL STD COMPONENT \$590,500	\$125,000	\$400,000	\$65,500	
IEC EXPANSION/SUPPORT				
TRAINING CORE COMMUNICATORS \$73,000	\$73,000			
FEMALE MPSC MOBILIZATION \$17,000	\$17,000			
MALE MPSC CONDOM MOBILIZATION \$48,000	\$48,000			
TEACHER HIV TRAINING \$10,000	\$10,000			
SCHOOL MATERIALS DEVEL/DIST \$81,000	\$81,000			
Mass Media \$20,000	\$20,000			
SUBTOTAL IEC COMPONENT	\$249,000			

\$249,000

CONDOM PROMOTION

PROCURE 9 MILLION CONDOMS ¹	
DESIGN OF PACKAGING	\$3,500
\$3,500	
PRINTING OF MATERIALS	\$11,000
\$11,000	
PROMOTION ACTIVITIES	\$9,000
\$9,000	
POSTERS	\$30,000
\$30,000	
MASS MEDIA	\$21,000
\$21,000	
LEAFLETS	\$11,000
\$11,000	
SPECIAL CAMPAIGNS	\$14,000
\$14,000	
PACKAGING COSTS	\$32,000
\$32,000	
MARKETING RESEARCH	\$7,000
\$7,000	
TRAINING OF STAFF	\$5,000
\$5,000	
MANAGEMENT STAFF SALARIES	\$17,000
\$17,000	
SALES STAFF SALARIES	\$22,000
\$22,000	
SUPPORT STAFF SALARIES	\$12,000
\$12,000	
EXTERNAL TA	\$7,000
\$7,000	

¹See RD/POP OYB Transfer

AID FUNDED CONTRIBUTION TO STAC-I ESTIMATED BUDGET (THROUGH 12/31/93 ONLY)
(CONTINUED)

BUDGET ITEM	OYB TRANSFER	LETTER GRANT	AIDSCAP CORE	TOTAL
OFFICE/WAREHOUSE RENT \$12,500	\$12,500			
OFFICE SUPPLIES \$4,500	\$4,500			
LOCAL TRAVEL / PER DIEM \$15,500	\$15,500			
COMMUNICATIONS \$8,500	\$8,500			
MAINTENANCE \$3,000	\$3,000			
UTILITIES \$4,500	\$4,500			
ACCOUNTING/LEGAL \$3,000	\$3,000			
MISCELLANEOUS \$3,000	\$3,000			
SUBTOTAL CONDOM PROMOTION \$256,000	\$256,000			
NGO GRANTS PROGRAM				
PROGRAM DESIGN TA \$44,000			\$44,000	
NGO GRANTS COORDINATOR \$25,000	\$25,000			
SUPPORT FOR NGO GRANTS \$150,000	\$150,000			
SUBTOTAL NGO GRANTS PROGRAM \$219,000	\$175,000		\$44,000	
BEHAVIORAL RESEARCH PROGRAM				
PROGRAM DESIGN \$11,000			\$11,000	
LOCAL COSTS \$30,000			\$30,000	
TECHNICAL ASSISTANCE \$22,000			\$22,000	
SUBTOTAL BEHAVIORAL RESEARCH \$63,000			\$63,000	
SURVEILLANCE AND RESEARCH				
RESEARCH GUIDELINE DEVEL/DIST \$30,000	\$30,000			
SENTINEL SYSTEM DEVELOPED \$80,000	\$80,000			
SURVEYS HIGH RISK GROUPS \$22,000	\$22,000			
SURVEILLANCE GENERAL POP \$60,000	\$60,000			
IN-PATIENT SURVEY \$15,000	\$15,000			
TECHNICAL ASSISTANCE			\$44,000	

\$44,000			
SURVEILLANCE TRAINING	\$18,000		
\$18,000			
TRAINING (RURAL&PERI-URBAN)	\$20,000		
\$20,000			
OFFSHORE EIS COURSE TRAINING	\$15,000		
\$15,000			
REAGENTS AND SUPPLIES		\$15,000	
\$15,000			
SUBTOTAL SURVEILLANCE & RES	\$260,000	\$15,000	\$44,000
\$319,000			

AID FUNDED CONTRIBUTION TO STAC-I ESTIMATED BUDGET (THROUGH 12/31/93 ONLY)
(CONTINUED)

BUDGET ITEM	OYB TRANSFER	LETTER GRANT	AIDSCAP CORE	TOTAL
NACP OFFICE SUPPORT (EQUIP/SUPL/VEH) \$100,000		\$100,000		
CONFERENCE PARTICIPATION \$50,000			\$50,000	
AIDSCAP COUNTRY OFFICE				
AIDSCAP RPM \$125,000			\$125,000	
EQUIPMENT/SUPPLIES/OE \$100,000	\$100,000			
TA/STAC-II PROGRAM DESIGN \$100,000			\$100,000	
SUBTOTAL AIDSCAP OFFICE \$375,000	\$100,000		\$275,000	
EVALUATION			\$100,000	
AUDIT			\$25,000	
CONTINGENCY			\$25,000	
SUBTOTAL ABOVE FIGURES \$2,321,500	\$1,165,000*	\$515,000*	\$641,500	
OYB TRANSFER RD/POP FOR CONDOMS (U.S. PROCUREMENT) \$320,000*	--	--	--	
RD/POP CONDOM CONTRIBUTION \$300,000 (U.S. PROCUREMENT)	--	--	--	
GRAND TOTAL STAC-I \$2,941,500				

NOTE: Items marked with * add up to \$2,000,000 and are funded by USAID/Ethiopia. \$641,500 is funded by AIDSCAP Core Project funds. \$300,000 for condoms is funded by RD/POP.

B. Cost Estimates Inclusive of Local Currency Contribution

B.1 STAC-I Summary Cost Estimates (USAID/E PLUS TGE)

PROGRAM ELEMENT	USAID/E		TGE LC	TOTAL
	FOREX	LC		
STD PREVENTION AND CONTROL	440	85*	125	650
IE&C	124	125	75	324
CONDOM PROMOTION	11	245	75	331
NGO GRANTS PROGRAM	100	75	12.5	187.5
SURVEILLANCE & RESEARCH	145	130	200	475
AIDSCAP OFFICE	100	0	0	100
CONDOMS	320	0	0	320
NACP OPERATIONS	75	25	178.5	278.5
TOTAL	1315	685	666	2666**

*All Values in 000s USDs.

**Excludes RD Bureau Contributions

It should be noted that the TGE estimated contribution to STAC-I represents 33 percent of the STAC-I budget (666,000/2,000,000). If USAID/E and TGE contributions are combined, the TGE contribution totals 25% of STAC-I-I implementation (666,000/2,666,000).

B.2 STAC-I Summary Cost Estimates (USAID/E PLUS TGE) for the \$835,000 Obligated in Support of the WHO PIO Grant and Condom Purchase

PROGRAM ELEMENT	USAID/E		TGE LC	TOTAL
	FOREX	LC		
STD PREVENTION AND CONTROL ²	300	50*	52	402
IE&C	0	0	31	31
CONDOMS	320	0	31	351
NGO GRANTS PROGRAM	0	0	5	5
SURVEILLANCE & RESEARCH	15	0	89	94
NACP OPERATIONS	75	25	41	141
TOTAL	735	100	269	1104**

*All Values in 000s USDs.

**Excludes RD Bureau Contributions

² The total USAID/E contribution of \$350,000 represents a combination of \$200,000 for STD drugs and \$150,000 for NRIH laboratory refurbishment and support.

B.3 STAC-I Cost Estimates for Total Project Funding Inclusive of OYB Transfer to AIDSCAP, WHO PIO Grant and RD/POP Condom Procurement

ELEMENT	PRIOR OBLIGATION		THIS OBLIGATION		TOTAL CUMULATIVE OBLIGATIONS ³	
	USAID ⁴	TGE ⁵	USAID ⁶	TGE ⁷	USAID	TGE
STD PREVENTION & CONTROL	125	73	400	52	525	125
INFORMATION, EDUCATION, COMMUNICATION (IEC)	249	44	0	31	249	75
CONDOM PROMOTION	256	44	0	31	256	75
NGO GRANTS	175	7.5	0	5	175	12.5
SURVEILLANCE	260	111	15	89	275	200
AIDSCAP OFFICE	100	0	0	0	100	0
CONDOM PROCUREMENT	0	0	320	0	320	0
NACP OPERATIONS	0	137.5	100	41	100	178.5
TOTAL	1,165	397	835	269	2,000	666

C. Local Currency Costs

Local currency costs will comprise those activities which involve training and other forms of person-power development. Some local currency may be used to access local technical assistance as required and available. Clinic site refurbishment will be in part supported by local currency. NACP and PSI Operating costs for surveillance, applied research and condom promotion will also be supported by varied amounts of ET birr and US dollars. Externally-produced commodities such as condoms, STD drugs, equipment, supplies, etc. will be procured with US dollars either through RD/POP, AIDSCAP or the WHO. All offshore travel will be paid for in dollars. Applied research and the NGO grants program will be supported in dollars and local currency as appropriate. All local currency will be disbursed through the AIDSCAP country office via an AIDSCAP country program account which will hold dollars that can be converted to ET birr.

³ Total Contributions of USAID/E and TGE to Implementation of STAC-I Project

⁴ USAID/E OYB Transfer to RD/H AIDSCAP Project

⁵ Anticipated TGE Contribution Relative to Mission OYB Transfer to AIDSCAP Project

⁶ Obligations Contained in USAID/E PIO Grant to WHO

⁷ Anticipated TGE Contribution Relevant to WHO PIO Grant

C.1 Calculation Estimates of Local Currency Costs (USAID/E Contribution)

Local currency estimates are based on discussions with the NACP, PSI, RD/H and AIDSCAP representatives during PP development. These calculations represent estimates of LC needs for each category relative to percent allocations by the NACP in their annual plan and through discussions with their affiliate institutions (MOH departments, others ministries, etc.).

C.2 Calculation Estimates of Local Currency Costs (TGE Contribution)

These estimates are based on the reported TGE contribution of 24% of the total program costs. The line item breakdown is also an estimate, based on discussions with the NACP. These costs are indicative of salaries, personnel time, office space, transport, equipment use, and secretarial support by both the MOH and its sister ministries in the TGE. They are based on a proportionate multiplier of 41% of the local currency figures presented in the table above.⁸

More specifically, STD prevention and control will entail costs for the implementation of the STD diagnosis and treatment system (i.e. training, general implementation and supervision). The expansion/implementation of STD service delivery will include the provision of commodities (drugs, equipment, supplies) dedicated to STD control which can be purchased with local currency, and costs associated with the general support of the HSD system. Local currency costs for IEC will include dedicated staff time for the MPSC program and for the implementation of the youth program. General staff time will comprise the major local currency costs for the condom promotion and the NGO grant line items. The surveillance and research estimate of \$89,000 is based on the operational requirements associated with the decentralization process and the expansion of the sentinel surveillance system nationwide. The NACP operations contribution is comprised of costs for MOH salaries, and in-kind contributions such as space, transport, technical assistance, and field work associated with the central administration of the program and the implementation of the decentralization of HIV/AIDS prevention and control in Ethiopia.

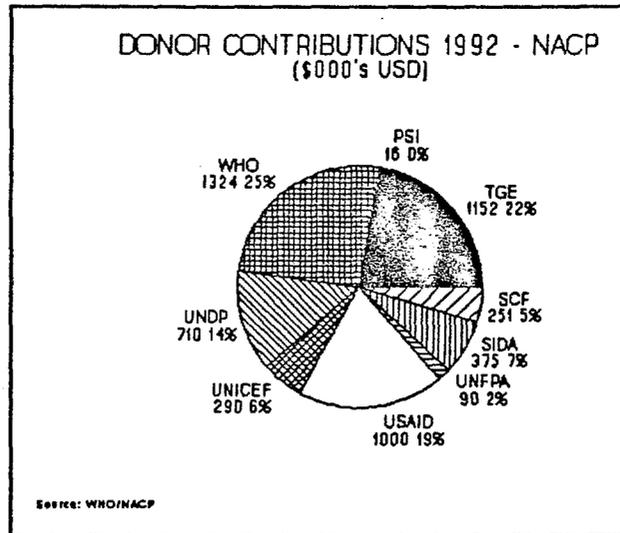
D. Donor Contributions Relative to STAC-I

Support to the NACP in 1992 (including STAC-I) totals \$4,868,000. The TGE and WHO represented the main sources of funding for the program with respective contributions totalling 24% and 27% (\$1,152,000 and \$1,324,000) of the total program annual costs. (Therefore, it is not unrealistic to assume that the TGE will meet the 25% contribution requirement for USAID.) With the advent of the STAC-I project, USAID/E becomes a significant contributor to the control of HIV/AIDS in the country. USAID/E will provide approximately \$1,000,000 through STAC-I in 1992; (a proportionate contribution of about 20.5% [$\$1,000,000/\$4,868,000$]); and an additional \$1,000,000 in 1993. At this level, USAID/E, although a significant donor, is not the major donor to the program when compared to the contribution of the WHO and that of the TGE. It is anticipated that the proportionate levels of donor investment into HIV/AIDS prevention and control in Ethiopia will remain relatively stable over the life of the STAC-I project. In fact, recent discussions with representatives of the donors indicate that AIDS support levels may increase rather than decrease over the medium term. A proportionate breakdown of donor contributions is presented below.

E. Reasonableness of Cost Estimates

The cost estimates developed for this Project appear reasonable and in line with the minimum level of technical and commodity assistance considered necessary to fill the most critical resource gaps in the NACP program through calendar year 1993, monitor HIV incidence and control efforts, assess future needs, and plan for efforts beyond 1993.

⁸ The TGE contribution is calculated as 41.7% of the line item local currency commitment expressed in the Forex/LC table presented in B.1. relevant to the STAC-I grant of \$2,000,000 (i.e. $835,000/2,000,000 = .417$).



VI. Monitoring and Evaluation Plan

As is discussed in Part III.C.1 Project Elements above, the STAC-I project incorporates considerable surveillance, evaluation, and research activities. Many improvements are necessary to collect valid information and perform appropriate assessments relative to tracking HIV incidence. In USAID/E, the Projects Implementation Office will be responsible for the routine monitoring of STAC-I. The PIO Office Chief will also contribute to the design and evaluation of the Project's monitoring and evaluation system which will be jointly developed through AIDSCAP, the NACP, the mission and RD/H. The M&E plan will be articulated within three months of the Project's startup and will be an integral part of the AIDSCAP annual workplan. The M&E efforts will track project accomplishments in the six major technical interventions and develop a means to track process indicators such as people trained, sites refurbished, condoms sold and condoms freely distributed. The design of a system to track incidence will be accomplished during STAC-I and linked to the surveillance system strengthening component of the Project. The efficacy of treatment algorithms, assessment of the overall conduct of the NACP, and future planning will be conducted in concert with the WHO/NACP mid-term evaluation scheduled for the third quarter of CY 1993. Based on the data collected from the above, STAC-I will gather information on the AID/W Priority Indicators described in May 1991. These include: 1) HIV prevalence; 2) correct clinical management; 3) STD prevalence (incidence cannot be measured in the STAC-I timeframe; 4) condom availability/use; and, 5) general behavior trends. Furthermore, the institutionalization of improved surveillance and reporting will strengthen the MOH's capability to provide valid data over the long term and help to establish a better means of evaluating project impact.

Routine monitoring of project progress will be accomplished through the review of AIDSCAP quarterly reports, consultant reports and vouchers. Semi-annual PIRs will be conducted within the mission. Periodic visits by REDSO/PH staff will assist the mission in tracking technical and administrative issues. Monthly meetings with the NACP, AIDSCAP, PSI and the mission will be established early in the startup period to address operational and technical issues as appropriate. Therefore, given the above M&E activities, the M&E system developed through STAC-I will address Bureau and Agency policy concerns relative to the implementation and monitoring of HIV/AIDS prevention and control activities.

A final project evaluation is planned for late 1993-early 1994. This will provide the benefit of the WHO/NACP mid-term review and will contribute to the design of the follow-on activities. Funding for the evaluation will be provided through AIDSCAP core support, RD/H OE funds for participation of DH staff and REDSO/ESA OE for the participation of appropriate REDSO staff. It is covenanted that NACP staff will be dedicated to the evaluation of the STAC-I project. Therefore, the conduct of an in-depth and unbiased evaluation is anticipated. The scope of work for this final evaluation will be drafted by the AIDSCAP Resident Project Manager in consultation with USAID, RD/H, AIDSCAP/W and NACP.

VII. AUDIT PLAN

Per the new audit requirements effective May 1, 1991, all foreign NGOs who receive \$25,000 per year or more of A.I.D. funds will be required to have an independent audit performed on the grant in order to determine whether the receipt and expenditure of funds provided under the Grant are presented in accordance with the generally accepted accounting principles and whether the grantee has complied with the terms of the agreement. With regard to the NGO Grants, this component is likely to be administered/managed by the U.S. Cooperating Agency, AIDSCAP, who will have responsibility for ensuring that any Grantee who receives more than \$25,000 per year, will have annual financial audits conducted in concert with the new guidelines. The independent auditor will be selected in accordance with the "Guidelines for Financial Audits Contracted by Foreign Recipients" issued by the A.I.D. Inspector General (IG).

AIDSCAP and WHO will arrange for a certified accounting firm, acceptable to USAID/E to conduct annual project financial and compliance audits. USAID will provide the grantees with a standard scope of work for these audits. The audits will focus on compliance with the terms and conditions of the project grant and subagreements in relation to compliance with financial management, reporting requirements, project direction, progress and process. The first audit will cover from the signing of the subsidiary grant agreements through September 1993 (approximately 12 months) and annually thereafter.

As per A.I.D. HB 13, Appendix 4(c), for U.S. Cooperating Agencies and Contractors, financial auditing responsibilities still remain the function of AID/W and in this case, with RD/H responsible for overall coordination/management of the audit procedure(s). The audits are performed annually.

VIII. LEGISLATIVE CONDITIONS, COVENANTS, AND NEGOTIATING STATUS

A. Legal and Regulatory Requirements

Section 611(a)(2) of the Foreign Assistance Act of 1961, as amended, provides that agreements of the type involved here may not be executed if they require legislative action within the recipient country, unless such legislative action may be reasonably expected to be completed in time to permit the orderly accomplishment of the purpose(s) of the agreement or grant. This project is not dependent on any such actions.

The Project Statutory Checklist is contained in Annex B.

The AID/W Approval of IEE Categorical Exclusion is contained in Annex C.

TGE letter request for the STAC-I Project is contained in Annex G.

REDSO/RFMC certification that funds are available and REDSO/RLA legal clearance are indicated on the facesheet of this Project Paper.

B. Conditions and Covenants

Prior to the disbursement of A.I.D. funds for Support to AIDS Control in Ethiopia, the Ministry of Health and the Office of the WHO Representative will

furnish to A.I.D., in form and substance satisfactory to A.I.D.:

- **Designation of a "Responsible Officers"** - Evidence that qualified a qualified staff member of the NACP and the Office of the WHO Representative has been officially designated as the "Responsible Officer" for the MOH and WHO relevant to the administration and implementation of the STAC-I project.
- **Certification of Legality** - An opinion by legal counsel confirming that this the Project Agreement has been duly authorized and executed on behalf of the TGE and that it constitutes a valid, legally binding obligation of the TGE in accordance with all its terms.

B) Special Covenants

- **Project Evaluation** - The parties agree to establish an evaluation program within STAC-I based on mutual review of progress and a project assessment 12 months after STAC-I begins.
- **Future Project Design** - The parties agree to participate in the design of a future A.I.D.-supported AIDS Control project prior to the conclusion of STAC-I.

C. Negotiating Status

Recent discussions with MOH and NACP officials have indicated that they are in complete agreement with the design elements and conditions of this project. No difficulties or issues are anticipated in negotiating a Project Agreement.

IX. INSTITUTIONAL ANALYSIS⁹

A. Overview

The National AIDS Control Program (NACP), administered and implemented by the Department of AIDS Control (DAC) has been recognized throughout Africa as one of the most effective programs on the continent. This is due to the fact that the NACP has been lead by highly qualified and motivated Ethiopian professionals, receives exceptional long- and short-term technical support from the WHO Global Program on AIDS (GPA) (the GPA supports two residents advisors one in Epidemiology and the second in Program Administration), and receives continued financial support and encouragement from the Ethiopian Government. The National AIDS Committee (NAC) represents the policy-making body relevant to HIV prevention and control. It is convened at the Vice Minister level and meets semi-annually with the MOH serving as the Secretariat. All activities related to the prevention of HIV infection and reduction of HIV impact are reviewed by the NAC. This insures compliance with the Second Medium Term Plan (MTP II), that ethical and human rights standards are respected, and that activities have a reasonable component of sustainability. A Technical Advisory Committee (TAC) has been established within the NAC and is comprised of the Chairpersons of seven technical subcommittees (Sexually Transmitted Disease Control, AIDS Clinical Diagnosis and Management, Health Education, Maternal and Child Health, Laboratory and Blood Bank Improvement, Sterilization and Disinfection, and Counselling). These subcommittees meet weekly to review program implementation and administration. Reporting to the NAC is done on an ad hoc basis as the need arises. Staff members of the DAC sit on these subcommittees which include counterparts from the MOH, sister ministries and other professional institutions such as the National Research Institute for Health (NRIH) and Addis Ababa University.

Ethiopian authorities have been fully committed to the prevention and control of HIV infection. First, through the establishment of the AIDS Task force and the implementation of the Short-Term control plan in 1987; and then through the formation of the NAC. In 1988, the Medium Term Plan I was executed in concert with WHO guidelines. Important gains have been made in awareness raising, gathering epidemiologic data, developing laboratory support and instituting blood-screening services.

The MTP II has been endorsed by the TGE and the WHO; and STAC-I will support critical elements of that Plan as described in preceding sections of this PP. As noted in the PP description, priorities concern the prevention of sexual transmission among high risk groups and youth, the effective management of expansion of IEC about AIDS prevention, improved diagnosis and treatment of STDs and the promotion of condoms. These objectives are in concert with AID/W policy and strategy for the prevention of HIV/AIDS.

⁹ Much of the information presented in this section has been synopsized from the special issue of the Ethiopian Journal of Health Development, Vol. 4 No. 2, November 1990, entitled: HIV Infection & AIDS in Ethiopia, 247pp.

B. Role of DAC (Coordination of NACP Activities)

Day-to-Day responsibilities for coordinating AIDS activities at the national level have been given to the DAC within the MOH. The Head of the DAC reports to the Vice Minister of Health and thus plays a significant role in decision making and fund allocation within the Ministry. The general function of the DAC is to provide coordination with the MOH, and assume prime responsibility for the administration of the control program at the central and peripheral levels, and liaison with the donor community. This coordination is manifested by a number of departments within the MOH which routinely work with the DAC in the implementation the program. MOH collaborating Departments include the Department Maternal & Child Health, Department of Epidemiology, Department of Planning, Department of Health Education, and Department of Essential Drugs. Additional institutions involved in strategy formulation and operations include the Ministry of Education, Ministry of Finance, the Ministry of Information, the Ministry of Defense, the Ministry of External Economic Cooperation, the Ministry of Agriculture and parastatals such as the National Research Institute for Health. It is important to note that these groups have worked well together in the formulation of the MTP II and there is every indication that they will continue to cooperate in HIV/AIDS prevention activities in the future. Thus, the DAC has an overall responsibility for the coordination and implementation of the AIDS Control Program in Ethiopia. It is mandated with integrating HIV/AIDS prevention and control into the existing health infrastructure and decentralizing service delivery nationwide. Both goals are highly relevant to STAC-I inputs.

Specifically, the DAC has responsibility for: 1) development of an annual (National) workplan (the DAC will also participate in the development of the AIDSCAP annual workplan); 2) implementation of the workplan; 3) liaison with donors and NGOs; 4) organization of in-country workshops, seminars and training on HIV/AIDS prevention and control; 5) fiscal monitoring/reporting on the program activities (in conjunction with the WHO/GPA group); and, 6) general administrative management. To date, the DAC has distinguished itself in the effective/efficient management and implementation of a large and complex program. Often, staff members are requested to share their experience at international meetings and much of the DAC's organization has served as a model for other programs in Africa. Within the DAC there are six main divisions managing the program (STD Prevention and Control, IEC, Clinical Management & Counselling, Surveillance & Research, Administration and Program Management, and Laboratory & Blood Screening.

C. DAC Institutional Support to STAC-I

STAC-I has been designed to complement and support the ongoing efforts of the NACP. As noted, primary areas of STAC-I input will comprise STD Prevention and Control, IEC, Condom Promotion, Behavioral Research,

NGO/PVO involvement in HIV/AIDS prevention and control and Surveillance & Research. The DAC will work closely with the AIDSCAP Resident Program Manager (RPM) in the development and implementation of the AIDSCAP annual workplan and will assist in the assessment of project progress and impact on both a quarterly, and annual basis. Institutionally, the DAC will devote personpower, operational support and other "in kind" resources to the successful implementation of STAC-I. The specific institutional capabilities of the DAC Divisions and how they relate the STAC-I are described below.

- **STD Control Division** - The Division of STD Control is responsible for the active improvement of STD diagnosis and treatment nationwide. The Division is staffed by four professionals, three who hold medical degrees in infectious diseases. This division is relatively the youngest to be incorporated into the DAC, but has received prior direct support from the Government of Italy in the form of a resident advisor. Division staff are knowledgeable and conscientious and have been working in the field of STD control for not less and 3.5 years each. The STD Division will work closely with AIDSCAP to review and implement diagnostic and treatment algorithms for STD control. It liaises directly with the NRIH STD reference laboratory (also receiving STAC-I assistance) to incorporate surveillance data into the DAC information system. The STD Division will assume technical responsibility for the implementation of the pilot activity in the ten clinics and will work routinely with AIDSCAP professionals in the operation of that effort.
- **IEC Division** - The IEC Division has been coordinating awareness building within the DAC since its inception. Its major responsibilities include the development & distribution of materials, the development of cross-sectoral involvement in IEC promotion, and collection of pertinent information on HIV/AIDS (particularly knowledge, attitudes and practices). STAC-I will provide support to the IEC Division for programs dealing with youth and multiple partner sexual contact (MPSC) individuals. The youth program has escalated in the past year with secondary school materials developed and tested, teachers trained and local language booklets developed. The MPSC program has succeeded and will be expanded with STAC-I support. The IEC Division is staffed by two professionals and is supported by other DAC divisions and personnel in government facilities within and outside Addis Ababa. The IEC Division will work with AIDSCAP TA and the RPM to expand both the youth and MPSC programs and help in monitoring project progress. It is important to note that condom use and general awareness has improved greatly in the last three years, particularly due to the efforts of the IEC Division.
- **Surveillance & Control (S&C) Division** - The responsibilities of this Division are to coordinate surveillance and control of AIDS in Ethiopia. They work closely with central, regional and district hospitals and have organized a functional sentinel surveillance system. Much of the data collected on AIDS in Ethiopia has been the product of the diligent work of

Surveillance & Control Division staff. The S&C Division will work with AIDSCAP staff to further refine existing data collection processes aimed at decentralization of information. AIDSCAP will provide TA to assist the Division to derive a more efficient monitoring system to track the impact of the NACP over the long term; conversely, the S&C Division will assist AIDSCAP in tracking process indicators relevant to STAC-I. The Division is staffed by three professionals, one of which is a trained statistician; the others are a medical doctor and a public health advisor. To date, the S&C Division has analyzed and presented the data for the DAC, most notably in Volume 4, No. 2 of the Ethiopian Journal of Health Development.

D. Other Institutions Relevant to STAC-I

- **CRDA** - As mentioned earlier, the NGO sector is relatively strong in Ethiopia. The Christian Relief and Development Association (CRDA) was established informally in 1973 to help provide cohesion to the NGO community and some administrative support local NGOs. CRDA was incorporated under Ethiopian Law in 1975. Membership of CRDA is open to all churches, missions and non-governmental agencies engaged in social welfare and development work in Ethiopia. Members contribute an annual membership fees towards recurring administration costs. Currently, there are 87 members on the Association and it is estimated that these comprise over 90% of NGOs operating within the country. Presently, CRDA manages over \$1.5 million in USAID grants from OFDA and the Displaced Children accounts. Overall, it is estimated that CRDA's annual operating budget approaches \$10.0 million. CRDA's organization is well suited to manage the NGO AIDS grants program. A recent audit by Price Waterhouse, Nairobi, gave CRDA high marks for organization and project tracking. CRDA forms an important forum for NGO discussion and its offices act as a venue. Monthly General Meetings with members are held to exchange information and views between NGOs, government and international organizations. The monthly General Meeting is also the overall governing meeting of CRDA where all decisions reached by the Executive Committee are announced, explained and discussed. CRDA provides easy access to the NGO community in Ethiopia. Unlike the name implies, the majority of members of CRDA are non-secular agencies. CRDA has a well-established health and nutrition department which would be a possible focus and coordination point for STAC-I-supported NGO HIV/AIDS activities. The planned expansion of the Training Unit will also enable CRDA to mobilize, initiate and strengthen NGO capabilities to expand their HIV/AIDS program. AIDSCAP will work closely with CRDA to promote the NGO grants program. With easy access to a majority of the NGO operating in the country, it is anticipated that STAC-I will be able to establish a viable pilot NGO grants program in a relatively short period of time.

● **Addis Ababa University and Other Institutions** - Dr. Seyoum Gebre-Selassie is a member of the Addis Ababa University (AAU), Department of Social Sciences. Discussions during the design of STAC-I gave rise to an understanding that a collaborative relationship between AAU and a US University would be highly desirable. Dr. Seyoum is also the Chairman of the DAC Sub-Committee on IEC, and a former Chair of the Department of Social Sciences. The behavioral research component of STAC-I could effectively reside in this Department of Social Sciences under the leadership of Dr. Seyoum. Collaborative AAU institutions might include the Department of Psychology, the Department of Community Health (Medical Faculty), and the Center for Research and Training of Women in Development - all within Addis Ababa University. In addition, an integrated behavioral research program might include other institutions such as the Women's Bureau in the Prime Minister's Office, the Ministry of Labor and Social Affairs and the Central Statistics Agency. Thus, the behavioral component of STAC-I is on the path to implementation and may only require appropriate inputs. A notable Ethiopian professional has been identified, a letter of request for formal collaboration has been received by AIDSCAP, a long-term relationship with a US university is desired by AAU, and a sound institution (AAU) exists which is willing to collaboratively develop a behavioral research program within the STAC-I project.

● **Population Services International (PSI)** - In October 1989, Population Services International offered its services to the DAC to initiate a condom social marketing program. As noted above the program has achieved significant success. There are now 21 people managing, administering and promoting HIWOT condoms. The staff consists of health professionals, educators, managers, computer programmers, artists and salesmen. The staff are competent and motivated. PSI has a resident advisor who has been with the program from its inception lending stability, continuity and dedication to the activity. PSI maintains its own port clearing and warehouse with inventory and accounting systems in place. PSI inspects, counts and packages all of their condoms which are then distributed using their own fleet of vehicles through most areas of Ethiopia. PSI's involvement in advertising has also been successful and new approaches are being tried each year. Their relationship with the TGE is sound and they work collaboratively with the IEC Division of the DAC and with the MOE in program implementation. Since PSI is a subcontractor with FHI/AIDSCAP, it is anticipated that little additional management will be required and that PSI will continue to expand the social marketing of condoms nationwide.

X. ATTACHMENTS

A. LOGICAL FRAMEWORK

ATTACHMENT A: LOGICAL FRAMEWORK

SUPPORT TO AIDS CONTROL I (STAC-I) - USAID/ETHIOPIA FY 1992 - FY 1993

NARRATIVE	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS																								
GOAL: TO INCREASE CAPABILITY OF NACP TO REDUCE HIV TRANSMISSION	GOAL: 1) ETHIOPIAN NACP EXPANDS DECENTRALIZATION OF HIV P + C	GOAL: 1) MONTHLY REPORTS 2) QUARTERLY REVIEWS 3) ANNUAL PLAN	GOAL: 1) GOVERNMENT MAINTAINS HIV/AIDS P + C AS A PRIORITY																								
PURPOSE: TO STRENGTHEN SPECIFIC INSTITUTIONS, EXPAND SCOPE/SCALE OF PUBLIC AND PRIVATE INTERVENTIONS TO CONTROL SEXUAL TRANSMISSION OF HIV	PURPOSE: 1) 10 FACILITIES PROVIDING SPECIFIC DX AND TX TO REDUCE HIV 2) NRIH REFERENCE LABORATORY UPGRADED AND PROVIDING COMPREHENSIVE SERVICES 3) NACP SCHOOL AND MPSC PROGRAM EXPANDED TO 16 TOWNS - TOT PROGRAM INSTITUTED 4) SENTINEL SURVEILLANCE SYSTEM EFFECTIVELY OPERATING IN 6 SITES	PURPOSE: 1) MONTHLY REPORTS 2) QUARTERLY REVIEWS 3) ANNUAL PLAN	PURPOSE: 1) GOVERNMENT MAINTAINS HIV/AIDS P + C AS A PRIORITY																								
OUTPUTS: 1) CASE MGT IN 10 HEALTH FACILITIES UPGRADED (VIA PILOT PROJECT) 2) STD DIAGNOSTIC CAPABILITIES AT NRIH REFERENCE LAB STRENGTHENED 3) NACP'S HIV P + C SCHOOL AND MPSC PROGRAMS EXPANDED 4) SIX SITES FOR COLLECTION OF SENTINEL SURVEILLANCE DATA AND ANALYSIS ESTABLISHED 5) ACCESS TO CONDOMS INCREASED IN ALL MAJOR URBAN AREAS 6) NGO/PVO HIV P + C GRANTS PROGRAM DESIGNED AND ESTABLISHED 7) US-ETHIOPIAN COLLABORATION IN BEHAVIORAL RESEARCH ESTABLISHED 8) AIDSCAP COUNTRY OFFICE ESTABLISHED 9) NACP LOGISTIC AND MANAGEMENT CAPACITY STRENGTHENED	OUTPUTS: 1) 8 MILLION CONDOMS SOLD ANNUALLY - OVER 6 MILLION DISTRIBUTED FREELY 2) NGO PROGRAM INITIATED - 10 GRANTS AWARDED 3) COLLABORATIVE BEHAVIORAL RESEARCH WITH AT LEAST ONE US INSTITUTION INITIATED 4) NACP RECEIVES COMMODITIES AND AIDSCAP COUNTRY OFFICE ESTABLISHED	OUTPUTS: 1) SITE VISITS OCTOBER 1993 2) ANNUAL PERFORMANCE REPORT FROM AIDSCAP 3) END OF PROJECT ASSESSMENT 4) PSI MONTHLY, QUARTERLY, ANNUAL REPORTS	OUTPUTS: 1) GOVERNMENT MAINTAINS HIV/AIDS P + C AS A PRIORITY 2) REASONABLE SECURITY SITUATION EXISTS THROUGHOUT THE COUNTRY 3) PSI MAINTAINS LOCAL PVO STATUS 4) A.A. UNIVERSITY WILL COLLABORATE WITH U.S. UNIVERSITIES																								
INPUTS: <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: right;">US DOL. AMT</td> </tr> <tr> <td>IEC</td> <td style="text-align: right;">248,000</td> </tr> <tr> <td>CONDOM PROCUREMENT*</td> <td style="text-align: right;">320,000(+)</td> </tr> <tr> <td>STD P + C</td> <td style="text-align: right;">525,000</td> </tr> <tr> <td>SURVEILLANCE</td> <td style="text-align: right;">275,000</td> </tr> <tr> <td>CONDOM PROMOTION (CSM/PSI)</td> <td style="text-align: right;">256,000</td> </tr> <tr> <td>NGO GRANTS PROGRAM</td> <td style="text-align: right;">175,000</td> </tr> <tr> <td>OPERATIONS</td> <td style="text-align: right;">200,000</td> </tr> <tr> <td>TOTAL USAID STAC-I SUPPORT</td> <td style="text-align: right;">2,000,000</td> </tr> <tr> <td>TOTAL AIDSCAP SUPPORT</td> <td style="text-align: right;">641,500</td> </tr> <tr> <td>TOTAL RD/POP (CONDOMS) (EST)</td> <td style="text-align: right;">300,000</td> </tr> <tr> <td>TOTAL STAC-I SUPPORT</td> <td style="text-align: right;">2,941,000</td> </tr> </table>		US DOL. AMT	IEC	248,000	CONDOM PROCUREMENT*	320,000(+)	STD P + C	525,000	SURVEILLANCE	275,000	CONDOM PROMOTION (CSM/PSI)	256,000	NGO GRANTS PROGRAM	175,000	OPERATIONS	200,000	TOTAL USAID STAC-I SUPPORT	2,000,000	TOTAL AIDSCAP SUPPORT	641,500	TOTAL RD/POP (CONDOMS) (EST)	300,000	TOTAL STAC-I SUPPORT	2,941,000	INPUTS: 1) PROJECT AGREEMENT 2) PROJECT OYB TRANSFER 3) QUARTERLY FINANCIAL REPORTS 4) AIDSCAP REPORTS 5) WHO FISCAL REPORTS	INPUTS: 1) AIDSCAP QUARTERLY REPORTS 2) WHO/GPA FISCAL REPORTING 3) PIRs 4) END OF PROJECT ASSESSMENT 5) END OF PROJECT AUDIT	INPUTS: 1) ACCURATE EXPENDITURE RECORDS ARE KEPT AND MAINTAINED UP-TO-DATE 2) ESTIMATED LEVELS OF EXPENDITURE ARE REASONABLY ACCURATE
	US DOL. AMT																										
IEC	248,000																										
CONDOM PROCUREMENT*	320,000(+)																										
STD P + C	525,000																										
SURVEILLANCE	275,000																										
CONDOM PROMOTION (CSM/PSI)	256,000																										
NGO GRANTS PROGRAM	175,000																										
OPERATIONS	200,000																										
TOTAL USAID STAC-I SUPPORT	2,000,000																										
TOTAL AIDSCAP SUPPORT	641,500																										
TOTAL RD/POP (CONDOMS) (EST)	300,000																										
TOTAL STAC-I SUPPORT	2,941,000																										