



Private Sector Program (PSP)-Ethiopia:  
Positive Change-Public Private Partnership in  
HIV in Ethiopia (PC4)  
(*Fenote Tesfa* Project)

Annual Report  
(October 1, 2004 - September 30, 2005)

Led by Abt Associates, in collaboration with GMI, IntraHealth, PSI,  
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## ACRONYMS

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<i>AIDS</i>	<i>Acquired Immuno Deficiency Syndrome</i>
<i>CETU</i>	<i>The Confederation of Ethiopian Trade Unions</i>
<i>CGS</i>	<i>Cross Generational Sex</i>
<i>DHS</i>	<i>Demographic and Health Survey</i>
<i>EHNRI</i>	<i>Ethiopian Health &amp; Nutrition Research Institute</i>
<i>GMI</i>	<i>Global Microenterprise Initiatives</i>
<i>GOE</i>	<i>Government of Ethiopia</i>
<i>HIV</i>	<i>Human Immuno Deficiency Virus</i>
<i>IEC</i>	<i>Information Education Communication</i>
<i>ILO</i>	<i>International Labor Organization</i>
<i>ISAPSO</i>	<i>Integrated Services for AIDS Prevention and Support Organization</i>
<i>LNGO</i>	<i>Local Non-Governmental Organization</i>
<i>MAPPP</i>	<i>Medical Association of Physicians Practicing in the Private Sector</i>
<i>MDs</i>	<i>Medical Doctors</i>
<i>MOH</i>	<i>Ministry of Health</i>
<i>MOLSA</i>	<i>Ministry of Labor and Social Affairs</i>
<i>MOU</i>	<i>Memorandum of understanding</i>
<i>NGO</i>	<i>Non Governmental Organization</i>
<i>OGAC</i>	<i>Office of the U.S Global AIDS coordinator</i>
<i>PEPFAR</i>	<i>The President's Emergency Plan for AIDS Relief</i>
<i>PLWHA</i>	<i>Person(s) Living with HIV/AIDS</i>
<i>PPM</i>	<i>Public Private Mix</i>
<i>PPM-DOTS</i>	<i>Public Private Mix-Directly Observed Treatment Short Course</i>
<i>PSI</i>	<i>Population Service International</i>
<i>PSP</i>	<i>Private Sector Program</i>
<i>SOW</i>	<i>Scope of Work</i>
<i>TA</i>	<i>Technical Assistance</i>
<i>TOR</i>	<i>Terms of Reference</i>
<i>USG</i>	<i>United States Government</i>
<i>VCT</i>	<i>Voluntary Counseling and Testing</i>
<i>WBI</i>	<i>World Bank Institute</i>

## VISION STATEMENT

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Mitigate the impact of HIV/AIDS and tuberculosis within the workplace settings and the surrounding community by preventing new infections and ensuring healthier workplaces.

## MISSION STATEMENT

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Healthier and Safer Workplace is Our Business.

## EXECUTIVE SUMMARY

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The Private Sector Program-Ethiopia (PSP-Ethiopia) is a program focusing on working with Ethiopian private and public sector organizations to increase access to affordable, high-quality HIV/AIDS and TB prevention, care, and support services. The PSP-Ethiopia project team is led by Abt Associates Inc., and includes Global Micro-enterprise Initiatives IntraHealth International Inc., and Population Services International, as partners.

PSP-Ethiopia started its activities in October 1, 2004 supported by the United States Agency for International Development, Office of the U.S Global AIDS Coordinator (OGAC) under the contract number GPO-I-00-04-00007-00.

During the current reporting period from October 1, 2004 through September 30, 2005, PSP-Ethiopia opened its office and gave an Ethiopian name to the project "*Fenote Tesfa*" meaning "Road of Hope". Despite late project start-up (office was opened in March 2005) achievement for the year was promising.

Prior to implementation, *Fenote Tesfa* project conducted assessment in 26 companies in order to evaluate the existing clinical and non-clinical HIV/AIDS and TB activities. A total of 356 (255 males and 101 females) peer educators were provided with the standard five day training and currently one company has initiated the monthly rollout peer education session for its employees. Program Kick-off activities have been organized in 7 companies where approximately, 2,600 (62% male and 38% female) employees and family members have attended. Different IE/BCC materials have been developed and disseminated to the companies where intervention has begun.

To increase access to Quality TB/HIV Services in the workplaces, *Fenote Tesfa* has conducted clinical assessment in the 25 workplaces using performance improvement approach. Moreover the HIV/TB advisor went to S/Africa to learn from the S/Africa EQUITY project. A national consensus building workshop for TB/HIV at workplaces was also conducted in which 85 participants attended to reach at consensus on issues regarding TB/HIV at workplaces. A private-public-mix (PPM)/DOTS dialogue workshop was also organized to discuss on policy matters regarding the initiation of TB/DOTS at private health facilities. *Fenote Tesfa* project organized 10 workshops to establish a two-way referral linkage between the workplaces and the community. Moreover training was given for 124 professionals selected from the 25 workplace clinics and the public sector. To strengthen the workplace clinics, purchase of ten modern microscopes is in process. In addition *Fenote Tesfa* sponsored an International TB/HIV managerial training for three health providers selected from the workplaces and MAPPP.

Recommendations were provided to strengthen sustainability of the solidarity funds to support employees and families impacted by HIV/AIDS by conducting a cost benefit assessment in two companies.

A cross-generational sex (CGS) survey focusing particularly on those most at risk groups for HIV was also conducted. In addition analysis of current franchising approaches in Ethiopia and abroad was conducted exploring the role of private sector providers in VCT and TB service provision and came up with recommendations for social franchising options.

*Fenote Tesfa* has worked with PLWHA associations and has established smooth relationships with key GOs and NGOs. A Workplace HIV/TB advisory group was also established for program oversight and technical input.

Even though the project has been documenting successes, there were constraints such as delay in project initiation, existence of very few large companies in the country and lack of private sector TB policy on PPM-DOTS. However, the three month implementation period provided opportunities to explore strengths, limitations, and challenges in order to revise approaches for enhanced performance and impact in the coming project years.

## **PROJECT OVERVIEW**

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The PSP-Ethiopia Project, Positive Change: Public Private Partnerships for HIV/AIDS in Ethiopia (PC4) is a program focusing on working with Ethiopian private and public sector organizations to increase access to HIV/AIDS and TB prevention, care, and support services.

The PSP-Ethiopia team led by Abt Associates Inc. (Abt) includes GMI, IntraHealth and PSI working together with key local companies and stakeholder organizations such as MAPPP, EBCA, CETU, the Ministry of Health and Ministry of Labor and Social Affairs.

The goal of PSP-Ethiopia is to establish and strengthen activities at workplaces for tuberculosis and HIV prevention, care and treatment, catalyze public/private partnerships for better addressing HIV/AIDS and tuberculosis healthcare needs of Ethiopians, and provide technical assistance to promote quality assurance and increase the diversity and scale of HIV/AIDS and tuberculosis-related services. PSP-Ethiopia will also undertake social marketing activities for HIV among high-risk groups, collaborating with in-country social marketing agents, local community organizations focusing on people living with HIV/AIDS, and private sector organizations in order to deepen penetration of HIV activities to reach vulnerable populations. It will explore and recommend options for social franchising for private providers in HIV/AIDS and tuberculosis care and treatment in combination with other services, such as primary care and reproductive health programs, and as a solitary HIV/AIDS franchise.

With this goal, PSP-Ethiopia initiated a workplace HIV/AIDS and TB program in October 1, 2004. Achievements for the first year (October 1, 2004 - September 30, 2005) are summarized below.

## **YEAR I ACHIEVEMENT**

### **MANAGEMENT & ADMINISTRATION ACTIVITIES**

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#### **Staffing**

Project start-up planned for October/November 2004 was delayed at USAID/Ethiopia's request due to increased Mission activities and PEPFAR planning; as a result work plan, staff recruitment, and office set-up were delayed to the end of February 2005. Chief of Party, Monitoring & Evaluation Advisor, Finance and Administration Manager and Finance and Administrative Assistant were hired by Abt Associates Inc. and HIV & TB Advisor (IntraHealth) and two training coordinators (PSI) were also recruited for the project.

#### **Establishing the Office**

Abt Associates Inc. Ethiopia was formally registered by the investment office of Ethiopia in April 2005. The PSP-Ethiopia project was also named as '*Fenote Tesfa*' in Amharic which means "The Road of Hope", in English. A logo was designed to signify the name.

The necessary office facilities were gradually acquired and all properties labeled with Abt/PSP and USAID logo.

#### **Work Planning and Team Building**

Year one work plan was prepared by joint efforts of the prime and sub contractors. This process was believed to contribute to buy in commitment and ownership to the program activities and the subsequent implementation. The client's input towards making the work plan realistic and contributory to the national and USAID supported program was monumental.

## **PROGRAM ACTIVITIES**

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### **COMPONENT 1: Fostering private sector partnerships in workplace environments that address HIV/AIDS and TB.**

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#### **Objective 1: Deliver HIV prevention and care services through flagship public private alliances in key workplace settings**

Component one deals with Public Private Sector Partnerships to deliver HIV Prevention and Care Services with clinical and non-clinical approaches. The non-clinical activity primarily focuses on workplace peer education program.

With the aim of providing consistent and effective behavior change communication in workplaces, the project has employed an approach based on best practices adapted to the Ethiopian context.

Peer education (PE) training is designed for employees who voluntarily assume the role of peer session facilitator in the workplaces. It is prepared in order to equip them with the necessary skills to effectively communicate and conduct workplace HIV/AIDS and TB peer sessions, as well as to provide them with the necessary HIV/AIDS and tuberculosis information.

*Fenote Tesfa's* workplace education program uses peer education groups for effective delivery of HIV/AIDS and TB prevention, treatment and care education as well as behavior change messages. The peer education model is designed to create a comfortable and safe environment for employees to discuss, introspect and recognize their personal relationship with the disease in order to take positive steps and to move towards more positive, open discussions that reduces stigma surrounding HIV/AIDS.

The objectives of peer education are:

- To equip employees with essential information on HIV/AIDS and TB transmission, prevention, treatment, care and support
- To provide guidance and direction in order to enable them to reflect on personal risk
- To motivate employees to engage in healthier behavior, adopt safer sexual practices, and protect themselves and families
- To encourage understanding of positive living
- To enhance sensitivity and support to those who are HIV positive and promote zero tolerance of stigmatization and discrimination

In light of the above objectives, *Fenote Tesfa* Project has achieved the following in year one:

**Workplace Assessment:** Prior to the implementation of Workplace HIV/AIDS and TB intervention, *Fenote Tesfa* project conducted assessment in 26 companies in order to evaluate existing non-clinical activities around HIV/AIDS and TB. The results of the assessments were presented and discussed with the respective companies' management. To date, Memorandum of Understanding (MOU) has been signed with 16 companies where assessment has been conducted and peer educators have been trained in 10 companies.

Assessment findings revealed that in most companies prevention activities were inadequate, not well structured, and intermittent. Thus, *Fenote Tesfa's* peer education program is believed to fill the gap where more formalized interventions leading to behavioral change are required.

**Peer Educator Identification:** Empirical view suggests that one peer educator for 20-30 peers, is effective in delivering accurate messages and active interaction during educational sessions. Peer educators were selected on the basis of employee peer/supervisor nomination as well as volunteerism. Peer educators were evaluated based on the following criteria: (1) judgment by fellow colleagues as having a good character; (2) commitment to peer education (3) basic communication skills and (4) the ability to read and write.

**Peer Educator Training:** Peer educators (PE) were selected and trained for a minimum of 5 days to orient them with the peer education program and provide them with the necessary skills to become an effective peer educator. The five day PE training includes;

- a. Objectives of workplace peer education
- b. Roles of a peer educator as a presenter, facilitator, and guide
- c. Expectations of peer education- confidentiality, non-judgmental, role models, respectful, compassion, etc.
- d. Basic communication skills
- e. Peer education session facilitation - presentations, learning tools, guiding conversations, questioning, listening, giving feedback
- f. Preventing and dealing with difficulties
- g. Management Information Systems (MIS) - Record keeping and reporting and
- h. Eight thematic sessions each focusing on different themes namely; basic HIV/AIDS and TB information, personal risk assessment, prevention strategies, gender and HIV/AIDS, voluntary counseling and testing (VCT), Tuberculosis (TB), positive living, and care and support.

During the year, a total of 356 (255 males and 101 females) peer educators were provided with the standard five day training in 12 training workshops, representing 10 companies in the regions of Addis Ababa (7), Oromiya (2) and Afar (1).

During the first and last days of each peer education session, pre- and -post tests were provided to participants with the primary aim of assessing existing knowledge and attitude of training participants and in order to better focus discussion sessions. The results of the pre and post tests show a significant improvement in understanding HIV/AIDS and TB and related facts among participants.

Overall, all peer educator training sessions were very successful in exposing participants to factual information on HIV/AIDS and TB, and peer education facilitation skills. The discussions were also effective in addressing cultural and traditional beliefs and community issues. All sessions were highly interactive where participants shared their experiences, debated over taboo and controversial topics, and asked questions.

**Peer Education Session:** One company, Ethio-Tannery S.C (*Modjo*) has initiated monthly peer group sessions amongst the employees facilitated by the trained peer educators. Another company, Ethiopian Leather (ELICO), has finished preparatory efforts and is about to start peer education sessions among employees in all three of their plants.

Follow-up work with the remaining companies is underway to initiate peer sessions in their respective companies.

**Program Kick-off:** Eight kick-off activities have been organized in seven companies that are participating in the peer education program. Approximately, 2,600 (62% male and 38% female) employees have attended the kickoff events and family members have been invited and participated in two company events.

Kick-off/Family day events included a variety of informational, educational and entertaining activities and included; introduction of peer education program by company management, introduction of *Fenote Tesfa* project by team representatives, inspirational messages by PLWHAs, certificate award ceremonies, poetry reading, and drama and circus shows by anti-AIDS youth clubs. Kick-off activities lasted between 1.5 to 3 hours depending on company preference. Refreshments were provided during these kick-off events.

**IE/BCC materials:** A number of IE/BCC and promotional materials as well as prizes with campaign messages have been developed and disseminated to the companies where intervention has begun. These are:

- o *Peer Educator's Manual:* a three part comprehensive manual with components (a) HIV/AIDS in the workplace (b) Developing peer educators skills and (c) Eight thematic modules on HIV/AIDS and TB related issues.

- *Peer Session Flipchart Presentation:* A flipchart presentation and teaching tool with the different themes that will assist peer educators to facilitate peer discussions.



IEC display stand

- *Newsletter:* A newsletter by the name of *Mela* meaning “solution” that highlights the eight themes and acquaints peer groups with key points in a creative manner.
- *IEC Display Stand:* That can be used for *Mela* and other newsletters and brochures.
- *Mela Bags:* For peer educators/trainees to hold training materials.
- *Mela Caps and Pens:* Promotional items and prizes during peer sessions.

During training, peer educators have been provided with Peer Educators manuals and *Mela* bags. IEC display stands were presented to the 7 companies during kickoff ceremonies. *Mela* newsletters (part 1-3) have been distributed to companies that are launching peer group sessions.

### Achievement Summary (October 1, 2004- September 30, 2005)

Activities	Target	Achieved	Remarks
Peer Educators trained	350	356	Plan was to train 1 PE for 100 employees. But reality in practice forced the training of 356 PEs for only 10 companies instead of the planned 35.
Family Days/ Program kick off	15	8	Since most implementation activities took place from July to September, it was difficult to get the necessary buy-in from all companies during that short period.
Employees and dependants reached with HIV/AIDS AB and TB prevention messages through kick off	3,000	2,600	This activity is subject to approval by the management of each company. In most companies families were not encouraged to join workplace events.
Employees reached with HIV/AIDS and TB message	1,500	140	Roll-out of peer education session requires some time to work on details with company management. This roll-out session will take 8-12 months to complete the eight modules.

### Objective 2: Increase Access to Quality TB/HIV Services in the Workplaces

To increase access to Quality TB/HIV Services in the workplaces PSP-Ethiopia *Fenote Tesfa* project uses the following approaches for clinical intervention:

1. Identifying partners for intervention and site selection.
2. Baseline assessment
3. Identifying gaps for intervention using performance improvement approach (PIA)
4. Secure management agreement through signing of memorandum of understanding
5. Clinic strengthening by providing equipment and training as per PIA based analysis
6. Prepare plan of action for implementation
7. Start providing services
8. Conduct supportive supervision, Monitor and Evaluate activities
9. Document achievement, success stories, lessons learned and scale up program

**Baseline Assessments and Gap Analysis:** clinical assessment was conducted using performance improvement approach in 25 companies that have workplace clinics. Finding reports were written and feedback was forwarded to companies on the identified gaps with possible recommendations for intervention.

**Experience Sharing from South Africa Equity Project:** The PSP-Ethiopia HIV/TB advisor went to S/Africa to learn from the S/Africa EQUITY project. Lessons about the application of performance improvement approach and the results obtained were learned. The EQUITY experiences that can be adapted to Ethiopian private sector context include:

- What performance improvement approach is and how it works.
- How onsite form of training benefited clinical staff
- What a non- monetary incentive method is and how it is helpful in motivating clinical staff
- The use TB support group approach to increase TB case detection rate
- The South African private sectors experience to advocate for a PPM-DOTS policy.
- Modifying & utilizing the quality assurance tools.
- Sputum collection scheme, in areas where laboratory services lack

**Quality Assurance:** Discussion was conducted with the Ethiopian Health and Nutrition Research Institute (EHNRI) to work collaboratively and to be able to provide the project with professional assistance in private sector TB/HIV quality standards. In this collaboration EHNRI is expected to come up with a package of Quality Assurance tools for use at work places.

**Dialogue workshop and Public Private Partnership Meetings:** A private-public-mix (PPM)/DOTS dialogue workshop which involved the private sector, MOH and other policy makers was organized to discuss on policy matters regarding the initiation of TB/DOTS at private health facilities. Since the project addresses both public & private sectors, it was necessary to conduct this dialogue with the ministry of health because initiating TB/DOTS services at private health facilities is not allowed by the ministry. PSP-Ethiopia also conducted several meetings with the Federal MOH, Addis Ababa Health Bureau and Sub City health department to be able to initiate private sector TB/DOTS and training. The outcomes of these efforts are: 1) a concept paper was developed and submitted to the ministry for approval, which later was acknowledged and approved. After the concept got approval the National TB guideline incorporated PPM-DOTS as one program component. 2) A National PPM-DOTS working group was formed which is already developing its terms of reference and plan of action to start PPM-DOTS by piloting in two regions. Currently the project is requested to hire a consultant who is going to be seconded to MOH for coordination of these activities. 3) MOH agreed to work with PSP-Ethiopia collaboratively by supplying laboratory reagents, national guidelines, treatment protocols, reporting and recording formats and drug at Government owned workplaces.

**Consensus building workshop for TB/HIV at workplaces:** This workshop was conducted to reach at consensus on issues regarding TB/HIV at workplaces where 85 participants from private & public sectors, different ministries, international organizations, MOH structures attended. A resource person from S/Africa facilitated the workshop and shared the EQUITY & TB DOTS experience of South Africa. Different concerns were raised by participants and agreement was reached on all points. The major outcomes of the workshop were forming a National workplace TB/HIV forum and the establishment of a Workplace HIV/TB advisory group.

**Referral linkage workshops:** With the objective of increasing access, availability & affordability of TB /HIV services for private & public sectors through the involvement of NGOs, GOs and the private sector, *Fenote Tesfa* project organized 10 workshops in Oromiya, Afar, and Addis Ababa regions for 21 workplaces to establish a two way referral linkage between the workplaces and the community. Lack of communication between the workplaces and the different MOH structures was one of the gaps identified during the assessment; therefore this linkage was also established through these workshops. The next step will be to develop referral linkage directory.

**Training:** Following the identified gaps and the need for training during the assessment, four types of training were conducted in the reporting period.

### Clinical training workshops conducted (October 1, 2004- September 30, 2005)

Course Title	Date Training Conducted		Number of Participants			Professional Composition
	Begin Date	End Date	Male	Female	Total	
TB/HIV Co-management	Aug. 29,2005	Sept 2,2005	25	8	33	Internist = 1 General Practitioners = 20 Senior Nurse = 12
Prevention and Control of TB	Sept. 5,2005	Sept. 9,2005	13	23	36	Nurse = 28 Health Assistant = 8
Acid Fasting Bacilli/AFB Testing and Quality Assurance	Sept. 5, 2005	Sept 9, 2005	25	6	31	Laboratory Technicians= 31
Supportive Supervision on TB/HIV	Sept. 15,2005	Sept. 17,2005	18	6	24	Medical Doctor = 9 Health Officers = 2 Nurses = 13

**Clinical equipment provision:** During the assessment gaps identified consisted of lack of laboratory equipment in order to initiate services. At present ten modern microscopes are being purchased to support workplaces according to the needs identified and improve their services on HIV/TB.

**Non Monetary Incentives:** one of the mechanisms to motivate health providers to maintain quality services, positive team spirit and successful accomplishment is through a non-monetary incentive approach. Applying this, three health providers with good performance and committed to project activities were selected for an International TB/HIV managerial training and certification. *Fenote Tesfa* project sponsored the training.

**Service startup:** *Fenote Tesfa* project has managed to get TB drugs, laboratory reagents and, formats from MOH to start service provision.

#### **Objective 3: Increase private provider and management skills in insurance and cost sharing options**

An assessment was conducted in two companies to show the costs currently being incurred due to death of workers from AIDS. The cost and benefit of treating workers with HAART was also calculated and projected over a period of ten years. The sustainability of solidarity fund as an option to finance the cost was also part of the study.

#### **Objective 4: Catalyze partnerships and scale through local associations and groups**

In an effort to catalyze partnership and rationalize resources, *Fenote Tesfa* has made contracts with PLWHA Associations, NGO's such as Pathfinder, ISAPSO, EBCA/ WBI, CETU and EEF. A joint forum was also formed between ILO and EBCA/WBI under the auspices of the USAID mission. PSP-Ethiopia is also working as a member of the palliative care sub group/care support group under CDC.

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### **COMPONENT 2: Using targeted social marketing of HIV/AIDS prevention products and services to high-risk populations focusing on cross generational sex (CGS).**

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Component two of the *Fenote Tesfa* project aims at developing interpersonal communication (IPC) modules focusing on cross generational sex and supporting the educational modules developed in component one.

In the first year of project implementation PSP-Ethiopia has conducted a cross-generational sex (CGS) survey focusing particularly on those groups at risk for HIV. Having drawn from experiences of other countries, the development of qualitative and quantitative assessment tools for Cross Generational sex interventions have been finalized and Focus Group Discussions and In depth Interviews were

conducted in Addis Ababa and Nazareth. A draft report of the research has been submitted and the final report is expected to be issued by end of October 2005.

### **Component 2. Achievement Summary (October 1, 2004- September 30, 2005)**

<b>Activities</b>	<b>Target</b>	<b>Achieved</b>	<b>Remarks</b>
Develop qualitative and quantitative assessment tools for Cross Generational Sex (CGS) Interventions (focus groups, in depth interviews) drawing on experience in other countries.	Develop tools	Tools developed	Assessment questionnaire developed and utilized
Focus group and in depth interviews conducted with young women and older men for formative information gathering for Cross Generational Sex Campaign, in two sites- one urban – in the program area as appropriate.	Focus groups conducted	Focus group conducted	Focus Group Discussions and In depth Interviews were conducted in Addis Ababa and Nazareth
Assessment results analyzed and report completed	Assessment report completed	Draft report was finalized	Report will be finalized by October 2005
Develop scope of work for communication and material development for CGS.	Scope Developed	-	Finalizing the report is a prerequisite for this activity
Integrate the communication tools and materials on CGS into a workplace module.	Adapted Modules completed	-	"

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### **COMPONENT 3: Promoting social franchising that improves quality of private sector involvement in HIV/AIDS and TB.**

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Component three aims at exploring the potential for increased use and quality of private sector HIV/AIDS services through social franchising approaches.

To increase private provider participation in the delivery of HIV prevention, care and treatment services, social franchising of HIV/TB services is seen as an option. In year one *Fenote Tesfa* conducted a strength, weakness, opportunities and threats (SWOT) analysis of current franchising approaches in Ethiopia and abroad exploring the role of private sector providers in VCT and TB service provision and came up with recommendations for social franchising options.

A report entitled "The potential for Social Franchising as a strategy for increasing private sector involvement in addressing HIV/AIDS and Tuberculosis in Ethiopia" has been prepared.

### **Component 3. Achievement Summary (October 1, 2004- September 30, 2005)**

<b>Activities</b>	<b>Target</b>	<b>Achieved</b>	<b>Remarks</b>
Complete a SWOT and options paper on public/private VCT and PPM-DOTS.	Complete paper	Paper completed	a strength, weakness, opportunities and threats (SWOT) analysis of current franchising approaches was summarized

## CROSS CUTTING AREA: GENERAL MANAGEMENT

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During the year, Letters of Authorization for subcontractors and task orders were prepared in concert with Year One work plan.

Abt headquarters team provided short-term technical assistance to meet key stakeholders, finalize work plan, facilitate internal partners meeting, support registration process, office set up, and staff recruitment. Project implementing partners held joint meetings to discuss implementation issues, review program progress, and discuss rapid implementation and planning for Year Two.

In addition, the Chief of Party attended International Health Area (IHA) meeting and training on leadership development organized by Abt headquarters. He also attended some of the global health conference meetings and presented the findings of the assessment for the first ten companies in a poster presentation session.

The management worked in smooth relationship in order to successfully fulfill the objectives set in the project document and achieve year one targets. Overseeing financial management to ensure contract compliance, appropriate use of funds, and quality control was the major part of general management.

## CROSS CUTTING AREA: INVOLVEMENT OF PEOPLE LIVING WITH HIV/AIDS

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PSP-Ethiopia has worked with PLWHA associations for greater involvement of these groups in workplace HIV/AIDS prevention, care and support activity. Two national associations of PLWHAs i.e. Dawn of Hope and *Mekdim* National Association were involved in providing input for the assessment protocol and participating in delivering inspirational messages during kick off programs. Furthermore, service agreement was signed with *Tilla*, association for women living with HIV/AIDS to review the language and content of the Amharic version of the peer educators' manual.

## GENDER PERSPECTIVE AND COMMUNITY INVOLVEMENT

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In the first year of its activity, PSP-Ethiopia has established smooth relationships with key government offices that include MOLSA, MOH and involved local and International NGOs working on workplaces HIV programs like, CETU, ISAPSO, EBCA, EEF, and Pathfinder. The major involvement of these groups includes reviewing the draft peer educators' modules. Moreover, a Workplace HIV/TB advisory group was established for program oversight and technical input.

During the assessment the response of companies in addressing gender and HIV issues was collected and the peer educators training module was designed to include gaps identified in relation to gender and HIV/AIDS in the workplace. In addition *Tilla*, association for women living with HIV/AIDS, was given the task of reviewing the Amharic version of the peer educators training module with regard to the clarity of gender and HIV issues addressed in the module.

## CROSS CUTTING AREA: MONITORING, EVALUATION, AND DISSEMINATION

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In year one *Fenote Tesfa* designed monitoring and evaluation tools to document achievements and successes of its interventions. These include an assessment protocol, peer educators reporting and reporting formats, and a KAP questionnaire adapted from the standard DHS questionnaire. Quarterly progress reports with programmatic details and biannual reporting was prepared to USAID and PSP-IQC. Moreover training on recording and reporting was provided for peer educators as part of the peer educators training. A PSP-Ethiopia M and E system was drafted and a Monitoring and Evaluation plan developed that examines both qualitative and quantitative indicators. A quality assurance plan designed by head quarters was also prepared. Furthermore PEPFAR/USAID organized meetings focusing on strategic information were attended.

Consolidated reports for the 1<sup>st</sup> batch of ten companies and the 25 companies were prepared. The report for the 25 companies is ready for printing and dissemination for public use. The report for the ten companies was presented in a poster presentation during the global health council meeting in

Washington. In addition two abstracts on the results of the 25 companies won competition for oral and poster presentation in the ICASA meeting that will be held in Nigeria in December 2005.

#### CONSTRAINTS AND CHALLENGES

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1. Delay in the start - up of the project. As a result, one year target were meant to be achieved in one quarter.
2. The existence of very few private and public large companies in the country. This made selection difficult and therefore finding new companies with over 1,000 employees was a challenge.
3. Lack of private sector policy on PPM-DOTS.
4. Trying to meet target and building internal capacity was done almost parallel.
5. The political tension, since the May election, has to some extent delayed responses from project sites, especially from Government owned organizations, and convincing more companies to join the project was hampered.
6. Most government owned companies were pre-occupied with business reform agendas associated directly with their existence.
7. Existence of different local and/or International organizations working on HIV/AIDS related workplace programs focusing on more or less similar companies.

#### LESSONS LEARNED

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The three month implementation period provided opportunities to explore strengths, limitations, and challenges in order to revise approaches for enhanced performance and impact in the coming years. Some of the challenges and limitations experienced in coordinating and conducting training workshops as well as post training intervention activities were a learning experience for the project.

Some are summarized as follows:

1. Given the late commencement of *Fenote Tesfa* project, the time constraint, as well as pressure to meet the first year targets, the overall outputs are encouraging. The efforts and synergy of partner organizations were significant in contributing to achieve targets.
2. At times, the peer education component of the program was not equally explained to the management, health committee, or focal persons. Such incidents have resulted in; a) Selection of unqualified peer educators (two peer educators have been disqualified from getting certified), or a composition of peer educators that are not representing various levels of employees (e.g. managerial categories).
3. Information gap among different levels of management is affecting progress towards initiating peer group sessions among the general employees. As a result, negative trends have been observed in some companies such as, diminished motivation among trained peer educators due to the time gap between peer educator training and commencement of actual peer group sessions.
4. Private sector involvement in TB/HIV collaborative activities appears promising. Strong and continued policy dialogue, partnership and transfer of ownership to the government are key to success.
5. The existence of workplace clinical services engenders fertile ground to initiate additional services easily. This will make integrating TB treatment with ART, VCT, PMTCT, IPT, and CPT possible.
6. The perception by business regarding HIV/AIDS that "We know it all" has made the first entry very time-consuming and at times discouraging. However the environment will be supportive once peer education training sessions have been conducted.

## EMERGENCY PLAN INDICATORS

<i>Indicators</i>	<i>April 05- March 06 (COP 05) targets</i>	<i>April –September 2005 Achievement<sup>*1</sup></i>
Number of Community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	55	26
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	14,000	2,600
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	170	356
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	55	26
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3,500	140
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	170	356
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	80	25 <sup>*2</sup>
Number of individual trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	124
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	6,400 <sup>*2</sup>	-

<sup>\*1</sup> Targets are for one year (April 2005-March 2006) but achievement is for six months (April-September 2005)

<sup>\*2</sup> Training has been provided for clinical service providers in the 25 companies in September, as a result service provision was delayed in all the sites