

PY2 Third Quarter Report

Ethiopia HIV/AIDS Care and Support Project
January 1, 2009 – March 31, 2009

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract No. 663-C-00-07-00408-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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HIV/AIDS Care and Support Program

USAID's HIV/AIDS Care and Support Program PY2 Third Quarter Report

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April 30, 2009

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About USAID's Ethiopia HIV/AIDS Care and Support Program

The HIV & AIDS Plan developed by the Government of Ethiopia's (GOE) Federal Ministry of Health (FMOH) calls for a nationwide scale-up of HIV & AIDS care and support to health centers (HCs) and communities within the HIV & AIDS network. In this effort, Ethiopia receives support from the United States Government (USG)/U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) through the HIV/AIDS Care and Support Program, which is implemented by Management Sciences for Health (MSH), and partners Intrahealth, Save the Children (USA), EIFFDA, and Dawn of Hope Ethiopia (DOHE). In particular, the HIV/AIDS Care and Support Program works with government and local nongovernmental organization (NGO) counterparts at the federal, regional, woreda (district), and community levels, and coordinates with all PEPFAR activities to expand comprehensive HIV & AIDS and tuberculosis (TB) prevention, diagnosis and treatment, and care and support services to 550 HCs and their surrounding communities; of these HCs, 393 will provide the basic HIV/TB services plus symptomatic and palliation care, and 350 will also provide a full range of antiretroviral therapy (ART) services. The services in the community and HCs are linked to hospitals, and as such promote the transition of patients from hospitals to HCs, to community-level care and support services, and back again as needed by individual patients and families. These linkages are key to strengthening Ethiopia's HIV & AIDS network of services in a sustainable fashion.

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Contract/Cooperative Agreement No. [663-C-00-07-00408-00]
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Recommended citation

Ethiopia HIV/AIDS Care and Support Program: Quarterly Progress Report, January 1, 2009–March 31, 2009. Cambridge, MA: Ethiopia HIV/AIDS Care and Support Program; Management Sciences for Health, 2009.

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Acronyms and Abbreviations

AB	abstinence, being faithful
ABC	abstinence, being faithful, condom use
AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral
BCC	behavior change communication
CBO	community-based organization
CCG	community core group
DBS	dried blood spot
DOHE	Dawn of Hope Ethiopia
DOTS	Directly Observed Treatment, Short-course [WHO]
EHNRI	Ethiopian Health and Nutrition Research Institute
EIFDDA	Ethiopian Inter-Faith Forum for Dialogue, Development, and Action
EMI	Ethiopian Management Institute
FBO	faith-based organization
FFSDP	fully functional service delivery point
FHAPCO	Federal HIV/AIDS Prevention and Control Coordinating Office
FHI	Family Health International
FMOH	Federal Ministry of Health
GOE	Government of Ethiopia
HAPCO	HIV/AIDS Prevention and Control Coordinating Office
HAPSCO	Hiwot HIV/AIDS Prevention, Care and Support Organization
HBC	Home-based care
HC	Health center
HEW	Health extension worker
HIV	human immunodeficiency virus
HMIS	Health management information system
IMAI	Integrated Management of Adolescent and Adult Illness
IP	infection prevention
IPC	infection prevention and communication
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
KOOW	kebele-oriented outreach worker
LDP	Leadership Development Program
LMIS	logistics management information system
LTFU	lost to follow-up
M&E	monitoring and evaluation
MEOP	MSH Ethiopia Operations Platform
MOU	memorandum of understanding

MSH	Management Sciences for Health
NGO	nongovernmental organization
OI	opportunistic infection
OP	other prevention [methods of HIV prevention]
OVC	orphans and vulnerable children
PBC	performance-based contract
PBF	performance-based financing
PEPFAR	U.S. President's Emergency Plan For AIDS Relief
PITC	provider-initiated testing and counseling
PLWHA	people living with HIV & AIDS
PMP	performance monitoring plan
PMTCT	prevention of mother-to-child transmission
PY	program year
RHA	regional health advisor
RHB	regional health bureau
SCMS	Supply Chain Management System
SNNPR	Southern Nations and Nationalities Peoples Region
SOC	standards of care
SOW	Scope of work
SPS	Strengthening Pharmaceutical Systems Program [MSH]
TB	tuberculosis
TWG	technical working group
USAID	United States Agency for International Development
USG	United States Government
VCT	voluntary counseling and testing
WFP	World Food Program
WHO	World Health Organization

Executive Summary

Management Sciences for Health (MSH) is pleased to submit to the United States Agency for International Development (USAID)/Ethiopia this quarterly report on the progress in the third quarter of program year 2 (PY2, January 1, 2009 – March 31, 2009) of the USAID/PEPFAR-funded HIV/AIDS Care and Support Program. The HIV/AIDS Care and Support Program in Ethiopia is a three-year program, implemented by MSH and its partners Dawn of Hope Ethiopia (DOHE), Ethiopian Inter-Faith Forum for Dialogue, Development, and Action (EIFDDA), Save the Children (USA), and IntraHealth. The Program began on June 15, 2007, and has since successfully achieved or exceeded most of its first-year targets and will achieve almost of our targets for PY 2 (see the table at the end of this Executive Summary). The first-year results were disseminated in Addis Ababa on July 9, 2008, to all stakeholders, including representatives from the Federal Ministry of Health (FMOH), the Federal HIV/AIDS Prevention and Control Coordinating Office (FHAPCO), the U.S. Embassy in Addis Ababa, USAID, the U.S. Centers for Disease Control and Prevention–Ethiopia, and other PEPFAR and non-PEPFAR partners, and we are starting to plan for a similar annual review in July, 2009.

Although the HIV/AIDS Care and Support Program focused its PY1 activities on expanding antiretroviral therapy (ART) services, consistent with the Government of Ethiopia (GOE) programmatic goal of achieving universal access to comprehensive HIV & AIDS services by 2010, PY2 activities are geared toward strengthening and scaling up comprehensive and integrated HIV & AIDS services in HCs and communities, and thus reflect the FMOH-FHAPCO strategic developments outlined in the *Road Map 2007–2008/10 for Accelerated Access to HIV/AIDS Prevention, Care and Treatment in Ethiopia* (the second road map).

During the current reporting period, the HIV/AIDS Care and Support Program continued to work toward the four intermediate results specified in the program contract. Progress toward those results is measured by 16 core indicators realigned with the approved PY2 work plan (see table at the end of this Executive Summary) and other indicators as detailed in the revised Performance Monitoring Plan (PMP) (annex 1).

The HIV/AIDS Care and Support Program is on track to achieve or exceed its PY2 targets through accelerated implementation and focuses on quality, prevention of mother-to-child transmission (PMTCT), and pediatric HIV & AIDS. Accordingly, in PY2, HIV/AIDS Care and Support Program operations have intensified at the regional, woreda, HC, and particularly, community levels. The result will be twofold: (a) reaching higher numbers of people in need of comprehensive HIV & AIDS and primary health care services and (b) preparing the foundation for “graduating” HCs, in a phased manner, from HIV/AIDS Care and Support Program technical assistance to sustainable government ownership and management, beginning in PY3.

Intermediate Results

Specific achievements during the reporting period toward the four results are outlined below.

Result 1: Provision of high-quality, integrated HIV & AIDS prevention, care, and treatment services at HCs

By the end of the reporting period the following core results had been achieved:

- A cumulative total of 90,012 individuals have been enrolled for HIV care.
- A cumulative total of 9,736 stable patients on ART have been transferred into HCs from hospitals to attend treatment at the HC level.
- As of the end of March 2009, 39,421 patients (more than 60 percent of whom are female) are currently receiving ART, indicating a 16 percent incremental increase in just three months. Pediatric patients on ART constituted just 1 percent of the total.
- The rate of patients lost to follow-up (LTFU) is about 7.1 percent, compared to a national average rate of 20–25 percent.
- Comprehensive HIV and TB counseling and testing and care and support services have been expanded to 500 HCs and comprehensive ART services to 300 HCs.
- More than 407,680 individuals have been counseled and tested and have received results in the quarter making a cumulative total of 779,080 in PY2 through voluntary counseling and testing (VCT) and provider-initiated testing and counseling (PITC) strategies at the facility and community levels.
- More than a cumulative total of 218,962 individuals infected or affected by HIV have been reached with care and support services.
- A cumulative total of 122,294 pregnant women among prenatal care clients have had HIV counseling and testing for PMTCT services.
- A total of 420 health workers received training in PY2 on National Comprehensive HIV Care/ART, making a cumulative total of 2,407 (96 percent of the PY2 target).
- One hundred and ninety-six health workers were trained on HIV/TB counseling and testing, making a cumulative total of 2,617 (105 percent of the PY2 target).
- Other trainings (e.g., on TB/HIV collaborative activities, PMTCT, comprehensive laboratory services, and dried blood spot [DBS] testing) have also been conducted.
- The HIV/AIDS Care and Support Program continues to provide technical support to the HCs, including mentorship, multidisciplinary teams, and catchment area meetings for ART HCs and supportive supervisions.

Result 2: Deployment of case managers to support care and strengthen referrals among HCs, hospitals, and community services

By the end of the reporting period the following core results had been achieved:

- A total of 232 case managers continue working at ART HCs.
- Frequent visits and integrated supportive supervision have been conducted to support this new cadre of staff to enable them to properly discharge their roles and responsibilities; the case managers were found to have integrated successfully into the existing system and are playing a crucial role in adherence counseling, provision of targeted and personalized care for people living with HIV & AIDS (PLWHA), referral linkages, and tracing of LTFU patients together with community volunteers.
- Refresher trainings have been given for existing case managers in all regions, and best practices were shared during the trainings.
- In the next quarter, gap-filling training and training of case managers for new expansion sites will continue, and by the end of PY2, a cumulative total of 393 case managers will have been trained and deployed in 300 ART HCs.
- More than one case manager will be deployed in HCs that have high patient loads, and this deployment will happen with the concurrence of the regional health bureaus (RHBs).

Result 3: Deployment of volunteer outreach workers to support family-focused prevention, care, and treatment in communities

By the end of the reporting period the following core results had been achieved:

- The number of kebeles deployed with at least five trained kebele-oriented outreach workers (KOOWs) and networked with ART HCs has expanded to 314 in the quarter making a cumulative total of 801 (more than 100 percent of the PY2 target).
- In total, 1,527 KOOWs were trained in the quarter making a cumulative total of 4,019 KOOWs trained and deployed so far (101 percent of PY2 target).
- Sixty-nine health extension workers (HEWs) have been trained on community mobilization, prevention, and care and support strategies to strengthen the work of volunteers at the community level, and that makes a cumulative total of 587 HEWs and kebele HIV & AIDS desk officers trained so far.
- In the current reporting period, 220,794 individuals were mobilized for prevention, care, and treatment through outreach activities—with coffee ceremonies being the main venue for mobilization—and home visits.
- About 29,000 newly identified individuals affected or infected by HIV & AIDS were provided with home-based care (HBC).
- KOOWs, together with case managers stationed at the HC level, traced 2,954 individuals who had been LTFU for ART, TB DOTS, or both, and provided them with adherence support to minimize subsequent losses.

- By strengthening referrals and health networking, nearly 22,495 individuals have been referred to health facilities and to community-level care and support organizations for various services, but the mechanism of getting feedback on referrals continued to be a challenge.

Result 4: Implementation of HIV-prevention activities using best-practice ABC interventions incorporating stigma, discrimination, and gender concerns

By the end of the reporting period the following core results had been achieved:

- Various trainings have been conducted for service providers, community elders, religious leaders, and other community outreach volunteers to reinforce the prevention program and promote ABC (abstinence, being faithful, condom use) prevention strategies, as well as VCT, ART, and PMTCT services.
- Customizing of existing behavior change communication (BCC) materials continues in order to address the issues of gender, ART, PMTCT, positive living, TB, and condom provision services.
- Various types of BCC materials with prevention, care, and support messages and job aids have been adapted, reproduced, and distributed to the regions. These materials will fill gaps in the availability of BCC materials at both the facility and community levels and will help create demand for and increase access to services.
- Regular supportive supervision and monitoring of prevention activities are being carried out, in collaboration with other stakeholders.

Implementation Modalities

Health systems and network strengthening

By the end of the reporting period the following implementation modalities had been achieved:

- Recruitment of regional fully functional service delivery point (FFSDP) and laboratory service program officers is under way.
- Training on comprehensive laboratory services was conducted in two program regions (Amhara and Tigray), and 81 laboratory technicians were trained. The training covered HIV, TB, malaria diagnosis, and sample transfers. The training has also included orientation on logistics management of laboratory supplies.
- The work of technical working groups (TWGs) on opportunistic infection (OI) medicines and laboratory supplies continued to improve the system of ensuring sustainable supplies. TWGs are composed of the HIV/AIDS Care and Support Program, Supply Chain Management System (SCMS) program, Strengthening Pharmaceutical Systems (SPS) Program, and other governmental and nongovernmental partners.

- Implementation of the Leadership Development Program (LDP) was initiated by MSH's Leadership Management and Sustainability Program, and two regions (Oromia and Amhara) were selected as project areas.
- The draft FMOH performance-based contract (PBC) manual was revised.
- A modification was issued to HST Consulting to exercise the option year of its subcontract and increase its obligated funds.
- EIFDDA and DOHE signed subcontracts and began their scopes of work (SOWs).
- A request for consent to subcontract with new NGOs was submitted to USAID.

Mainstreaming gender into all HIV/AIDS Care and Support Program activities and strengthening NGO capacity

By the end of the reporting period the following implementation modalities had been achieved:

- The HIV/AIDS Care and Support Program negotiated SOWs and budgets and has finalized work plans with the following NGOs, which were selected on a competitive basis: IMPACT, National Network of Positive Women, and the Relief Society of Tigray.
- The HIV/AIDS Care and Support Program has conducted a pre-award audit of all the organizations with the exception of IMPACT. The recommendations of the audit are currently being implemented by the NGOs.
- Activities for issuing the award to the selected NGOs started after USAID's budget approval for PY2 work plan.
- An SOW and a budget are being finalized for the Hiwot HIV/AIDS Prevention, Care and Support Organization (HAPSCO), and it will work in all sub-cities in Addis Ababa. HAPSCO was previously funded by FHI.
- EIFDDA and DOHE signed subcontracts and began their SOW development.

Strategic Information and Quality Management

By the end of the reporting period the following implementation modalities had been achieved:

- The process of realigning the work plan with some technical areas emphasized under the second road map and the developments of the corresponding realigned PMP have been finalized. USAID's approval is being awaited early next quarter.
- Training information management system forms are regularly being sent to JHPIEGO for entry into PEPFAR's database.

- The HIV/AIDS Care and Support Program continued its support to HCs, woreda health offices, and RHBs in implementing the national health management information system (HMIS), including printing and distributing registers and forms at times of shortages.
- The HIV/AIDS Care and Support Program is coordinating and conducting joint supportive supervision visits in line with supporting the implementation of the “Three Ones.”
- The HIV/AIDS Care and Support Program regional monitoring and evaluation (M&E) advisors continued supporting RHB, woreda health office, and HC staff in ensuring a culture of data use for evidence-based decision-making.
- Data clerks who were trained and deployed to ART HCs in PY1 continued to support the data management system at the HC level. Refresher training given for existing data clerks.
- Basic training for data clerks for new expansion ART HCs was provided in Oromia and Southern Nations and Nationalities Peoples Region (SNNPR), and 43 data clerks were trained in the quarter. Training will continue in the rest of the regions in the upcoming quarter.
- The HIV/AIDS Care and Support Program semiannual and PEPFAR first quarter reports were produced and submitted on time. The PMP has been updated and submitted to USAID together with the program’s PY2 semiannual report.
- Active participation continued in the PEPFAR Strategic Information TWG and regular FHAPCO quarterly review meetings.

Status of Core Targets or Indicators of the HIV/AIDS Care and Support Program Performance (as of March 31, 2008)

No.	Types of Activities	Baseline Performance (as of June 30, 2007)	PY1 Target	PY1 Performance (as of June 30, 2008)	PY2 Target	Current Performance (as of March 31, 2008)	Remarks
Facilities Assisted							
1	Number of woreda health offices supported with an HIV & AIDS services plan	0	240	251	290	295	Current performance
2	Number of HCs offering comprehensive HIV and TB counseling and testing services	198	450	398	500	500	Cumulative
3	Of which, number of HCs offering enhanced palliation care services	198	267	261	350	500	Cumulative
4	Of which, number of HCs offering ART	115	240	239	300	300	Cumulative
Individuals Trained							
5	Number of health providers trained in HIV and TB counseling and testing curriculums	467*	1,135	1,446	2,500	2,617	Cumulative
6	Number of health workers trained with Integrated Management of Adolescent and Adult Illness (IMAI) clinical care and ART curriculums (including pediatric HIV case finding and care)	402*	2,136	1,907	2,520	2,407	Cumulative
7	Number of case managers trained and deployed on IMAI case manager modules	0	267	232	393	232	Cumulative (additional CM training in 3 rd quarter)
8	Number of outreach workers trained in community and household HIV prevention, care, and treatment promotion	507*	1,335	1,402	4,000	4,019	Cumulative
Kebele and HC Performance Standards							
9	Individuals reached with basic palliation care (care and support)	79,128*	120,000	126,567	220,000	218,962	Current performance

No.	Types of Activities	Baseline Performance (as of June 30, 2007)	PY1 Target	PY1 Performance (as of June 30, 2008)	PY2 Target	Current Performance (as of March 31, 2008)	Remarks
10**	<i>Number of pregnant women among prenatal care clients receiving HIV tests at the service outlets including the labor and delivery ward and community outreach</i>	Not applicable	Not applicable	Not applicable	250,000 (To end of PY3)	122,294	Current performance
11**	<i>Number of infants and children receiving HIV pediatric care (subset of the basic palliative care)</i>	Not applicable	Not applicable	Not applicable	5,760 (To end of PY3)	2,617	Current performance
12**	<i>Number of HIV-positive infants and children receiving ART (subset of clients on ART)</i>	Not applicable	Not applicable	Not applicable	2880 (To end of PY3)	428	Current performance
13	Number of HIV-infected clients attending HIV care and treatment services who are receiving treatment for TB	5,266*	12,000	6,360	34,000	12,007	Cumulative
14	Individuals counseled and tested for HIV who received their results	265,153*	260,000	934,275	350,000	779,080	Current performance
15	Individuals receiving ART (cumulative)	9,994	15,000	22,090	50,000	39,421	Cumulative
16	Number of kebeles with deployed outreach workers that are served by a network HC	0	267	267	800	801	Cumulative

* Baseline figures for these indicators have not been included in the calculation of cumulative totals.

** These are new indicators included in the list of core indicators after the realignment of the work plan for PY 2 and 3

1. Narrative Progress Report on General Activities

1.1 HIV/AIDS Care and Support Program PY2 Semiannual Progress Review and PY2 Work Plan Realignment

A two-day meeting was organized at the HIV/AIDS Care and Support Program meeting hall to review PY2 semiannual achievements of the program. All program regional staff and central office staff were in attendance. Overall, the HIV/AIDS Care and Support Program's progress toward achieving PY2 targets was appreciated, and gaps and best practices were identified. After thorough plenary discussions on each region's performance, action points were developed to address identified gaps and for scaling up of best practices.

Because of the direction given from USAID to strengthen technical areas such as pediatric HIV care and treatment and ANC/PMTCT services, the process of realigning the PY2 work plan continued, and the first draft of the realigned work plan was developed and submitted to USAID for comments. The USAID's technical team reviewed the work plan and forwarded its comments to the HIV/AIDS Care and Support Program for consideration. The second draft of the realigned work plan was resubmitted to USAID, together with the realigned PMP, which included three new core and other indicators, for final approval. The realigned PY 2 work plan and budget were recently approved as part of modification # 5.

Regional HIV/AIDS Care and Support Program offices have conducted workshops to harmonize the regional program plan with woreda work plans, and 295 woredas have completed this process (100 percent of the PY2 target).

1.2 Collaboration with PEPFAR and Non-PEPFAR Development Partners

The HIV/AIDS Care and Support Program continued striving to provide comprehensive care and support services at the HC and community levels through leveraging mechanisms with other PEPFAR and non-PEPFAR partners. The following are collaborative activities in which the program has been engaged during the current reporting period.

- The HIV/AIDS Care and Support Program signed a memorandum of understanding (MOU) with the World Food Program (WFP), which will further strengthen the KOOWs' capacity to provide comprehensive services by linking deserving clients to food resources. Under this MOU, WFP will train 245 KOOWS from Addis Ababa on the use of corn-soya blend and other foods and will follow up clients on nutritional support. KOOWs will also be able to effectively refer clients from the HIV/AIDS Care and Support Program to local community-based organizations (CBOs) working with WFP in the provision of food.
- The HIV/AIDS Care and Support Program has also initiated discussions for partnership with Land-O-Lakes and the Urban Gardens Project for improved livelihoods and food security among infected and affected households. Land O-Lakes has held several exploratory meetings with the HIV/AIDS Care and Support Program staff and community core groups (CCGs). The preparatory process continued. The Urban Gardens

Project has begun meeting with HCSP community mobilizers and KOOWs in Addis Ababa and will expand this activity to other regions in the next quarter.

- The HIV/AIDS Care and Support Program continued to link with Save the Children (USA) programs to provide comprehensive support to orphans and vulnerable children (OVC). In particular, the program is working with the Community Therapeutic Centre to provide children under five with nutritional support. Through asset mapping, KOOWs have managed to tap into resources available to Save the Children PC3 Tier III partners—mainly local CBOs and faith-based organizations (FBOs) to provide services to OVC. The SCMS is procuring HBC kits, valued at 5 million U.S. dollars, for KOOWs. This effort will benefit more than 4,000 KOOWs.
- The HIV/AIDS Care and Support Program continued working with the World Health Organization (WHO) to improve the quality of HIV & AIDS care and treatment at the HC level, particularly on clinical mentorship and case management. A series of joint meetings was conducted, with a focus on discussing and reaching consensus on clinical mentoring tools, basic and refresher training of case managers (adherence supporters), and facility-level implementation of TB/HIV collaborative activities. Preparations are under way to evaluate the effectiveness of the existing mentorship program and catchments area meetings. FHAPCO is spearheading this process.
- The HIV/AIDS Care and Support Program continued coordinating with the Clinton HIV/AIDS Initiative to improve access to and quality of pediatrics HIV & AIDS care and treatment at the HC level continues. The Clinton Initiative is involved in providing support to pediatric HIV & AIDS services in the 24 HCs of Addis Ababa and 25 in the Amhara region that are supported by the HIV/AIDS Care and Support Program. The collaboration includes coordinated mentorship visits to the HCs and joint regular meetings to review activities of clinical mentorship led by the RHBs.
- The African Network for the Care of Children with HIV/AIDS, which received a grant from USAID, has started supporting HCs that are also supported by the HIV/AIDS Care and Support Program to strengthen pediatrics HIV & AIDS services. For this purpose, two field staff have been seconded to the HCSP and a joint field visit was conducted to assess site-level requirements. Discussions were held to outline the roles of each partner, and an MOU signed between the two parties. The African Network has assisted refresher training for clinical mentors and also started mentoring these clinical mentors in pediatric HIV care and treatment services.
- Pathfinder is undertaking an Integrated Family Health Program at the district level. A series of meetings has been conducted to discuss potential areas of collaboration in districts that are targeted by both programs. Identification of districts where the two programs can collaborate has just been completed. Preparation of an MOU stipulating roles of each partner and implementation modalities and strategies is in progress, especially at the regional level.
- Continuing collaboration with CDC university partners, such as JHU, U. of Washington, and Columbia U, support joint training and supervision activities and is beginning to

focus on the complex process of down loading stable hospital patients to health centers to relieve congestion at hospitals. This process will intensify in the 4th quarter and PY3, supported by field visits with USAID staff to the RHBs to integrate this activity into regular hospital and RHB operations.

These collaborative efforts will be consolidated and continue in the upcoming quarter while we continue exploring new collaborative initiatives.

1.3 Results of Activities Related to MSH Ethiopia Operations Platform

The MSH Ethiopia Operations Platform (MEOP) provides support to the three MSH projects in the country. Support encompasses the areas of finance and accounting, information technology, human resources, communications, and operations (i.e., procurement, property management, and fleet management). During this reporting period, MEOP has continued providing consolidated support in these areas for the three main MSH programs in Ethiopia. MEOP has also successfully organized events in hosting the MSH Board of Directors' visit to Ethiopia. In the next quarter, an MSH internal evaluation will focus on both operations and technical issues, and we will receive STTA in both financial and HR systems strengthening. The financial STTA will be supported entirely by MSH at no cost to the HCSP or other MSH projects.

2. Progress on Achieving Program Results

2.1. Result 1: Provision of High-Quality, Integrated HIV & AIDS Prevention, Care, and Treatment Services at HCs

2.1.1. Staffing of the Treatment Component

The treatment team, which has been without a leader since the resignation of the previous team leader in early May 2008, is still being led by the clinical advisor for PMTCT pending the formal placement of an approved team leader. All clinical advisory positions available under the treatment team have been filled, including the pediatrics HIV advisor; the advisors continue working actively. A new coordinator for case managers joined the team in November, replacing the one who left in September, and is also working actively.

The program has deployed 32 clinical mentors to support its ART sites. The recruitment process for regional technical integration advisors, 17 additional level I clinical mentors for non-ART HCs, and regional PMTCT and pediatrics advisors, except in Addis Ababa, is in progress. We believe that the addition of these new regional staff will strengthen HIV/AIDS Care and Support Program regional capacities for implementation of the program. The attrition rate of clinical mentors has been high, however, the major reason being the less competitive salary; replacement has been ongoing to fill the vacant positions quickly and is nearly complete.

2.1.2. Expansion of ART Services to New HCs

Expansion to new HCs to achieve the PY2 target of 300 HCs providing ART services was one major undertaking during the first two quarters of PY2. To identify expansion sites, the HIV/AIDS Care and Support Program collaborated with the RHBs to carry out assessments at a large number of HCs already providing comprehensive HIV and TB counseling and testing and

other palliation care services in four target regions. After the assessments, 61 HCs were selected based on patient volume, HIV prevalence, and regional preferences (26 HCs in Amhara, 20 in Oromia, 10 in the SNNPR, and 5 in Tigray). Staff at all the new HCs were trained on IMAI, and necessary supplies and equipment were put in place; all 61 new expansion sites started providing ART, bringing the total of ART HCs to 300 by the end of March 2009. Throughout PY2, the HIV/AIDS Care and Support Program will continue to support 500 HCs, 300 of which will be providing comprehensive HIV & AIDS prevention, treatment, care, and support services, with the remaining 200 providing counseling and testing, PMTCT, TB/HIV, and palliation care.

2.1.3 PMTCT Sites Transition from IntraHealth to the HIV/AIDS Care and Support Program

PY1 saw a transition of PMTCT services from the Capacity Project of IntraHealth to the HIV/AIDS Care and Support Program (both are USAID-funded). This transition initially focused on the transfer of PMTCT services in ART HCs, which was completed by June 2008. The Capacity Project then opened newer PMTCT sites, and Family Health International (FHI) transferred all its sites (including non-ART HCs that were providing VCT services) to the HIV/AIDS Care and Support Program. As the HIV/AIDS Care and Support Program expanded its number of ART sites and worked to initiate PMTCT services at all non-ART HCs, in accordance with the contract, however, more and more site overlaps with IntraHealth were identified. A number of meetings have been conducted between the Capacity Project team at IntraHealth and the HIV/AIDS Care and Support Program treatment team to identify all the overlapping sites and establish a transition plan for these HCs in a phased approach. By the end of March 2009, the process of transitioning all sites had been completed, and at present, the HIV/AIDS Care and Support Program is supporting 471 PMTCT sites. In Amhara Region, preparations are well under way to start PMTCT services in 21 new HCs, bringing the number of PMTCT sites to 492 by the end of PY2 implementation period. In Addis Ababa, eight of the HIV/AIDS Care and Support Program ART HCs are being supported by FHI for PMTCT services.

2.1.4. Training-Related Activities

Refresher training for clinical mentors was conducted and a total of 40 level I and II clinical mentors, five regional health advisors (RHAs), and five regional M&E advisors attended the training. The objectives of the training were to give an update on emerging HIV & AIDS developments, emphasis on the pediatrics aspect of the mentorship program, and share experiences on the introduction of standard operating procedures for HIV & AIDS services and mentorship activities. Table 1 summarizes various trainings conducted under result 1 in the reporting period.

Table 1. Types of Trainings Conducted by the HIV/AIDS Care and Support Program, and Individuals Trained per Region

Training Title	Addis Ababa		Amhara		Oromia		SNNPR		Tigray		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	
PMTCT			33	18	95	35					128	53	181

Comprehensive HIV care, treatment, and IMAI			23	16						23	16	39
Comprehensive laboratory services for HIV & AIDS			59	24				41	8	70	32	102
PICT			49	42	53	31		16	5	118	78	196
VCT												
TB/HIV			51	32						51	32	83

2.1.5 Mentorship and Catchment Area Meetings

Clinical mentorship is the major tool used by the HIV/AIDS Care and Support Program to provide practical training and consultation to foster ongoing professional development of service providers at the HC level to yield sustainable high-quality clinical care outcomes. The program deployed 32 level II clinical mentors (MDs) who, on average, each provide monthly mentorship support to eight ART-providing HCs, including direct support in case management, data handling and use, and case reviews. For example, the mentorship activity in western Oromia has enabled health workers to appropriately manage some OI and suspected AIDS-related malignancy cases, as illustrated below.



A patient with suspected Kaposi sarcoma—a case discussed during mentorship session

A monthly mentorship visit lasts for an average of two days, depending on the client load of the specific HC. Although attrition of the clinical mentors has remained a major challenge for the program, mentorship support to the HCs has continued, albeit stretching the capacity of available clinical mentors at times. Level I clinical mentors have also started providing comprehensive mentorship support to non-ART HCs, an effort that has been much appreciated by RHBs.

Catchment area meetings are used to address issues related to referral linkages among facilities, particularly among the HCs and the nearby hospitals. The managerial challenges of ART services are also presented to local decision-making officials in this forum. The program supports conducting these meetings at various sites in its operational regions, but this rotation

has been happening only irregularly for various reasons, including fund limitations and lack of time for the activity among key players (e.g., the health managers and clinical mentors). The future direction is to conduct quarterly catchments area meetings regularly and to use these meetings to focus on other issues, such as downloading stable patients to HCs.

2.1.6 Comprehensive HIV & AIDS Services Provision

2.1.6.1 Counseling and Testing Services at HCs and in the Community

The HIV/AIDS Care and Support Program supports HIV & AIDS counseling and testing services in all target regions through various, but integrated, approaches. Besides the VCT services regularly provided at the HCs, the HIV/AIDS Care and Support Program has supported the integration of PITC services at all service outlets to expand entry points for HIV counseling and testing services. At present, however, PITC results have not reached the expected level as a result of shortages of test kits and the high turnover and burnout of health workers. A plan has also been established to support HCs in conducting outreach services for counseling and testing, and high-yield and high-prevalent areas have already been identified. This activity will commence in the next quarter.

During the current reporting period, the program supported the counseling and testing of 407,670 (M = 184,916, F not pregnant = 174,068, F pregnant = 48,686) individuals. Of those who were tested and received results in the quarter, 13,710 (M = 5,038, F = 8,672) individuals were confirmed to be HIV positive, making the HIV-positive rate 3.4 percent (2.7 percent and 3.9 percent among the males and females, respectively) in the five program regions. All individuals who tested positive have been linked with or referred to health facilities of their choice for comprehensive HIV care and treatment services.

2.1.6.2. Provision of HIV care and ART services at the HCs

By the end of the reporting period, a cumulative total of 90,012 individuals were enrolled for HIV care, and 39,421 patients were started on ART at the HCs supported by the HIV/AIDS Care and Support Program. A cumulative total of 9,736 stable patients on ART have been released from hospitals to attend treatment at the HC level, and a total of 3,095 patients on ART have been transferred to hospitals for higher level care or to other nearby HCs for follow-up. At the end of the HIV/AIDS Care and Support Program PY2 semiannual period, the number of individuals receiving ART services was 33,975, and with a progressive increase in the number of patients receiving treatment at the HC level, 39,421 patients were receiving ART by the end of the current reporting period (March 31, 2009). These figures indicate a more than 16 percent increment in performance in just three months. About 61 percent of patients on ART are women, and 1.1 percent are children under 14 years of age, an improvement when compared to the previous quarter achievement (0.7 percent). Table 2 shows sex, age, pregnancy status, and region disaggregation of patients currently on ART.

Table 2. Regional Distribution of Patients on ART (March 31, 2009)

Region	Children 0–14 Years	Adults > 14 yrs			Regional Total
		Male	Female (non-pregnant)	Pregnant Women	
Addis Ababa	196	3,672	6,407	100	10,375
Amhara	34	5,667	9,104	55	14,860

Oromia	117	3,405	4,865	56	8,443
SNNPR	5	1,049	1,426	14	2,494
Tigray	76	1,214	1,941	18	3,249
Total	428	15,007	23,743	243	39,421

About two-thirds of patients currently on ART are from the Addis Ababa City Administration and Amhara regions.

The rate of LTFU patients is one measure of service quality that indicates the appropriateness and fruitfulness of the innovative approaches being implemented by the program. To strengthen adherence, the HIV/AIDS Care and Support Program is implementing a number of approaches, including delivering services closer to the community (e.g., at HCs), strengthening adherence counseling (e.g., using case managers), and using better tracing mechanism (e.g., KOOWs and community volunteers). At the end of the reporting period, the LTFU rate at program-supported HCs was 7.1 percent, in contrast to the national average of about 23 percent. At the end of PY1, the LTFU rate at program-supported HCs was 4 percent. There was an increase in this rate by the end of the current reporting period because as the number of patients on treatment increases, the chance of losing patients to follow-up also increases. The HIV/AIDS Care and Support Program is striving to keep the rate as low as possible despite service expansion. Table 3 shows the regional distribution of LTFU patients at the HCs.

Table 3. Regional Distribution of LTFU Patients at the HC Level in the Regions Supported by the HIV/AIDS Care and Support Program, March 2009.

Region	No. Currently on ART	No. LTFU Patients (Lost, Dropped, or Stopped)	Percentage of Patients LTFU
Addis Ababa	10,375	1,118	9.7
Amhara	14,860	847	5.4
Oromia	8,443	663	7.3
SNNPR	2,494	82	3.2
Tigray	3,249	306	8.6
Total	39,421	3,016	7.1

2.1.6.3 Provision of Basic Palliation Care Services at the HC and Community Levels

Providing care and support services at the HC and community levels continues to be one of the major activities of the HIV/AIDS Care and Support Program. Over the past three months alone, 40,674 HIV-infected and -affected individuals have been reached with various types of care and support services, so the cumulative number of HIV-infected and -affected individuals who received various types of care and support services during PY2 program implementation period is 218,962. In addition to health providers' support at the HCs, this level of coverage has been achieved through the continuing efforts of case managers, KOOWs, and other volunteers trained and deployed by the program.

Some challenges still exist in the integration and coordination of these new cadres of health workers, but they are progressively showing their effectiveness in the existing system. Both service providers and community health workers have been trained on TB/HIV collaborative activities to strengthen proper screening and diagnosis of patients and to provide proper management (i.e., prophylaxis or treatment) and referral of patients, respectively. KOOWs are also following up on TB DOTS and ART LTFU patients, with encouraging results so far. During

the reporting period, 2,964 patients (M = 1,201, F = 1,763) with poor adherence, potential for defaulting and becoming LTFU (either ART or TB DOTS) were traced and provided adherence support or restarted on treatment. Details of KOOWs' performance are described in section 2.3.

2.1.6.4. Provision of ANC/PMTCT-Related Services

Although ANC/PMTCT service provision still remains poor in Ethiopia, the HIV/AIDS Care and Support Program has started registering encouraging results. In the current reporting period, 58,143 prenatal care clients have been registered in the HCs; 46,932 have been tested and received their results. These figures represent a client acceptance rate of 81 percent. Of pregnant women who were tested and received their test results, 1,492 (3.2 percent) tested positive for HIV. Of those who tested positive, just 611 (41 percent) received complete prophylaxis for HIV, and only 445 (30 percent) of the babies born to HIV-positive mothers received prophylaxis. This relatively poor follow-up on treatment services for HIV + pregnant women and their children will receive increasing focus in the remainder of the project to ensure the increased uptake of PMTCT services. In labor and delivery service outlets, 2,365 pregnant mothers delivered, and 1,764 (75 percent testing rate) of them received PMTCT services. During the PY2 implementation period, the cumulative number of pregnant women who were counseled and tested and received results for PMTCT services totaled 122,294 by the end of March 2009. Table 4 shows performance of PMTCT services in the current reporting period.

Table 4. PMTCT-Related Activities' Performance in Program-Supported HCs

Indicator	Addis Ababa	Amhara	Oromia	SNNPR	Tigray	Total
Number of new prenatal care clients whose HIV status is unknown and who visited the prenatal care facility during the reporting period	6,577	10,702	19,926	12,929	8,009	58,143
Number of new prenatal care clients counseled for HIV testing for PMTCT services	5,638	10,323	19,006	10,774	7,652	53,393
Number of prenatal care clients counseled and tested for HIV who received test results during the reporting period	5,903	8,935	16,334	8,820	6,930	46,932 (81%)
Number of prenatal care clients who tested positive for HIV during the reporting period	413	322	419	122	216	1,492 (3.2%)
Number of pregnant women whose serostatus is unknown who delivered at the facility	202	1,048	944	157	160	2,511
Number of pregnant women who received an HIV test in the labor and delivery ward	56	514	944	65	39	1,618
Number of HIV-positive pregnant women provided with a complete course of HIV prophylaxis during the reporting period	161	216	137	40	57	611 (41%)
Number of infants born to HIV-positive mothers who received HIV prophylaxis during the reporting period (postpartum)	129	152	92	47	25	445 (30%)

infant prophylaxis)						
Number of pregnant women referred for ART during the reporting period	252	255	238	25	84	854

2.1.7. Additional Technical Activities

The HIV/AIDS Care and Support Program participates in TWGs, workshops, and other meetings to review existing policies and standards for ART, clinical mentoring, existing ART and PMTCT programs, guidelines, manuals, and operating procedures. Program staff are members of TWGs for treatment, PMTCT, TB/HIV, counseling and testing, and sexually transmitted infections, all of which meet regularly. The results of the meetings are usually integrated into the HIV/AIDS Care and Support Program’s implementation modalities.

2.2. Result 2: Deployment of Case Managers to Support Care and Strengthen Referrals among HCs, Hospitals, and Community Services

In total, 232 case managers have been trained and deployed to ART HCs, and they are well integrated into the system. They play a crucial role in adherence counseling, implementation of personalized care plans, linkage of PLWHA with different services at the HC and community levels, referral of patients to community services and hospitals, and tracing LTFU patients in coordination with community-level volunteers (i.e., KOOWs). The lower rate of LTFU patients at the HC level (7.1 percent) gives evidence of the effective collaborative efforts of case managers and volunteer community workers. By the end of PY2, the HIV/AIDS Care and Support Program is expected to have trained and deployed a cumulative total of 393 case managers at 300 ART HCs. A plan has been established to train additional case managers to deploy at the new ART HCs and in HCs with a larger number of clients, as well as to replace case managers who have been lost from the program. In HCs with a large number of clients, more than one case manager is set to be deployed. The identification of such HCs was made based on caseload, and a list has already been prepared and endorsed by the RHBs.

Suboptimal performance of case managers at some HCs, as observed during field visits, has been addressed, and coordination among the management and service providers at the HC level has been improved. Refresher training was provided for the existing case managers in all regions. The refresher training focused on areas identified as gaps during the ongoing supportive supervision and mentorship support. Best practices have also been shared and action points developed as per regional gaps identified.

2.3. Result 3: Deployment of Volunteer Outreach Workers to Support Family-Focused Prevention, Care, and Treatment in Communities

2.3.1 Overview

Under Result 3, the HIV/AIDS Care and Support Program is providing technical assistance to selected kebele HIV & AIDS desks and health posts to deploy at least five KOOWs per kebele to support HEWs providing HIV & AIDS and TB prevention, care, and treatment services in the community. The KOOWs are identified in collaboration with kebele, HIV & AIDS desks, and CCGs. KOOWs are supported through training, supportive supervision, and payment of travel allowances. Based on the skills imparted through training, field practice, and experiences in other

care and support work, KOOWs continued to provide the services described below at the household and community levels.

At the household level, KOOWs—

- Identify individuals, families, and households infected and affected by HIV & AIDS in the HC catchment kebele. KOOWs find these individuals using home-to-home visits, the kebele HIV & AIDS desks, HEWs, CCG through PLWHA, and HIV-positive KOOWs' own support networks.
- Provide HBC and basic palliation services for individuals who are infected with and affected by HIV & AIDS. Each KOOW was provided with an HBC kit that equips them not only to provide care but also to train household members to care for the infected person in his or her own home, focusing on stigma reduction, infection prevention, treatment literacy, and hygiene and sanitation. As part of HBC, KOOWs assist clients with household chores and arrange for alternate care (e.g., through neighbors and community core groups) in cases where the client lives alone.
- Refer infected and affected family members to appropriate services based on the asset map developed. Typically, KOOWs continued referring family members to services such as VCT, family planning, spiritual support and psychosocial support, PMTCT, TB screening, nutrition and food supplementation, and OVC support. The case manager is a critical bridge between community care and support and HC-based clinical services. During this reporting period, special efforts were made to make sure that KOOWs worked closely with case managers to track referred clients.
- Participate in follow-up of lost clients; provide adherence to TB, DOTS, and ART regimens; and enlist the support of family members, to whom they also provide basic treatment literacy. KOOWs have been linked to the case managers who provide them with a list of clients to follow up at household level.

At the community level, KOOWs—

- Conduct outreach activities in HIV-related community mobilization for prevention, care, and treatment. Through community mobilization, KOOWs encourage community members to seek and receive comprehensive care and support in the areas of ART, PMTCT, VCT, TB, OI, and family planning. They also focus on stigma reduction by targeting community leaders, FBOs, CBOs, and CCGs and through active involvement of PLWHA in the outreach activities. KOOWs who are also living with HIV take the lead in these activities to encourage disclosure and reduce stigma. Coffee ceremonies are the main vehicles for community mobilization activities.
- Strengthen two-way referrals between community-based service providers and health facilities to ensure the quality of the continuum of care. KOOWs work with a network of identified CBOs, FBOs, *idirs* (local self support groups), case managers, and CCGs to effectively track persons referred and make sure they have received the appropriate services.

- Map kebele assets to provide an inventory of prevention, treatment and care, and support services to which KOOWs can refer clients appropriately. Asset maps show all service delivery points in each kebele.

2.3.2 Improving the Capacity of at Least 800 CBOs, FBOs, CCGs, and Kebele HIV & AIDS Desks to Deliver HIV & AIDS Prevention, Care, Treatment, and Support in the Community

2.3.2.1 Capacity-building training of woreda and kebele HIV & AIDS control offices

The HIV/AIDS Care and Support Program continues to benefit from the active involvement and ownership of the program by HIV/AIDS Prevention and Control Coordinating Office (HAPCO) officers at both the woreda and kebele level for continued success and sustainability of this program. During this quarter, 69 HEWs in Tigray were provided with basic community mobilization training which equipped them with the skills to coordinate and supervise care and support activities at the community level. The cumulative total of HEW and kebele HIV & AIDS desk officers trained in PY2 was 587. In all regions, the HIV/AIDS Care and Support Program is supporting both woreda HAPCOs and kebele HIV/AIDS offices to continue supporting the program through independent monitoring of program activities; participate in KOOWs' monthly meetings and provide offices and identification cards and letters for both community mobilizers and KOOWs. Program data are feeding into existing system for decision-making, and as such HIV/AIDS Care and Support Program activities are considered to be in line with both woreda and kebele care and support plans.

2.3.2.2 Formulating and strengthening existing community core groups in each kebele

The HIV/AIDS Care and Support Program plans to expand the number of kebeles networked to ART HCs to 800 by the end of PY2. At least 45 percent of ART sites supported by the program were networked with community services where KOOWs have been deployed. During this reporting period, we conducted orientation workshops to introduce program activities and advocate for support and buy-in for community care. Support programs were conducted in over 400 kebeles of Addis Ababa, Amhara, and Tigray. Furthermore, a series of meetings was held with representatives of CBOs and FBOs in each kebele, culminating in the formation of CCGs chaired by active and influential *idirs* in each kebele. During this period, five CCGs were formulated in Addis Ababa, 26 in SNNPR, and 71 in Tigray. The CCG is composed of 10–15 members who are tasked with the oversight of care and support activities together with kebele government structures. They oversee the work of KOOWs and provide them with additional support mechanisms to provide care and support services.

The HIV/AIDS Care and Support Program continued to strengthen existing community norms and mechanisms for care and support through capacity-building of CCGs formulated in the last reporting period, with *idirs* taking a lead role. Community mobilizers continued to provide capacity-building training to CCGs. The CCGs in all regions continued to mobilize resources for care and support, independent of program support. The KOOWs, in conjunction with CCGs, map kebele assets and come up with a service directory for referring clients to facilities. The asset map shows the physical location of service providers—both clinical and nonclinical. KOOWs have been innovative in utilizing asset maps for OVC support. Apart from linking with other PEPFAR partners such as Save the Children PC3 Tier III and WFP, KOOWs have approached local hotel owners to provide food to OVC and other families in need. For example in Gondar,

over 60 children are accessing two meals a day from six hotels through these initiatives. CCGs have been active in tapping government resources channeled through the kebele office resulting in HIV/AIDS Care and Support Program beneficiaries being prioritized for accessing kebele houses. Community members in Tigray have actively provided shelter for TB patients and other PLWHAs either by building or renting houses for them. Woreda HAPCO officers are actively supporting KOOWs activities increasing access to care and support services to infected and affected families in need. For example, in Koladiba in Amhara, the woreda office has provided identification cards to KOOWs, and all government resources set aside for infected and affected families members are being channeled through KOOWs. Through these mechanisms, several families have been linked to income-generating activities or provided with money to meet various needs. KOOWs also refer infected and affected members for VCT services through the case managers, and in some cases as in Amhara, this referral is made through joint outreach activities with the HCs. Where mother support groups exist, KOOWs work to increase access to PMTCT services by actively looking for pregnant mothers and linking them to the HC for prenatal care services. Although KOOWs have not been formally trained in pediatrics case finding, they are active in referring exposed children to HC for management. Through the Community Therapeutic Centre program at Save the Children, case managers in Addis Ababa have been oriented on pediatric case finding, care, and support including follow-up of infected and affected children.

2.3.2.3 Bridging the gap between community and clinical services

The HIV/AIDS Care and Support Program continues to thrive to strengthen linkages between HC and community-based services by creating formal and functional linkages among case managers, woreda HAPCO and kebele HIV & AIDS offices, and KOOWs. These linkages have been instrumental in the reduction of LTFU rates at ART centers supported by the HIV/AIDS Care and Support Program. In Tigray, half-day linkage and consensus-building meetings were held for Hawelty local administration and for Kassech and Semien Health Centers. Almost all the KOOWs, woreda HAPCO officers, HEWs, community mobilizers, some CCG members, case managers, ART nurses, HC staff, health coordinators, and other untrained volunteers attended the meeting. KOOWs working in Quiha local administration were linked with Quiha Hospital because the area has no ART site. The hospitals ART staff were thrilled about the created linkages to the community and their importance, particularly in providing care and reducing the LTFU rate among ART and TB patients. In Addis Ababa, linkage-strengthening workshops were held for 24 HCs bringing together KOOWs, ART focal persons, and case managers. This process is in progress in the other regions. The linkages will be further strengthened by linking the CCGs to the HC creating further resources for the case managers.

2.3.2.4. Training of KOOWs and Other Community Volunteers

In PY2, the HIV/AIDS Care and Support Program planned to train an additional 2,665 KOOWs selected from 533 kebeles. During this quarter, the HIV/AIDS Care and Support Program provided assistance to selected kebele HIV & AIDS desks and community core groups to identify and recruit 1,527 KOOWs who were provided with 12 days of training based on the topics stipulated in the contract (table 5). This brought the total trained in PY 2 up to the planned 2665, for a total of 4,019 KOOWs trained in all 4 regions and Addis Ababa. The newly trained KOOWs were deployed in 342 kebeles networked with an ART HC. Some of the trained KOOWs have already started providing care and support activities. (The training period was reduced from 15 to 12 days due to budgetary constraints.)

Table 5. Regional Distribution of Trained KOOWs

Region	Number of New KOOWs Trained PY 2 Qtr 3		
	Male	Female	Total
Addis Ababa	15	113	128
Amhara	273	244	517
Oromia	150	173	323
SNNPR	74	134	208
Tigray	142	209	351
Total	654	873	1,527

To date, 4,019 KOOWs have been trained and deployed in 801 kebeles. This figure represents almost a 100 percent achievement for the PY2 cumulative target. The HIV/AIDS Care and Support Program expects to train a cumulative total of 4,067 KOOWs by the end of PY2.

2.3.3 Provision of Care and Support Services and Community Mobilization for Prevention, Care, and Treatment

2.3.3.1 Outreach activities in HIV-related community mobilization for prevention, care, and treatment

During this quarter, community outreach activities continued with involvement of PLWHA, CCGs, and mother support groups. Coffee ceremonies continued to be used as the primary vehicles for mobilizing communities for the various services available. These events serve as entry points for integrating HIV & AIDS care and support services with other community-based services. During this reporting period, 220,794 individuals were reached through community mobilization activities as shown in table 6.

Table 6. Regional Distribution of Individuals Reached through Community Mobilizations

Region	Individuals Reached through Community Mobilizations		
	Male	Female	Total
Addis Ababa	15,101	17,017	32,118
Amhara	6,915	7,197	14,112
Oromia	54,009	63,552	117,561
SNNPR	8,495	7,667	16,162
Tigray	22,007	18,834	40,841
Total	106,527	114,267	220,794

KOOWs use various strategies to fight stigma. They target general community members through coffee ceremonies and family members through home visits when they provide HBC. KOOWs also share their own HIV-positive testimonies as they fight stigma. KOOWs also work closely with PLWHA associations to reduce stigma. For example, in Mehoni HC in Tigray and Addis Zemen in Amhara, several KOOWs are members of the PLWHA association in their respective kebeles. They use this network first to reach out to fellow members of the association and then to recruit more clients into the association as stigma reduces. In Mehoni, membership of PLWHA association increased from 66 to 266 in the nine months the KOOWs have been active in that area. The association members now hold their meetings in public places at the HC without fear of stigma. Moreover, in one village over 95 percent of 208 adults were mobilized and voluntarily tested for HIV. Out of this group, four tested positive and were initiated on ART at the HCs. In

Addis Zemen, for example, through the efforts of the KOOWs and the PLWHA association, clients on ART are openly carrying adherence reminders (stop watches) even in the market place! KOOWs are integrating HIV & AIDS activities with other developmental work such as environmental management and water and sanitation.

2.3.3.2 Provision of community-, home-based, and other care and support services to individuals infected with or affected by HIV & AIDS

During this quarter, KOOWs provided HBC to 28,952 HIV-infected individuals. KOOWs continue to identify infected individuals, including those infected by TB and their affected households through kebele HIV & AIDS desks and CCGs and by working directly with PLWHA associations. In addition, KOOWs use their own HIV-positive networks to reach others in need. Through outreach activities, some individuals seek out KOOWs for care and support services including referrals. In the process of identifying infected and affected households, KOOWs provide care and support training to household members and offer psychosocial counseling to affected and infected individuals. The distribution of the newly identified infected and affected individuals by region is shown in table 7.

Table 7. Regional Distribution of Newly Identified HIV Infected Individuals Provided with Home-Based Care

Region	Male	Female	Total
Addis Ababa	4,512	5,624	10,136
Amhara	3,604	4,854	8,458
Oromia	3,876	4,503	8,379
SNNPR	369	480	849
Tigray	486	644	1,130
Total	12,847	16,105	28,952

2.3.3.3 Referrals of PLWHA, OVC, and households affected by HIV & AIDS within a network of existing community services, including an OVC care and support system

Working with HCs and other existing CBO networks that provide other care and support services, KOOWs are successfully referring infected and affected individuals for nutritional support, VCT, PMTCT, spiritual and psychosocial support, food, and shelter. The asset maps have proved to be a versatile tool in identifying resources available for care and support. Where the services are not available, the KOOWs in conjunction with CCGs mobilize community resources to meet that need. For example, in Saharti-Samre Woreda in Tigray, KOOWs working with religious leaders, PLWHA, and CCGs collected more than 2,000 *birr* from community members during coffee ceremonies and helped four PLWHA and their families to engage in income-generating activities. Through the linkages with case managers, KOOWs are referring clients for clinical services. Although the program developed referral slips, KOOWs prefer to take individuals to the HC directly. They cited the fact that the referral slips developed by the program have no legal standing and would not be recognized. In total, 22,495 individuals were referred to various services during the course of the reporting period. Table 8 shows sex disaggregated regional distribution of individuals referred for various care and support services.

Table 8. Regional Distribution of Clients Referred for Various Care and Support Services, January – March, 2009

Region	Male	Female	Total
Addis Ababa	4,609	5,560	10,169
Amhara	716	433	1,149
Oromia	3,267	3,294	6,561
SNNPR	812	1,011	1,823
Tigray	1,271	1,522	2,793
Total	10,675	11,820	22,495

The KOOWs have been able to document the number of individuals referred for various services, but verifying the actual provision of services to referred patients continued to be a challenge. The HIV/AIDS Care and Support Program is therefore working to strengthen the referral system to be able to track referrals to and from service providers. The case managers placed at the facility level will play an important role in this regard. A revised referral slip with a tear-off feedback section was distributed to KOOWs.

2.3.3.4 ART and TB DOTS adherence support and tracing of LTFU patients

During the reporting period, 2,964 patients on either ART or TB DOTS have been either provided with adherence support or traced and restarted on treatments. Table 9 shows sex disaggregated regional distribution of traced patients. KOOWs continue to use their own HIV-positive and PLWHA networks to identify LTFU patients and provide them with adherence counseling and support. This mechanism was further strengthened by directly linking KOOWs to case managers who have developed a coordinated system of tracing LTFU cases. Typically, case managers meet weekly with KOOWs for updates on LTFU cases. In Gulele Sub-city, the case manager meets daily with KOOWs. Since their deployment, KOOWs together with case managers have been instrumental in reducing the LTFU rate at the program-supported HCs. Routinely, KOOWs provide adherence counseling to clients on ART as they conduct home visits thereby reducing the likelihood of dropouts. Through these home visits, they have also traced TB patients who had dropped out and restarted them on treatment—in Belesto Kebele in Aleta Wendo Woreda in SNNPR, for example, KOOWs helped eight defaulters of TB treatment restart the treatment. Weekly or biweekly, KOOWs meet with the case managers to share care plans and information on LTFU cases. When the client has given consent, follow-up is not difficult, but both KOOWs and case managers still try to find other means of tracing lost clients without impinging on the clients' right not to disclose. These means include using other community activities to gain access to the client's home and building rapport to a level where they can broach the subject. Often, KOOWs share information about their own HIV-positive status. CCGs have also assisted in the reduction of the LTFU rate by raising money for transport to take bedridden clients to the HC or to assist those who cannot meet their appointments because of transport.

Table 9. Regional Distribution of LTFU Patients (for ART or TB DOTS) Traced and Given Adherence Support by KOOWs

Region	Male	Female	Total
Addis Ababa	373	555	928
Amhara	174	311	485
Oromia	622	848	1,470
SNNPR	Data not available		
Tigray	32	49	81
Total	1,201	1,763	2,964

CCGs have been instrumental in promoting treatment adherence by mobilizing monetary resources to help potential defaulters to keep their appointments. Although this effort has been successful, in a few cases transport to HCs is still a challenge. CCGs members in Addis Ababa have indicated that incorporating income-generating activities in the program would alleviate this problem. Supervisory visits conducted in Addis Ababa during the reporting period revealed that, although KOOWs have managed to provide adherence support to clients on ART, food insecurity continues to be a major challenge in the homes. CCGs have also managed to successfully link a few potential defaulters to food-support centers. Where possible, community members, including KOOWs, contribute food from their own homes to assist food-insecure households. It is hoped that both food and livelihood situations will improve through collaboration with WFP, Land-O-Lakes, and the Urban Gardens Project.

2.3.4 Monitoring and Quality Assurance of Care and Support Activities

During this quarter, joint supervisory visits covering all HIV/AIDS Care and Support Program regions were conducted in conjunction with the prevention team. The main purposes of these visits were to assess the progress of program implementation including working on further strengthening the linkages between the community and the HC. The team met with KOOWs, CCGs, religious leaders, and community mobilizers as well as case managers and HC staff including HIV & AIDS focal persons at both the woreda and kebele levels. At least 13 ART HC catchments were covered this quarter. From these visits, the following were the key supervisory findings.

- Community and HC linkages are strongest where the woreda and kebele HIV & AIDS offices and CCGs are active in supporting the work of the KOOWs. Community recognition and supportive supervision by woreda and the HIV/AIDS Care and Support Program staff are instrumental in motivating KOOWs.
- The existence of well-articulated kebele asset maps is instrumental in effective referrals and mobilization of resources.
- Functional linkages between the case managers and KOOWs are not only effective in ensuring the continuum of care, but they also reduce the LTFU rate.
- Working closely with PLWHA associations is crucial for stigma reduction.

- The community action cycle is an effective tool in strengthening community norms and networks for care and support.

The visits also assisted the program staff with the identification of areas for further strengthening in the next three months. Greater emphasis will be placed on strengthening the CCGs and linking them to the HCs and other support mechanisms.

2.4. Result 4: Implementation of HIV-Prevention Activities Using Best-Practice ABC Interventions Incorporating Stigma, Discrimination, and Gender Concerns

2.4.1 Recruitment and Deployment of Community Mobilization and BCC Professionals

All approved positions for prevention teams at the center and at regions are filled, and the staff is working actively. Two BCC consultants have been recruited for six months, with possible extensions upon performance evaluation. Based on their performance evaluation, the contract was extended for an additional three months to ramp up pending activities. As of March 31, the contract of consultants has been terminated upon completion of their scope of work.

2.4.2 Training-Related Activities under the Prevention Component

A number of trainings have been planned and conducted under the prevention component on AB (abstinence, being faithful) and other prevention (OP) strategies for community elders and religious leaders, school community, woreda HIV & AIDS desk officers, HEWs and community mobilizers, and KOOWs. Training in infection prevention practices were planned and conducted for heads of HCs and other HC staff. All trainings were conducted with full involvement of RHBs and HAPCO. The available and standardized training material was used for the trainings. The following numbers of individuals were trained:

- 126 (M = 108; F = 18) school directors, teachers, and anti-AIDS club student leaders were trained on peer education, life skills, school-based community conversation, and AB strategies.
- 69 (M = 3; F = 66) HEW were trained on AB and OP intervention strategies in the Tigray region.
- 236 (M = 204; F = 32) heads of HCs were trained on infection prevention (IP) and infection prevention and communication (IPC) to enhance the capacity of service providers with basic principles and skills of IP and improve their interpersonal communication skills to make the facility user-friendly for providers and clients. As a result, the activity was rolled out for 1,164 (M = 608; F = 556) HC staff.
- 1,527 (M = 654; F = 873) KOOWs and community mobilizers were trained on AB and OP prevention strategies.

2.4.3 BCC Materials for Adaptation or Development, Production, and Distribution

During the reporting period, regional HIV/AIDS Care and Support Program offices distributed BCC materials, job aids, and different guidelines sent from the central level to the HCs under

program support and their catchments areas. The materials were disseminated through KOOWs, clinical mentors, community mobilizers, BCC, and community mobilization coordinators and during supportive supervision. The HIV/AIDS Care and Support Program has also distributed a large number of various types of BCC and other promotional materials produced by FHAPCO's AIDS Resource Center, focusing on nutrition and HIV & AIDS/TB to the regions, health facilities, and community. With regard to customization of BCC materials the following activities were accomplished in the quarter.

1. Eight kinds of job aids (including cohort analysis wall chart) have been printed and distributed.
2. Four kinds of BCC materials were technically cleared and printing process is in progress. The BCC materials included the following:
 - Brochure on condom promotion (80,000 copies)
 - Brochure on PMTCT targeting males(100,000 copies)
 - Brochure on community level TB screening (100,000 copies)
 - ART adherence and the use of holy water (80,000 copies)

Tables 10, 11, and 12 show the types and number of BCC materials and job aids being printed and distributed during the reporting period.

Table 10. The Types and Number of Copies of Job Aids Produced and Distributed during the Current Reporting Period

No.	Title	Type	Total Copies
1	Co-trimoxazole Therapy	Job aid	6,000
2	WHO Clinical Staging of HIV/AIDS for Infants and Children with Established HIV Infection	Job aid	6,000
3	WHO Clinical Staging of Diseases in Adults and Adolescents	Job aid	6,000
4	Exposure to Potential Source of Occupational HIV Infection	Job aid	6,000
5	TB Screening tools	Job aid	6,000
6	ARV Dispensary Schedule for PMTCT	Job aid	6,000
7	PMTCT Client Flow Chart	Job aid	6,000
8	Cohort Analysis Wall Chart	Wall chart	1,600

Table 11. The Types and Number of Copies of BCC Materials in the Process of Printing

No	Titles of BCC materials	Type	Total Copies
1	Brochure on condom promotion	Brochure	80,000
2	Brochure on ART adherence and use of holy water (Tsebel)	Brochure	80,000
3	Brochure on PMTCT targeting males	Brochure	100,000
4	Brochure on TB screening	Brochure	100,000

Table 12. The Types and Number of Copies of BCC Materials Collected from FHAPCO's AIDS Resource Center and Distributed to Program-supported Regions in the Current Reporting Period

No.	Titles of BCC materials	Type	Total Copies
1	Nutrition and HIV	Guideline	950
2	Trainers Manual	Manual	240
3	Trainers Hand-out	Guideline	240
4	Implementation Strategy	Manual	80
5	Counseling Card	Flipchart	1,000
6	TB and Nutrition	Poster	2,000
7	Physical Fitness and HIV	Brochure	2,000
8	Clinical Algorism for Children & Adults	Chart	4,000
9	BMI for Adults and Children	Chart	4,000
10	W/H Chart for Boys and Girls	Chart	4,000
11	MUAC Classification	Chart	2,000
12	Let's Plan for Tomorrow and Test Today for HIV	Poster	750
14	Let Us Plan for Tomorrow and Test Today	Flier	500
15	Kit for Health Promoters	Bag	500
16	EFOY (PMTCT)	Flipchart	240
17	I Regained My Health	Poster	500
18	PMTCT	Poster	500
19	Positive Living	Brochure	228
20	Stop AIDS	Poster	550

To ensure the appropriate distribution and use of the materials, a guideline on usage, delivery, and follow-up was developed and distributed to all regions. The regions, in turn have distributed the materials to HCs, communities, and relevant partners.

2.4.4 Role out Performance and Number of Individuals Reached with AB and Beyond AB Messages

The objective and expected output for conducting TOT trainings is to role out the trainings so that HIV prevention activities are enhanced and institutionalized. Accordingly, in Oromiya training for IP was cascaded in 103 HCs, and IP and anti-stigma plans were established and institutionalized. In Tigray, sensitization training was cascaded in 12 schools for 1,250 school community members.

During the reporting period, based on the rollout plan of trainings and other activities, religious leaders, community elders, PLWHA associations, KOOWs, and other community groups mobilized the public on gender, VCT, stigma and discrimination, ABC prevention, and other issues. The total number of individuals reached with AB and OP messages is shown in table 13.

Table 13. Regional Distribution of Individuals Reached with AB and Beyond AB Messages through Rollout Performance Strategy

Region	No. Reached with AB			No. Reached with OP			No. Reached with AB and OP		
	M	F	Total	M	F	Total	M	F	Total
Addis Ababa	6,244	8,981	15,225	5,272	6,767	12,039	11,516	15,748	27,264
Amhara	110,737	165,365	276,102	153,021	118,698	271,719	263,758	284,063	547,821
Oromia	31,421	36,150	67,571	32,028	36,706	68,734	63,449	72,856	136,305
SNNPR	15,675	13,708	29,383	7,798	3,220	11,018	23,473	16,928	40,401
Tigray	10,234	11,573	21,807	9,220	11,380	20,600	19,454	22,953	42,407
Total	174,311	235,777	410,088	207,339	176,771	384,110	381,650	412,548	794,198

2.4.5 M&E of Prevention Activities

The prevention team together with the care and support as well as the gender and NGO capacity-building teams conducted supportive supervision activities in the five regions. The purposes of the visits were to assess the progress of prevention and care and support activities and to provide technical support. During the visits, participatory discussions were held at HCs and the community with KOOWs, CCGs, HC heads, case managers, community mobilizers, and woreda HAPCO officers. During the visits to each region, strong linkages and networking were observed between the HCs and the community. Availability and proper distribution of BCC materials including condoms were observed. At the end of the visit in each region, debriefing meetings were held with the RHA and technical staff, and observations and findings were discussed. At the end of the visits, written reports which included findings, challenges observed, and recommendation, were submitted to the RHAs and copied to other relevant bodies.

2.4.6 Other Activities

Under a contract agreement with the HIV/AIDS Care and Support Program, DOHE has started to produce a monthly newspaper titled *Libona* starting January 2009 and running for one year. The newspaper will disseminate messages and information on comprehensive HIV & AIDS prevention, care, and treatment services targeting PLWHA and the general public. For the paper to reach the intended beneficiaries, arrangement was made with DOHE to allocate and distribute 5,000 copies every month to the regional HIV/AIDS Care and Support Program offices for distribution to the HCs and their catchments area. During the quarter, 10,000 copies were sent to the regions and distributed to the HCs and community through the community outreach workers.

3. Progress on Achieving Implementation Modalities

3.1 Health Systems and Network Strengthening

This component addresses strengthening of the health systems at the central, regional, woreda, and HC levels through a variety of technical interventions. In implementing these technical interventions, the health systems strengthening component focused on building the capacity of

the public sector at the national, regional, and woreda health office levels. The following activities have been performed during the quarter under this component.

3.1.1 Hiring of Appropriate Staff

All positions under the team had been filled and staff were actively working, but the quality improvement officer resigned during the last week of the quarter. The recruitment process for this officer's replacement is under way.

3.1.2 Referral System and Related Services in HCs

The first round assessment of the existing referral system was conducted in Addis Ababa. This assessment covered 50 percent of the 24 HCs that provide ART service. The result showed that internal referral linkage is relatively strong compared to the external referral system. The main challenge to inter-facility referral is that the receiving hospitals do not accept referred patients as smoothly as desired. The findings of the assessment and recommendations will be shared with the different teams of the HIV/AIDS Care and Support Program and the Addis Ababa City Administration Health Bureau.

A national HIV Counseling and Testing TWG was established made up of different partners engaged in HIV counseling and testing under the auspices of FHAPCO. The HIV/AIDS Care and Support Program /Health systems strengthening team has been an active member of the TWG. The TWG has again established a core group to produce a draft document on strategies to strengthen the referral and linkage between HIV counseling and testing and HIV & AIDS care and treatment. Finally, two workshops were conducted at Adama. The first-round workshop was conducted, and a draft document was produced. The HIV/AIDS Care and Support Program supported this workshop by covering expenses for hall rental, refreshments (tea breaks), lunch, and photocopying. The document was then refined and presented at a second-round workshop and finalized. The approved document will be issued in early next quarter in few weeks.

3.1.3 Design of the Performance-based Financing Process for the Public Sector (FMOH and FHAPCO)

The HIV/AIDS Care and Support Program recruited a local consultant (a health economist) to join the FMOH/Planning and Programming Department, PPD, to work in the performance-based financing (PBF) unit. Short-term technical assistance from the MSH Cambridge head office was also provided for one month to support the FMOH in finalizing the PBF strategy, drafting contracts, and developing the costing strategy. The local consultant is seconded to the FMOH/PPD and continues assisting the ministry in finalizing the started activities particularly to design and develop the training manual and plan for training of trainers next year. We will also continue to provide short-term technical assistance in finalizing the manuals and the contracts. The contracts unit prepared a presentation for the World Bank team on PBC and held extensive discussions with the team. The HIV/AIDS Care and Support Program's senior contracts manager and Health Economist, seconded for FMOH for the support of PBC implementation process support for the public sector, and a representative from the FMOH attended an intensive one-week workshop in Kigali, Rwanda, in January. The team learned about the successful implementation of the Rwanda PBC model and had several site visits.

3.1.4 PBCs with the Private Sector

The following PBC actions were taken during the quarter:

- A modification was issued to HST Consulting to exercise the option year of their subcontract and increase their obligated funds.
- EIFDDA and DOHE signed subcontracts and began their SOW.
- A request for consent to subcontract with new NGOs was submitted to USAID.

3.1.4.1 MOUs

The HIV/AIDS Care and Support Program is committed to working in close collaboration with PEPFAR and non-PEPFAR implementing partners to maximize the quality of services being provided to the beneficiaries. MOUs have been the mechanism through which the HIV/AIDS Care and Support Program collaborates with partners, including governmental and nongovernmental organizations. The following MOUs have been processed and signed:

- World Food Program. The HIV/AIDS Care and Support Program and WFP have signed an MOU whereby the HIV/AIDS Care and Support Program health network will link with WFP to distribute food for the needy individuals and families.
- William J. Clinton Foundation. A draft MOU with the Clinton Foundation for collaboration in the Amhara Region has been reviewed and is being finalized. It will be sent to USAID for review and comment.
- The regions and Addis Ababa City Administration. MOUs have been drafted and are being finalized.
- Ethiopian Management Institute. The HIV/AIDS Care and Support Program has finalized a draft MOU with the Ethiopian Management Institute to assist the program with the scaling up of leadership training to the regions and is awaiting concurrence from its management.

3.1.4.2 Other activities under the contracts unit

During the quarter, the contracts unit—

- Assisted in the finalization of the USAID request for a realigned budget
- Worked with the HIV/AIDS Care and Support Program human resources on requests for salary approvals for several program staff members
- Developed a new system to track all HIV/AIDS Care and Support Program costs incurred against the budget
- Opened several new accounting codes to ensure proper assignment of costs

- Developed a system to ensure proper coding of all the HIV/AIDS Care and Support Program costs
- Assisted in preparation of quarterly financial reports to USAID
- Developed a system to track aged (i.e., more than 60 days) advances to staff
- Resolved several value-added tax issues with USAID

3.1.5 Implementation of the FFSDP Tool

During this quarter, the FFSDP team—

- Participated in the National Comprehensive HIV/AIDS Services Quality TWG meetings and a steering committee that is engaged with FHAPCO in the preparation of national quality assessment protocol, tool, and indicators
- Participated in a meeting organized by FHAPCO to finalize the development of data collection tools for the upcoming quality assessment and specifically prepared a client exit interview and an observation checklist for health workers
- Developed an FFSDP brochure that depicts what FFSDP is, how it works, and its objectives
- Prepared an FFSDP field test result summary report and finalized the abstract
- Announced the recruitment of five regional FFSDP program officers
- Implementation of the baseline FFSDP will occur in all 270 ART HCs not covered in the field test during the 4th quarter and will be complete by June. Follow-up on the gap analysis and work plans developed will be a major quality assurance activity during the PY 3.

3.1.6 Management and Leadership Training

This program was started during PY1 when workshops for facilitators and stakeholders were conducted. Design for the implementation of LDP in one of the regions in Ethiopia was finalized. Unfortunately, the whole exercise did not advance as desired.

In February 2009, an assessment trip was conducted by Sylvia Vriesendorp and Liz Dancan. The short-term technical assistants together with health systems strengthening team designed a proposal to reactivate LDP in Ethiopia. This time, two regions (Oromia and Amhara) were selected based on HIV & AIDS prevalence rates and population sizes. Within each region, five specific zones were selected:

- Oromia Region: East Shoa, West Shoa, South-East Shoa, West Arsi, and North Shoa zones

- Amhara Region: South Wollo, North Wollo, West Gojam, South Gondar, and North Gondar zones

All necessary activities are being implemented to be able to start the program early next quarter.

3.1.7 Strengthening Laboratory Services in Targeted HCs Providing HIV & AIDS–Related Services

The recruitment process of five regional laboratory service program officers was initiated. The team has participated in the following laboratory related workshops:

- The Ethiopian Health and Nutrition Research Institute (EHNRI) – Tuberculosis Control Assistance Program joint 2009 work plan as well as orientation on the program in a workshop held in Debrezeit
- A one-day workshop on sensitization of integrated national laboratory and antiretroviral (ARV) medicines logistics system for HIV & AIDS prevention, treatment, and support programs, jointly organized by SCMS and EHNRI
- A workshop held at Adama March 13–15, 2009, on the finalization of documents prepared for TB microscopy training guidelines, TB external quality assessment, and laboratory safety manuals.

Second-round comprehensive laboratory service and DBS sample collection and transportation training was given in Amhara and Tigray regions for ART HCs. Accordingly, a total of 105 technicians and technologists were trained (Amhara = 81, Tigray = 24) during the current reporting period. The training areas include HIV, TB, malaria, DBS specimen collection and transportation, infection prevention, inventory control, and professional ethics. Trainees' theoretical and practical skills were assessed at the beginning as well as at the end of the training. During the training time, more attention was given to practical parts to improve the basic practical skills of the laboratory personnel. (Although training on comprehensive laboratory service and DBS sample collection and transportation program was repeatedly scheduled for SNNPR, the program did not take place because of unforeseen circumstances on the part of the RHB.)

The draft standard operating procedures for rapid HIV testing were submitted to the responsible department in EHNRI for approval, and the HIV/AIDS Care and Support Program is awaiting the approval.

As a stopgap measure, the HIV/AIDS Care and Support Program had planned to purchase basic laboratory items to ensure regular laboratory service at the facilities. As a result, a list of laboratory supplies that are usually missing and affecting the service quality was prepared and forwarded for procurement. The delay in giving the go-ahead for the procurement has been long, however. During this quarter, the program of procurement has taken shape and already price analysis on items to be procured was finalized and a result submitted.

One MSH management team (HIV/AIDS Care and Support Program, SPS, and SCMS) established a Laboratory Supply TWG in July 2008 to look into the issues of laboratory supply to health facilities. The Laboratory Supply TWG has developed short-term and long-term plans. Based on the work plan, it has been holding regular meetings during the quarter to address a number of important activities. One of the outstanding activities was the procurement of laboratory supplies for HCs providing ART services. This quarter, all necessary procurement procedures have been completed and the go-ahead for the delivery of supplies was made.

3.1.8 Strengthening the Logistics System

To assess the status of inventory control systems at HCs, an inventory control assessment tool was developed and applied. During this quarter, assessment and supportive supervision were conducted in 11 HCs in Addis Ababa. The purpose of the assessment is to identify gaps and give feedback to SCMS and SPS for action and improve implementation of the existing inventory control system. During the supervision of the 11 sites, the following strengths were identified and it is perceived that these strengths were results of the training given on the logistics management information system (LMIS) in October 2008.

- The supply of ARV medicines is totally by pull system (i.e., the sites are provided with the medicines based on their request). As a result, no stock-outs or emergency orders of ARV medicines occurred.
- The reporting and ordering practices are good, and the sites are supplied with ARV medicines in three days on average.
- The inventory system of ARV medicines is also good.
- A physical count of ARV medicines is done bimonthly.
- Stock cards, bin cards, or both are used to track ARV medicine commodities.
- The first expiry, first out technique is used.
- Most HCs have good storage and dispensing areas for ARV medicines.

The following challenges are also identified in the HCs:

- Overstocks ARV medicines, which were supplied before the LMIS training, were found.
- A few HCs have a shortage of LMIS-trained staff since trained personnel have already left the HC.
- Not all the staffs of all HCs received formal training on the topics of inventory management and standard storage practice of commodities.
- A few HCs have inadequate areas for storing ARV and OI medicines.
- OI medicines, which are rationed by health bureaus, are in short supply.

- Staff motivation and knowledge are lacking in some HCs.
- A few HCs do not have a functioning refrigerator.

Findings of the assessment were discussed with SCMS and SPS, and the following actions were taken:

- On-the-job technical support was provided for the staffs of the HCs (supportive supervision).
- SCMS redistributed the overstocked ARV medicines.
- OI medicines are being distributed on the basis of the request of the sites by SCMS.
- On-the-job trainings are planned by SCMS.

The following action points were agreed upon as the way forward:

- Redistribution of overstocked items should be continued.
- On-the-job training to refresh staffs should be started.
- Training on inventory control management and standard storage practice should be provided.
- The assessment and supportive supervision in the other project areas should be continued.

3.1.9 Sustainability and Exit Plan

Sustainability and phasing out plan has been prepared and reported both in the second quarter and semiannual reports. The importance of the plan has been amplified by USAID during the 2009 semiannual review meeting. The plan will be discussed further and enriched in the next quarter, and delivered for review by the end of PY 2.

3.2 Mainstreaming Gender into All HIV/AIDS Care and Support Program Activities and Strengthening NGO Capacity

Given the importance of mainstreaming a gender focus into all HIV/AIDS Care and Support Program activities and the need to build the capacity of NGOs that will be involved in the PBF process, this unit was created. Gender is being mainstreamed into all program-supported trainings and into the harmonization of HIV/AIDS Care and Support Program and woreda HIV & AIDS prevention, treatment, and care and support plans. To support program strategies related to women's and children's health, the gender and NGO capacity-building unit has collaborated closely with the contracts unit of the program to develop a request for proposal and to award subcontracts to NGOs doing gender work.

During the previous reporting period, the HIV/AIDS Care and Support Program negotiated SOWs and budgets with IMPACT, the National Network of Positive Women, and the Relief

Society of Tigray. Pre-award audit of all the organizations except IMPACT has been conducted. Recommendations of the audit are being implemented by the NGOs. The HIV/AIDS Care and Support Program has submitted all relevant documents for USAID concurrence, but this process was pending awaiting the approval of the work plan and budget by USAID. The HIV/AIDS Care and Support Program started the process of awarding the PBF contracts, and implementation of agreed-upon activities toward the end of the current reporting period. In addition, HAPSCO, previously funded by FHI, will now receive funding from the HIV/AIDS Care and Support Program to continue its activities in Addis Ababa.

DOHE and EIFDDA have also submitted their work plans and budgets, which have been approved. A pre-award audit has been conducted, and DOHE has finalized work on the recommendations made. This process has been closely monitored with the contracts unit of the HIV/AIDS Care and Support Program. The program has held discussions with SCMS for procurement of HBC kits, which will be distributed to DOHE, as well as with the NGOs that will receive PBCs. The HIV/AIDS Care and Support Program contracts team has provided training to EIFDDA and DOHE to comply with USAID contract regulations. Onsite technical assistance will be provided to DOHE as it implements its activities. Significantly, through the HIV/AIDS Care and Support Program's work with NGOs, capacity-building is already ongoing, which will help support the sustainability of program areas. EIFDDA has developed a scope of work with the program to train religious leaders and integrate gender as part of their agenda. During this exercise, the program's capacity-building team has provided extensive technical assistance to the organizations in preparing their SOWs, work plans, and budgets.

3.3 Strategic Information and Quality Management

During the current reporting period, the HIV/AIDS Care and Support Program PY2 work plan realignment process was completed, the emphasis of which was on some technical areas such as PMTCT, TB/HIV collaborative activities, and pediatrics care and treatment. The realigned PMP, which is the basis for the M&E of program activities, was also developed and submitted to USAID for approval. The submitted work plan and budget is expected to be approved by USAID early next quarter.

Facility- and regional-level reporting forms that can capture HIV/AIDS Care and Support Program and PEPFAR data requirements have been developed, pilot-tested, finalized, and implemented in all regions and health facilities supported by the program. Refresher training was given for clinical mentors and regional M&E advisors. During the training, best practices were shared, and based on experiences gained and recommendation given from participants, the reporting formats are under constant revision until optimal reporting formats could be developed. Training information management system forms are regularly sent to JHPIEGO to be entered into PEPFAR's database. Data entry into the HIV/AIDS Care and Support Program training and PMP databases has been interrupted because of HMIS manager's resignation.

The HIV/AIDS Care and Support Program is supporting HCs, woreda health offices, and RHBs in implementing the national HMIS through distributing registers and reporting forms to ensure the availability the tools at all times. The program reprints and distributes HMIS tools at times of shortages to ensure continuous availability of the tools. During this reporting period, a cohort analysis wall chart was adapted, printed, and distributed to ART HCs, and its application was

emphasized during the refresher training on clinical mentorship. A plan is also in place to support the training of HMIS officers at non-ART HCs that are supported by the program. The HIV/AIDS Care and Support Program is coordinating and conducting joint supportive supervisions to support the implementation of the “Three Ones.” The program’s regional M&E advisors continued supporting RHB, woreda health office, and HC staff in using data for decision-making. Data clerk coordinators, together with the regional M&E advisors, clinical mentors, and RHAs closely coach and supervise data clerks to strengthen facility-level HMIS and to promote a culture of evidence-based decision-making.

Refresher training for existing data clerks has been conducted in Addis Ababa, SNNPR and Oromia, and it will continue in Amhara and Tigray. Basic training of new data clerks for the new expansion ART HCs is well under way, and so far 43 data clerks have been trained and deployed to ART HCs during this reporting period, making a cumulative total of 260 data clerks trained and deployed. The plan is set to finish the training of all data clerks by the middle of the next quarter.

The HIV/AIDS Care and Support Program participates in the PEPFAR Strategic Information TWG regularly. The team successfully prepared and submitted the HIV/AIDS Care and Support Program semiannual and PEPFAR 2009 first quarter reports and provided success stories during the reporting period. The PMP has been updated and submitted to USAID, together with the program’s semiannual report.

4. Challenges

The challenge of recruiting and retaining qualified technical staff, especially specialized medical staff such as pediatricians and other medical doctors, to carry out mentoring continued. The market for trained technical staff is highly competitive. We find that after we have trained our new hires, they become much more valuable to the market and are therefore able to attract significant salary increases elsewhere. Our contract does not allow us to be flexible to adjust the salaries as required to meet the demands of the labor market.

The following is summary of challenges faced by the HIV/AIDS Care and Support Program:

1. **High staff turnover.** The primary reason, out of many, for the turnover is the noncompetitive salary scale compared with that of other partners. Those higher paying employers are attracting experienced personnel from the HIV/AIDS Care and Support Program.
Measures taken: A salary scale was developed and approved in modification 5. This will address most of the salary issues but not the clinical mentors. MSH is currently negotiating modification 6 with USAID which will include an 18% retention allowance. We hope that this allowance will support retention of all qualified staff.
2. **Understaffing.** The regional offices are still understaffed and could not provide the required support to the level needed for the rapid expansion of services.
Measures taken: We believe that after approval of realigned work plan and budget, recruitment and deployment of proposed staff on the realigned work plan will solve this

problem. With the approval of modification 5, new regional positions have been approved and are currently being recruited and hired.

3. ***Mentorship quality.*** This challenge is major because of the large number of facilities to be mentored by each mentor, aggravated by the high turnover rate for mentors. The standards of care tool that was developed by the HIV/AIDS Care and Support Program to measure service quality, has been slow in implementation for the same reason.
Measures taken: We believe that after approval of the realigned work plan and budget, recruitment and deployment of proposed staff on the realigned work plan will solve this problem. Refresher training that emphasizes pediatric HIV care and treatment and other core competencies should be provided for clinical mentors. A total of 47 mentors will be available for the rest of the project (32 level II and 17 level I).
4. ***Approval delays.*** Delays in the approval of the work plan and budget meant that the program was unable to bring the required staff on board; some activities, such as support to the NGOs, have not been started or budgeted as originally indicated in our work plan.
Measures taken: We believe that this problem will be solved with the approval of the realigned work plan and budget approval.
5. ***Salary disparities.*** The difference between annual salary increases and cost-of-living increases has created resentment among MSH staff, and experienced personnel are resigning as a consequence.
Measures taken: Discussion has been ongoing among MSH top management, and we expect that some practical measures will be taken to solve the problem in the near future (see above discussion).
6. ***Budget gaps.*** In general, the project was under-budgeted, with the result that some activities are compromised.
Measures taken: Realignment of the work plan is completed, and modification 5 has increased the HCSP ceiling by \$11M, thus providing the necessary funds for full implementation.

Annexes

Annex 1. Updated Performance Monitoring Plan, PY2 Third Quarter (March 31, 2009)

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