Trip Report: Scott Kellerman

Ethiopia HIV/AIDS Care and Support Project
November 9-20, 2009

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A. Scott Kellerman MD MPH November 9-20, 2009

Background: The HIV/AIDS Care and Support Program (HCSP) is a three-year PEPFAR/USAID funded program implemented by Management Sciences for Health (MSH) as the prime contractor. The program supports the Government of Ethiopia's (GOE) nationwide expansion of HIV/AIDS services by supporting 550 health centers to provide comprehensive HIV/AIDS services, of which 350 provide ART. The health centers are in the City of Addis Ababa and the four regions of Amhara; Tigray; the Southern Nations, Nationalities and People's Region (SNNR); and Oromia. The HCSP finished PY 2 at the end of June and a mid-term evaluation was completed in July-August, 2009. A draft report was circulated for review and comment. A PY2 annual review was held October 13, 2009, attended by FMOH personnel, USAID and representatives of partners. At issue, there are 2 follow on years for the project that MSH is obviously interested in being awarded. Following MSH COO Paul Auxilla's visit in October 2009, the team felt it was important that CHS personnel travel to Ethiopia to meet with USAID and project staff in order to assess USAID attitudes and expectations so that MSH would be best positioned to be awarded the follow on contract.

1) Objective: The primary objective of this STTA under 663-C-00-07-00408-00 HIV/AIDS Care & Support Program is to review project progress regarding prevention strategies and also overall project strategy. Therefore, the specific tasks will include the following:

- Review and strengthening of HCSP's prevention and PMTCT strategies and activities
- Review of the Mid-term evaluation observations and recommendations on prevention, with recommendations for strengthening of the prevention work plan
- Review of current pediatric HIV/AIDS strategies and recommendations for strengthening
- Follow-up and revisions of other project strategies in relation to USAID's external review recommendations and direct feedback from the USAID HIV team.

Activities Completed:

1. Document review prior to arrival—Annual Report, July 1, 2008-June 30, 2009; final PMP for PY 2; draft Mid-term Evaluation, July-Aug., 2009; draft HCSP Sustainability Plan.
2. Met with HCSP Senior Management Team and senior staff for debriefing shortly after arrival, then 2 more times at weekly intervals for continuing review of progress and mentoring/support. Individual meetings with HCSP staff throughout the duration of the visit.
3. Attended meeting at USAID with Diana Silimperi, chief CHS and Bud Crandall, COP to discuss USAID concerns re. HCSP performance to date and their expectations for the future on Wednesday November 11. Attended debriefing session with Diana Silimperi and Bud Crandall with USAID on Sunday November 15.
4. Worked with senior HCSP technical team members for prevention and pediatric/PMTCT activities to determine current efforts and next steps. Drafts of which are attached as Annex 1 (pediatric/PMTCT) and 2 (prevention).
5. Field visits to health centers in Addis Ababa and Oromoia. Met with clinic staff and program staff including conversations with KOOWS, Mother Support staff, and others.
6. Meeting with Save the Children/US, IntraHealth USA, and HCSP senior staff to promote better coordination of technical and management activities for HCSP technical activities.

Conclusions/recommendations:

1. The HCSP has achieved its targets in 12 of 13 indicators and has completed a successful mid-term evaluation. However, USAID expects more to be done particularly in the area of QI, prevention and pediatrics, including full implementation of the family centered model at the health center and community level; expansion of PMTCT and pediatric HIV services.

2. For prevention activities, the following approaches are needed:

    a. Review curriculum of prevention messages provided by Case Managers (CM), KOOWS (particularly in the context of coffee ceremonies), mother support groups and others. Develop job aids to ensure consistency for messaging. Check OGAC guidance to ensure adherence to rules on interpersonal communications as a prevention target.

    b. Increase their use of the family matrix, focusing on encouraging HIV-positive adults to bring children for testing (current family matrix form complicated with sporadic implementation).

    c. Examine promotion of condoms and potentially adding lubricant; consider new approaches to distribution such as engaging KOOWS to distribute condoms/lubricant.

    d. Address possible misinformation that anal sex is safer than vaginal sex (information obtained from KOOWS conversations suggest this is the case).

    e. Assess if current outreach approach by KOOWS for rural areas is appropriately targeting MARPS.

    f. Consider targeting men who have sex with men (MSM) as this group is a particularly neglected high risk group in Ethiopia and is harmed by inaccurate or missing messaging particularly regarding anal sex. This would have to be a special initiative, probably secondary to core HCSP functions. Check out Engender Health and FHI (PSI?) as they have both worked on MSM issues in Ethiopia.

    g. Reconsideration of Prevention with positives approach. There are currently activities, but more could be done. Refer to OGAC guidelines.

    h. Consideration of creating operations research agenda. Numerous topics proposed, would need some focusing and STTA to implement.

3. PMTCT and Increase Case Finding for Children

    a. Proceed with plan to offer take home PMTCT prophylaxis at the 28th week and not the 32nd week as originally planned. Monitor success of take home prophylaxis program with regards to PMTCT uptake.

    b. Increase targeting of HIV-positive adults to bring children for testing (e.g. family matrix better operationalized)

c. Program needs to design a DBS transport system that is reliable and replicable.

d. Increase testing of mother infant pairs (currently only 6% of patients on ART are children).

e. Increase emphasis on OVC, look for ways to link with Save the Children's program, better use of family matrix and KOOWS (who know the orphans in their communities).

f. Recommend considering using repeating video clip at HC waiting areas, as with the South Africa example.

    i. Could reproduce or dub Amharic into the S.A. video.

    ii. Could pilot in 30 HCs, do a follow-up with ART patients on its effect.

    iii. Revised concept note and original script for video sent to pediatric team 12-7.