

PEPFAR Ethiopia In-Country Reporting System (IRS) FY 2011, Q1

Ethiopia HIV/AIDS Care and Support Project
October 1, 2010 – December 31, 2010

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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**PEPFAR Ethiopia In-Country Reporting System (IRS)
Reporting Template**

*Management Sciences for Health
HIV/AIDS Care and Support Program*

PROGRESS REPORT FOR

FY2011, Q1

OCT 2010 - DEC 2010

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LIST OF ACRONYMS (Please fill in acronyms used in this report)

AA	Addis Ababa
AB	Abstinence, be faithful
AFB	Acid fast bacilli
AIDS	Acquired immune deficiency syndrome
ANC	Ante-natal care
ANECCA	African Network for Care of Children Affected by HIV/AIDS
ARC	AIDS Resource Center
ART	Anti-retroviral therapy
ARV	Anti-retroviral
BCC	Behavior change communication
BCP	Basic care package
C&S	Care and support
CBO	Community-based organization
CCG	Community core group
CD4	Cluster of differentiation 4 (better known as T cell)
CME	Continuous medical education
CPT	Cotrimoxazole therapy
CTX	Cotrimoxazole
DBS	Dry blood sample
DHS	Demographic and health survey
DNA-PCR	Deoxyribose nucleic acid-polymorphous chain reaction
DOHE	Dawn of Hope Ethiopia
DOTS	Directly observed treatment short-course
DQA	Data quality assurance
DTS	Dried serum sample
EDHS	Ethiopian Demographic and Health Survey
EHNRI	Ethiopian Health and Nutrition Research Institute
EID	Early infant diagnosis
EIFDDA	Ethiopian Interfaith Forum for Development Dialogue and Action
EPI	Expanded program for immunization
EQA	External quality assurance
EQA	External quality assurance
ESR	Eritrocyte sedimentation rate
F	Female
FFC	Family focused care
FFSDP	Fully functional service delivery point
FHAPCO	Federal HIV/AIDS Prevention and Control Office
FHI	Family Health International
FMOH	Federal Ministry of Health
FP	Family planning
FY	Financial year
GOE	Government of Ethiopia
HAPCO	HIV/AIDS Prevention and Control Office
HAPSCO	HIV/AIDS Prevention, Care and Support Organization
HBC	Home-based care
HC	Health center
HCSP	HIV/AIDS Care and Support Program
HCT	HIV counseling and testing
HEI	HIV-exposed infants
HEW	Health extension worker
HgB	Hemoglobin
HIV	Human immune deficiency virus
HIV+	HIV positive
HMIS	Health management information system
IAS	International AIDS Society

IGA	Income generating activity
IP	Infection prevention
IPT	Isoniazid preventive therapy
JPM	Joint pediatrics mentorship
JSI	John Snow International
KOOW	Kebele-oriented outreach worker
L&D	Labor and delivery
LQAS	Lot quality assurance sampling
LTFU	Lost-to-follow-up
M	Male
M&E	Monitoring and evaluation
MDR	Multi-drug resistance
MDT	Multi-disciplinary team
MIS	Management information system
MNCH	Maternal, neonatal and child health
MOH	Ministry of Health
MOU	Memorandum of understanding
MSG	Mother support group
MSH	Management Sciences for Health
NGI	Next generation indicator
NGO	Non-governmental organization
NNPWE	National network of Positive Women Ethiopians
NVP	Nevirapine
OI	Opportunistic infection
OP	Other prevention
OPD	Out-patient department
OR	Operations research
OVC	Orphans and vulnerable children
PEP	Post-exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PFSA	Pharmaceuticals fund and supply agency
PITC	Provider initiated testing and counseling
PLHIV	People living with HIV
PMP	Performance monitoring plan
PSI	Population Services International
PwP	Prevention with positives
Q	Quarter
REQAS	Regional external quality assurance
REST	Relief Society of Tigray
RH	Reproductive health
RHB	Regional health bureau
RLTWG	Regional laboratory technical working group
RPR	Rapid plasma regain
SCMS	Supply chain management systems
SI	Strategic information
SNNPR	Southern Nations, Nationalities and People's Region
SOC	Standard of care
SOP	Standard operating procedure
SPM	Strategic plan management
SPS	Strengthening pharmaceutical systems
STD	Sexually transmitted disease
STTA	Short term technical assistance
T&C	Testing and counseling
TB	Tuberculosis
TB-CAP	Tuberculosis Control Assistance Program
TBL	Tuberculosis and leprosy
THPP	Targeted HIV Prevention Program
TOT	Training of trainers
TWG	Technical working group

USAID	United States Agency for International Development
VCAP	Voluntary community anti-AIDS promoters
VCT	Voluntary counseling and testing
WAD	World AIDS Day
WBC	White blood cells
WHO/AFRO	World Health Organization/ Africa Regional Office

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1. Reporting period

From 1 October 2010	To 31 December 2010
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2. Publications/reports

Did your organization support the production of publications, reports, guidelines or assessments during the reporting period?

No/Not Applicable

Yes If yes, please list below:

Publications/Reports/Assessments/Curriculum

Title	Author	Date
Libona	Dawn of Hope Ethiopia	Monthly issue
Yesetoch Dimtse	NNPWE	Monthly issue

If Yes, Please attach an electronic copy of each document as part of your submission.

3. Technical assistance

Did your organization utilize short-term technical assistance during the reporting period?

No/Not Applicable

Yes Please list below:

Consultants/TDYers

Name	Arrival	Departure	Organization	Type of Technical assistance provided
Fred Hartman	29 Sept '10	17 Oct '10	MSH	Technical Support by Country Team Leader

If Yes, Please attach an electronic copy of the TA report as part of your submission.

4. Travel and Visits

Did your organization support international travel during the reporting period?

No/Not Applicable

Yes Please list below:

International Travel (All international travel to conference, workshops, trainings, HQ or meetings).

Name	Destination	Departure from Ethiopia	Arrival	Host Organization	Purpose of the travel
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Have any Monitoring Visit/supervision been made to your program in during the reporting period?

Description of Monitoring team	Start date	End date	Sites visited	Written recommendations provided
Field visit by Dr. Zeke Emanuel, Senior Global Health Advisor to the White House	27 Oct '10	27 Oct '10	Modjo HC	No
USAID Ethiopia monitoring visit	27 Oct '10	27 Oct '10	Kasech HC	No
Inter-agency USG Technical Assistance Visit: HIV Testing and Couple Counseling Team	1 Nov '10	9 Nov '10	Bahir Dar HC	Yes
Inter-agency USG Technical Assistance Visit: Integration of PMTCT and FP with MNCH Services	1 Nov '10	10 Nov '10	Adama HC, Kersa HC, Hawassa HC, Haromaya HC, Saris HC	Yes

5. Activity

Program Area (Tick all which apply)	Activity ID	Activity Title (Please write the title of the activity)
<input checked="" type="checkbox"/> 01-PMTCT		
<input checked="" type="checkbox"/> 02-HVAB		
<input checked="" type="checkbox"/> 03-HVOP		
<input type="checkbox"/> 04-HMBL		
<input type="checkbox"/> 05-HMIN		
<input type="checkbox"/> 07-CIRC		
<input checked="" type="checkbox"/> 08-HBHC		
<input checked="" type="checkbox"/> 09-HTXS		
<input checked="" type="checkbox"/> 10-HVTB		
<input type="checkbox"/> 11-HKID		
<input checked="" type="checkbox"/> 12-HVCT		
<input checked="" type="checkbox"/> 13-PDTX		
<input checked="" type="checkbox"/> 14-PDCS		
<input type="checkbox"/> 15-HTXD		
<input checked="" type="checkbox"/> 16-HLAB		
<input checked="" type="checkbox"/> 17-HVSI		
<input checked="" type="checkbox"/> 18-OHSS		

01-PMTCT

Accomplishments and successes during reporting period with explanations for under and over achievements: Program area 01-PMTCT

The HCSP achieved the following results in the area of PMTCT as of Q1:

✓ **550 health centers (HCs) are providing PMTCT services (PI.3.D)**

Comment: During the first quarter of FY4, all 550 HCSP supported HCs continued to provide PMTCT services (i.e. 100% of the program’s target). These HC are implementing the national four pronged PMTCT strategy, including (1) static & outreach HIV testing and counseling services, including counseling on AB & OP methods, (2) prevention of unintended pregnancies in HIV positive women (3) prevention of HIV transmission from mother to child through provision of ARV (4) enrolling HIV positive mothers and families into comprehensive HIV care and support services including ART. At all HCs, HCSP emphasizes PMTCT as an integral part of ANC and therefore continues to strengthen not only PMTCT but the delivery of the essential and integrated ANC service package in the ANC clinic, L&D services, and HEI identification and treatment at the under 5 and ART clinics.

✓ **92,948 pregnant women were tested for HIV (PI.1.D)**

Comment: During the quarter 92,948 or 93% of pregnant women with unknown HIV status were tested for HIV, indicating that PITC remains successfully integrated into basic ANC and L&D services.

This continued success is due to HCSP’s promotion of PITC, its focus on the quality of counseling and to the fact that, HCSP along with the regional health offices at all levels, has been continuously involved to mobilize and create HIV/AIDS awareness among women to access the basic PMTCT/MNCH services. Through the HCSP community based prevention and care support activities delivered by KOOWS, involvement of HEWs and CBOs, as well as community volunteers, mobilizing pregnant women are mobilized to utilize available health services.

The current quarter’s data account for 59% of HCSP’s FY11 target. If this ANC client load continues, HCSP will exceed its FY11 target by the end of the program in June 2011.

✓ **1,556 (1.7%) of newly tested pregnant women were HIV positive and an additional 736 were known HIV-positive upon entry at ANC, bringing the total number of HIV positive women seen during the reporting quarter to 2,296. (PI.1D - from ANC and L&D)**

Comment: The overall HIV prevalence among pregnant women this quarter was 2.5%. This figure is stable compared to FY10 and comparable to the national HIV prevalence of 2.3% for the general population (Single point HIV prevalence estimates, MOH, June 2007). However, the prevalence among newly tested pregnant women declined from 2.0% in FY10 to 1.7% in Q1 of FY11 (see Table 1).

Table 1: HIV prevalence among newly tested pregnant women and all pregnant women, and among all HIV positives, the proportion of pregnant women with known HIV status at entry in ANC or L&D

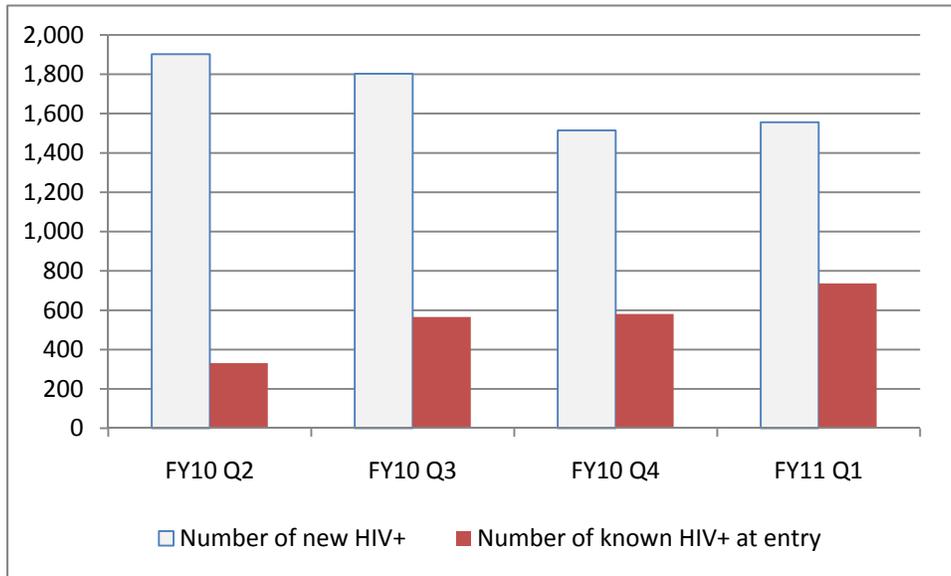
Among pregnant women:	FY10				FY11
	Q1	Q2	Q3	Q4	Q1
HIV prevalence among newly tested	2.4%	2.2%	2.0%	1.7%	1.7%
HIV prevalence among all	2.4%	2.5%	2.6%	2.4%	2.5%
Among HIV positives, % known at entry	No data	15%	24%	28%	32%

This finding is consistent with a continued rise observed in the number and proportion of pregnant women with a known HIV positive status at entry (Figure 1). The big increase in known HIV+ PW may, in part, be related to successes HIV testing, in keeping HIV positive women in the health system when they get pregnant, and to improved knowledge that HIV+ women can have healthy, HIV- babies so that more HIV+ women decide to become pregnant. Another possibility is

that more pregnant women disclose their HIV+ status and therefore are not tested again, as may have been the case before. It is also possible that as the program reaches more HIV+ patients over time, more HIV+ women relative to HIV- women are coming into HC for ANC or to deliver.

There is the possibility that the increase in known HIV+ PW may indicate an unmet need for FP among HIV+ women, or as some anecdotal reports suggest, that an increasing number of HIV positive women are intentionally getting pregnant in order to obtain food that is distributed free of charge to pregnant HIV positive women. HCSP has begun a rapid assessment of this situation and expects to have preliminary results during the next reporting period.

Figure 1: Number of HIV positive pregnant women seen at HCSP supported HC, by quarter, January – December 2010



✓ **946 HIV-positive pregnant women received ARV for PMTCT (PI.2.D)**

110 received a single dose nevirapine prophylaxis
 657 received two or three ARVs
 179 received ART at the ART clinic

Comment: The number of pregnant women who were given ARV for PMTCT during this quarter is 38% of the HCSP FY11 target. While HCSP is thus somewhat on track to achieve its target, the number of HIV positive pregnant women taking ARV for PMTCT continues to be low and only 41% of the number of all HIV positive pregnant mothers seen during the reporting period. To understand the reasons for this low ARV uptake, HCSP conducted a review of data on the follow up of HIV+ PW and their outcomes of care at a sub-set of 23 HCs and is currently analyzing the data. HCSP also conducted supportive supervision at 16 HCs in Amhara using LQAS to assess the standard of care (SOC). At the 16 HCs, the ARV uptake rate was 63% among eligible ANC clients and 84% among women seen at labor and delivery.

✓ **793 (51%) of newly tested HIV-positive pregnant women were assessed for ART eligibility at HCSP supported HCs (PI.4.D - data source: ART clinic)**

Comment: Our data indicates that the proportion of newly tested HIV-positive pregnant women assessed for ART eligibility remains low (51%) despite an increased emphasis on follow-up of all HIV + pregnant women both in the HC and in the community level. HCSP is currently verifying the data validity and reasons for this apparent low linkage to the ART clinic.

✓ **793 HIV+ pregnant women were newly enrolled into HIV/AIDS care and support in HCSP supported HCs (PI.5.D - data source: ART clinic)**

Comment: To fully understand the causes of the low enrollment rates and thus introduce

interventions to address the problem, HCSP completed data collection and verification of follow-up status of HIV+ PW at 23 HCs during the last quarter of FY10. Preliminary results will be ready during the next quarter.

Additional achievements:

- ✓ HCSP adapted the SOC tool to include an assessment of the quality of PMTCT/MNCH services. The new SOC was used at 16 selected health centers in Amhara region by the HCSP clinical team for assessment of the quality of services. The results of this assessment were shared with the respective health workers and health decision makers during debriefing at the end of the assessments.
- ✓ During the reporting period, HCSP professional staff continued to participate in regional and national TWGs, PMTCT trainings and review and update of training packages--as a part of continuous technical support to improve national PMTCT services.
- ✓ HCSP has finalized data collection on PMTCT. The data analysis and verification focused on the reasons for low ARV uptake and low ART enrollment figures in services for HIV+ PW. Data analysis is currently under way and the results will be reported next quarter.

02- HVAB (HIV prevention through abstinence and be faithful)

Accomplishments and successes during reporting period with explanations for under and over achievements: Program area 2-HVAB (Sexual Prevention: AB)

During Q1, HCSP achieved the following results in the area of AB prevention:

- ✓ **67,784 individuals reached through community outreach that promotes AB messages using NGI modalities (P8.2D)**

Comment: HCSP continued using and strengthening the use of supportive tools developed in FY10 such as the NGI reference manual, job aids intended for messaging and reporting formats for use during one to one discussion session through provision of a minimum package of intervention messages during house to house visits.

Through the concerted effort of the community mobilizers (CM), KOOWs, CCGs and NGO community outreach workers, a total of 67,784 individuals were reached with AB messages during house to house visits. All individuals reported to have been reached and counted with AB messages were addressed in accordance with NGI modalities of implementation.

- ✓ **Customization and distribution of 161,771 copies of BCC materials and job aids on AB messaging**

Comment: A key support to the facility and community level messaging intervention is the delivery and appropriate use of key AB messages. To support this effort, brochures, posters and job aids produced by the program and others collected from FMOH/HAPCO were distributed to clients and beneficiaries.

This quarter, **161,771 copies of 5 kinds** of BCC materials that included AB messaging produced by the program were distributed for use by HC providers, clients, and community outreach workers. Specifically:

- 2,000 copies of NGI training manuals produced and distributed for use by KOOWs and other volunteers
- 4,000 copies of NGI job aids produced and distributed to KOOWs
- 155,771 copies of brochures and job aids

Additional achievements:

- ✓ **Collaboration on World AIDS Day 2010 Commemoration**

Comment: Every year on December 1, World AIDS Day (WAD) is commemorated with different events and activities under a given theme from UNAIDS. This year's theme, a repeat of last year was "Universal Access and Human Rights" and was celebrated at national and regional levels in Ethiopia, with the major national event in Axum, Tigray region. Also this year, HCSP central and regional teams collaborated with FHAPCO to celebrate the World AIDS Day.



Figure 2: Mock Coffee Ceremony by Community Mobilizers and KOOWs World AIDS Day, 2010, Axum, Ethiopia

The national level WAD 2010 was colorfully celebrated on December 1, 2010 with different events and activities in the historic city of Axum where HCSP actively participated in the events. Similar events took place in the regions where HCSP operated including Addis Ababa.

HCSP was formally requested by FHAPCO to collaborate and support this year's event as it has done in the previous three years. In response, HCSP agreed to collaborate during the event and support activities relevant to its mandate at central and regional levels. At national level, HCSP worked as an active member of the national coordinating committee chaired by the director general and also participated as a member of the logistics and resource mobilization task force. In the regions where HCSP operates, the regional HCSP offices actively participated by providing technical and financial support.

The national level event was commemorated in the presence of President Girma Woldegiorgis and Ato Abay Woldu, President of the Regional State of Tigray

The president, in his key note address, reiterated the government's continued commitment to ensure all citizens have access and equal opportunity to information and services. He acknowledged and commended the role of partners as pivotal and urged them to continue supporting the government efforts. The remarks made by the president, the regional president, and other speakers during the occasion focused on the following points:

- The continued attention for universal access to treatment, prevention and care & support
- The need to focus on community intervention by involving HEWs
- Prevention of Mother to Child Transmission (PMTCT)
- The importance of giving priority to Prevention with Positives (PwP)

The deputy chief of party of HCSP, together with the team leader for prevention and regional health advisor, participated during the whole event.



Figure 3: Delegation at World AIDS Day2010, Axum, Ethiopia

Specific HCSP support provided and level of involvement at national and regional included:

- Central and regional HCSP staff worked actively as technical working group members with HAPCO at all levels
 - Support to the production cost of 160,525 copies of a brochure
 - Support to the production cost of 30,000 copies of a poster on PMTCT, 14,000 copies of a poster on discordance and 5,000 copies of a poster on OVC
 - Support to the production cost of 86 banners, which were displayed with HCSP branding on main streets, exhibition halls and the main arena
 - Organized coffee ceremony to demonstrate one of HCSP's strategy to reach and capture individuals in accordance with the NGI guidelines and procedures
 - Support to the production cost of 77,380 T-shirts and caps
 - Support to the production cost of 10,000 ribbons
- ✓ **An estimated 500,000 individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change abstinence and/or being faithful messaging**

Comment: The venue and timing of the World AIDS Day was a good opportunity to reach a large population as the day was also the Annual St. Mary Tsion religious festival in which an estimated 500,000 pilgrims were in Axum and reached with appropriate messages. The event was colorfully celebrated and HCSP was actively involved both at central and regional levels. HCSP involvement and support was highly visible throughout the day in Axum.

Working together with the care & support and gender teams and in partnership with HAPCO at all levels, sensitization and mobilization activities were conducted for pilgrims in Axum during the occasion of the World AIDS Day 2010 commemoration. Similar activities also took place in the other four regions of Amhara, Addis Ababa, Oromiya and SNNPR at candle light vigilance, entertainment, exhibition shows, religious ceremonies and other events.

For these events, the target audience was sensitized by the community mobilizers, KOOWs, HEWs, religious leaders and other community outreach volunteers. The emphasis for these public meetings, home to home visits, religious events and other occasions was on AB.

The people reached and reported at this event were counted against the existing contract indicators under result four, i.e. “number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (OP)”. This is different from the NCI guidelines and indicators.

03- HVOP (HIV prevention through other prevention)

Accomplishments and successes during reporting period with explanations for under and over achievements: Program area 3-HVOP (Sexual Prevention: OP)

During this quarter , HCSP achieved the following results in the area of sexual prevention:

✓ **167 persons were provided with post exposure prophylaxis (PEP) (P6.I.D)**

- 90 were for occupational exposure
- 77 were non-occupational exposure

Comment: The current achievement for the number of people provided with PEP is 67% of HCSP's FY11 target. Improved data recording has almost certainly contributed to the high achievement. In FY2010, HCSP prepared and distributed a log book that enables HCs to register PEP beneficiaries and also put in place a HCSP developed job-aid for PEP. These tools have enabled HCs to report more complete data on PEP.

✓ **278,990 individuals were reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (P8.ID)**

Comment: Like with AB the prevention component worked in partnership with the program care & support and gender teams and other program components to sensitize and mobilize communities and their members on HIV prevention OP messaging. The OP intervention strategy is implemented by the KOOWs, community mobilizers and other community outreach workers through coffee ceremonies and house to house visits.

OP activities were operationalized and implemented in accordance with the PEPFAR Next Generation Indicators. To achieve the desired results, implementation tools, such as a reference manual, and job aids intended for messaging and reporting formats, were provided for use during one to one discussion sessions for provision of the minimum package of intervention messages during house to house visits

Through the program's trained and deployed community mobilizers (CM), KOOWs, CCGs and NGO community outreach workers, a total of 278,990 (M 125,479 F 153,511) individuals were reached with OP messages during the quarter through house to house visits and coffee ceremonies.

A major focus of attention this quarter was on sustaining the NGI intervention modalities using the KOOWs, CM, woreda health offices, HEWs and other community outreach workers. Each trained individual was supplied with a reference manual, job aid for messaging and reporting formats developed to help them organize and conduct one to one discussion sessions through provision of the minimum package of intervention messages in four consecutive sessions during house to house visits, and coffee ceremony and other small group sessions in compliance with the new guideline and implementation procedures.

✓ **84,378 people living with HIV/AIDS were reached with a minimum package of prevention with PLHIV (PwP) interventions during this quarter (P7.I.D)**

Comment: Prevention with positives (PwP) is a key prevention strategy given due attention and focus for people living with HIV/AIDS. The approach is believed to play a critical role in reducing HIV transmission to partners and children by improving the health and quality of life of HIV positive persons.

HCSP's PwP intervention strategy as indicated by the NGI guideline and implementation procedures involves house to house visits and/or organized small group sessions using individual and/or small group intervention messaging packages. Using the discussion guides and job aids developed for this purpose at facility and community levels, PLHIV were mobilized and reached with PwP messages.

A total of 84,378 individuals were reached with PwP messages by the KOOWs, community mobilizers, case managers and other community outreach workers.

In addition, HCSP also supported the production of 160,000 flyers and 70 banners on universal access and ART adherence in the five regions where HCSP operates.

✓ **Customization and distribution of 319,991 copies of BCC materials and job aids on OP messaging**

Comment: A key support to the facility and community level messaging intervention is the delivery and appropriate use of pamphlets, brochures, posters, job aids and other materials produced by the program or collected from FMOH/HAPCO for distribution to clients and beneficiaries.

During the quarter, **319,991 copies of 10 kinds** of BCC and other promotional materials, including OP messaging produced by the program, were distributed for use by HC service providers, clients and program deployed community outreach workers. Specifically, the following promotional materials were produced and distributed:

- 160,525 copies of brochures
- 30,000 copies of a poster on PMTCT
- 14,000 copies of a poster on discordance
- 5,000 copies of a poster on OVC
- 4,500 copies of a poster on national discordant couples
- 500 copies of poster on standard operating procedures for case manger
- 18,000 copies of a NGI manual and job aids
- 87,466 copies of promotional T-shirts and caps with HCSP brandings and messages

✓ **15,000 copies of the Libona newspaper were distributed**

Comment: Libona newspaper was distributed to all program sites through the regional HCSP offices. This monthly newspaper is produced by Dawn of Hope Ethiopia (DOHE) to sensitize and mobilize the general public and PLHIV clients on HIV/AIDS prevention, care and treatment interventions. HCSP supported the monthly publication of 5,000 copies, which are distributed to HCSP supported HCs for use by the health providers and community outreach workers.

The Voice of Women newsletter, which used to be produced and distributed by NNPWE, is now given a separate column within the Libona newspaper and is thus produced and distributed together. This is due to budget constraint and adjustment made between HCSP and the two organizations (DOHE and NNPWE).

Additional achievements:

✓ **Condoms were generally available at all 550 HCSP supported HCs**

Comment: Condoms were generally available in HCSP supported HCs through HCSP's continued collaboration with PSI-Ethiopia implemented USAID Targeted HIV Prevention Program (THPP) and respective regional health bureaus (RHBS). As stipulated in the MOU with PSI, HCSP continued to ensure that condoms were available in all HCs. In addition to the facility level distribution of condoms, KOOWs and other community outreach workers were actively involved in the distribution to the community at large collaborating with woreda HAPCOs and PLHIV associations.

✓ **Supportive supervision**

Comment: As with AB, during the quarter integrated supportive supervision was undertaken by the care & support team to the project regions. The regional and central supervision was conducted in a structured manner using the prevention and care & support mentorship checklist developed by the program. The purpose of the supportive supervision was to:

- Render technical support
- Oversee and support NGI implementation and cascading activities
- Provision of job aids, BCC materials and formats and assist for proper application
- Test the prevention and care & support mentorship checklist developed by the center

Thus during the quarter, each regional BCC coordinator undertook regional supervision visits to supported HCs in coordination with the care & support coordinator in all regions.

✓ **Participation in TWG on IP/PS and other activities**

Comment: To ensure harmonization and integration with the health delivery system, HCSP's prevention component continues to be actively involved in the Technical Working Group (TWG) on Infection Prevention and Patient Safety, chaired by the medical services directorate of the FMOH. HCSP continued to be actively involved as a technical TWG member to develop IP/PS training packages, modules and a reference manual. This was all finalized during the past quarter and is now in the process of being printed. This document, upon endorsement by the FMOH, will function as a standard training document for use by all government and non-government organizations.

In collaboration with C-Change Ethiopia, the HCSP prevention component participated in message development and harmonization.

08-HBHC (Home based HIV care and support)

Accomplishments and successes during reporting period with explanations for under and over achievements: Program area 8-HBHC (Care: Adult Care and Support)

The HIV/AIDS Care and Support Program (HCSP) has achieved the following results in the area of home based HIV care and support as of Q1:

Palliative care (community based)

- ✓ **236,247 eligible adults and children provided with a minimum of one care service (C.I.I.D)**
Comment: The number of infected/affected individuals who received a minimum of one care service through home visits by KOOWS in Q1 represents 62% of the FY11 target of 381,000. Over half (59%) were women and 53% were younger than 18 years of age. This distribution reflects HCSP's gender-sensitive, family focused approach as well as the fact that more women are infected and affected by HIV than men.

Community care and support

During Q1, community outreach activities, led by KOOWs, continued and included the involvement of PLHIV associations, CCGs and HEWs. In total, 442,681 people were reached with community outreach services. KOOWs conducted community outreach activities that focused on, among other things, stigma reduction, the value of disclosure, access to services identified through resource mapping as well as preventive activities. The total figure includes those who have received OP/AB messages, C&S services, and PwP interventions.

- ✓ **Coffee ceremonies** continued to be used as the primary vehicle for reaching community members in group settings to promote prevention and testing, address stigma and discrimination and promote available HC services. KOOWs, through coffee ceremonies, reached the targeted population with small group (25 persons or less) level interventions that meet the minimum standard of four sessions. Job aids developed by the program to guide these sessions were the main reference material. A total of 102,750 individuals were reached through coffee ceremonies in this quarter. As the KOOWs become accustomed to the NCI implementation modalities, the program is realizing an increase in the number reached through coffee ceremonies. The CCGs and kebele HIV desk officers/HEWs are assisting the KOOWs in mobilizing the community for attending the 4 sessions required before individuals are counted as reached.
- ✓ **Home visits** continued to be the primary vehicle for identifying and providing palliative care to high-need infected and affected individuals and families, including TB patients. KOOWs typically carry out ongoing home visits to a minimum of 20 households. The households are identified through a variety of sources including referrals from the HC case managers, community members of the CCGs and local PLHIV associations. As KOOWs are typically themselves HIV-positive, they also identify households through their own HIV-positive networks. Coffee ceremonies also provide referrals, as people often come up after the ceremonies and ask for assistance. In this quarter, the KOOWs reached the target population with individual and family level interventions that meet the minimum standards of 4 consecutive visits. During the home visits, KOOWs assessed care and support needs and provided services according to their age groups. In Q1, 236,247 infected and affected individuals received at least one palliative care service through KOOWs.
- ✓ **Regular meetings between KOOWs and HC/woredas.** The KOOWs' most regular formal meeting is the monthly woreda level meeting, typically held at the HC. In actual practice, KOOWs often visit HCs on a daily or weekly basis. These informal linkages are essential, for example in reducing LTFU patients. In the reporting period, the monthly meeting continued in the 191 health centers with KOOWs, which were visited by the program staff during quarterly supportive supervision. To review progress and refocus care and support activities at the community level, woreda and level review meetings were conducted for all

191 health center catchments with KOOWs. These review meetings include challenges that case managers, KOOWs and CCGs face in their endeavors to support PLHIV in their areas. Typically, the review meetings are chaired by woreda HAPCO officers, who continue to show commitment to the program by mobilizing resources in support of KOOWs and facilitating their access to government resources.

- ✓ **41,810 individuals were referred from community to HC by KOOWs** (a non-NGI contract indicator from Result 3)
- ✓ **1,682 individuals were referred by HCs to the community** (a non-NGI contract indicator from Result 3)
- ✓ **14,191 individuals were referred for food support from the community**
- ✓ **5,967 individuals were referred to or assisted to engage in IGA activities**
- ✓ **629 TB and 1,884 ART patients brought back to HCs for treatment**

Comment: The work by KOOWs in both tracing lost patients and adherence counseling is a key feature of maintaining HCSP's relatively low lost-to-follow-up (LTFU) rates (see Table 2 below). While relatively low compared to reported national levels between 23% and 28%, the LTFU rate has gradually increased to comparable levels of Q1 in FY10.

Table 2: Number of HIV+ patients referred from the community to health centers and lost-to-follow-up rate by quarter, FY10

	Q1 FY10	Q2	Q3	Q4	Q1 FY11
# of referrals from community to HC	49,259	52,359	33,549	35,032	41387
LTFU	9.1%	7.9%	7.8%	8.8%	9.3%

Monthly reporting on care and support activities

KOOWS report on the following:

- ✓ **Outreach activities** in HIV related community mobilization for prevention care and or treatment (number of coffee ceremonies and the messages they focus on: prevention, stigma reduction, disclosure).
- ✓ **Mobilized community assets** (number and types of assets identified and the types, with evidence on asset maps at kebele level). In the revised reporting formats, it is now possible to identify the number of persons referred to major services like food and IGA through the asset mapping.
- ✓ **Provision of community, home based and other care and support services** to HIV/AIDS infected and affected individuals.
- ✓ **Referrals** of PLHIV, OVC and other affected household members within a network of existing community services (case stories on the types of linkages and referrals are reported every now and then and some are documented as success stories).

Strengthened linkages with GOE HEWs

This quarter, the program continued to strengthen linkages with the over 2,000 GOE HEWs, their supervisors, woreda affairs representatives and woreda HIV focal persons who were trained in the last reporting period. The woreda health officials continue to chair the monthly and quarterly meeting at health centers and play a lead role in coordinating care and support activities at the woreda level. HEWs and other kebele based government officials assist CCGs and KOOWs in conducting community outreach activities as well as identifying and linking clients to community resources.

Additional achievements:

- ✓ **Operation research:** As part of the overall HCSP communication strategy, HCSP carried out an operation research to assess the impact of community volunteers on community mobilization and on the availability of care and support services for HIV infected and affected people. Using qualitative methods, the OR will document HCSP's experience for the period 2007-2010. The research targeted government stakeholders at woreda and kebele levels, community mobilizers, case managers, care givers, clients and CCG members. Data analysis is currently underway and will be reported the next quarter.
- ✓ **Care & support mentorship checklist developed**
Comment: HCSP developed and began using a standardized mentorship checklist for care and support and prevention mentorship and supervision activities. The checklist serves both as a job aid and a monitoring tool.

09-HTXS (Adult Treatment)

Accomplishments and successes during reporting period with explanations for under and over achievements: Program area 9-HTXS

The HCSP achieved the following results in the area of ART treatment as of Q1:

- ✓ **550 HCSP supported HC offer comprehensive HIV/AIDS services (T1.5.D)**
Comment: During this reporting period, HCSP continued to work in all 550 HCs through mentorship, training, gap filling of HMIS supplies, provision of computers to HCs and other support. Of the 550 HCSP supported government HCs, 394 are now providing ART services. The reason why HCSP is supporting more than its target of 350 ART HCs is that the Oromiya RHB has transitioned 46 program supported chronic HC sites to ART sites. While HCSP does not provide the full package of support to these 46 HCs (e.g. HCSP is not deploying KOOWs, community mobilizers, MSGs, data clerks and case managers), HCSP has initiated mentorship and ART focal person training for their ART clinics.
- ✓ **6,533 new individuals were enrolled on ART (T1.1.D)**
Comment: Total number of enrolled at this quarter is 52% of the annual planned target. 3,974 (60.8%) were females and 415 (6.4%) were children under the age of 15 years. Of the enrolled beyond 15 years of age, 179 were pregnant.
- ✓ **87,097 individuals were ever started ART (T1.4D)**
Comment: The cumulative number of patients who ever started ART represents only those patients who started treatment at HCSP supported HC.
- ✓ **81,794 individuals are currently receiving ARTs (T.1.2D)**
Comment: The number of current patients receiving ART (81,994) reached, during this reporting period represents 99% of the PEPFAR's target for FY11 (82,500).

Reasons include strengthening of the PITC services and referral linkages, an increased number of transfer in's compared to transfer outs, an emphasis given on the importance of regular assessments of patients who are on pre-ART service, restaging and early initiation of ART for those eligible, and technical support to the HCs through clinical mentoring, quarterly catchment area meetings and supportive supervisions. This number of patients is very close to the number that ever received ART at HCSP supported HCs and thus suggests a low loss to follow up. Indeed, during the quarter 1,444 patients were transferred in and 1,251 were transferred out. A total of 8,276 were deceased and 8,411 were lost to follow up. An additional 105 stopped treatment due to medical reasons. As mentioned earlier, the current LTFU rate is 9.3%. A key factor is certainly the success of decentralization of services to HCs and the linkage with community based services (see the earlier Care & Support section), which brings the service closer to where people live, thus greatly reducing access difficulties. Quality of adherence counseling and refresher training for case managers also likely contributed, as do the active tracing of lost patients by KOOWs and other community volunteers.

Additional achievements:

- ✓ **Measuring the Standard of Care (SoC):** During this quarter, the clinical team from the center assessed SOC for ART treatment and HIV+ patient management at 14 selected ART HCs in Amhara Region and communicated results to the HCs' management body and the Regional HCSP Team.
- ✓ **Support to catchment area meetings:** In the four regions (Amhara, Oromiya, Tigray and SNNPR), regular catchment area meetings were conducted where HC heads shared their experiences, addressed common challenges and presented their quarterly achievements in PITC, HCT, ART, PMTCT and HIV/TB through a standardized reporting template developed by HCSP. In this meeting, ART health centers present major quarterly achievements, gaps, solutions to the gaps and ways forward. This meeting is crucial as it presents a forum for experience sharing, capacity building, provision of practical solutions for unresolved problems, debriefing on new advances and/or any existing confusions and motivation for health care providers etc. The format that the HCSP developed has triggered a sense of competition among facilities by comparing

their performances. This approach motivates health workers to achieve better results and share their experiences.

- ✓ **Technical staff participated in national and technical working groups**
- ✓ **Desk Top reference to complement the program's pilot CME through video conference**

To complement CME video conferencing conducted in the Amhara Region during FY10, the 8 lectures were compiled in the form of a desk top reference. HCSP is currently producing the reference book for distribution to HCs and other participants of CME.

- ✓ **Training:** As a crucial step to preparing the health system to deliver standard comprehensive HIV/AIDS care, including ART at primary health facilities, HCSP has been supporting comprehensive HIV care/ART of HC providers. Gap filling training in Q1 of FY11 included 26 health workers who were trained on comprehensive HIV/ART.

10-HVTB

Accomplishments and successes during reporting period with explanations for under and over achievements: Program area 10-HVTB

The HCSP achieved the following results in the area of HIV/TB as of Q1:

- ✓ **53,027 HIV-positive patients visiting the ART clinic during the FY were screened for TB in HIV care and treatment settings (C2.4.D)**

Of whom:

- **1,323 began TB treatment (C2.5.D)**
- **5,003 began IPT (C2.6.D)**

Comment: The number of HIV-positive patients visiting an ART clinic who were screened at least once during the quarter for TB (C2.4D) represents 63% of the estimated eligible HIV-positive patients, namely those HIV patients visiting an ART clinic minus the estimated 4% who are already receiving TB treatment: (C2.1.D=88,124) x 96% = 84,599.

HCSP's number of HIV-positive patients screened for TB during the reporting period reflects 110% of the target of 48,000. The reason for this is an over-achievement in the number of patients who received at least one clinical service during the quarter (176% of target at mid-point). These targets, which were based on PY3 visit trends, must therefore be adjusted.

Having achieved 44% of its FY11 target, HCSP is on target for C2.5.D.

The number of patients who began IPT continues to be low. Although IPT is supported by national policy, it is not yet implemented nationally. There is considerable resistance to the use of IPT for fear of inducing resistance, e.g. the Tigray RHB does not endorse the use of IPT.

- ✓ **13,118 TB patients had an HIV test result recorded in the TB register (C3.1.D)**

Comment: During the reporting period, 13,256 or 94% of all registered TB patients were offered to be tested for HIV and 12,000 or 90% accepted and were tested; 12.4% tested HIV positive and 79% of them were put on CPT. However, only 49% were registered on ART. HCSP initiated a data assessment study to determine what factors contribute to the low ART enrollment of HIV+ TB patients and if it is real or an artifact of data recording and reporting. The data are currently being analyzed and will be reported next quarter.

Additional achievements:

- ✓ HCSP continued supporting the GOE's TB/HIV initiative by training and mentoring 25 HC staff on TB/HIV co-management.
- ✓ **Finalization of National Comprehensive TB, TB/HIV and Leprosy training manual for Health workers:** HCSP has continued to be involved in the finalization of the National Comprehensive TB, TB/HIV and Leprosy Training Manual being developed for health workers under the leadership of FMOH through the national TWG.
- ✓ **Strengthening the shift anti-TB therapy from Ethambutol to a Rifampin-INH based regimen nationally:** HCSP has continued to provide both technical support to FMOH and RHBs for the quantification of anti-TB drugs shifting to an RH based TB regimen.

12-HVCT

Accomplishments and successes during reporting period with explanations for under and over achievements: Program area 12- HVCT (Counseling and Testing)

The HCSP has achieved the following results in Testing and Counseling as of Q1:

- ✓ **793,174 individuals who received Testing and Counseling (T&C) services for HIV and received their test results (P11.1.D)**

Comment: This quarter's result of 793,174 individuals having received T&C for HIV is 59% of the PY11 target and includes 69,261 children <15 and 455,537 women. These results were achieved principally through PITC and VCT in HCSP supported HCs, thus greatly ensuring that all HIV + clients are immediately linked to treatment services. Among those tested, 14,358 were HIV-positive. The number who tested positive translates into 2% prevalence among all those tested at HCSP supported HCs.

- ✓ **550 service outlets (HCs) providing counseling and testing according to national or international standards (Contract deliverable #2 and a non-PEPFAR indicator)**

Comment: The program's support to HCs in T&C includes training of health workers, support to VCT centers, monthly on-site mentoring by clinical mentors on the national opt-out approach of PITC, and use of PITC at every unit of the HC, including outpatient, family planning, ANC, labor & delivery, TB and EPI clinics. During this reporting period, HCSP training in this area included gap filling training of the following:

- 25 health workers trained on PITC
- 34 laboratory personnel trained on comprehensive laboratory services, including HIV testing and confirmation of results

- ✓ **Dissemination of implantation manual and strategic document**

Comment: Through participation in the HCT technical working group, HCSP continued to be involved in the dissemination of the PITC implementation manual and reprinted the strategic framework for referral and linkage and training manuals documents developed by the HCT technical working group led by FMOH.

13-PDIX (Pediatric treatment)

Accomplishments and successes during reporting period with explanations for under and over achievements: Program area 13-PDIX

The HCSP achieved the following results in the area of pediatric HIV treatment as of Q1:

✓ **HCSP continued to operate in the following number of ART HCs to support the delivery of pediatric HIV treatment**

- 350 ART HCs (100% of target) have health workers trained on pediatric care and treatment
- 346 HCs (99%) have currently enrolled pediatric patients
- 324 HCs (93%) have pediatric patients currently receiving ART
- 349 ART HCs (99%) have health workers trained DBS
- 346 HCs (99%) have DBS tests available
- 346 HCs (99%) have HEIs enrolled
- 346 HCs (99%) are sending DBS to regional labs

Comment: Service expansion and maintenance has continued. HIV DNA PCR testing using DBS is taking root in HCSP supported HCs. Our motto of “Pediatrics ART wherever there is such service for adults” will soon be fulfilled. Early Infants Diagnosis using DBS is becoming a reality

✓ **415 children (including 21 infants) with advanced HIV infection were newly enrolled into the ART program during the quarter (T.1.1.D)**

Comment: The number of children who were newly enrolled in the ART clinic during the quarter constitutes 6.3% (415 out of 6,533) of all newly enrolled patients across all ages.

✓ **3,156 is the cumulative number of children ever started on ART (T.1.4.D)**

✓ **3,746 children received a minimum of one clinical care service (C.2.1.D)**

Comment: The number of children who received at least one clinical service during the quarter constitutes 125% of HCSP FY11 target of 3,000. The results warrant an adjustment of the target.

✓ **3,317 children are currently receiving ART, including 174 infants (T.1.2.D)**

Comment: The number of children currently on ART constitutes 4% the total number of patients on ART. This percentage is similar to the national result and has slightly increased compared to previous quarters. The increasing trend is shown in Figures 4 and 5 below. Nevertheless, the current achievement is still well below the 9% expected by national and WHO authorities.

Figure 4: Number of HIV+ children under 15 years of age enrolled on pediatric ART at HCSP supported HCs, September 2008 - December 2010

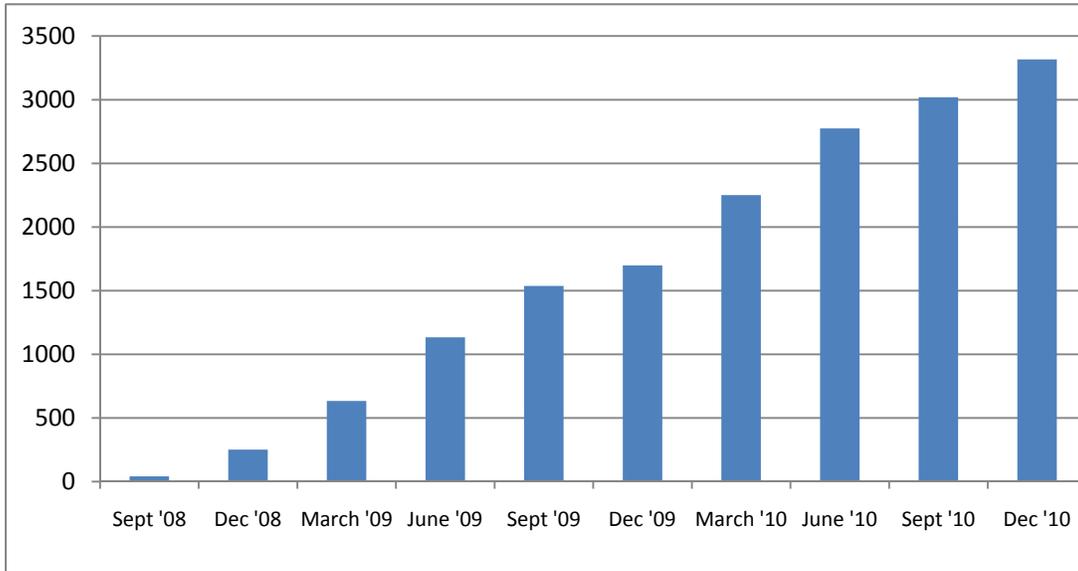
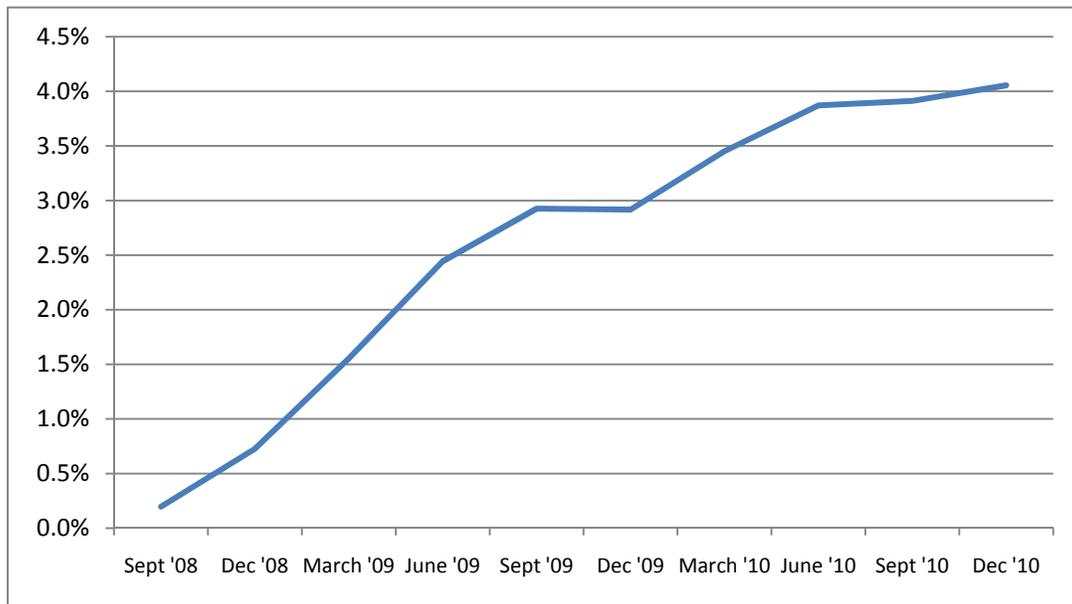


Figure 5: Percentage of pediatric HIV cases on ART among all HIV patients in HCSP-supported HCs, September 2008- December 2010



Additional achievements:

✓ **Early infant diagnosis/HIV exposed infant program (EID/HEI)**

Table 3: Performance of HCSP supported EID/HEI program

Indicator	Status as of December 2010
# HEI ever registered on EID/HEI	28,830
# of HEI currently under follow-up	23,476
# HEI newly enrolled on EID/HEI	1,638
# of all HEI currently enrolled tested with DBS	1,166
Of whom within the first 2 months	426 (36.5%)
# of all HEI who received a DBS result during the quarter	2,070
Of whom tested HIV +	112 (5.4%)
# of HEI initiated CPT within 2 months of birth	1,080
# of HEI currently receiving ART	174
# of HEI released from EID/HEI during the quarter	726
# of HEI ever released from EID/HEI	5,354

Comment: Table 3 above shows the current status of the EID/HEI services at the 350 HCSP supported ART HCs. HCSP began focusing on this area in 2009. Hence, with HEI being followed up to 18 months of age, the majority who were ever enrolled are still under follow-up today. During the quarter, 112 infants were confirmed HIV positive. However, only 21 were newly enrolled on ART. The low number of HIV positive HEIs linked to the ART clinic has been noted in all previous quarters. Despite many efforts through mentorship, supportive supervision, intensive mentorship in collaboration with ANECCA and other TA, health providers working at HCs remain reluctant to manage infant HIV cases and therefore refer many of them to a hospital. This is why linkage within HCs may be low. HCSP is currently looking more into this issue through special data assessments and OR.

✓ **Pediatrics SOC evaluation during supportive supervision**

Comment: HCSP conducted an assessment of the standard of care (SOC) for pediatric HIV case management during supportive supervision at 14 selected HCs in the Amhara Region. In general, 80% or more of the reviewed pediatric clients conformed to the various SOC. However, only 26.7 % of the infants delivered by HIV-positive mothers at the HC were linked to EID/HEI care, a finding that is consistent with the above data for HCSP as a whole. HCSP alerted the HC MDTs and heads to this finding and recommended that the HCs systematically record the names of HEIs seen at the HC in the appointment log book before the mother is discharged from the labor ward for subsequent follow-up. In addition, HCSP began a data validation review on HEI linkage to examine if this could be a data recording/reporting error or is a real issue.

In pediatric care, the supervisory visit also found that very few (24.5%) of the children seen at the HC received a developmental assessment. This was discussed with the regional and HC teams and has been communicated to the regional Amhara team.

I4-PDCS (Pediatric care and support)

Accomplishments and successes during reporting period with explanations for under and over achievements: Program area I4-PDCS

The HCSP achieved the following results in the area of pediatric HIV/AIDS care, and support in Q1:

- ✓ **3,337 HIV positive children under 15 years of age received cotrimoxazole (CTX) prophylaxis (CPT) (C.2.2.D)**
Comment: In addition to the 3,337 HIV positive children who received CPT during the quarter, 1,080 HEIs received (CPT) before 2 months of age during the quarter (C4.2.D).
- ✓ **1,092 infants were virologically tested for HIV within 12 months of birth and, of those, 546 received virological testing within two months of age (C.4.1.D)**
Comment: The number of infants tested within 12 months of birth continued to increase compared to previous quarters. The percentage of infants tested before 2 months of age also increased slightly from 48% to 50%.
- ✓ **3,686 children received psychological, social or spiritual support (C5.6.D)**

Additional achievements:

- ✓ 69,261 children under 15 years of age received HIV testing and counseling service (P.1.1.1.D); this is 34% of the target for FY11.

I6-HLAB (Laboratory Infrastructure)

Accomplishments and successes during reporting period with explanations for under and over achievements: Program area I6- HLAB (Laboratory Infrastructure)

The HCSP has achieved the following results in Laboratory Infrastructure as of QI:

✓ **550 HCSP supported HCs have the capacity to perform clinical laboratory tests (HI.1.D)**

Comments: During QI, HCSP finalized the writing of the assessment outcome on the sustainability of trained laboratory professionals in HCSP supported health centers. The main objectives of the assessment included:

- Mapping the continued availability of the trained staff;
- Ensure continued laboratory plan implementation to provide adequate, timely and quality services at health centers;
- Facilitate supportive supervision; and
- Track turnover of trained staff

The assessment demonstrated that there are remarkable variations in the availability of laboratory personnel in general and those trained on comprehensive laboratory services in the HCs of each region in particular. The average lab staff turnover rate is about 10% with a range of 4.3% - 42.9%.

The results of the assessment suggest the following actions.

- Gap filling trainings should be planned and implemented;
- Staffing standard must be designed and put in place for HC laboratories;
- A system to capture staff turnover must be established to address the issue in time;
- The assessment should consider exploring key factors influencing staff turnover and develop interventions to reduce it.

Currently, HCSP has developed a work plan reflecting the above and has started gap-filling training in the four regions and Addis Ababa.

✓ **34 individuals trained in the provision of HIV related laboratory activities (Contract Indicator Result 1)**

Comment: Major topics in gap filling training included rapid HIV testing, TB microscopy, malaria microscopy, quality control; DBS sample transportation, inventory management and preventive maintenance.

Table 4: Distribution of planned and actual number of people trained in laboratory tasks, gap filling, QI

Region	Target	Accomplishment
Amhara	35	34
Oromiya	34	0
SNNPR	40	0
Tigray	28	0
Addis Ababa	13	0

✓ **25 laboratory personnel at HCs in Addis Ababa were trained in the use of CD4 analyzer machines**

Comments: HCSP supported 25 HCs in Addis Ababa that have semi-automated clinical chemistry machines donated by the Global Fund and JSI. The HCs that recently received the machines needed training for their laboratory professionals in order to conduct CD4 tests at the HC.

While HCSP provided training, SCMS, through PFSA, ensured that the HC will receive the needed laboratory reagents.

Basic laboratory ART training on ART machines (CD4, hematology and clinical chemistry analyzers) were conducted for 25 laboratory personnel (M=15, F= 10). The training encompassed CD4, hematology, and clinical chemistry theoretical and practical courses. Now, all HCs in Addis Ababa are performing clinical chemistry tests for ART patients and improve access to services. As a result of these efforts, the following improvements will be observed:

- The challenge of sample transportation be totally eliminated and that clinical chemistry tests be performed at HC level;
- Result turnaround time eliminated and patients collect their results on the same day of sample collection at all HCs in Addis Ababa.
- Sample rejection be eliminated at all HCs because unsecured samples transportation is avoided;
- High work load of regional laboratory reduced;
- Laboratories in the near future will be able to support and handle samples from newly established HCs in Addis Ababa.

HCSP will evaluate the outcomes of these efforts.

✓ **HCSP is an active participant in the national and regional laboratory technical working groups**

Comment: In support of the NLTWG and Regional External Quality Assurance Scheme (REQAS), HCSP provides technical and material support to the pilot which includes laboratory supplies for key labs in Tigray and Addis Ababa. The items delivered to each region include:

- 40 slide boxes of 50 slides each
- 40 boxes of Filter paper (1 box of 100 tissues)
- 40 boxes of microscope lens paper (1 box of 100 tissues)
- 40 boxes of applicator stick (1 box of 1000 applicator stick)

During QI, HCSP participated in the training of trainers (TOT) provided by the NLTWG, EHNRI for laboratory advisors of partners, regional laboratory professionals and government university laboratory staffs. The training will help regional laboratory advisors provides technical support to QA at facility laboratories.

EHNRI is developing national guidelines on EQA assessment and ART monitoring sample collection and transportation. It organized two focus group discussion sessions to produce the draft guidelines. HCSP was an active participant in both groups represented by two regional laboratory advisors from Oromiya Region and Addis Ababa.

During QI, REQAS has been conducted in 25 ART HCs in Addis Ababa. HCSP has provided financial and technical support to the program. A checklist was developed and used by the regional laboratory to assess the HIV and TB laboratory services. Sample panels for HIV rapid test were distributed and TB microscope slides were collected and quality checked at the reference laboratory. Both verbal and written feedback was delivered to health facilities. The written feedback was shared with the HCSP regional laboratory advisors in the other four regions as examples of how to proceed with EQA in the regions.

The EQA report showed that major challenges at the health facilities include a lack of record keeping materials and some reagents. HCSP has started processing to fill such gaps.

Similarly, Tigray Region has started REQA assessment at 43 ART HCs during the quarter. HCSP provided financial and technical support for this undertaking. The activity includes assessment of HIV rapid testing using HIV proficiency panel specimens prepared at the regional laboratory. It also includes collection of malaria & AFB microscopy rechecking slides for further analysis. In addition, an assessment checklist is being used for laboratory services including sample transportation for ART monitoring tests and DBS sample transportation and collection.

✓ **Participation in the regional laboratory technical working groups (RLTWGs)**

Comment: HCSP is an active participant in the regional laboratory technical working groups through its regional laboratory advisors. This quarter, RLWTWG meetings were conducted

monthly in Tigray and Amhara and biweekly in Addis Ababa. Key issues discussed in Amhara and Tigray included the following:

- In Tigray customization of SOPs according to the type of health facility. The TWG classified health facilities into three: regional, hospital, and HC laboratories. Tasks were assigned to the RLTWG members and the HCSP regional laboratory advisor took on the customization of SOPs for HCs. The other issue discussed was the initiation of once weekly viral load test by the regional laboratory. However, criteria are required on how to accept requests for testing.
- The Amhara RLTWG linked eight HCs to the Injibara HC for transport of CD4 samples. Injibara HC is one of the HCs that recently received a CD4 testing machine.

✓ **HCSP strengthened HCs through the provision of SOPs, job aids and other tools**

Comment: In the past, laboratory reference tools such as SOPs and other laboratory documents were distributed but during supportive supervision and mentorship, additional need for such tools was uncovered for several HCs. As a result, regions have distributed the following documents:

- Addis Ababa distributed to three HCs: SOPs of HIV rapid test, Tb microscopy, malaria, and color print malaria atlas, and HIV laboratory registration book;
- Amhara region distributed SOPs and job aids on DBS to HCSP supported HCs;
- Tigray region distributed malaria and TB microscopy SOPs to 25 HCs;
- Oromiya region distributed SOPs and job aids to 10 ART HCs.

✓ **HCSP ensures availability of DBS kits in supported HCs**

Comment: DBS kits are available in all HCs where EID has already been initiated. The total number of DBS sample tested by DNA-PCR in the regions during the quarter is shown in the table below.

Table 5: Status of DBS Tested by DNA – PCR by Region

Region	Samples collected	Samples tested	Result	
			Positive	%
Tigray	95	95	7	7.4
Amhara	325	324	21	6.5
Oromiya	255	255	30	11.8
SNNPR	284	291	20	6.9

✓ **Coordination with SPS and SCMS for provision of lab supplies**

Comment: During FY10, HCSP submitted a list of laboratory consumables for all 550 HCSP supported HCs to SCMS for inclusion in their regular quantification and supply system. The procurement is now in progress. During this quarter, SCMS informed HCSP about the availability of leftover OI laboratory supplies that could be distributed to HCs experiencing critical shortages. Consequently, HCSP, in collaboration with the RHBs, identified the needy HCs, prepared distribution lists and forwarded them to SCMS for distribution.

✓ **HCSP conducted laboratory mentorship to 33 HC laboratories**

Comment: HCSP conducted mentorship to 8 HC laboratories in Tigray and 25 in Addis Ababa. During the mentorship process, short term solutions to identified problems were developed. At the Addis Ababa RLTWG, major challenges were discussed, including periodic interruption of laboratory supplies to HCs. For example, clinical chemistry reagents were not being supplied on time. The issue was then discussed with SCMS and PFSA and consensus was reached to deliver all laboratory items directly from the PFSA hub to HCs similar to ART medications and DBS kits. This system now produces fewer stock outs of laboratory supplies in ART HCs.

✓ **Partnership with JSI**

Comment: Partnership with JSI/AIDSTAR has continued. Recently HCSP worked with JSI to resolve an issue in one of the health centers in Addis Ababa that had a problem with a placenta pit that prevented safe deliveries from occurring. At the request of HCSP, JSI/AIDSTAR agreed to

construct a placenta pit and assessment was done on the very day.

✓ **HCSP supported 172 woreda health office HIV/AIDS services plans**

Comment: During the reporting period, HCSP supported 172 (32.8%) woreda health offices (out of an estimated 524) to develop HIV/AIDS services plans, as follows:

- Tigray -37
- SNNPR-125
- Addis Ababa-10

The purpose of the planning process is to assist each woreda health offices to prepare a comprehensive plan to coordinate all HIV/AIDS actors in their jurisdiction and effectively use their available resources.

17-HVSI (Strategic Information)

Accomplishments and successes during reporting period with explanations for under and over achievements: Program area 17- HVSI (Strategic Information)

The HIV/AIDS Care and Support Program (HCSP) has achieved the following results in the area of SI in Q1:

✓ **22 data clerks were provided basic training**

HCSP is committed to strengthening strategic information (data for decision making) and fostering a culture of evidence based decision making at all levels. During the quarter, HCSP recruited and trained 22 (13 M, 9 F) data clerks in the Amhara Region. This gap filling training will be continued in the rest of the HCSP supported regions. A key focus of the training was accurate implementation of the HCSP revised NGI reporting format.

✓ **Data quality assurance (DQA) instituted as a routine part of HCSP's M&E system**

Comment: HCSP monitors the quality and validity of its data in multiple ways:

- ✓ **Internal consistency checks:** Central office and regional office staff discuss and review data both monthly and quarterly to ensure completeness and consistency. Regional M&E advisors conduct detailed consistency checks of all data submitted by the HCs. Data inconsistencies and incompleteness are verified at source and corrected prior to submission to the central office. At the central office, data are compiled and verified. Incomplete and inconsistent data are discussed with regional M&E staff and corrected where possible.
- ✓ **HC mentorship:** HCSP HC mentors spend about 50% of their time mentoring providers and data clerks on correct recording, reporting and verification of data. In addition, whenever HCSP M&E advisors visit a HC, at least 3 data spot checks are conducted.
- ✓ **LQAS:** During supportive supervision, compliance with the standard of care (SOC) is monitored using LQAS methods for each clinical area. During the past quarter, the supervisory team conducted supportive supervision in Amhara region & data quality were assessed by selecting of 19 patients cards from every visited HC.
- ✓ **Special data assessments:** In FY10, HCSP began verifying data at the source for CD4 counts, PMTCT, HEI, and HIV/TB. Assessments, conducted on samples of the total data, examine data validity.

Additional achievements:

✓ **Supported revision of HMIS indicators**

Comment: During the past quarter MOH has taken the initiative to revise the current HMIS indicator through different TWG. Among these TWG, HCSP has actively participated in the TB and Care and Treatment Indicators TWG meeting. In this meeting indicators that are not in the Current HMIS but which we are required to report were proposed for inclusion. The meeting was only concerned in proposing the new indicators to be included and up to now, no feedback was given from the ministry as to whether the indicators were accepted or not.

However there are some positive steps and willingness to introduce the change in the new HMIS. For instance currently MOH agreed to introduce the new WHO Pre-ART registers which is very useful to capture the TB screening and CPT data. This is possible since the appointment of the Pre-ART patients will be every quarter and information pertaining to the patients will be updated on the registers.

Though this is an encourage step, in general, there are some further activities that needs further effort. These include the revision of data capturing tools and reporting formats. Moreover, it also needs proper implementation guideline and enforcing the practice as per the guide line. In this regard HCSP is ready to play the expected role in order to contribute some positive input to the improvement of the national M & E system.

✓ **Operations research**

Comment: During the quarter, HCSP focused on OR, data validation and assessment and secondary analysis of program data. Data collection has been completed for most of the above and HCSP is currently cleaning, entering and analyzing the data for preparation of conference abstracts and papers to the Ethiopian international public health community. Results will be

reported during the next quarter. The following areas were given special attention:

- PMTCT: ARV uptake and linkage to ART clinics
 - TB/HIV: linkages between TB and ART clinics
 - Health outcomes at HCSP supported HCs
 - Measured improvements in technical knowledge by the participants of the program's pilot CME
 - Gender mainstreaming
 - Pediatric HIV/AIDS scale up
 - PITC and VCT
 - Community volunteers and their impact on the continuum of care
-
- ✓ HCSP printed and distributed different types of HMIS and data forms that will be used in the HCs. These formats are highly essential in ensuring the continuous service. These are part of the HCSP commitment to assist GOE in M & E activity.
 - ✓ HCSP staff, during their participation, ensured that SI for decision making was used during the catchment area meetings as well as during GOE review meetings, such as the quarterly FHAPCO review meetings.

18- OHSS (Other Health Systems Strengthening)

Accomplishments and successes during reporting period with explanations for under and over achievements: Program area 18-(OHSS (Health Systems Strengthening))

The HCSP achieved the following results in the area of HSS as of Q1:

- ✓ **HC mentorship checklist, log book and user manual were developed and distributed to all HCSP mentors for immediate use**

Comment: The national guidelines on HC mentorship published in 2007 identified the need for developing a mentorship checklist and logbook. To date, the FMOH has not yet developed these tools. Because there was a need within HCSP to better standardize the HC mentor's role and monitor the mentors' performance, HCSP developed and is now using its own HC mentorship checklist, log book and an instruction guide on how to use them. These mentorship tools also serve as job aids to mentors, documentation of the mentorship visit, and a reference for HCs in between mentorship visits.

- ✓ **Continuous quality improvement through the FFSDP**

Comment: HCSP completed its analysis of the sustainability of trained health workers on the FFSDP quality improvement tool in HCSP supported HCs. The main objective of the assessment was to map the continued availability of trained health workers for planning gap filling training.

The assessment demonstrated that there are remarkable variations in the availability of the FFSDP trained health workers. The average turnover rate was 9.7% with a range of 0 – 18.09%.

As with the earlier noted trained laboratory health workers, the results indicate that:

- Gap filling trainings should be planned and implemented;
- Staffing standard must be designed and put in place for HC laboratories;
- A system to capture staff turnover must be established to enable address the issue in time;
- The assessment should consider exploring key factors influencing staff turnover.

Currently, HCSP has drawn up a plan and it will start gap filling training in the four regions and Addis Ababa during the 2nd quarter of FY11.

- ✓ **Participation in TWG**

Comment: At the national level, senior technical program staff have continued working closely with the FMOH and participated in the various TWGs under their leadership. Also, the HSS and M&E teams have continued participating in the national quality management TWG (NQMTWG).

- ✓ **HCSP supported and conducted supportive supervision to health centers**

Comment: During the PY4 Q1, supportive supervision was conducted by the SNNPR quality improvement officer at 45 ART HCs jointly conducted with woreda health office staff.

- ✓ **Gender mainstreaming activities**

- **Gender job aid:** HCSP prepared a job aid for case managers and other HC providers to integrate gender issues into HC activities, particularly gender based violence. The job aid serves as a focal point for MDTs and all HC staff to discuss gender related issues and increase staff awareness thereof. The job aid has been submitted to USAID, and, after USAID approval, will be distributed to all HCs, including their case managers, service providers and administrative staff.
- **Collaboration with FHAPCO:** FHAPCO requested that HCSP provide focused technical assistance to mainstream gender into HIV/AIDS activities. This will be an excellent opportunity to build the capacity of FHAPCO and institutionalize the gender framework within the overall work of FHAPCO. HCSP is in the process of outlining the nature of the technical assistance and its objectives, and will develop an MOU outlining the expectations of both organizations during the next quarter.

- **Technical Support for Social Mobilization for Safe Motherhood and PMTCT with the National Coalition of Women against HIV/AIDS and the Federation of Women in Ethiopia:** HCSP continues to provide technical assistance to the National Coalition of Women against HIV/AIDS to support a five month campaign to increase attendance at HCs for ANC and PMTCT. HCSP also supported the coalition with TA to write their proposal for Global Fund support to conduct the campaign and prepare the evaluation forms for the ANC BCC campaign. Although the campaign was launched in high prevalence areas, it was recently interrupted due to budget issues as a result of audit of Global Fund resources.
- **Women and Faith Initiative under EIFDAA:** Funding for EIFDDA has focused on supporting the Women in Faith Initiative (WFI), which was launched In June 2010 under the auspices of World Conference of Religion and Peace (WCRP), and the African Council of Religious Leaders (ACRL). In recognition of the significant role women play and their potential for mediation and peace building, EIFDAA appointed an oversight committee consisting of women leaders from the various faiths, designed to serve as an advisory board. One task is to ensure that the concerns of the female network members are relayed to the highest echelons of African religious leadership. HCSP is supporting EIFDAA's WFI to establish its own identity and autonomy within the organization to mobilize resources and implement activities that are gender focused.

However, HCSP's main focus of TA will focus on the following activities:

- Organizational development and institutional capacity building
- Develop a WFI strategic plan
- Develop a plan of action/ work plan including ways to mobilize donors and become a sustainable entity
- Organize a donor and stakeholder meeting to raise awareness and engage in dialogue with WFI
- Support activities in each member church to promote HIV testing, particularly among pregnant women, discussions between parents and children about AB, support to teenage orphans and reduce gender based violence especially around HIV risks and status through couples counseling

With technical support from HCSP, the WFI has already conducted an assessment of its 14 member religious organizations to determine the type of gender related activities they are currently engaged in and identify the gaps and opportunities in each. Currently, EIFDAA has hired a consultant to work with HCSP to launch their strategic plan as their framework for identifying gaps in services among the membership.

6. Challenges and Constraints and plans to overcome them during the reporting period

PMTCT

Quarterly challenges and constraints for each program area:

Program area 1 (PMTCT)

1. Shortage of trained staff. While HCSP has trained a high number of staff in previous quarters, challenges continue due to staff turnover and rotation based on re-assignments at health facilities.
2. Poor documentation and reporting, which is the high number of logbooks and registries at PMTCT/MNCH clinics.
3. Difficulties in linkages for services and their documentation with the ART clinic.
4. Shortage of PMTCT drugs
5. Low ANC attendance and delivery at HCs.

Plans to overcome challenges and constraints in each of your program areas:

Program area 1 (PMTCT)

1. HCSP plans to conduct PMTCT gap filling training in supported HCs with additional committed budget from USAID, although the demand is much higher than the planned training.
2. Mentorship activities will continue to support and encourage health workers to accurately and completely document services in required registers and logbooks.
3. The new mentorship checklist guides mentors to strengthen health workers' linking of HIV+ patients with the ART clinic and to document the linkage.
4. Mentors will continue to immediately inform regional SCMS staff of any drug shortages at specific HCs. Senior program staff will continue to raise the issue stock outs with RHBs, PFSA and SCMS, including at catchment area meetings and other fora.
5. During quarterly supportive supervision visits, the HCSP will continue directing its community volunteers, in partnership with their HEWs, to prioritize mobilizing mothers to attend ANC and delivery at a health facility.

AB

Quarterly challenges and constraints for each program area

Program area 2-HVAB (Sexual Prevention: AB)

1. Limited capacity of community volunteers to implement and document AB in accordance with the NGI

Plans to overcome challenges and constraints in each of your program areas

Program area 2-HVAB (Sexual Prevention: AB)

1. Continue to provide quarterly supportive supervision to community volunteers, strengthened by the development of a prevention and care & support checklist guide.

OP

Quarterly challenges and constraints for each program area

Program area 2-HVOP (Sexual Prevention: OP)

1. Same as with AB above

Plans to overcome challenges and constraints in each of your program areas

Program area 2-HVOP (Sexual Prevention: OP)

1. Same as with AB above

Care and Support

Quarterly challenges and constraints for each program area

Program area 8-HBHC (Care and Support)

1. Limited oversight over KOOWs activities and reporting due to complexity of NGI reporting and limited staff resources
2. Bottlenecks in the resupply of home based care

Plans to overcome challenges and constraints in each of your program areas

Program area 8-HBHC (Care and Support)

1. Continue to provide quarterly supportive supervision to community volunteers, strengthened by the development of a prevention and care & support checklist guide.
2. Work with SCMS for more streamlined distribution and resupply of home based care kits to HCs.

Adult Treatment

Program area 9-HTXS (Adult Treatment)

Quarterly challenges and Constraints for each program area

1. High turnover of trained HC staffs resulting in continued shortages of skilled service provider staff.
2. Pre ART patients' status is not well known
3. Shortage of some ARV and OI drugs and supplies.
4. Absence of nutritional support at HC for impoverished patients, which negatively affects adherence.
5. Repeated none functioning of CD4 machines in some hospitals, lack of regular public transport for samples and the limited quotas of samples for testing given to HCs by RHBs is making baseline and follow up CD4 difficult.
6. Inadequate lab services for ART patients

Plans to overcome challenges and constraints in each of your program areas

Program area 9-HTXS (Adult Treatment)

1. HCSP plans to conduct ART focal person training in supported HCs with additional committed budget from USAID, although the demand is much higher than the planned training.
2. HCSP continues to advocate to the GOE, primarily through the Care and Treatment TWG, to revise the pre-ART register to allow tracking of follow-up visits after enrollment.
3. Mentors will continue to immediately inform regional SCMS staff of any drug shortages at specific HCs. Senior program staff will continue to raise issue with RHBs, PFSA and SCMS, including at catchment area meetings and other fora.
 - a. For OI drugs, HCSP has helped form an ad hoc regional TWG, composed of HCSP, SPS, SCMS and relevant government partners, established to follow up on the issue of OI drugs and lab supplies, coupled with program distribution of some essential commodities to HCs as a stop-gap measure.
4. Continue to collaborate with the WFP and SCUS' food by prescription project.
5. Will continue to carry out discussions with EHNRI on the Issue. For the short term, continue to recommend that sub-contracting of supplier companies also provide maintenance. In the long term, anticipated technological advances will need to be realized.
 - a. For transport issues, will continue to discuss with the relevant government agencies for ways to alleviate the problem of payment of sample transport
6. Rapid lab assessment of HCs and follow-up support has been started with RHBs.

HIV/TB

Quarterly challenges and constraints for each program area

Program area 10 (HIV/TB)

- I. Difficulty of diagnosing active TB in HC setting. Hence, the number of patients receiving treatment for co-infection remains low.

Plans to overcome challenges and constraints in each of your program areas

Program area 10 (HIV/TB)

- I. For improving diagnosis of active TB in HC setting:
 - a. Continue emphasizing TB screening and referral by ART clinics
 - b. Continue collaboration with TBCARE and its follow-on, HEALTB. TBCAP/TB-CARE has been supporting nearly 200 HCs for improved lab diagnosis.
 - c. Continue providing targeted technical assistance to the regional labs, HCs and community interventions to strengthen TB diagnostic capacity, as HC staff is not allowed to treat patient's based on syndromic assessment.
 - d. Continue gap filling training of new staff.
 - e. Continue working with EHNRI and the TWG to strengthen a national lab EQA system, which would include an emphasis on TB lab microscopy.

Counseling and Testing

Quarterly challenges and Constraints for each program area

Program area 12: HVCT:

- I. Shortage of test kits and DBS.

Plans to overcome challenges and constraints in each of your program areas

Program area 12: HVCT

- I. Mentors assess the stock balance at each HC and report to the responsible bodies for timely action. The shortage is reported at national and regional levels.

Pediatric Treatment

Quarterly challenges and Constraints for each program area

Program area 13: PDTX

1. The need to further increase the confidence of front line health workers to handle pediatrics HIV cases
2. Recurrent shortage of pediatric ARVs

Plans to overcome challenges and constraints in each of your program areas

Program area 13: PDTX

1. Ongoing mentoring and training, in partnership with ANECCA, to build the confidence of front line health workers in managing pediatrics HIV patients.
2. Ongoing discussion with SCMS/PFSA on improving supply of pediatric ARVs and DBS kits, and encourage facilities to submit their pharmaceutical consumptions timely. For immediate response, mentors continuously assist redistribution of drugs from facilities with over-stock to those with shortages.

Pediatric Care and Support

Quarterly challenges and Constraints for each program area

Program area 14: PDCS

1. Limited community care and support services available, especially for nutritional support.
2. Limited testing of children of HIV+ patients

Plans to overcome challenges and constraints in each of your program areas

Program area 14: PDCS

1. Continue to collaborate with SCUS's FBP project and WFP, as well as continue having mobilized communities' map and access local resources.
2. Continue promotion of index HIV+ patients to bring their children for testing.

Lab

Quarterly challenges and Constraints for each program area

Program area 16: HLAB

1. Turnover of lab personnel trained on comprehensive lab services.
2. Inconsistent implementation of REQAS program by regions.
3. Shortages of equipment and supplies.

Plans to overcome challenges and constraints in each of your program areas

Program area 16: HLAB

1. Continue ongoing health worker gap filling training on comprehensive lab services.
2. Continue to support scale up of technical assistance by regional labs, including provision of budget support for REQAs.
3. Continue to dialogue with EHNRI and SCMS on equipment and logistic needs.

SI

Quarterly challenges and Constraints for each program area

Program area 17-SI

1. Data compilation through additional logbooks required for some of NGI indicators like CPT, IPT, and TB screening, exacerbates difficulty of data collection.
2. Lack of clarity on some of the NGIs by community health workers, data clerks and coordinators

Plans to overcome challenges and constraints in each of your program areas

Program area 17-SI

1. Revision of GOE registers required, which will be discussed in the Care and Treatment TWG.
2. Program's M&E staff will continue to support HC staff through telephone and other communication means.

Quarterly challenges and Constraints for each program area

Program area 18-OHSS

1. Turnover of health workers and woreda staff trained on FFSDP quality improvement tool implementation.
2. Delayed harmonization of woredas HIV service plans.

Plans to overcome challenges and constraints in each of your program areas

Program area 18-OHSS

1. Gap filling training to be initiated and completed during the Q2, 2011.
2. Program will scale up support to woredas health offices to develop and harmonize their HIV service plans.

7. Data Quality issues during the reporting period

Specific concerns you have with the quality of the data for program areas reported in this report

All Program areas:

1. The non ART HCs do not have data clerks, so the program has to rely on staff assigned by the HC to provide the required data. As a result, quality as well as availability of reports depends on the skill and willingness of these staff, which leads to inconsistency.
2. As multiple previously non ART sites are becoming ART sites, the absence of a data clerks and other HCSP supported staff (e.g. case managers) and interventions compromises HCSP's ability to assure the quality of services and data at these new ART sites.
3. Data from community level also continues to have data quality issues. The data is typically collected by volunteers e.g. KOOWS and compiled by community mobilizers at woreda level. The KOOWS are volunteers with a medium level (sometimes basic education). With this background and large volume of information needed from the community level, the data they collect is also not of consistent quality.

What you are doing on a routine basis to ensure that your data is high quality for each program area

1. For HCs, the program collects SI on a monthly basis, which is reviewed by the regional and central office M&E team for consistency. The central office M&E staff also maintains ongoing dialogue with the regions' M&E advisors on data quality. They, in turn, work with the clinical mentors to address concerns during their visits to the non-ART HCs.
2. For new ART sites, the program is carefully limiting the data it will collect to key areas, such as number of newly enrolled and current ART patients.
3. Program will continue to provide quarterly supportive supervision to community volunteers, with data collection a key area of review.

How you planned to address those concerns / improve the quality of your data for each program area

1. The program has carried out a revised community level reporting format and trained its community volunteers on its use. During the previous quarter, the program developed a checklist to provide clear guidance during quarterly supportive supervision visits at each HC's community program.
2. The program completed and implemented a mentorship checklist to provide stronger, more detailed guidance to the program's mentors during their HC visits, with improved data management a key element.

8. Major Activities planned in the next reporting period

PMTCT

Major activities planned in the next reporting period, should highlight planned activities and solutions to identified constraints: Program area 1 (PMTCT)

1. Continue providing HC health worker gap filling training on PMTCT.
2. Ongoing mentorship of HCs for PMTCT, with increased emphasis on strengthening ANC services, linkages and documentation with ART clinics.
3. Complete operations research on actual linkages and gaps between ANC/PMTCT and ART clinics.

AB

Major activities planned in the next reporting period, should highlight planned activities and solutions to identified constraints: Program area 2-HVAB (Sexual Prevention: AB)

1. Supportive supervision will be carried out at each program supported community program, using the new checklist for guidance.

OP

Major activities planned in the next reporting period, should highlight planned activities and solutions to identified constraints: Program area 2-HVOP (Sexual Prevention: OP)

1. Supportive supervision will be carried out at each program supported community program, using the new checklist for guidance.

Care and Support

Major activities planned in the next reporting period, should highlight planned activities and solutions to identified constraints: Program area: 08 HBHC

1. Supportive supervision will be carried out at each HC with a program supported community program, using the new checklist for guidance.
2. Work with SCMS in streamlining the distribution and tracking of HBC kits

Adult Treatment

Major activities planned in the next reporting period, should highlight planned activities and solutions to identified constraints: Program area 9-HTXS (Adult Treatment)

1. Continue gap filling training of health workers on national comprehensive HIV care and treatment curriculum.
2. Continue mentorship of HCs and collaboration with RHBs e.g. catchment area meetings, supportive supervision, review meetings.
3. Strengthen utilization of the mentorship checklist for clinical mentorship and standards of care (SOCs) assessments to improve quality of care.
4. Support RHBs expansion of ART services at new HCs, including supporting 64 new ART HCs in Oromiya and assessment of around 40 new ART HCs in Amhara.

HIV/TB

Major activities planned in the next reporting period should highlight planned activities and solutions to identified constraints: Program area 1 (HIV/TB)

1. Continue gap filling training on TB/HIV screening and laboratory testing.
2. Continue measuring implementation of SOC through LQAS, which will continue to include TB/HIV.
3. Actively participate in and support a pilot national EQA system under EHNRI.

HIV/CT

Major activities planned in the next reporting period should highlight planned activities and solutions to identified constraints: Program area 12: HVCT

1. Continue expansion of DBS availability and testing.
2. Emphasis placed during on-site mentorship on the use of the family focused care approach, targeting ART focal persons and case managers to better utilize it.

Pediatric Treatment

Major activities planned in the next reporting period, should highlight planned activities and solutions to identified constraints: Program area 13: PDTX

1. Continue joint pediatrics mentorship between program mentors and ANECCA pediatricians so that the former cascade the pediatrics mentorship to other HCs. This will be coupled with child/pediatrics days.
2. Increase ANC/PMTCT linkages with ART clinics to better trace HEIs
3. Strengthen early infant diagnosis (EID) and continue to encourage HCs to provide ART services to infants at all catchments area meetings and joint support supervisions.
4. Help assure both AZT and d4t based triple and dual formulations are in all ART HCs.
5. Strengthen, through training and on-site mentoring, HEI and DBS testing. This will include working closely with EHNRI in implementing a courier system of DBS sample transportation.

Pediatric Care and Support

Major activities planned in the next reporting period, should highlight planned activities and solutions to identified constraints: Program area 13: PDTX

1. Continue supportive supervision of each program supported community program, with emphasis on community volunteer supported care and support for pediatric cases.
2. Continue collaborating with ANECCA on community tracing of HEIs.

Lab

Major activities planned in the next reporting period, should highlight planned activities and solutions to identified constraints: Program area 16: HLAB

1. Continue to assist EHNRI to implement a pilot regional EQA system (REQAS) for integrated diseases (TB, HIV, and Malaria), encompassing 100 HCs (20/region) participating in the pilot.
2. Link the 2 ART HCs with CD4 machines with nearby HCs for providing testing services to them and liaise with Amhara RHB and partners for delivery of the CD4 machines to the remaining 3 ART HCs with program trained staff.
3. Support training of 150 lab personnel, in collaboration with SCMS, on the logistics management information system used by SCMS.

SI

Major activities planned in the next reporting period, should highlight planned activities and solutions to identified constraints: Program area 10-SI

1. Ongoing support to the regions and HCs to strengthen roll out of the HMIS system.
2. Training for data clerks for gap filling at HCs.
3. Continued support for integration of SI review into regional review meetings, supportive supervision and catchment area meetings.

HSS

Major activities planned in the next reporting period, should highlight planned activities and solutions to identified constraints: Program area 10-SI

1. Ongoing training of health workers for gap filling at HCs in all areas.
2. Complete follow-up FFSDP assessment to measure facilitated improvements.

9. Environmental compliance

Describe any issues related to environmental compliance (if there are any)

HCSP did not face any issues related to environmental compliance as the program was not involved in construction or rehabilitation activities.

10. Issues requiring the attention of USAID Management

Identify and state issues that USAID needs to look at and address for each program area

Program area 10-SI

1. The GOE's new HMIS does not capture the information required by the PEPFAR NGIs. Agreement between USAID and GOE could help create greater consistency between the two systems.

11. Data Sharing with Host Government

Have you shared this report with the host government?

Yes

No

If yes, to which governmental office/s?

[Please put your response here]

If No, why not?

[Please put your response here]

The program does not share this report in full with the GOE. However, a great deal of the presented information is actually derived from GOE HCs, who also share the information with their woreda health office. During catchment area meetings, the information is further shared with zonal health offices and RHBs. RHBs also review the information during supportive supervision and regional TWGs.

12. Appendices

(Include any relevant documents, data etc as appendices)

Appendix I: Country Lead STTA Report (Dr. Fred Hartman)