MEKDIM ETHIOPIA NATIONAL ASSOCIATION (MENA)
USAID FAMILY FOCUSED HIV PREVENTION,
CARE & TREATMENT PROGRAM BOOKLET
(OCT 2021 - SEP 2022)

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Disclaimer

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Message from Executive Director

Mekdim Ethiopia National Association (MENA) was established in 1996 by 3 PLHIV and 9 AIDS orphans to combat HIV/AIDS effects, to confront all sides (Financial, Psychological and Health) challenges of the victims as pioneer. MENA’s inceptions started as supporting group and through time changed to national association for serving all vulnerable groups in the country and contribute its lion share through HIV/AIDS awareness creation, prevention and mitigation activities. MENA also contributed as pioneer towards the national HIV prevention and control movement to establish national research council under the prime minister office. As a result, MENA became indigenous non-profit, non-religious and non-partisan membership organization that was registered under the Ministry of Justice and re-registered according to the new Ethiopia Civil Societies Proc. No 1113-2019.

Upon its inception, MENA started its Counseling, Education, Social Support and OVC based services using donor funds including but not limited to Concern World Wide and Global Fund on top of Federal HAPPCO Funds. MENA established 8 branches throughout the country in different regions to expand its services and vision as national association. Currently MENA has over 10,000 members (26% AIDS Orphans & 74% PLHIV), 168 full-time staff and more than 3,000 volunteers. MENA targets PLHIV, Orphan and Vulnerable Children (OVC). Key and priority populations at risk of acquiring HIV infection including out of school girls and young women. On top of this, MENA is striving to contribute its share in other health related programs as well.

Due to MENA’s program implementation successes and its previous experience in implementing USAID and other projects for more than 20 years, MENA obtained fixed award a direct Fund from USAID to implement USAID Family Focused HIV Prevention, Care and Treatment Services in Addis Ababa City Project (FFHPC&T) as prime implementing partner for 3 years (2021-2023). Its remarkable previous HIV/AIDS focused projects implementation history has contributed to the selection and success at hand.

Finally, I would like to extend my heartfelt appreciation and gratitude for involved parties including but not limited to MENA executive boards members, MENA management, government stakeholders, TA partners and all staffs for their high commitment and dedication for realization of FFHPC&T 2 years program achievements in particular and the overall MENA success and current status in general.
Message from FFHPC&T Project Chief of Party

Mekclim Ethiopia National Association (MENA) was awarded with a 3-years (August 12, 2020 to August 11, 2023) with USAID Family Focused HIV Prevention, Care and Treatment Services in Addis Ababa City. The goal is to strengthen local HIV epidemic control to achieve 95 percent of individuals living with HIV know their status, 95 percent of persons living with HIV to initiate antiretroviral therapy and 95 percent of antiretroviral therapy clients achieve viral load suppression by 2025. The Activity is funded by the United States Agency for International Development (USAID) under the President’s Emergency Plan for AIDS Relief (PEPFAR) through Cooperative Agreement (72066320CA000012) with annual budget $2,457,150.09 implemented by MENA and its 8 sub partners.

The 2nd year project implementation started through conducting joint workplan preparation with the sub grantees followed by sensitization workshop with government & non-government stakeholders. Though there were ups and downs encountered during project implementation period, we were able to achieve remarkable results in almost all assigned annual targets which is presented in this booklet under fact and figures. I would like to forward my sincere appreciation and acknowledgment to the people of America for their generous funding the project through PEPFAR/USAID. The government stakeholders from Addis Ababa City Administration, Health Bureau, Finance Bureau, Women and Social Affairs Bureau, Education Bureau and their line offices. Moreover, the technical assistance we have received from Project Hope, RH/560, ESSWA and ASAP contributed a lot in the standardization of program areas in multiple packages through different forums. In FY23 project implementation period, partnership among stakeholders and Community-Facility collaboration will be strengthened with better program achievements in both program areas (OVC & HIV) focusing on provision of quality health services.
Table 1: Goals, Strategic Objectives, and Expected Outcomes of FFHPC&T Program

<table>
<thead>
<tr>
<th>Result</th>
<th>Strategic Objective</th>
<th>Intermediate Result</th>
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<tbody>
<tr>
<td><strong>Goal:</strong> To strengthen local HIV epidemic control to achieve 95 percent of individuals living with HIV know their status, 95 percent of persons living with HIV to initiate antiretroviral therapy and 95 percent of antiretroviral therapy clients achieve viral load suppression by 2025</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Result 1: Increased Community Care and Treatment</th>
<th>Strategic Objective 1: Increased access &amp; demand to family-focused HIV services that reduce HIV incidence in the community</th>
<th>IR 1.1 Improved HIV testing and counselling in the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Objective 2: Increased adherence and retention on ART through targeted community case management including adherence counseling and support, disclosure, and psychosocial services for PLHIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Objective 3: Implement community-based differentiated care model, including Health care worker manage Community ART Group; Peer Lead Community based ART Distribution/ PCAID and adherence clubs to improve adherence and retention on ART and achieve viral load suppression.</td>
<td></td>
<td></td>
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<tr>
<td>Strategic Objective 4: Improve linkage to and uptake of GBV services by strengthening referrals to health facilities for PLHIV exposed to GBV in communities.</td>
<td></td>
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<tr>
<td>IR 1.2 Improved Retainment rate and adherence services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IR 1.3 Improved implementation of community-based differentiated care model</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IR 1.4 Improved GBV screening and referral service</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Result 2: Increased access to high impact community-based HIV prevention and social services for OVC |
|-------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------|
| Strategic Objective 5: Provided a comprehensive service for OVC |
| Strategic Objective 6: Prevent/ reduce HIV and violence among 9 – 14-year-old |
| IR 2.1 Improved Comprehensive OVC services |
| IR 2.2 Engaging OVC beneficiaries into Economic strengthening services |
| IR 2.3 Improve linkage to and uptake of HIV services by strengthening referrals to health facilities for Adolescents and PLHIV exposed to GBV in communities |
| IR 2.4 Improved primary prevention of sexual violence and HIV for 9-14 years old boys and girls |

| Result 3: Functional and Evaluation/QI Services |
|-------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------|
| IR 3.1 Strengthened utilization of data to monitor service delivery and conduct quality improvement of program services |
| IR 3.2. Improved quality management services |

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FY22 PROJECT FACTS AND FIGURES

- HIV Service program activities (CHCT)
- Orphan and Vulnerable Children program activities (OVC)
- Project Monitoring and Evaluation (PM&E)

1. HIV Service program activities (CHCT)

<table>
<thead>
<tr>
<th>UNAIDS 3’95 Target</th>
<th>Target Description</th>
<th>USAID Family focused HIV prevention, care and treatment contribution in the FY22 implementation period</th>
</tr>
</thead>
</table>
| 1st 95              | 95% Of people within the subpopulation who are living with HIV know their HIV status. | - MENA has tested 11,803 index contacts for HIV through community-level testing, with a total of 830 new positives identified, for a yield of 7.03%.  
  - In addition to community-level testing, during the same period of implementation, the program referred 186 index contacts to health facilities, aiding in the identification of 11 positives.  
  - MENA also distributed 11,085 HIV self-test kits to index contacts, resulting in 131 new positives. |
| 2nd 95 | M1:NA had linked approximately 805 of the 830 new positives identified during the FY22 implementation period to ART initiation, for a rate of 97%.
|        | The majority of the links were proxy links. M1:NA and its partners had ensured the linked new positive's retention status on a routine basis.
|        | M1:NA enrolled 15091 PLHIV in community case management services, where they received need-based services for a period of six months.
|        | 8302 clients were referred to various service in to different services proving institutions.
|        | As part of the retention mechanism, the program had re-engaged nearly 1743 interrupted treatment clients in to care through community platforms.
|        | M1:NA provided cervical cancer demand creation by integrating with case management services, and served 38,904 clients, 4471 of whom referred cervical screening services.
|        | MENA also monitors the screening results of the offered women’s, of which 112 were screened positive. |
All clients enrolled in the services receive routine adherence and viral load monitoring, as well as literacy counselling and education.

Furthermore, there is a separate service for clients with high viral loads that will be given targeted to suppress the uncontrolled viral load. The services were provided by trained health workers.

MENA received 378 high viral load PLHIV from health facilities in FY 22 and provided community enhanced adherence support in accordance with national guidelines. From the total clients received, 163 PLHIV had suppressed viral load count and transferred to the routine services.

Table 2: MER and Custom Indicators: FY22 Annual Target versus Achievement

<table>
<thead>
<tr>
<th>No.</th>
<th>Indicator</th>
<th>FY22 Target</th>
<th>FY22 Performance</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Community Index case testing</td>
<td>13805</td>
<td>11831</td>
<td>86%</td>
</tr>
<tr>
<td>2</td>
<td>Community index case testing positive</td>
<td>1784</td>
<td>827</td>
<td>46%</td>
</tr>
<tr>
<td>3</td>
<td>HIV Self-Test Kits Distribution</td>
<td>11370</td>
<td>11085</td>
<td>97%</td>
</tr>
<tr>
<td>4</td>
<td>Community comprehensive case management</td>
<td>14610</td>
<td>15091</td>
<td>103%</td>
</tr>
<tr>
<td>5</td>
<td>Interventional adherence counselling</td>
<td>5400</td>
<td>6465</td>
<td>120%</td>
</tr>
<tr>
<td>6</td>
<td>Enrollment of C-DSDM (PCAD and HEP-CAG)</td>
<td>947</td>
<td>514</td>
<td>54%</td>
</tr>
<tr>
<td>7</td>
<td>Bidirectional referrals</td>
<td>7383</td>
<td>8302</td>
<td>112%</td>
</tr>
<tr>
<td>8</td>
<td>IIT re-engagement</td>
<td>1874</td>
<td>1743</td>
<td>93%</td>
</tr>
<tr>
<td>9</td>
<td>Community cervical cancer Demand creation</td>
<td>35589</td>
<td>38904</td>
<td>109%</td>
</tr>
<tr>
<td>10</td>
<td>Community cervical cancer referral and screening</td>
<td>3559</td>
<td>4678</td>
<td>131%</td>
</tr>
</tbody>
</table>
Figure 5: FY22 Community Testing, New HIV Positives and Yield Trends by Quarter

Figure 4: FY22 HIV Test Kits Distribution Annual Target vs Achievement

Figure 3: FY22 Test Kits Distribution by Self-Test/Modality Type
Figure 6: FY22 Community Case Management Enrollment by Service Type

Figure 8: FY22, Community Case Management by Entry Point

Figure 7: FY22, Community Case Management by Sex
Figure 10: FY22 Cervical CA Demand Creation, Screening & Referral Services

Figure 9: FY22 Interruption in Treatment Re-engagement Performance vs Annual Target
Figure 11: FY22, Community HVL EAC Cascade Performance
2. Orphan and Vulnerable Children program activities (OVC)

The goal of OVC programs is to build stability and resilience in children and families who are exposed, living with, at risk of, or affected by HIV/AIDS. OVC programs accomplish these goals by providing case management focused on:

- **Continuity of care**
- **Comprehensive care**
- **Family-centered care**

The program also works toward the prevention of HIV and sexual violence among adolescent boys and girls by delivering three curriculum-based training, namely IMpower, SINOVIYO and Coaching Boys into Men (CBIM).

**OVC_Comprehensive services**

Following the updating of care plans, PEPFAR-eligible services were offered to program participants. Sub-awardees have assessed the health and social issues at the child and family levels with the evaluation, which are crucial benchmarks for being healthy, educated, stable, and safe.

At the end of the year, 54,835 of the 44,200 FY22 targets for active OVC SERV were met, which is >100%. 37,547 (or 107% of the objective) of the beneficiaries contacted were children, while 17,188 (8857 received services through direct program delivery and 8,311 were addressed through local resource mobilization) were adults or caregivers.

Moreover, the program could record comprehensive services for the targeted beneficiaries. 3509 children have received more than 5 varieties of selected services which is crucial to attaining the global graduation benchmarks.
During the reporting year (October 2021-September 30/2022) the program has reached 54,835 (OVC & CG) Project participants through the case management process. As it has been shown in the figure below 22,379 children have received health care and referral services, to achieve the three 95 goals 40% of the service packages go to health-related services. Educational and vocational services are also drawn the attention for adolescents to facilitate their dream jobs and become resilient.

Figure 13: OVC Comprehensive by Service OVC

**OVC_HIVSTAT**

32,633 children (99%) out of the 37,647 Children served by the OVC comprehensive program (active and graduated) were aware of their HIV status. 3,180 children and teenagers were identified as HIV positive and receiving ART, 25,019 as HIV negative, 4,434 as tests not required based on risk assessment, and 89 as having an unknown HIV status. The SSWs and CEFs are still working to persuade 89 children whose statuses are unknown to reveal their status.

Figure 14: FY22 Performance of OVC_HIVSTAT
**HIV Clinical Cascade**

Monitoring the continuum of the HIV response is critical for ensuring high-quality care and optimal clinical outcomes for children and adolescents living with HIV. During FY22, the total number of children and adolescents on ART in PEPFAR clinical settings and the number of children and adolescents already in the OVC Program who are HIV+ and on ART offered for enrollment in the OVC program are 3,969. Out of these, 3,913 enrolled in the OVC program.

All children and adolescents living with HIV who were currently on antiretroviral therapy (ART) were eligible for viral load testing, 3,713 have a known documented viral load test result and 3,620 have the most recent virally suppressed, and 93 virally unsuppressed test result.

**OVC GRADUATION**

The entire household (beneficiary children and primary caregivers) who have achieved all relevant graduation benchmarks are expected to be discharged from the program. A graduation readiness assessment was conducted for 9,959 OVC (4629 males & 5330 females) and 4830 (715 M & 4115 F) females caregivers who served for the last year in the FFPCT OVC program. Based on the assessment result 9,959 OVC (4629 males & 5330 females) and 4830 (715 M & 4115 F) females caregivers met OVC graduation benchmarks and were discharged from the program.

*Figure 15: FY22 Overall Graduation Performance*

4830 (715 M & 4115 F) females caregivers met OVC graduation benchmarks and were discharged from the program.
Economic strengthening Activities
The Economic Strengthening intervention aims to support the three 95 objectives established by UNAIDS, namely enhanced viral suppression, increased adherence, and decreased HIV/AIDS death among individuals living with HIV/AIDS. The project's goal is to help clients save more money, and it will form groups made up of young people living with HIV, caregivers, and members of the CAG group.

Table 3: FY22 VSLA Cumulative Performance

<table>
<thead>
<tr>
<th>Total #Of VSLA Group</th>
<th># Of Group Members</th>
<th>Total Members</th>
<th>Total Saving ETB</th>
<th>Social Fund ETB</th>
<th>2022 Plan Vs Achievement</th>
<th>Amount of loan ETB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td></td>
<td></td>
<td>Plan</td>
<td>Achiev’t</td>
</tr>
<tr>
<td>140</td>
<td>2108</td>
<td>140</td>
<td>2248</td>
<td>1,647,818</td>
<td>112,655</td>
<td>129</td>
</tr>
</tbody>
</table>

DEMONSTRATING OVC GOOD SERVICE MODELS
The intervention was implemented in a Collaborative arrangement with IP/UP and FHI360. For this brand-new service delivery, the clients were prioritized based on the following criteria.

- Children caregivers with poor viral suppression and history of interruption in treatment or returned to care
- OVC or caregiver experiencing ART adherence interruption
- OVC or caregiver at risk of HIV treatment interruption
- OVC or caregiver without viral load test data less than 12 months and other key population (HIV+FSWs) members.

Accordingly, 928 clients were selected and transferred for the services to FHI360. 23% were selected for direct cash transfers and 77% for asset transfers. Accordingly, they received the preferences.

Asset transfer 87%
Cash transfer 13%
Total Eligible Beneficiaries 928
OVC Prevention

Prevention of HIV and sexual violence are important services that fit under the core components of the OVC program. Currently, the primary prevention of sexual violence and HIV in 9-14-year-old girls and boys has three main time-limited curricula approved by PEPFAR/OGAC in family-focused HIV prevention, care, and treatment services. These are IMpower-IMsafer, SINOVUYO (lifelong health), and Coaching Boys into Men (CBIM). The program goal is obvious to reduce the risk of sexual violence and HIV infection among young adolescents ages 9-14 using evidence-based, age-appropriate, and gender-sensitive interventions. 9-14 adolescents that have not been enrolled in OVC comprehensive program have been selected from violence-burdened areas and those who have completed the approved session were included in the reports. Overall, during the reporting period, 23,124 (105%) of the annual target (24,245) completed the training. Gender wise 70 percent were female and 30 percent male. During the training process, 56 IMpower-IMsafer instructors, 26 SINOVUYO facilitators, and 97 Coaches or Sports teachers were involved.

FY22 GBV and gender-related accomplishments

Gender-based violence (GBV) is one of the most pervasive human rights violations and the most violent manifestation of unequal gender relations in society. GBV affects both men and boys, even though it disproportionately affects women and girls. MENA intervention regions and communities are rife with these abuses. However, GBV is preventive, and to this end, MENA developed many GBV guidelines and procedures and carried out numerous awareness-raising campaigns to lessen women’s exposure to GBV and lessen the detrimental effects GBV on women's lives.
- **Technical Assistance and Mentoring**
  - Encourage MENA-LIP to strengthen gender equality in the overall system
  - Capacity building Training for focal person, women sector office, case managers on how to use gender responsive programs in the community is one of the keys to addressing GBV
  - Focus on raising awareness of gender stereotypes in the community, improving abilities to analyses planning, and conducting lessons from a gender perspective
  - Promote the development and implementation of organizational gender policies and action plans on how to address all type of violence, specifically foster a safe and discrimination free organization

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**Key Messages**

Gender equality is achieved when women and men, girls and boys, have equal rights, life prospects, and opportunities, and the power to shape their own lives and contribute to society.
**GBV screening and referral services**

![Chart showing GBV screening and referral services]

Figure 17: FY22 GBV Screening and Referral Services

- **Strengthening Gender Norm Dialogue Sessions**
  
  MENA provided a two days of Gender Norm dialogue session facilitation skills training to LIP staffs, (27 male, 4 females) and LIP staffs cascaded gender norm dialog sessions through the existing group platforms such as VSLA and CAG and support group. Total number of 470 clients (50 male and 420 female) completed the session.

- **Strengthening networking and collaboration among stockholders**
  
  MENA conducted a one-day sensitization workshop on GBV service directory and stakeholder mapping with LIP staffs, government stakeholders, and CCC members. A total of 66 participants (male 51 and female 15) attended the session.

  GBV orientation and guidance was conducted for 60 male coaches under the direction of a BOIS instructor.
OVC_HIV_SERVICE Integration Outcome Assessment Report

Integration of HIV services with the OVC program at the implementation level is a process that involves the coordinated delivery of multiple services to people affected and infected by HIV/AIDS at the same time and is a key priority of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Integration of HIV and OVC services can result in improved health outcomes and increased efficiencies by reducing duplicative services, improving coordination among providers, and maximizing the use of resources.

Hence, assessment was conducted which aimed to evaluate current service delivery models, bring to attention opportunities for service integration, and recommend and implement an integration plan. The integration was assessed in relations to service integration, platform integration and Community frontline Workers’ activity Integration.

Figure 18: OVC -HIV Service integration

![Figure 18: OVC -HIV Service integration](image)

Figure 19: OVC -HIV Platform Integration

![Figure 19: OVC -HIV Platform Integration](image)
OVC – HIV service integration Assessment Result

Implementing an integration plan can be a challenge, but it is important to consider the benefits that integration can bring to individuals living and affected with HIV.

Benefits - Providing client-centered service by availing all services at one stop /by one partner, Efficient resource utilization in line with CWs integration, providing service at the same place (OVC &adult). Efficient collaboration with HF’s, Strengthening internal referral system (clinical and psychosocial) b/n CEFs and SSW / HIV & OVC specialists instead of to another partner and Strengthening P-C Collaboration and Strengthening community platforms for a common goal, ccc, CBO, FBO, and Establishing HIV-OVC learning platforms are the benefits of the integrations lessons so far.

Challenges - The challenges learned so far includes but not limited to Different Case Management frameworks (OVC caseworkers & HIV CRP) resulting g duplication of efforts, Different volunteer’s client ratios by the two CM programs, Tools/ formats, CM graduation benchmark are not fully integrated resulting in workload to the CWs, Support in coordination, and partnership with TA partner and Limited Budget allocations to mentioned few.

Way forward - It is confident that the new case management system/program management will result in a swift resolution of the case. In addition, the MENA_FFH_PCTs team will develop an action plan to effectively implement the program integrations. Scale up this survey to other prime partners working in Amhara, Oromia, Sidama, SNNPR, , SW, and Gambola regions.
3. Project Monitoring and Evaluation (PM&E)

The Monitoring and Evaluation (M&E) is a continuous management function to assess if progress is made in achieving expected results, to spot bottlenecks in implementation and to highlight whether there are any unintended effects (positive or negative) from an implementation plan, program or project (“project/plan”) and its effects.

Over the last implementation year, FY22, the key Monitoring and evaluation activities at MENA mainly focused on Monitoring, Evaluation, Learning and Analysis of Data and Reporting, Capacity Building, Accountability, and Organizational Learning.

The specific monitoring, evaluation and learning activities employed at MENA include but not limited to

- Routine data quality assessments (RDQAs)
- Regular Data verifications (including positive data verification and proxy linkage)
- Regular performance review meetings (weekly, monthly, quarterly)
- Quarterly joint supportive supervision with government stakeholders
- Quarterly performance review meetings with government stakeholders and TA partners
- Capacity building activities in data management activities and UUDS/CommCare related supports
- On site TA supports
- Performance analysis, report writing, dissemination and sharing with all stakeholders
USAID-MENA Results Framework for CHCT

Project activities

- Increase condom use of clients before entering the names of contacts and notify partners
- Track families (Spouses, children and sexual partners) of index cases
- Provide counseling on exposure risk and disclosure
- Refer clients to HTs for HIV testing
- Provide HIVSTs for clients who want to do the tests by themselves first.
- Coordinate community volunteers with HT to get line lists from the HT as per the SOP

- Use a care management framework consistent with PEPFAR guidance and integrating critical elements of MNCH community-based HIV guidelines
- Train and deploy community volunteers and supervisors to provide care and support
- Recruit and enroll beneficiaries for individual and group support
- Strengthen b-directional referral system for clients
- Referral linkage strengthening initiatives (RERs) trainings, mentoring, supervision
- Orient/Train Community Engagement Facilitators and/or case managers
- Implementation/Scaling up of ESOM including Health Care workers managed model
- Through the Technical Assistance received from the Project Hope, the partner will make access/procure ESOM including supplies, printings, SBCC materials for the implementation of the ESOM
- Undertake supportive supervision to ESOM activities
- With support and in collaboration with the PH, the TA partner review and develop PDA for the implementation of ESOM
- Implements ESOM activities to selected SNUs of the region

- Collaborate and work with PLHIV association to incorporate GBV in their policy
- Train GRC, FBO & low enforcement officers on GBV
- Development and dissemination of SBCC materials on GBV, review of quality improvement
- Revise organizational policy and provide training for staff and relevant stakeholders
- Development and dissemination of SBCC materials on GBV
- Conduct community-based gender and GBV small group dialogues

Intermediate Results

- Increased case identification to achieve the 1st 95% (95 percent of individuals living with HIV know their status) and also ensure accompanied linkage to health facilities for treatment
- Increased adherence and retention in ART through targeted community case management including adherence counseling and support, outreach, and psychosocial services for PLHIV

Primary Outcome

- Implement community-based differentiated care model, including Health care worker manage Community ART Groups; Peer Led Community based ART Distribution/PCAD and adherence clubs to improve adherence and retention on ART and achieve viral load suppression by 2025
- Increased access & demand for family-focused HIV services that reduce HIV incidence in the community

Project Goal

- Strengthen local HIV Epidemic control to achieve 95% of individuals living with HIV know their status, 95% living with HIV to initiate ART and 95% of HIV clients achieve viral load suppression by 2025

Improved retention to care and adherence to treatment: there by improving the number on ART treatment and viral load suppression of client on ART treatment improve the 2nd and 3rd 95 - 95 percent of persons living with HIV to initiate antiretroviral therapy and 95 percent of antiretroviral therapy clients achieve viral load suppression by 2020

Decreased burden of health facility care providers and spend their time looking for critical and stretch sick clients, decreased opportunity cost and transportation cost for clients, improved clients' quality of life, retention to care and adherence to treatment. It improves the 2nd and 3rd 95% 95 percent of persons living with HIV to initiate antiretroviral therapy and 95 percent of antiretroviral therapy clients achieve viral load suppression

Improved awareness of clients on GBV acts and improved access of GBV victims for different GBV services in the implementation areas

Increased access to and uptake of GBV services, improving referrals to health facilities for PLHIV exposed to GBV in communities
USAID-MENA Results Framework for OVC

Project activities
- Offer at least 90% of TX_Curr (< 18-year of age), in the geographies where the OVC program operate, to enroll in the OVC program (prioritizing those with poor VL5 and new on treatment),
- Ensure that at least 95% of OVC_SERV know HIV status,
- Ensure 100% of HIV+ OVC_SERV are on ART,
- Support those on ART remain adherent to their treatment and retained in care,

IMPOWER:
- Number TOI Candidates to Complete Certification
- Number of Instructors to be Trained by Certified TOIs in FY21
- Number of Adolescent to complete IMPower

SINUUYO:
- Number of Facilitators to be Certified
- Coaches to be trained
- Trainers to be trained
- Facilitators to be Trained by Trained
- Trainers in FY21
- Number of Adolescent to complete SINUUYO training

Intermediate Results
- Increased access to OVC and caregivers (mainly poor viral load suppressed and new clients on treatment) with high impact community-based HIV services through direct service delivery and referral linkages to access critical interventions that improve retention to care and treatment adherence. This will improve the 2nd and 3rd 95 - 95 percent of persons living with HIV to initiate antiretroviral therapy and 95 percent of antiretroviral therapy clients achieve viral load suppression

Primary Outcome
- Provided a comprehensive service for OVC

Project Goal
- HIV mitigation services for VC will focus on case discovery and linkage to HIV TX among undiagnosed children living with HIV, on achieving better health outcomes through HIV VSL, and establishing interpersonal, family and community norms to achieve HIV and violence prevention (0 to 14-year-old children).
Quality Improvement Activities

In the national quality strategy, sharing best practices across facilities, community setting and institutions through which facilities, communities and providers identify quality gap and solutions for the quality improvement has been given due emphasis. To this end, we prepared and presented initiatives under Monitoring and Evaluation/ Quality Improvement projects selected for learning. There are a lot of good ideas tested and presented in different forms, seminars and review meeting and it will help to further develop our collective knowledge and understanding of quality improvement in the healthcare.

Our principle of quality is based the Juran Trilogy which elaborates the interplay of quality planning, quality control and continuous quality improvement in attaining a goal over a time period.

Figure 20: Quality Control (During Operations, The Juran Trilogy: Quality Planning)
Site Improvement through Monitoring System (SIMS) Visit Lessons

SIMS is a quality assurance tool used to monitor and improve program quality at PEPFAR-supported sites that guide and support service and non-service delivery functions.

Goals of SIMS:
To integrate SIMS into broader framework(s) for analysis, management and improvement, provide tailored, nimble, responsive site selection and implementation based on performance, program needs/programmatic gaps and provide action to drive improvement and sustain quality.

SIMS Activities accomplished during FY22
SIMS site preparation, conduct SIMS visits and provide feedback based on the findings

<table>
<thead>
<tr>
<th>Table 4: USAID SIMS visits Feedback</th>
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<tr>
<td>SET: 1A ALL SITES-GENERAL</td>
</tr>
<tr>
<td># Green</td>
</tr>
<tr>
<td>35</td>
</tr>
<tr>
<td>SET 1B: ALL SITES-COMMODITIES MANAGEMENT</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>SET 1C: ALL SITES-DATA QUALITY</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>SET 2A: CARE AND TREATMENT-GENERAL POPULATION (NON-KEY POPS FACILITIES)</td>
</tr>
<tr>
<td>33</td>
</tr>
<tr>
<td>SET 2B: CARE AND TREATMENT FOR HIV-INFECTED CHILDREN</td>
</tr>
<tr>
<td>14</td>
</tr>
<tr>
<td>SET 6: AGYW, GBV, and OVC</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>SET 7: HTS</td>
</tr>
<tr>
<td>53</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL NUMBER (HAND TALLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td># Green</td>
</tr>
<tr>
<td>180</td>
</tr>
</tbody>
</table>

Percent (% of the total CEsIs that scored each color)
98.4% | 1.09% | 0.55% | 100%

Strengthen
- The team on the site has outstanding understanding of the Community-based Prevention, Care, Treatment and OVC activities
- Great documentation and filing practice,
- Excellent Data Quality Assurance and Quality Improvement/Quality Management system and activities in place, including development and implementation of QI projects.
- Data Verification on identified indicators revealed a 100% conformance with the source document for those indicators
### Background
- Ethiopia has set a national target to meet the 95-95-95 HIV global target by 2025.
- The challenge to address risk reduction is a significant problem that affects the target.
- Low HIV case identification among high-risk groups remained a major challenge that demanded a thorough review of testing strategies.
- After thoroughly reviewing the FY22 QI performance, the QI team found that case identification was among the indicators under performing during this period (October 2021 to January 2022).
- The QI team aimed to increase community HIV case detection performance at Addis Ababa city from the current 32% to 80% from Feb 1, 2022, to May 31, 2022, from the weekly target.

### Methodology
- The QI team used a model for improvement as an approach to run the improvement activity.
- Fishbone was used to analyze the root causes.
- The QI team conducted brainstorming sessions to generate change ideas to be implemented to bring about the needed improvement.
- A total of 48 weeks of data (16 weeks for baseline and 32 weeks during QI were included).

### Results
- As depicted on the run chart below, an improvement has been observed while tracking and monitoring the change overtime: case detection rate increased to 110% from the baseline of 83% surpassing our target of 80%.

### Conclusion
- Following quality improvement activity and strictly implementing change ideas, promising result has been achieved and effort to sustain and institutionalize the improvement culture into the program portfolio.
- Data by using local innovative change ideas, we can bring results that can be scaled up at a national level.

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**COVID-19 prevention and mitigation activity**

As part of the routine COVID-19 prevention integration in the community HTS, CDS/DM refilling, support group activity, VSLA meeting, gender dialogue, home to home visit for need assessment & service provision and other meeting sessions, COVID-19 prevention protocols were practiced. This is due to the fact that PLHIV are more venerable. Beyond Covid 19 vaccine demand creation and awareness creation activities, PPE/IPC materials and Hand washing facilities were distributed to all sub awardee LIPs.

SBCC materials were also distributed to the community beneficiaries including PLHIVS for awareness creation and about 10,000 IEC leaflets & 150 job aids were distributed.
A Journey from Being Hopeless to Being Hopeful

Hilina Terefe, 30 years women living alone in Addis Ababa Arada sub city Woceda 02 in rented private house. She has completed grade 8 and unable to continue due to family problem. Before 2 years, Hilina was with her husband & daughter and their many livelihoods had been dependent on her income she generated from selling of coffee & tea. Her husband was unwilling to engage in any jobs rather he usually beat and obliged Hilina to give him money for drinking alcohol & other non-essential personal expenses. This consecutive challenge leads her to engage in commercial sex work to fill her financial stress for the time being. But this brings another guilty feeling and discomfort in her emotions. She explains the situation as: “It was an easy task to get money but I would not in a position to get mental rest from my customers who are married & youths who could not able to understand my HIV+ status and their high risk to be vulnerability risk.” While she struggles with her emotion discomfort and depression, she continues her engagements as commercial sex worker to fill her income needs and her husband continued unwelcomed behavior of looking her as money making machine. In between, Hilina repeatedly gets opportunistic infection & bad health situation which leads her to feel hopeless, unworthy and helpless.

During this period, her daughter was enrolled in program and assigned social service worker has identified her situation through her daughter which makes her fortunate to see another hope horizons. After the team meets and discussed with her, they insist to start her own business making journey to detach her from previous commercial sex working business. Then, she has received chips roasting machine based on her needs & a seed loan from individuals to purchase raw materials like potato, and edible oil to start roasting. This leads her to get income and profit from daily selling. She repaid her loan and completed the loan she has taken. Now, she becomes a member of Village Saving & Loan Association/VSLA/. She has started saving to expand her business.

Her enrolment on Gender Based Violence (GBV) and SINOVUVO trainings helps her to re-craft her further while she strives to aware and support others with similar cause. She has also received psychosocial support by Volunteer & Social service workers which makes her be strong, empowered & self-confidence to face her life challenges while maintaining her positive state of mind.

Hilina is now a role model and started to lead a peaceful and wonderful life by going through the pave opened for unguessable opportunities by unleashing her in-depth potential for business making and work commitment. She said that, now I started the journey from being hopeless to hope giving for others.

As part of her effort, she attends three months food preparation program training opportunity obtained from Woceda administration she belongs. This shined strong hope to expand her business to restaurant level as part of her dream which make her to live a life of her own vision.

Remark: This success story is originated from MILDO, one of the 9 local implementing partners working with Mekdini Ethiopia National Association (MENA)

1 Consent was obtained to use her identifiers for dissemination and awareness creation purpose
SUCCESS STORY

“Awareness Shifts the Lost Care Seeker to A Dedicated Caregiver”

Mrs. Almaz 2 is a 30 years old woman from Nifas Silk Sub-city, Addis Ababa. she started to live her life with her family peacefully until her husband passed away unexpectedly and their family lives started shifting the groom’s face.

Consequently, she also became ill and was admitted to a woreda-9 health facility. She was consulted for HIV testing and the result was found to be positive which is totally unacceptable and questionable for her. After lots of counseling effort, she eventually accepted the result and started ART medication instantly. Her son also got HIV test and the same result was obtained.

After Almaz and her son started antiretroviral therapy (ART), eventually they disappeared from health facility follow-up for 7 months and stopped taking their medication, which results in HIV viral increment.

And, as part of routine activities, one of the sub-awardees in the current program named Fayyaa Integrated Developmental Organization (FIDO) Community engagement Facilitator (CEF) collect Mrs Almaz and her son from their ART follow-up. Among those who lost from the health facility were Almaz and her son on the list. Then the journey started to track and found her. After tedious and difficult tracking processes, the CEF eventually traced and found her. Then the assigned CEF prepare an action plan and counseled her on the importance of taking ART medication for leading a healthy life and sustainable life changes. As part of the counseling and follow-up efforts, she finally agreed and decided to resume her medication. Following proper medication regularly, HIV virus in the body has dropped drastically which even makes her and her son hopeful about their future.

Currently, she has become part of the community volunteer working in this project supporting tracing those clients who lost from follow-up and supporting family HIV testing by sharing her own lessons and benefits. Her son also becomes part of a group of adolescents living with HIV (peer group) to ensure long-term adherence to treatment and school attendance. Almaz has participated in the village savings loan association to strengthen her/his family income and this shows promising results to strengthen her business attempts.

By now, she aspires to see her son’s bright future and she understands her role in maintaining the family’s health and proper medication follow-up.

By now, her exposure and awareness changed her from a lost care seeker to a dedicated caregiver for others struggling the same battle.

This opens a new chapter to focus on matters that can be improve and she is seriously working on it for seeing her family’s better life.

She expressed her current status as “I benefited because I become aware”.

Remark: This success story is originated from Fayyaa Integrated Developmental Organization (FIDO), one of the 9 local implementing partners working with Mekdim Ethiopia National Association (MENA).

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2 Consent was obtained to use her identifiers for dissemination and awareness creation purpose.
### Summary of Financial Accomplishments, FY22 (October 1, 2022-September 30, 2022)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remaining balance</td>
<td>$16,428.35</td>
</tr>
<tr>
<td>Expenditure (Accrual and actual disbursement)</td>
<td>$4,542,281.55</td>
</tr>
<tr>
<td>Obligated to date</td>
<td>$4,558,710.00</td>
</tr>
<tr>
<td>Life of Activity budget</td>
<td>$6,387,450.00</td>
</tr>
</tbody>
</table>

**Figure 21: Financial Accomplishments, FY22**

### Financial Expenditure Report by Cost Description (in USD)

- **Salaries**: $768,977.13 (14%)
- **Fringe Benefits**: $32,422.21 (1%)
- **Consultants/Professional Fees**: $8,295.53 (0%)
- **Travel, Transportation & Per Diem**: $9,240.80 (0%)
- **Equipment/Supplies**: $19,772.26 (1%)
- **Other Direct Costs (Office Expense)**: $142,230.69 (3%)
- **Program Delivery Cost**: $554,644.64 (15%)
- **Indirect Cost**: $8,608.27 (0%)
- **Sub-Awards**: $2,778,757.11 (51%)

**Figure 22: Financial Expenditure Report by Cost Description (in USD)**
SPECIAL THANKS GOES TO

City Administration of Addis Ababa,
Bureaus of Health, Finance, Women and Social Affairs and their line offices at sub city and Woreda level.

Community Stakeholders
• CCCs, FBOs, CBOs
• Health Facilities
• PLHIV Associations

Our Technical Assistant Partners

Project HOPE, fhi360, ASAP

Our Local Implementing Partners

Maedot, Mahibere Hiwot for Social Development, FOYRA, BEZA, CVDA

THANK YOU FOR BEING WITH US