MEKDIM ETHIOPIA NATIONAL ASSOCIATION (MENA)

USAID FAMILY FOCUSED HIV PREVENTION,
CARE & TREATMENT PROGRAM BOOKLET

(OCT 2020-SEP 2021)
MEKDIM ETHIOPIA NATIONAL ASSOCIATION (MENA)
USAID FAMILY FOCUSED HIV PREVENTION,
CARE & TREATMENT PROGRAM

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Goals, Strategic Objectives, and Expected Outcomes of FFHPC&T Program

Goal: 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

<table>
<thead>
<tr>
<th>Result</th>
<th>Strategic Objective</th>
<th>Intermediate Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result 1: Increased Community Care and Treatment</td>
<td>Strategic Objective 1: Increased access &amp; demand to family-focused HIV services that reduce HIV incidence in the community</td>
<td>IR 1.1 Improved HIV testing and counselling in the community</td>
</tr>
<tr>
<td></td>
<td>Strategic Objective 2: Increased adherence and retention on ART through targeted community case management including adherence counselling and support, disclosure, and psychosocial services for PLHIV</td>
<td>IR 1.2 Improved Retentions rate and adherence services</td>
</tr>
<tr>
<td></td>
<td>Strategic Objective 3: Implement community-based differentiated care model, including Health care worker manage Community ART Group; Peer Led Community based ART Distribution/ PCAD and adherence clubs to improve adherence and retention on ART and achieve viral load suppression.</td>
<td>IR 1.3 Improved implementation of community-based differentiated care model</td>
</tr>
<tr>
<td></td>
<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>IR 1.4 Improved GBV screening and referral service</td>
</tr>
<tr>
<td>Result 2: Increased access to high impact and community-based HIV prevention and social services for OVC</td>
<td>Strategic Objective 5: Provided a comprehensive service for OVC</td>
<td>R 2.1 Improved Comprehensive OVC services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IR 2.2 Engaging OVC beneficiaries into Economic strengthening services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IR 2.3 Improve linkage to and uptake of GBV services by strengthening referrals to health facilities for Adolescents and PLHIV exposed to GBV in communities</td>
</tr>
<tr>
<td></td>
<td>Strategic Objective 6: Prevent/reduce HIV and violence among 9 – 14-year-old</td>
<td>IR 2.4 Improved primary prevention of sexual violence and HIV for 9-14 years old boys and girls</td>
</tr>
<tr>
<td>Result 3: Improved functional Monitoring and Evaluating/QI Services</td>
<td></td>
<td>IR 3.1 Strengthened utilization of data to monitor service delivery and conduct quality improvement of program services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IR 3.2 Improved quality management services</td>
</tr>
</tbody>
</table>
McKdim 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 of as pioneer. MENA inception starts 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 contribute as pioneer towards the national HIV prevention and control movement to establish national research council under the prime minister office.

As a result, MENA becomes non-profit, non-religious and non-partisan membership organization which has been working legally by registered under Ministry of Justice and re-registered according to the new Ethiopia Civil Societies Proc. No 1113-2019.

Upon its inception, MENA starts 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 HAPPPCO 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.

By using MENA previous program implementations success and its previous experience in implementing USAID and other donor-based 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). For this, it’s remarkable previous projects implementation history and its core focus on HIV AIDS based programs become a pillar for getting this award, professional program management and transparent and participatory management has contributed to the selection and success at hand.

MENA program success emanates for its goal and formation, and its first-year FFHPC&T program achievement is a cumulative share of all Local Implementing Partners, Technical Assistant partners, government officials and respective experts, executive boards members, management members and whole staffs. 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 and all staffs for their high commitment and dedication for realization of FFHPC&T yearly program achievements in particular and the overall MENA success and current status in general.
Key Message from FFHPC&T Program – Chief of Party

Mekdim Ethiopia National Association (MENA) is awarded with the 3-years (August 12, 2020 to August 11, 2023) on 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 (7206620CA00012) 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. The project implementation success and challenges were points of discussion and the PEPFAR priority program areas also addressed during the planning process.

Though there are ups and downs encountered during project implementation period, we are able to achieved remarkable results in almost all assigned annual targets which will be presented in this booklet under fact and figures of the year. I would like to forward my sincere appreciation and acknowledgment to the people of America for their kind generously 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, FH1360, ESSWA and ASAP contributed a lot in the standardization of program areas in multiple packages through different forums.

In FY2023 project implementation period partnership among stakeholders and Community-Facility collaboration will be strengthened with best achievement in all program areas focusing on quality health services delivery at all levels.
**HIV Service Component Facts and Figures Summery (FY2022)**

**Objectives-FY-2022**

Family focused HIV prevention care and treatment Activity /FFHPCTA/ - as its name refers it provides the continuum of HIV and related service centred individuals and extends to the family /household/, community and system level strengthening /especially community structure/ by using socioecological model.

The unique feature of this activity is implementation of integrated OVC mitigation and adult HIV care and treatment service, which was previously implemented as two separate programs.

The integration brings utilization of resource efficiently at the ground level through addressing both sub population found in the same household with the same human personnel and efforts.

The continuum of care incorporates:

1. Prevention service: - through provision of curriculum-based education 9-14 yrs old, IEC/BCC materials and condom distribution
2. HIV positive case finding: -

   This is implemented by focusing index case testing modality conducted mainly through community based conventional testing followed by HIV self-test (assisted /unassisted) and health facility referral testing option based on client's preference.

   The case finding accompanied by test and treat national direction. Thus, all identified cases linked to the health facilities for ART initiation

3. Improving adherence and retention of PLHIV on care and treatment: -

   This is implemented through community-based case management service. It provided based on clients need and available resource at the community.

   The unique opportunity in this activity used to improve adherence and retention is through client's empowerment by increasing the literacy on HIV, have ongoing discussions on achieving positive living and peer group experience sharing on their common life long health challenges through established platforms such as, support group/SG/, community group ART distribution service /CDSDM/, Village Saving and Loan Activity group/VSLA/ etc.

4. Group based ART distribution at community settings /CDSDM/: -
This is to ensure people centred service by availing more option for clients. Besides, not only benefits clients from peer experience sharing, saving time, reducing expense for transportation and achieving empowerment but also increase public health facility efficiency.

Therefore, the family focused HIV prevention care and treatment service is contributing to efforts to strengthen the local HIV epidemic control to achieve the three 95 targets using different strategies and program intervention that increases case detection and strengthen care and treatment program.

1) To address about 13805 contacts of index cases through conventional testing at the community
2) To detect 1784 new positives from index case testing at the community level
3) To distribute 11170 HIV self-test kit for those who are at risk of acquiring HIV to test themselves by their own or with assistance to know their HIV status
4) To enroll around 14610 clients to comprehensive case management to improve adherence, retention and quality of care
5) To provide 5400 interventional adherence counselling for those who have poor adherence to their antiretroviral therapy (ART) treatment
6) To enroll 8,052 clients into community ART distribution groups (CAG/PCAD) services
7) To make around 5850 different bidirectional referrals for those who are in need of community and health facility services
8) To re-engage 1874 clients those who are lost from their chronic care follow up
9) To refer 3559 targeted reproductive age group women focusing women living with HIV to be screen for cervical cancer after demand creation at community level
Comprehensive community-based case management

In the community-based case management services FY-22 planned to recruit and deliver community-need-based case management services to 14,610 PLHIVs from health facilities, communities, and PLHV associations in FY22. As a result, 14,878 new PLHIV were recruited, need assessments were done, and they were subsequently enrolled in case management service.

Cervical cancer demand creation and referral

Cervical cancer screening for HIV-positive women is included into routine HIV treatment services in-country programs to allow for early and informed response in the event of adverse results. The aim for FY22 was to create cervical cancer demand for 35,589 WLHIV and refer 5,338 women living with HIV for screening services. Demand creation and cervical cancer screening services were offered. As a result, cervical cancer information was delivered to 35,176 HIV-positive women.
Community-level tracing of Interruption In treatment (IIT)

One of the key actions under the family-focused HIV care and treatment scope of activities is tracing and reengaging clients who have been interrupted from ART follow-up using the community platform.

MENA planned to re-engage 1874 clients who had interrupted treatment in the FY22 implementation period. In accordance with this, all sub-LIPs received a total line list of 2503 LTFU clients from various health institutions. From the total received IIT clients, MENA reengaged 1561 (62.4%) of client to treatment. From the total reengaged to treatment cases Females account nearly 55.5%.

Community-based EAC for High viral load clients

MENA received 302 adult line lists with high viral loads from the health facilities found in the 11 sub-cities. About 300 were contacted and got the community EAC services. Of the 300 contacted clients, 158 completed the first EAC cascade and reassessment of viral load, with 115 suppressed forms exhibiting high viral load and 33 had unsuppressed viral load report. About 43 clients continued the second EAC services.
Approximately 39 clients with unsuppressed HVL were contacted for the second EAC services, with 16 completing the services and undergoing viral testing for the second test. Around ten of the clients had their viral load suppressed.

**Strengthening the bi-directional referral Service**

Enrolment in case management was the first step in accessing various services for PLHIV. Referral and linking networks across facility, community, and social services have been strengthened and made available to clients who require additional clinical, social, psychological, and other services while receiving care and assistance. During the FY22 implementation period, it was planned to provide bidirectional referral service to 7383 clients, in the implementation period 6759 referrals were made for a different type of service giving 92% from the annual target.
Community Differentiated services delivery model (HEP-CAG and PCAD)

MENA established 202 HEP-CAG HEP-CAG with 1030 members giving 36.4% of the FY 22 annual target, and 216 PCAD with 1021 members giving 36.4% of the same year of implementation period annual target.

MENA has 792 active HEP-CAG groups with 4042 members and 374 active PCAD groups with 1776 members based on cumulative performance report.

Orphan and Vulnerable Children (OVC) Component Facts and Figures Summery

Mitigation Services for Vulnerable Children (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,
- SI NOVIYO and
- Coaching Boys into Men
1. OVC_COMPREHENSIVE SERVICES

To attain the goal, the program could provide PEPFAR-eligible services to 60,420 OVC and their caregivers in the first semiannual. Out of the total 36,448 are OVC that received a range of services like age-appropriate, gender-sensitive HIV prevention education, adherence counseling, hygiene counseling and WASH messaging school attendance monitoring services, food support, ES strengthening activities (like linking beneficiaries to formal financial services, linked household to cash transfer) and scholastic materials.

Moreover, the program could record comprehensive services for the targeted beneficiaries. 3509 children have received more than 5 variety of selected services which is crucial to attaining the global graduation benchmarks.

Children and their primary caregivers receive services every quarter according to their needs. During the second semiannual, services started promptly after assessment and continue without unnecessary interruptions. Accordingly, 33,783 OVC and 6605 caregivers received a minimum of one care service.

2. OVC_HIVSTAT
During the implementation year, 98.2% of the total served Children have known their HIV status. As is shown in chart 390 Served children unknow their status, which needs the program’s attention during the next implementation year.

3. HIV CLINICAL CASCADE
4. OVC_GADUATION

The entire household (beneficiary children and primary caregivers) who have achieved all relevant graduation benchmarks are expected to be discharged from the program. During the implementation year, the program could graduate 9843 OVC and 5663 caregivers. Accordingly, their cases have been closed and additional eligible beneficiaries are substituted instead.
5. 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.

<table>
<thead>
<tr>
<th>LIP</th>
<th>Target</th>
<th>CBIM</th>
<th>IMPower</th>
<th>SINOVUYO</th>
<th>Total</th>
<th>% Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPDO</td>
<td>1211</td>
<td>425</td>
<td>421</td>
<td>362</td>
<td>1208</td>
<td>100%</td>
</tr>
<tr>
<td>CVDA</td>
<td>3746</td>
<td>1322</td>
<td>1369</td>
<td>1125</td>
<td>3816</td>
<td>102%</td>
</tr>
<tr>
<td>FHIDO</td>
<td>3730</td>
<td>1310</td>
<td>1422</td>
<td>1129</td>
<td>3861</td>
<td>104%</td>
</tr>
<tr>
<td>FIDO</td>
<td>736</td>
<td>267</td>
<td>386</td>
<td>214</td>
<td>867</td>
<td>118%</td>
</tr>
<tr>
<td>LCF</td>
<td>3126</td>
<td>1099</td>
<td>1333</td>
<td>993</td>
<td>3425</td>
<td>110%</td>
</tr>
<tr>
<td>LIA</td>
<td>762</td>
<td>259</td>
<td>275</td>
<td>230</td>
<td>764</td>
<td>100%</td>
</tr>
<tr>
<td>MAEDOT</td>
<td>5649</td>
<td>1963</td>
<td>2226</td>
<td>1472</td>
<td>5661</td>
<td>100%</td>
</tr>
<tr>
<td>MENA</td>
<td>715</td>
<td>270</td>
<td>263</td>
<td>219</td>
<td>752</td>
<td>105%</td>
</tr>
<tr>
<td>MSD</td>
<td>3449</td>
<td>1277</td>
<td>1483</td>
<td>1131</td>
<td>3891</td>
<td>113%</td>
</tr>
<tr>
<td>Total</td>
<td>23124</td>
<td>8192</td>
<td>9178</td>
<td>6875</td>
<td>24245</td>
<td>105%</td>
</tr>
</tbody>
</table>
Economic Strengthening Activities

In the last 12 months, 160 Village Saving and Lending Association (VSLA) established through the nine LIPs in 10 Sub Cities of Addis Ababa. As a result, 489,683 birr saved and 2135 caregivers (101 male and 2034 female) benefited from household economic strengthening (ES) services, mostly savings groups (SGs).

<table>
<thead>
<tr>
<th>VSLA Establishment</th>
<th>Total Group Members</th>
<th>Total Saving in ETB</th>
<th>Social Fund Saved in ETB</th>
<th>Total Loan Dispersed in ETB</th>
</tr>
</thead>
<tbody>
<tr>
<td>150</td>
<td>2135 (101 Male &amp; 2034 Female)</td>
<td>489,683</td>
<td>25,929</td>
<td>111,687</td>
</tr>
</tbody>
</table>

**VSLA FY2022 summary**

<table>
<thead>
<tr>
<th>Name of LIPs</th>
<th>Total # of Group</th>
<th># of Group Members</th>
<th># of VSLA Group</th>
<th>Total Saving</th>
<th>Amount of Social Fund</th>
<th>Amount of Loan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madot</td>
<td>23</td>
<td>400 20</td>
<td>423 17 23</td>
<td>158,797</td>
<td>20,243</td>
<td>31,500</td>
</tr>
<tr>
<td>LCF</td>
<td>18</td>
<td>372 2</td>
<td>374 17 18</td>
<td>105,960</td>
<td>5231</td>
<td>21,650</td>
</tr>
<tr>
<td>FHIDO</td>
<td>18</td>
<td>218 10</td>
<td>228 17 18</td>
<td>139,750</td>
<td>4551</td>
<td>89,810</td>
</tr>
<tr>
<td>MENA</td>
<td>14</td>
<td>173 12</td>
<td>194 12 14</td>
<td>44,602</td>
<td>1,578</td>
<td>2000</td>
</tr>
<tr>
<td>CVDA</td>
<td>12</td>
<td>124 8</td>
<td>132 12</td>
<td>42,540</td>
<td>3,605</td>
<td>5000</td>
</tr>
<tr>
<td>FIDO</td>
<td>12</td>
<td>195 26</td>
<td>224 10 12</td>
<td>124,100</td>
<td>12,105</td>
<td>30,000</td>
</tr>
<tr>
<td>MSD</td>
<td>17</td>
<td>234 30</td>
<td>264 15 17</td>
<td>52,660</td>
<td>5757</td>
<td>5150</td>
</tr>
<tr>
<td>LIA</td>
<td>7</td>
<td>195 5</td>
<td>203 10 7</td>
<td>47,000</td>
<td>5000</td>
<td>-</td>
</tr>
<tr>
<td>BPDO</td>
<td>6</td>
<td>80 -</td>
<td>80 10 6</td>
<td>13,560</td>
<td>2500</td>
<td>5000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>127</strong></td>
<td><strong>1997 113</strong></td>
<td><strong>2122 120 127</strong></td>
<td><strong>728,859</strong></td>
<td><strong>60,570</strong></td>
<td><strong>190,110</strong></td>
</tr>
</tbody>
</table>
Major Monitoring & Evaluation (M&E) and QI Activities conducted
MENA M&E team has ensured the availability of the major M&E tools and formats with functional M and E system in the LIPs/SNUUs. The team has also ensured that the LIPs are using their performance targets for performance improvement and continuous program monitoring and evaluation. The program staff reviewed its performances regularly in a weekly basis with program specific presentation slides internally. MENA M&E team is also active in Conducting performance review meetings regularly on monthly basis with all LIPs program staffs. Over the last implementation period (October 2020 to September 2021), the key Monitoring and evaluation activities at MENA and its sub awardees were Monitoring and Evaluation, Analysis of Data and Reporting, Capacity Building, Accountability and Organizational Learning.

Data Use - Strengthening data use through the implementation of Unified Data System (UDS)

Continues support on achieving real-time data entry through:

✓ Conduct Refresher training on CommCare for all LIPs
✓ Supply additional smartphones based on standard specification (need based)
✓ Implementing Partners data entry and reporting follow-up.
✓ Daily and weekly follow up regarding reported VS entered data
  ✓ Web-based Access and Dashboard

Summary of Key Strengths of the activity

- **Targeting HVC**: Prioritizing the seven sub populations, creating synergy between HIV SERVICE & OVC program
- **Applying Case management approach** (identification through Case Closure) addresses holistic needs of OVC
- **Empowering** individuals Equip Case Workers, Social service Workers and key staff to provide information and counseling for ART adherence, positive living to HIV-positive children and their caregivers, reinforce Viral Load messaging.
- **Signed MOU with over 100 health facilities to identify HIV-positive children who are lost to follow-up (LTFU) for pediatric RT**
- **Savings Groups** serve as a popular platform for layering HIV services - Testing, Linkage and VLS
- **Partnership and Networking** with GOs, HFs, Schools, CC/CCCs and TA Partners
- Conducting Regular JSS Quarterly, Bi-weekly and Monthly Performance meeting

**Summary of key Program Challenges**

- **Resource** constraint to address extensive needs of vulnerable children and HHs
- **Location**: HIV+ children living outside SNUIs, making enrolment and follow up a challenge.
- **Data Quality**: HIV+ children data discrepancy
- **Start-up delay**: Primary Prevention Interventions start up due to absence of certified Trainers (TOIs, Instructors, Facilitators, and Coaches)
- **COVID19** Pandemic
- Community Care Coalition (CCC) / Community Conversations not active and still not legally established.

**Opportunities for Improved Program Results**

- Availability of Case Management Standard Operating Procedures (SOPs), Tools and training manuals
- Working closely with Bureau of Health (BoH), Bureau of Women and Children (BoWC), Bureau of labor and Social Affairs (BoLSA), Health Facilities, Schools, CC/CCCs and Technical Assistant (TA) Partners
- Day to day monitoring progress and performance through Accountability
- LIPs building high preforming team
MEKDIM ETHIOPIA NATIONAL ASSOCIATION


<table>
<thead>
<tr>
<th>Cost Description</th>
<th>Total budget amount USD</th>
<th>Cumulative expenditure to date USD</th>
<th>Burn Rate USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. SALARIES</td>
<td>187,533.48</td>
<td>188,779.97</td>
<td>7,719,416.64</td>
</tr>
<tr>
<td>II. FRINGE BENEFITS</td>
<td>63,569.76</td>
<td>71,399.55</td>
<td>2,965,142.67</td>
</tr>
<tr>
<td>III. CONSULTANTS / PROFESSIONAL FEES</td>
<td>6,300.00</td>
<td>6,259.27</td>
<td>258,979.25</td>
</tr>
<tr>
<td>IV. TRAVEL, TRANSPORTATION &amp; PER DIEM</td>
<td>4,533.90</td>
<td>2,810.84</td>
<td>114,154.11</td>
</tr>
<tr>
<td>V. EQUIPMENT / SUPPLIES</td>
<td>22,881.36</td>
<td>28,758.36</td>
<td>1,109,132.49</td>
</tr>
<tr>
<td>VI. OTHER DIRECT COSTS (OFFICE EXPENSE)</td>
<td>11,299.44</td>
<td>18,843.69</td>
<td>794,640.91</td>
</tr>
<tr>
<td>VII. PROGRAM DELIVERY COST</td>
<td>139,436.03</td>
<td>142,233.52</td>
<td>6,046,089.79</td>
</tr>
<tr>
<td>VIII. INDIRECT COST</td>
<td>203,191.01</td>
<td>231,463.61</td>
<td>9,605,272.69</td>
</tr>
<tr>
<td>VIII. SUB-AWARDS</td>
<td>1,490,404.99</td>
<td>1,406,809.49</td>
<td>57,826,631.79</td>
</tr>
<tr>
<td>Total</td>
<td>2,129,149.96</td>
<td>2,097,358.28</td>
<td>86,439,460.34</td>
</tr>
</tbody>
</table>

Table 1. Program Expenditure Summary report (Oct 1, 2020-Sep, 30, 2021).

Figure 4: Financial Burn Rate Report by Type of Expenditure
GBV and gender-related accomplishments from October 1, 2021 to September 30, 2022

Gender and GBV education and awareness have increased.

- To ensure the sustainability of women’s empowerment and create gender sensitive culture within the organization, Mi:\NA Conducted, Gender, Safeguarding and Sexual Exploitation Abuse and Harassment policy Orientation for Male and——— Female——— lead office staff.

Provide training to MENA and LIPs staff on various gender and GBV issues.

- GBV Comprehensive training was provided to NINE LIPs, including MENA A. A branch total of 36 (---Female and---Male) Gender focal and officers were trained.
- Child Abuse Training was provided to NINE LIPs, with a total of------(Male-Female--- Total) participants completing the training.
- Basic GBV training provides for 158 CRP (Male ---Female) --- Total

Provide technical assistance

- Regular supportive supervision was conducted for nine LIPS, including MENA Addis Ababa branch, to strengthen GBV screening and referral.

MENA delivers GBV screening and referral services.

- GBV screening is conducted for ------- Female and------- Male total ------- As a result of these screening evaluations: ------- GBV cases are identified and get referral support based on their needs such as legal, economic, health, and psychological.

Strengthening and Conducting Gender Norm Dialogue Sessions

- MENA provides two days of Gender Norm dialogue session facilitation skills training for LIPs staff: 27 (Male 4 Female 23), were participants
- Mi:\NA is conducting gender norm dialog sessions through the existing platforms such as VSLA and CAG with LIPs with -------group members ----- participants (female and male) are attending the session

Strengthening Networking and collaboration among stockholders

- GBV Service directory and stack holder mapping orientation were conducted for 66 (male51 and female 15) government stakeholders and CCC members.
Article

Using quality improvement model to accelerate HIV case detection among HIV index case contact at the community level towards the 95:95:95 HIV global target in Addis Ababa

Background

Innovative HIV case detection method in a community setting is critical to speed up the national epidemic control. In Ethiopia, HIV testing for index case testing at both health facilities and community settings. However, low case identification and low positivity yield were observed.

Mckdim Ethiopia National Association (MENA) provides technical support to local implementing partner (LIPs) that received funding from the USAID to conduct index case contact testing at community level.

The aim of this quality improvement project was to develop improve HIV case identification in a community setting to contribute to national epidemic control

Methods

A Quality Improvement (QI) team oversee the performance and conducted the root cause analysis using fishbone and process mapping. the QI team generate change idea as strategy like on-spot elicitation, prioritizing the newly identified clients and clients with high viral load, and focused mentorship on yield maximization. Data were collected weekly base plotted it on a run chart to observed improvements.

Results

From given target of 80%, the rate of new case identification increased from 11% to 88% and the positivity rate also increased from 6% to 11% in seven months (January 2022 to July 2022). When we compared with this result with baseline, we have achieved 77% increment at the end of the project period.

Conclusion

The change ideas implemented by the multidisciplinary team brought an improvement in process and outcome measures which improved the case identification. Community HIV project implementor organizations can also further investigate and optimize QI as tools in their settings. Thus, implementing continuous quality improvement initiative for improve case detection and yield maximization is visible in community setting at all level.
SUCCESS STORY

A new sun rises begins in Suru’s and his family life!

Mr Nasir says “adherence to the medication improves my child health, now he has better life and I wish all similar children to get the same”.

Suru Nasir was born in Gulele subcity woreaa 10, from his mother Mrs Ayantu Daba and his father Mr Nasir Mohammed in 2003 E.C. He had HIV at birth. After Suru’s birth, things were not going well and his families got separated.

Then Mrs Ayantu forced to start raising her child alone till she was seriously sick, and died when he was 6. After his mother’s death Suru started to live with his father. Mr Nasir was not quite a father; he did not give medicine or provide food properly. As a result, Nura had poor attendance at school. Two years after Mrs Ayantu’s death, Mr Nasir even stopped Suru’s medicine and he took him to spiritual places.

This is the time, Common Vision Development Association (CVDA) which is one of local implementing partners in the current program volunteer named Etsugenet Asfaw has been noticing Suru’s condition and consult and discuss to convince his father to enroll to care and treatment service at Gulele Sub city Health facility. However, Mr Nasir was not willing at first, since he believed his son will be healed by prayers. Then, Etsugenet (the volunteer) convinced him that he can get both services and the medicine will not contradict with his spiritual prayers. Beside she promised to support him in a way and can visit and follow him every week.

Then, Mr. Nasir agreed to return his child to hospital to resume his medication.

As promised, Etsugenet started to follow closely Suru’s condition. She also approached and discussed with the Social Service Worker in her area, and they took him to the Government’s Women and Children Office.

Then, they discussed and agreed to provide 360 ETB every month and to save 140 ETB at bank for his future expenses and plans. On top of this, Etsugenet also linked him to get nutritional support for high viral load to solve the current condition and he received 25 kilo wheat and 3 liters of cooking oil from the Local Implementing partner where she volunteer.

Due to collective efforts, Suru has now a suppressed Viral Load and he had good attendance at school.

Mr Nasir is happy now to see his child playing with his peers and attending his education regularly.

Currently Suru is taking medicine on time and his viral load is suppressed and attending his grade 4 school. A new sun rises begins in Suru’s and his family life.

Mr Nasir says “adherence to the medication improves his child health, now he has better life and I wish all similar children to get the same”.

Photo: Nuru wearing his school uniform; credit: CVDA

Remark: This success story is originated from CVDA, one of the 9 local implementing partners working with Medhin Ethiopia National Association (MENA).
Derartu and Ashagre got married 13 years ago and lived with their two children Addis Ketema Subcity Addis Ababa, Ethiopia. The couples were not aware of the importance of being tested for HIV before Mrs Derartu’s pregnancy with her first baby. Upon their visit to health facility the health care provider counseled the couple to get tested for HIV, their test result was far from their expectation, Ashagre’s result was HIV positive, and Derartu is HIV negative. It was very hard for them to accept the result, soon after the case, Ashagre’s behavior totally changed, ‘He acts like a stranger.’ Derartu said sobbing in between her explanations “He became abusive, sexually and economically. Doesn’t want to use condom and not allow me to have a job rather he prefers to make me dependent on his unstable income”.

Then, Mrs Derartu enrolled to Family Focus HIV Prevention Care and Treatment services in October 2020 and took frequent visits from the case worker and social service worker assigned as she lives with discordant couple. While they are trying to find a way to support the family, they found that Mrs Derartu can sew clothes since she has experience of working with her parents before. Nazravit who is a focal person for resource mobilization at Maedot, found a charitable association that could provide a sewing machine for Mrs Derartu and start new business in her village. Then the remaining headache was her husband’s lack of interest and awareness on use of condom in such discordant family. After tireless efforts made by Maedot teams including Nazravit, her husband also got enrolled in a group and in village savings and loan group to support his family hope and future. Now he shared experiences with other members about his journey. Mrs Derartu testimony the change and they understand that they need to protect and care their child before anything. Mrs Derartu remarks the change by saying, “You have not only saved my life, but also my children’s”.

Now the family lives improve after the intervention and her husband started participating in monthly care and support meeting where the impact of gender-based violence is discussed.

Photo: Mrs Derartu receiving sewing Machine  credit: Maedot

Remark: This success story is originated from Maedot, one of the 9 local implementing partners working with Meledim Ethiopia National Association (MENA).
SPECIAL THANKS GOES TO

Government Stakeholders
- BoH, HAPCO, BoWC, BoLSA, BoFED 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 ESSSWA

Our Local Implementing Partners
- Maedot
- Mahibere Hiwot for Social Development
- FaYyra
- BEZA
- CVDA

THANK YOU FOR BEING WITH US