MEKDIM ETHIOPIA NATIONAL ASSOCIATION (MENA)
USAID FAMILY FOCUSED HIV PREVENTION, CARE & TREATMENT Activity BOOKLET
(OCT 2022 – SEP 2023)

www.mekdimethiopia.org
MEKDIM ETHIOPIA NATIONAL ASSOCIATION (MENA) USAID FAMILY FOCUSED HIV PREVENTION, CARE & TREATMENT ACTIVITY IN ADDIS ABABA

Disclaimer

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Our Contact

📞 +251-111-22 88 44/43
✉️ info@mekdimethiopia.org
🌐 www.mekdimethiopia.org
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

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<td></td>
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Mengistu Zemen Zewdie
Executive Director

Mengistu Zemene is an Executive Director of Mekdim Ethiopia National Association (MENA). He was one of the first persons who publicly disclosed his HIV status, well aware of the risk of facing stigma and discrimination. Currently he is leading the renowned and pioneer national association for the past 28 years with tremendous skills by closely working with all members, staffs, donors, volunteers and all government and community stakeholders to saves life and end HIV AIDS in the country as part of the 2030 goal.

Prior to his assignment as executive director at Mekdim Ethiopia National Association, he joined Ethiopian Catholic church and served as trained counselor at St. Mary counseling and social service center.

Lately in 1995, he was fortunate enough to establish Mekdim Ethiopia National Association (MENA) with three other HIV positive people and nine orphan children.

Currently the association has more than 10,500 members, 230 staffs, 7 branch offices nationwide that brought hope and comfort to many HIV positive peoples and provide different health services for free. His continued and unmatched courage in living openly with HIV and his outstanding leadership, dedication and commitment has helped and educated millions of Ethiopians till now. Mekdim is implementing PEPFAR supported USAID Family Focused HIV Prevention, Care and Treatment program in Addis Ababa as prime partner where Mengistu takes the lion lead with other program managers in successful project management and community based successful implementation for the last 3 years.
Mengistu was behind success of other sister organizations formation including Dawn Of Hope Ethiopia through mentorship and guidance, he was initiator of the establishment of Network of People living with HIV associations (NEP+), which is now an umbrella of more than 400 Association in the Country where he also served as Board chairman for 5 years, and he also served as member of Management and Review Board in the Federal HIV AIDS prevention and control office where he boldly contribute towards national wide prevention and treatment activities. As part of his effort, he was nominated for ‘PEPFAR HEROS: Giving Hope, Saving Lives Award in 2013 as among the 3 Ethiopians. On top of this, Mengistu received awards and recognitions from many parties including from the hands of Excellencies Meles Zenawi and President Girma W/Geyorgis, the former Prime Minister of FDRE and former President of FDRE respectively.

In his quest to live positively, he earned diploma in Law from Queens College, Degree in law from Addis Ababa University. The journey and self-development continue and he is currently on the last lap to complete his master’s degree in Social Work from St. Mary University.

As strong believer in the power of coordinated community interventions to accelerate progress and make comfortable services in healthcare, Mengistu is contributing towards realization of localization approach of PEPFAR, strengthening of community engagements and partnerships.
MENA, awarded a 5-year extension (August 12, 2020, to September 30, 2025) by USAID for HIV Prevention, Care, and Treatment Services in Addis Ababa, aims to strengthen local HIV control with a 95% target for HIV status awareness, treatment initiation, and viral load suppression by 2025. USAID funds this project under PEPFAR through Cooperative Agreement 72066320CA00012, with a budget of $6,870,194.00 by the end of FY2023, executed by six local partners across eleven sub-cities in Addis Ababa.

Year 3 of the project began with collaborative workplan development, followed by a workshop involving USAID representatives, TA partners, subaward LIPs, and government and non-government stakeholders. Successes and challenges of project implementation were discussed, along with addressing COP22 PEPFAR program priorities.

FY2023 witnessed remarkable achievements across annual targets, detailed in this booklet. Enhanced representation in national and international forums reflects strengthened partnerships among stakeholders. Assessments by ASAP II, FHI360, and Project Hope confirmed organizational growth in technical capacity for OVC and Care & Treatment activities.

We express our deep gratitude to the people of America for their generous funding through PEPFAR/USAID, and our government partners from Addis Ababa City Administration. Technical assistance from Project Hope, FHI360, and ASAP II has been invaluable in standardizing program delivery and ensuring quality services.

In FY2024, we aim to strengthen partnerships and community-facility collaboration, emphasizing quality healthcare services delivery. We will also focus on new initiatives, including Adolescent & Youth Differentiated Service Delivery, Non-Communicable Disease and HIV integration, and Mental Health & Psychosocial services.
The family Focused HIV prevention, care and treatment activities was contributing to the 1st 95 UNAIDS goal by providing Community based HIV testing services and HIV self-test both assisted and unassisted. The following are the key list of activities:

- Receive line list of Index clients & Contacts from Health Facility
- Contacts tracing and providing testing service.
- Escorted linkage of identified HIV+ cases to facility for ART initiation
- Communicate outcome of line list to HF
- Counsel and educate families on disclosure.

In the FY23 MENA has tested 13,611 index contacts for HIV through community level testing, with a total of 922 new positives identified, giving a yield of 6.78%. In addition to community-level testing, during the same period of implementation, the program referred 70 index contacts to health facilities, with the identification of 4 new positives. MENA also distributed 14,367 HIV self-test kits to index contacts, from which 129 new positive identified. From the total identified new positive (922) 98% were linked to ART care and treatment services.

As part of the national Pediatrics HIV program Acceleration Initiative (PHPAI), MENA under the FFHPCTA efforted to contribute through facilitating the launching and accomplishment of collaborative kick of activities and development of performance improvement plan with AACRHB and respective sub cities. Thus, in FY23 MENA was able to test 2593 at risk children and identified 15 new HIV positive children.
UNAIDS 2nd 95

- Identify, enroll, and provide need-based services for Adult PLHIV and OVC.
- Provide Counselling and education on ART, Adherence, VLS, retention.
- Trace and re-engage clients with IIT to the treatment center.
- Collect LLV and HVL clients from health facilities and provide Community level EAS.
- Provide cervical cancer demand creation and referral for screening.
- Integrate NCD and mental health screening and interpersonal therapy to the services.

Case management and IIT re-engagement

In the FY23 15,282 adult PLHIV were enrolled to the community need based case management services. 7248 clients were referred to various service into different services proving centers.

About 1505 IIT clients were reengaged to care from the received 2538 IIT line list.

**FY23 IIT tracing outcome**

**FY23 community care and support referral services provided by services type.**

IPT_G pilot implementation

Group based interpersonal psychotherapy specific to depression training provided for 4 CEFs and 20 CRPs in collaboration with PHE. The pilot implementation to provide basic psychotherapies for group of people living with HIV (PLHIV) at community started at 4 sub cities (4 SDPs) Yeka W-5 key meskel, Akaki kality-Alliance youth center SDP, Kolfe-W-1 SDP and Gulele W-9 SDP 57 IPT_G with 642 members completed the session and graduated indicating all team members free from depression as a result the success celebrated.
UNAIDS 2nd 95

Cervical cancer and NCD Activities

Cervical cancer demand creation was provided to 36,872 clients and 4898 were referred to the nearby health facilities for screening. Of which 54 screened positive identified and received treatment accordingly.

Following national NCD service integration strengthening for PLHIV launching, MENA in collaboration with PHE and AACARHB cascade the training and pilot implementation initiated over the selected 15 community SDPs. Some of Major NCD activities conducted were promoting the service at the community level, providing basic services including screening, referral to HFs, HLS modification, education, follow up. During the implementation period 1438 clients were screened for NCD, out of which 856 were at risk for NCD, of which 22 were referred to health facilities for further work up and diagnosis.

![Cervical cancer demand creation, referral, and screened per.]

Community based Differentiated services delivery model (HEP-CAG and PCAD)

In FY23 to improve the CDSDM performance some of the major activities implemented were :- embedded CDSDM mentorship conducted over 24 selected health facilities in collaboration with PHE, AACAHB mentors, Sub city leads and sub partners, consultative workshop conducted with 33 selected high load health facilities and all sub-cities in collaboration with AACAHB, Over 65 ART provider trained from different health facilities besides hosting CDSM experience sharing organized by PH for all prime partners. The experience sharing was conducted at three selected health facilities with their best practice.

<table>
<thead>
<tr>
<th></th>
<th>HEP-CAG</th>
<th></th>
<th>PCAD</th>
<th></th>
<th>C-DSDM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group</td>
<td>Members</td>
<td>Group</td>
<td>Members</td>
<td>Group</td>
</tr>
<tr>
<td>FY-23</td>
<td>186</td>
<td>966</td>
<td>346</td>
<td>1518</td>
<td>332</td>
</tr>
<tr>
<td>Cumulative FY21-FY23 cumulative formed total</td>
<td>726</td>
<td>3772</td>
<td>642</td>
<td>3014</td>
<td>1368</td>
</tr>
</tbody>
</table>

*FY-23 and FY21 to 23 cumulative C-DSDM performance*
UNAIDS 3rd 95

95 Of people within the subpopulation who are on antiretroviral therapy have suppressed viral loads.

- Provide routine Viral load literacy
- Follow viral load results
- VL monitoring
- Monitor VL testing status of OVC through home visit
- Conduct Community level EAC for high viral load OVC clients
- Identify and barriers for poor adherence OVC & provide support
- Improve Viral suppression
- Communicate the outcome of Community based supported HVL clients

MENA received 414 LLV and HVL PLHIV from health facilities in FY 23 and provided community enhanced adherence support in accordance with national guidelines. From the total clients received, 211 PLHIV had suppressed viral load count and transferred to the routine services.

![Graph showing suppressed viral loads](image-url)
Orphan and Vulnerable Children (OVC) Mitigation Services

The aim of the OVC program in PEPFAR is to provide comprehensive and sustainable support to orphans and vulnerable children affected by HIV/AIDS, empowering them to thrive and reach their full potential despite the challenges they may face.

MENA is utilizing several approaches that are commonly used in OVC (Orphans and Vulnerable Children) programs to address the needs of these children. Here are some of the prominent benchmarks:

1. Education and School Support: This approach emphasizes the importance of education for OVCs. It includes initiatives such as school enrolment support, provision of school supplies, and vocational training to improve their educational outcomes and prospects.

2. Health and Nutrition Support: This approach focuses on addressing the health and nutritional needs of OVCs. It includes interventions such as immunization programs, access to healthcare services, nutritional support, and HIV/AIDS prevention and treatment.

3. Psychosocial Support: This approach recognizes the emotional and psychological needs of OVCs. It includes counseling services, group therapy, and activities aimed at building their resilience, self-esteem, and social skills.

4. Economic Empowerment: This approach aims to improve the economic situations of OVC families by creating income-generating opportunities and supporting entrepreneurship. It includes skills training, microfinance programs, and support for small business development.

5. Safety supports: This approach emphasizes protecting OVC from any forms of physical, sexual, and emotional abuses, and strengthening community structures to ensure the safety and well-being of these children.

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).

It's important to note that these approaches are often implemented in combination, which is known as OVC_COMPREHENSIVE SERVICES to fully address the complex needs of OVCs.
Additionally, OVC and CGs had completed their HIV risk assessments once a year in accordance with case management SOP. 39,034 under-18 OVC were served in total, and 38,963 of them knew their HIV status; 30,015 of them were negative, 6,049 tests were not necessary, 2,980 of them were positive, and the rest 71 were unknown.

Program participants were then presented with PEPFAR-eligible services when their care plans were updated. Sub-awardees have assessed social and health issues at the child and family levels using the assessment, which is an essential step toward being stable, safe, educated, and healthy.

Using updated community case management (CM) tools, six LIPs that are implementing the FFHPCT service assessed the strengths and needs of 43,454 OVC (21,807 males and 32,806 females), or 40% of the total sex ratio. Similarly, comprehensive packages of services were given to 56,392 individuals (39,034 OVC and 16,339 caregivers) directly from the program and through referrals or resource mobilization. These updates to care plans were conducted based on the findings of the needs and strengths assessment.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Referral services</td>
<td>29,308</td>
</tr>
<tr>
<td>Psychosocial Support</td>
<td>27,155</td>
</tr>
<tr>
<td>Education and Vocational</td>
<td>23,304</td>
</tr>
<tr>
<td>Protection and Legal aid</td>
<td>17,829</td>
</tr>
<tr>
<td>Economic Strengthening</td>
<td>16,029</td>
</tr>
<tr>
<td>Shelter and Care</td>
<td>11,805</td>
</tr>
<tr>
<td>Food and Nutrition</td>
<td>11,740</td>
</tr>
</tbody>
</table>

Sum of # OVC Served by Comprehensive
**OVC_HIVSTAT**

Monitoring HIV status, assessing risk of HIV infection, facilitating access to medication and adherence support for those who test positive, keeping an eye on viral load monitoring and ultimately achieving viral suppression are critical tasks for OVC comprehensive beneficiaries. The objective of OVC_HIVSTAT monitoring is to raise the percentage of children in the OVC comprehensive program who know their HIV status, or an HIV test is not required based on the risk assessment.

<table>
<thead>
<tr>
<th>OVC_HIVSTAT</th>
<th>38272</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVC_HIVSTAT_Known Status</td>
<td>38207 (99.8%)</td>
</tr>
<tr>
<td>Positives</td>
<td>2799 (7.3%)</td>
</tr>
<tr>
<td>On ART</td>
<td>2795 (99.9%)</td>
</tr>
<tr>
<td>OVC_VLR&lt;18</td>
<td>2549 (91.2%)</td>
</tr>
<tr>
<td>OVC_VLR_suppressed&lt;18</td>
<td>2499 (98.0%)</td>
</tr>
<tr>
<td>OVC_VLR_unsuppressed&lt;18</td>
<td>49 (2.0%)</td>
</tr>
</tbody>
</table>

**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.

![HIV Clinical Cascade Graph](image)
OV C PREVENTION

17,358 of the annual targets 16,909 (102.7%), Achieved.

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 10-14-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) to reduce the risk of sexual violence and HIV infection among young adolescents ages 9-14, adolescents that have not been enrolled in OVC comprehensive program.

OV C GRADUATION

The entire household (beneficiary children and primary caregivers) who have achieved all relevant graduation benchmarks are expected to be discharged from the program. As per the monitoring guidelines, the frontline workers have been checking the service qualities and conducting a graduation readiness assessment. Based on the assessment result 11,510 OVC and 4,527 caregivers met OVC graduation benchmarks and were discharged from the program.
Responses to Gender Based Violences/GBV

EQUATBLE HIV AND GBV PRIVANTION ACTIVITIES

Negative gender norms hinder HIV epidemic control and GBV prevention. To address this problem,

- provided curriculum-based GBV prevention training for a total of 14655 (7420 female and 7235 male) children 10–14 years old in the OVC prevention program.
- provided small group gender norm dialogue sessions for a total of 2131 (1957 female and 174 male) beneficiaries within the adult care and treatment program.

GBV CASE IDENTIFICATION AND REFERAL LINKAGE

Provide GBV case identification by using both routine and clinical inquiry case identification methods in FFPCTs as part of this case identification, a total of 3653 GBV survivors identified and received first-line support/LIVES and referral linkage service.
Gender Analysis

MENA conducted a gender analysis to identify the gender gap and develop a strategy to address gender inequality and women's empowerment. Through fieldwork and focus group discussions, 84 beneficiaries shared their views on gender perspectives, access to information, and household decision-making power. The findings revealed that MENA is expected to strengthen GEWI activities, which include advocacy of women's rights at the micro-level, awareness-creation, and addressing gender inequality across all spectrums.

Gender Equality and Women’s Empowerment Activities

MENA promotes women’s empowerment, gender equality, and preventing gender-based violence. The Association works with national networks and institutions, focusing on vulnerable girls and women. MENA engages in policy-related meetings and works with national networks such as UN Women and Addis Ababa University Human Rights Council Society and has become members of these advisory groups to advance the rights and protection of women at the national level.
Regular and continues review meeting workshops takes place at MENA

Mekdim Ethiopia National Association (MENA) conducted 4 regular quarter performance review meeting for USAID Family-Focused HIV Prevention, Care and Treatment Services in Addis Ababa City Program (USAID FFHPC&T) in 2023. This is an exemplary for MENA program management and program evaluation and monitoring culture which contributes for its successful program implementation.

Review meetings aimed to discuss program results, lessons and challenges of the program with the presence of all government stakeholders, technical partners, local implementing partner, PLHIV network and invited guests. At MENA, performance review meeting is common hub for to discuss program results, implementation lessons and program challenges to meet our program targets while putting quality of service delivery at all levels and activities. The regular performance review also includes regular performance evaluation and ranking of local implementing partners to create healthy completion and lessons sharing which clearly impacts and contributes for program results improvements.

Government stakeholders including Addis Ababa City Health Bureau, Addis Ababa City Women and Social affairs Bureau, Addis Ababa City Finance Bureau and Addis Ababa City Education Bureau with respective woreda line offices takes the lead in review meeting workshops to evaluate and contribute program results and recommending area of improvements.

Our technical partners including project Hope, fhi360 and ASAP II takes their lead on their technical domain and are being part of our review meeting workshops to evaluate and share lessons. PLHIV Associations and networks are part and parcel of our journey as owner of the program, and the lion share goes to our estimated local implementing partners who tirelessly works day and night for serving the community at ground.

MENA needs to acknowledge the continues support of PEPFAR/ USAID, all government stakeholders, local implementing partners, all community actors and volunteers for the successful implementation of the program for the last 3 years period.
Monitoring, Evaluation & Learning

Monitoring and Evaluation department carried out regular supervisions and program quality activities to enhance stakeholders’ engagement and partnership.

**MENA conducted regular JSS, RDQA and other regular program monitoring and evaluation activities within the 3 core concepts of monitoring, evaluation and learning.** This is implemented through development of metrics for measuring project progress (indicators), Developing tools for collecting the data (including assigning responsibilities and standards), Cleaning and Analyzing data, Communicating the results from the data, CommCare data management and Data analysis, Organize and lead periodic performance review meetings and joining Supportive Supervision, OTA meetings, monthly performance review meetings with sub awardees, Onsite Coaching and mentorship and leading Implementation research and quality projects.

**Project terminal evaluation takes place at MENA Prime.**

Government signatories conduct project terminal evaluation of USAID Family Focused HIV Prevention, Care and Treatment program at Addis Ababa City (USAID FFHPC&T). All signatories including Addis Ababa City Health Bureau, Addis Ababa City Women and Social affairs Bureau, Addis Ababa City Finance Bureau officials and delegates. The task delegates assess and evaluate all relevant documents and reports as per the standard and provide constructive feedback’s based on their evaluation. The evaluation result showed that MENA program implementation performance is exemplary to all other local implementing partners at the country, which expressed in transparency, participatory and beneficiaries-oriented project budget management.

**MENA acknowledges PEPFAR/USAID, all signatory parties, program implementing partners and all staffs and volunteers for the successful completion of 3 years project with massive success.** The service continued for another community-based services to serve our community at large.
MENA successfully hosted and facilitated high level visits including Concentrated Site Improvement Through Monitoring System (SIMS Visit) and Temporary Duty (TDY) visits at program implementing sites at Addis Ababa in 2023 program implementation period.

Site Improvement through Monitoring System (SIMS) Visit

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. Concentrated SIMS conducted at all local implementing partners focused on data verification and program review at selected Service delivery points. As per the visit assessment all LIPs score green on selected core essential units in accordance with the SIMS by fulfilling the required the standard. Suggestions forwarded including improving coordination and cooperation with stakeholders takes in to our next priority action activities to provide high-quality services to the beneficiaries and reducing the difficulties experienced while putting the program into practice at the local level.
Temporary Duty (TDY) visits

In FY23, High level team led by Deputy Chief of Mission of the United States Embassy in Addis Ababa Gwendolyn Green visited community activities of USAID FFHPC&T in Addis Ababa city program. The historic visit aimed to see the community works and contribution of implemented interventions on the area of Village Savings and Loans Associations (VSLA), income generating activities and its practical benefits, Children living with HIV school attendance and viral load management, impact of prevention interventions on gender-based violence protection and its role for adolescent girls’ safe life practice. The visit was so successful and all delegates were happy for what has been implemented so far for the last 3 years with the support of American peoples and government through PEPFAR/USAID and such community based remarkable contribution will continue for the next 2 years of the program implementation periods to create sustainable community service for all recipients' holistic health improvements. In addition to this, COVID 19 Vaccine demand creation specific TDY visit at Yeka sub city with the presence of USAID and Project Hope representatives.

#MENA with all its local implementing partners is truly grateful for the continue support of #PEPFAR /USAID and will continue to strive for service quality and effective program implementation by keeping the cooperation and partnership activities with all concerned government and community stakeholders at large.
Effect of quality improvement initiative on viral load re-suppression of children and adolescent living with HIV: The case of Kolfe Keraniyo sub-city in Addis Ababa, Ethiopia

Authors: A. Haji, B. Getachew, H. Sefa

Affiliation: 1MEKDIM ETHIOPIA NATIONAL ASSOCIATION (MENA), USAID FAMILY FOCUSED HIV PREVENTION CARE AND TREATMENT

Background: In low- and middle-income countries, virological non-suppression among children and adolescent living with HIV (CALHIV) continues to be the major causes in treatment failure and mortality. Antiretroviral therapy adherence and the underlying virological suppression are both impacted by behavioral and mental health issues, however data in developing countries is limited. The aim of the study was to evaluate HIV the effect of quality improvement (QI) on virological suppression in Kolfe Keraniyo sub-city, Addis Ababa among adolescents and children living with HIV.

Method: One QI initiative designed to improve viral load re-suppression of adolescent and children living with HIV was purposefully selected. There were 32 adolescent and children with high viral load as baseline put under this QI initiative in January 2022. These CALHIV were followed for 10 months and the trends of viral load re-suppression (less than 50 copies/ml) was evaluated using run in uninterrupted time series.

Results: During the implementation period, number of CALHIV with high viral load decreased from 32 to 8 showing that the QI initiative improved viral load re-suppression of 24(75%) CALHIV from January 1, 2022 and December 31, 2022. As the graph below showed, there appeared 12 consecutive data points below the median indicating presence of non-random signal: two of them lied below the target set by QI initiative and the last data point ended up below the target indicating QI initiative have led to improvement.
Conclusion: Quality improvement initiative was effective in improving viral load re-suppression among adolescent and children living with HIV. A quality improvement initiative embedded within clinical management has improved the viral load re-suppression in public health facilities in Addis Ababa, Ethiopia. Thus, using local innovative ideas such as QI initiatives, we can bring changes that can be scaled up at a national level.
Effect of economic strengthening on treatment outcome among people living with HIV

Authors: A. Haji¹, W. Endale ², A. Alemayehu³, T. Deksisa⁴, D. Halefom⁵

Affiliation: ¹MEKDIM ETHIOPIA NATIONAL ASSOCIATION (MENA), USA ID FAMILY FOCUSED HIV PREVENTION CARE AND TREATMENT

Background: In resource-constrained settings, poor economic circumstances may pose a significant challenge to the success of antiretroviral treatment (ART) outcomes. Economic strengthening is when a group of 10-25 people who save together and take loans from savings either to support household needs or to generate income. We aimed to assess the effect of economic strengthening on HIV care and treatment outcomes among people living with HIV in Addis Ababa, Ethiopia.

Method: An institutional-based retrospective cohort study design was conducted on 273 people living with HIV/AIDS in public health facilities of Addis Ababa, followed from June 2021 to November 2022. Study participants who were active and on follow-up during this study period were selected using a systematic random sampling technique. Sociodemographic, treatment, clinical, adherence, economic strengthening status and viral load data were extracted from electronic medical records, entered and analyzed with SPSS 26. Multivariate logistic regression analysis was conducted to test the main hypothesis at a 95% CI with P<0.05.

Results: The mean age of the respondents was 40 years with a standard deviation of 8 years. Eighty-seven percent of the study participants were successful in achieving viral suppression (80.30% vs 94.80%) Economic strengthening was also associated with higher odds of viral load suppression (less than 50 copies/ml) with (AOR 4.52, 95% CI 1.90–10.80 p<0.001). Moreover, economic strengthening was also associated with higher odds of ART adherence with (AOR 4.89, 95% CI 1.64–14.29, p<0.001).

Conclusion: Economic strengthening is associated with good adherence to HIV treatment and viral load suppression. Intervention research is needed to determine the extent to which economic strengthening is causally associated with improved HIV treatment outcomes and to identify the most effective policies and programs to improve economic status and health.
Technical Assistance partners successfully conducted Organizational Capacity Assessment

Objective of the assessments

Technical Capacity (TA) providing partners to local prime partners that include Project Hope, ASAP II and fhi360 conducted technical capacity assessment at prime office and service delivery points. The assessments aimed to assess the overall organizational capacity to lead and manage large projects, evaluate prime Local Implementing Partners’ readiness for technical assistance transitioning from TA partners and to see technical capacity and service quality of the program to manage large scale programs while contributing towards PEPFAR localization approach.

The assessments focus on Multiple thematic areas such as organizational governance, business development, gender, finance and grant, service quality and Monitoring and Evaluation areas to identify any critical TA needs which need to be addressed in the remaining period (to ensure successful transitioning of TA services) specifically.
Implications and way forward

The assessment results show MENA current capacity to lead and coordinate any programs as prime partner and technical support capacity in coming years by replacing the current TA roles after making all required preparations as suggested on the assessment. MENA aspires to work with all partners and supports to serve the target community at large and needs to extend heartfelt appreciation to our technical assistant partners namely ASAP, Project Hope and fhi360 teams and Local implementing partners staff and management, our government and community stakeholders for the successful completion of assessment and tremendous results obtained from the assessment.

MENA also needs to up on call to all partners, donors, and supporters to closely work with harmony and cooperation on program areas including HIV prevention and care, youth empowerment, gender rights, health, social accountability and more.
SUCCESS STORY

Social Service Workers become beacons of hope for school dropouts and hopeless youth.

This is story of a 17-year-old adolescent girl named Tarikwa Tibebe, living with HIV/AIDS, who knew her HIV status 4 years after the loss of her mother due to HIV/AIDS. Her mother’s death complicated her life and left her with lack of care and support to continue her schooling. Her grandmother makes wavering, but can’t make enough money to cover daily living expenses and school materials which forced Tarikwa to stop attending school. This becomes additional psychological toll on top of her mother’s death and financial pressure, causing young Tarikwa to lose hope and give up on her efforts to continue her education.

Emebet, a social service worker on the program, met Tarikwa, council her and present her options to improve her life. Through Emebet’s help, Tarikuwa decided to take a part-time job working as a waiter at a café in order to pay for sanitary materials, food, and other necessities.

Emebet continued her follow up and bring her to health facility to resume her antiretroviral therapy (ART) and get a support letter to return to school. It was agreed to bring Tarikwa back to school as part of the common effort between health facility, and the school established as part of the project stakeholder participatory approach. This brings another success in getting kind hearted volunteer to pay for Tarikwa’s transportation and other school-related costs. Emebet’s continues follow up shows tremendous improvements in her psychological wellbeing and course grade results.

By now, Tarikwa hope started to shine and progressed to the next semester of grade 09 with remarkable results, which also impressed her teachers are also supporting her regularly and paves the way for her childhood dreams to become professional designer. Tarikwa remarks on Emebet’s support and effort: “She sacrifices to dig out my future and becomes beacons of hopes. She is a warm-hearted, dedicated human being who can see the unseen corner of life. I just need to thank her and others who are helping me with continued blessings and support”.

Emebet and other dedicated social service workers continued their effort to help many youths, showing the bright corner of their lives through the collaborative efforts of USAID, schools, health facilities, community volunteers, and other stakeholders for the

![Photo Credit - CVDA](image)

1 Consent was obtained to use her identifiers and pictures along with SSW and ART service providers

This success story is originated from Common Vision Development Association (CVDA) one of implementing partners working with Mekdim Ethiopia National Association (MENA).

Contact Person: Mr. Mengistu Zemene, MNNA Executive Director; email: mekdimeth@gmail.com; phone: +251 11728843

This success story is also shared for Global Social Service Workforce Alliance and it will be published soon.
Summary of Financial Accomplishments in USD, FY23 (October 1, 2022-September 30, 2023)

Finance and grant performance Success at a glance

MENA shared its ample experiences on Audit, internal control, compliance, and grant management for the auditors in the country, USAID staffs and high delegation at Public Accounting and Auditing Firms Workshop conducted on October 17, 2023 by USAID. MENA delegated by our chief of party Mr Abiy Alemayhu as panelist with Health Office Director, OFM Director and other two colleagues from prime IPs. MENA would like to congratulate all Local implementing partners and MENA Prime finance, administration, and grant team for the unwavering effort to realize thus performance.
**USAID MULU Key Population Activity**

The project aims to increase the availability and accessibility of high-quality, comprehensive HIV prevention, care, and treatment services for key and priority populations (KP/PP) in select priority geographic areas; and strengthening the enabling environment to facilitate access to comprehensive HIV services for KP/PP and improve evidence-based decision making through planning, monitoring and evaluation (M&E).

**Geographical coverage:** 2 sub cities (Kolfe Keranyo & Akaki Kaliti) of Addis Ababa city Administration and 7 Districts (Adama, Modjo, Assela, Dukem, Bishoftu, Wonji, Merti, Dukem)

**Donor:** USAID through Population Service International (PSI)

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**Strengthening Citizens’ Voice In Oromia (Ethiopian Social Accountability Program ESAP III)**

The objective of this project is to make basic service delivery more equitable, effective, efficient, responsive and accountable through strengthen the use of social accountability tools.

**Geographical coverage:** The project has been implemented in 24 Woredas in Jimma, Illibaboure and Buno Bedele Zones of Oromia National and Regional States.

**Donor:** World Bank through the facilitation of the Management Agency (MA)

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**MENA Community Based ART Clinic**

The main objective of MENA’s ART community based ART clinic establishment to provide quality and comprehensive HIV prevention and treatments for PLWHA.

**Geographical coverage:** Addis Ababa City Administration (Arada and AkakiKality Sub cities) and Oromia Region (Adama and Bishoftu towns).

**Donor:** PSI, PATA, AHF
Homeless Elderly Support Project
The project aims at increasing the availability and accessibility of high-quality, comprehensive HIV prevention, care, and treatment services for key and priority populations (KP/PP) in select priority geographic areas.

Geographical coverage: Addis Ababa City Administration, Oromia Region (Adama Town) and Amhara Region (Dessie Town)
Donor: Federal Ministry of Labor and Social Affairs

Support Adolescents Sexual Reproductive Health & Job, Skills and Employment Project
The project is intended to undertake activities that generate demand and support youth in accessing contraceptive services, job skills training, and employment in line with the national policies and guideline.

Geographical coverage: Addis Ababa City Administration (4 Sub cities) and Amhara Region (Bahir Dar)
Donor: Triggerise Ethiopia

Strengthening comprehensive ART services, psychosocial support services and capacity-building activities for youths living with HIV/AIDS at SOS Enfants Ethiopie Burayu Orphanage Center. The aim of the project is to providing comprehensive ART services, psychosocial support services, and life skill training for youth living with HIV/AIDS at SOS Enfants Ethiopie Burayu Orphanage center.

Geographical coverage: Burayu, Oromia, Ethiopia
Donor: SOS Enfants Ethiopie in collaboration with Passarella Association
SPECIAL THANKS GOES TO

GOVERNMENT STAKEHOLDERS
BoH, BoWCSA, BoE, BoF and their line offices at Sub City and Woreda level

COMMUNITY STAKEHOLDERS
- CCCs, FBOs, CBOs
- Health Facilities
- PLHIV Associations

OUR TECHNICAL ASSISTANT PARTNERS

OUR LOCAL IMPLEMENTING PARTNERS

THANK YOU FOR BEING WITH US