MEKDIM ETHIOPIA NATIONAL ASSOCIATION (MENA)

USAID FAMILY FOCUSED HIV PREVENTION, CARE, AND TREATMENT SERVICES IN ADDIS ABABA CITY

MENA LEARNING WORKSHOP: TRANSFORMING INSIGHTS INTO IMPACT



September 5 - September 6, 2024

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MENA Learning Workshop Report

Executive Summary

Mekdim Ethiopia National Association (MENA), under the USAID supported Family-Focused HIV Prevention, Care, and Treatment (FFHPCT) Activity, conducted a two-day learning workshop on September 5-6, 2024. The event brought together over 100 participants, including local implementing partners (LIPs), government stakeholders, and community members, to exchange knowledge, share best practices, and address challenges in achieving the UNAIDS 95-95-95 targets. Key sessions included gallery walks, implementation research presentations, panel discussions, and testimonials. The workshop emphasized community-based HIV interventions' critical role in epidemic control while fostering collaboration and identifying actionable solutions to implementation challenges.

Introduction

Founded in 1997, MENA has been a pioneer in combating HIV/AIDS in Ethiopia, supporting people living with HIV (PLHIV) and orphans affected by AIDS. As part of its ongoing efforts, MENA implements the USAID-supported FFHPCT program, which aims to achieve 95% knowledge of HIV status, 95% antiretroviral therapy (ART) initiation, and 95% viral suppression by 2025. This learning workshop served as a platform for stakeholders to reflect on program achievements, share lessons, and discuss innovative approaches to HIV epidemic control.

Workshop Objectives

1. Share Lessons and Impacts: Disseminate insights from community-based HIV interventions and best practices.

2. Foster Collaboration: Build partnerships and strengthen networks among government and non-government stakeholders.

3. Address Challenges: Identify and propose solutions to persistent implementation issues.

Opening Remarks and Keynote Addresses

The learning workshop commenced with a keynote address by Menelik Nigussu, Program Director and Deputy Director of MENA, who highlighted the organization's long-standing commitment to effective program implementation. He underscored the importance of collaboration, partnership, visibility, and sustainability in the execution of community-level HIV programs. MENA, as a pioneer organization supporting People Living with HIV/AIDS (PLHIVAs) for the past 28 years, has built a strong foundation in addressing HIV-related challenges. Menelik acknowledged the contributions of key stakeholders, including USAID, and emphasized the pivotal role of these partnerships in achieving sustainable health outcomes.



Following this, Dr. Almaz Abebe, Chair of the MENA Board, delivered the opening remarks. She spoke about MENA's evolution, with a particular focus on the organization's diverse programs and their impact over the years. Dr. Abebe stressed the importance of strengthening community structures and empowering local partners to better utilize local capacities and resources. She noted that addressing the unique social, economic, and disclosure challenges faced by individuals living with HIV is crucial. By engaging and empowering beneficiaries through MENA's extensive network of members, high-impact interventions could be delivered effectively. She concluded by emphasizing the need for a multisectoral approach to ensure the success and sustainability of HIV programs.



Next, Abiy Alemayehu, CoP of the activity at MENA Prime provided a briefing on the objectives of the learning event. He explained that one of the main goals was for MENA to learn from the participants, revitalizing the lessons from the field, addressing implementation challenges, and ensuring continued success in community programs. He highlighted the importance of refining client-centered services and ensuring the sustainability of these programs. Abiy also acknowledged the significant achievements of the past four years, particularly the role of Project HOPE and other partners Technical Assistance (TA), which played a crucial role in MENA's successes. He



expressed gratitude to key stakeholders, community workers, and leadership for their ongoing support.

Ato Fekadu Yadeta, Lead Executives Director for HIV Prevention and Control Office at the Federal Ministry of Health (FMOH), then delivered the opening key remarks. He emphasized the importance of events like this in strengthening partnerships, enhancing the capacity of community partners, and fostering the exchange of best practices and lessons learned. He also commended the horizontal communication and collaboration among implementing partners, with representatives from various organizations actively participating in the event. Ato Fekadu stressed the need for local implementing partners to align their efforts with the national strategic plan, ensuring their contributions are in line with national priorities. He highlighted the importance of engaging community partners at national forums, empowering them to take ownership of programs and improve their visibility.



Finally, Ato Fekadu addressed the emerging trend of localization in HIV programming, noting that CSOs and community engagement are critical elements for achieving national HIV control goals. He encouraged CSOs to improve their engagement and collaboration, and to revise their strategies to better utilize local capacity and resources. Concluding his remarks, he affirmed that MENA is in a strong position to lead community-based HIV implementation, given its long history and leadership in supporting PLHIVAs. He assured the FMOH's ongoing support to MENA in its efforts to combat the HIV epidemic and contribute to national HIV control efforts.

MENA's Presentation on Implementation Research

Following the opening remarks, MENA presented an implementation research study titled *The Effect of Depression Screening and Community-Based Group Interpersonal Psychotherapy (IPT_G) Among People Living with HIV (PLHIV) Under Care and Support in 2023, Addis Ababa*. The study used secondary data from Commcare to assess the treatment outcomes of IPT_G, a form of talk therapy, among individuals receiving care and support for HIV.

The research was cross-sectional, focusing on key indicators of health and well-being among PLHIV participants who received IPT_G at the community level. The findings demonstrated significant improvements in several areas, including:

- **Condom use**
- **Family HIV testing** (including biological children and both spousal and non-spousal partners)
- **Adherence to ART (antiretroviral therapy)**
- **Viral load suppression**
- **Reduction in depression symptoms**



These outcomes indicated the positive impact of group-based interpersonal psychotherapy on the health and mental well-being of participants. However, the study also noted limitations related to data quality, which could affect the robustness of the conclusions. The research presentation was documented by MENA program staff and delivered by Mr. Abubker Haji, Quality Improvement Specialist. In conclusion, the study recommended further implementation research to explore the long-term effects of IPT_G and to address the data quality challenges identified in the current study.

Client Testimonies on the Effect of Asset Transfer on HIV Care and Treatment Outcomes

In addition to the research findings, three clients who participated in the IPT_G sessions shared powerful personal testimonies about their experiences. These clients provided valuable insights into how the therapy impacted their lives, particularly in relation to HIV care and treatment outcomes.

Each client spoke about their recruitment into the IPT_G program and the process of participating in talk therapy. They shared how the therapy helped them navigate challenging times, particularly with managing depression symptoms, and how they were able to set and achieve personal goals during the treatment course. The clients expressed how group therapy provided a supportive environment where they could openly discuss their struggles and triumphs, which contributed to their mental and emotional recovery. They highlighted the significant role of the facilitators and supervisors in ensuring the success of the program. The clients emphasized the continuous support they received throughout the process, which helped them regain confidence and improve their overall well-being. Additionally, one of the key takeaways from their testimonies was the sustainability of the support network they built during the therapy. Despite the termination of the formal sessions, the clients continue to gather regularly in the form of a Village Savings and Loan Association (VSLA), maintaining their social capital and supporting each other in their ongoing recovery and treatment journey.

These client testimonies reinforced the positive impact of the IPT_G program on both HIV care and mental health, demonstrating the long-term benefits of community-based therapeutic interventions and the importance of ongoing peer support.

Questions and Feedback from Workshop Participants

Following the presentation of the research findings and client testimonies, the workshop participants engaged in a vibrant discussion, providing valuable feedback and asking insightful questions.

MENA board members Dr. Almaz Abebe and Sr. Yemisrach, along with Asayehegn from Project HOPE, reflected on the presented research and client testimonies. They praised MENA for initiating such important implementation research and acknowledged the positive impact of the IPT_G program on the participants' lives.









However, they offered several recommendations for enhancing future research and interventions:

- **Engage Mental Health Professionals and Academicians**: They emphasized the importance of involving mental health professionals and academicians in the implementation and research of mental health interventions. Their involvement would help ensure the development of high-quality, evidence-based papers and interventions.
- **Key Indicators**: It was suggested that key indicators, such as ART initiation, be included in future research to better understand the holistic impact of IPT_G on health outcomes.
- **Male Involvement**: There was a call for further analysis of why male participation in group-based psychotherapy was so low, with only seven males involved in the study. Understanding the barriers to male engagement would be crucial for improving the inclusivity of future interventions.
- **Family Testing**: The feedback also recommended further exploration into family testing, particularly to uncover the root causes of why certain groups (such as non-biological children and spouses) may not be engaged in HIV testing, despite the positive results seen in the research.

Despite these suggestions for improvement, the board members and stakeholders commended MENA's efforts in starting such a critical piece of research and initiating a community-based mental health intervention for PLHIV. The feedback highlighted the importance of refining and expanding these studies to ensure that interventions are even more impactful and inclusive in the future.

MENA Learning Workshop: Special Breakout Sessions on Knowledge Exchange and Innovative Case Management Approaches (NCD & IPT_G)

Breakout Session #1: Case Management Activities and Emerging Services (NCD and IPT_G)

Asayehegn Tekeste, Director of Programs at Project HOPE, facilitated the first breakout session on **Case Management Activities and Emerging Services**, focusing on Non-Communicable Diseases (NCDs) and the integration of IPT_G. The session aimed to engage participants in a discussion on the current state of case management (CM) for People Living with HIV (PLHIV), as well as to explore emerging services, including mental health interventions like IPT_G and NCD integration.

To begin the session, Asayehegn conducted a poll to assess participants' perspectives on case management, dividing the group into 9 smaller groups, with a total of 58 participants. Each group was asked to respond to a series of questions designed to gauge their knowledge, confidence, and skills related to CM, as well as to understand their perceptions of its impact. The key questions posed were:

1. Knowledge regarding case management for PLHIV
2. Level of confidence in delivering case management according to established standards
3. Skills in delivering quality, evidence-based case management services
4. Impact of case management on clients—Are we seeing changes in the lives of our clients?
5. Are the needs of clients being fully addressed through case management services? (Are we halfway, less, or more?)
6. Client satisfaction with the case management services provided
7. Engagement of clients in the case management process—Are clients actively involved?

The responses were scored and analyzed, with yellow and red scores highlighting areas for improvement. These scores were then discussed with the larger group, fostering a rich

dialogue on the current state of case management. Following the discussion, Asayehegn presented key issues related to case management, including its importance, approaches, pathways, and cycles. A particular focus was placed on **client-centered services**, emphasizing the need for personalized, responsive approaches to meet the diverse needs of PLHIV.



The session also introduced the emerging service packages: the integration of NCD care and the IPT_G model for mental health support. Asayehegn shared key successes and lessons learned from the integration of these services, highlighting how they contribute to more holistic care for PLHIV. The session concluded with guidance on improving case management practices, encouraging participants to continue refining their approaches to better meet the evolving needs of their clients.

Panel Discussion: Challenges of Pediatric HIV Case Detection and Contributions of the OVC Program

The first **panel discussion** addressed critical challenges in pediatric HIV case detection and the important contributions of OVC (Orphans and Vulnerable Children) programs. The discussion provided valuable insights from various specialists, focusing on the gaps in service delivery and strategies to improve pediatric HIV detection and care. The panel was moderated by MENA OVC Director Mr Mekin Ali.

Panelists:

- **Dr. Petros Mitku**, ISHIDO HIV Service Director
- **Alem G/Silasse**, LCF Project Coordinator
- **Wossen Aman**, MSD OVC Specialist
- **Amarech Asefaw**, FHIDO OVC Specialist
- **Fathia** , CVDA (Social Service Worker)
- **Selected Beneficiary** from LCF

Key Discussion Points:

1. **Dr. Petros** began by presenting global and national data on pediatric HIV care, highlighting the significant gaps in services such as Early Infant Diagnosis (EID) and DNA PCR testing. He noted the challenges with caregiver hesitancy in pediatric HIV testing and the low coverage of HIV testing among children under 15. He pointed out collaboration issues between community partners and health facilities, particularly in providing timely and effective HIV care. Dr. Petros emphasized the need for targeted strategies to address these bottlenecks, including enhancing caregiver education and improving the availability of testing services.

2. **Alem G/Silasse** complemented Dr. Petros' points by discussing the role of caregivers in decision-making around HIV testing for children. She pointed out that caregivers often hesitate to allow HIV testing due to their own fears, readiness issues, and misconceptions about the test results. Alem stressed that community

implementing partners should focus on empowering clients, optimizing community-level counseling, and strengthening collaborations with health facilities, especially with PMTCT (Prevention of Mother-to-Child Transmission) and pediatric ART services, to overcome these barriers.

3. **Wossen Aman** highlighted the potential of **HIV Self-Testing (HIVST)** for children aged 2-14 years. He noted that HIVST has been well accepted by users and could significantly increase pediatric ART uptake. Strengthening community-level demand and mobilization efforts would be crucial in reaching targeted groups such as youths and ensuring that more children receive timely testing and treatment.

4. **Amarech** focused on the significant role of community contributions in achieving the 3 "95-95-95" targets for pediatric HIV care. She explained that one of the toughest challenges faced is caregiver resistance, but efforts to trace vulnerable children and offer HIV testing services are ongoing. However, she pointed out that service differentiation remains suboptimal, and clients outside catchment areas continue to face difficulties in accessing services. Amarech recommended strengthening referral systems among local implementing partners (LIPs) and improving disclosure processes to address these issues.

5. **Dr. Petros** concluded the panel discussion by emphasizing that achieving an HIV-free generation requires a concerted effort in innovating, collaborating, and utilizing all available resources. He stressed that community implementers should work closely with health facilities, particularly PMTCT clinics, and support caregivers in managing feelings of guilt. He also advocated for strengthening community-level psychosocial programs, such as HIVST for children under 15, as well as youth-friendly services. Additionally, he called for enhanced volunteer commitment, capacity-building for community workers (SSWs and case workers), and the tailoring of services to meet the specific needs of children and caregivers.



Final Remarks and Call to action for day -1 of MENA Learning Workshop

The below key takeaways and calls to action capture the critical lessons and actionable steps from Day One of the workshop, ensuring that participants leave with a clear understanding of what needs to be done to improve HIV care and outcomes in their communities. **Wendwesen Endale (KM and comm Specialist)** and **Abiy Alemayhu (CoP)** wrapped up the discussion by summarizing the key takeaways of the day. They emphasized the importance of collaboration, innovative approaches, and continued efforts to reach vulnerable children with the necessary HIV care and support services.

Key Takeaways from Day One of the Learning Workshop:

1. **Collaboration is Crucial**: Effective community-level HIV programs rely heavily on strong partnerships between local implementing partners (LIPs), health facilities, and community-based organizations. Collaborative efforts between sectors and across different levels of care are essential to achieve sustainable and impactful outcomes.

2. **Client-Centered Approach**: The importance of putting the needs and voices of people living with HIV (PLHIV) at the center of care and support services was emphasized. Engaging beneficiaries, empowering caregivers, and providing tailored,

age-appropriate services are key to improving treatment outcomes and ensuring adherence to ART.

3. **Emerging Challenges in Pediatric HIV Care**: Challenges such as caregiver hesitancy, limited-service differentiation, and low HIV testing rates among children under 15 remain significant barriers. These issues need to be addressed through community-level education, innovations like HIV Self-Testing (HIVST), and more robust collaborations with health facilities.

4. **Mental Health Integration in HIV Care**: Integrating mental health services, such as IPT_G (group interpersonal psychotherapy), is a critical intervention in supporting people living with HIV. Addressing depression and mental health challenges is key to improving adherence to ART and overall quality of life for clients.

5. **Capacity Building for Sustainability**: Strengthening the capacity of community workers, volunteers, and caregivers is essential for the sustainability of HIV programs. Providing consistent training, psychosocial support, and resources will ensure that community-based services remain effective and responsive to the needs of clients.

6. **Data-Driven Implementation**: The importance of continuous implementation research and data collection was underscored. Ongoing research and the use of evidence-based practices will help identify gaps, improve existing interventions, and drive better health outcomes for PLHIV, particularly children and adolescents.

Call to Action:

1. **Enhance Community Empowerment**: Focus efforts on empowering caregivers, improving knowledge about HIV testing and treatment, and addressing misconceptions to overcome barriers to HIV care.

2. **Foster Innovation in Pediatric HIV Testing**: Explore and expand innovative approaches such as HIVST for children, ensuring that testing is accessible, acceptable, and supported by adequate follow-up care and ART services.

3. **Strengthen Referral and Support Systems**: Improve referral mechanisms among local implementing partners, healthcare facilities, and community organizations to

ensure clients can access comprehensive care and services, particularly for those in hard-to-reach areas.

4. **Focus on Mental Health Integration**: Ensure the integration of mental health services into HIV care, particularly for PLHIV facing depression or other mental health challenges, by offering therapies like IPT_G and increasing community support.

5. **Invest in Capacity Building**: Prioritize the training and continuous development of community workers, volunteers, and caregivers to increase the effectiveness and sustainability of HIV care and support services at the community level.

6. **Advocate for National Collaboration**: Engage more with national stakeholders, including the Ministry of Health and other key partners, to align local HIV programs with national priorities, ensuring a unified approach to pediatric HIV care.

7. **Commit to Ongoing Research and Data Utilization**: Continue conducting implementation research to assess the effectiveness of current strategies, identify new challenges, and implement improvements based on evidence and community feedback.













Day one MENA learning Workshop selected pictures

Day Two Learning workshop highlights

The second day of the learning workshop was introduced by Wendwesen, MENA's Communication and Knowledge management Specialist, who outlined the agenda and key focus areas to be covered. He warmly greeted the esteemed guests, extending a special welcome to Dr. Hiwot from the Addis Ababa Health Bureau and other invited guests from the Inter Religious Council of Ethiopia FBO implementation sites, Yiregalem Estinafase, Kirstos Healing Site, represented by Megabi Hadis, Kasis Mesfin Hailu, and Memehir Solomon. Ato Wendwesen emphasized the significance of the workshop and expressed gratitude for the participation of these key stakeholders, whose contributions are essential to the success of community-level HIV/AIDS interventions.









Gallery Walk Poster Presentations: Key Insights and Best Practices

The first session of Day Two, a **Gallery Walk**, showcased various activities and initiatives implemented by local partners in the USAID Family-Focused HIV Prevention, Care, and Treatment Services program. The walk aimed to highlight the successful outcomes of community-driven interventions and innovative projects that have positively impacted HIV care, economic resilience, and gender-based violence (GBV) prevention efforts.

1. VSLA Activity and Community Engagement: Mr. Amarech from FHIDO presented the **Village Savings and Loan Association (VSLA)** initiative, which has significantly improved household economics and supported members in addressing their financial needs. This initiative was presented during a TDY visit with USAID representatives to observe community efforts. Following an assessment of the VSLA's positive impact on beneficiaries, the visiting team interviewed a beneficiary and offered constructive suggestions to enhance community engagement and increase outreach to more families in need.

2. Quality Improvement (QI) Projects: Abubeker from MENA then shared the results of four QI projects conducted by LIPs in various program areas. Notably:

- **IIT Reengagement by FHIDO**: This project demonstrated significant improvements through the implementation of change ideas, as evidenced by the run chart showing successful reengagement in treatment at N/L/S.
- **Viral Load Resuppression Projects by CVDA and LCF**: CVDA's initiative reduced the number of CALHIV cases from 24 to 5, while LCF's initiative at Paulos and Alert Hospitals showed a marked improvement in viral load suppression, leading to a significant decrease in CALHIV cases.
- **QI Project at Yeka Sub-City**: Focused on improving access to viral load testing, the project received high recognition and was selected for publication in the Ministry of Health's annual bulletin.

3. Best Practice Presentations by Local Implementing Partners (LIPs):

- **Maedot**: Discussed the importance of **cooperation and partnership** in addressing **GBV** (gender-based violence) and the role of community stakeholders in empowering beneficiaries and preventing GBV.

- **LCF**: Focused on the role of **positive masculinity** in women's empowerment and gender equality, emphasizing male participation in preventing GBV. Workie, OVC service specialist, shared insights on the identification and support of GBV survivors in Kolfie Kerano Sub-City and the establishment of a GBV committee.

- **MSD**: Yabsira presented on **economic strengthening** activities, including asset transfers and VSLA initiatives aimed at improving household economic resilience and health outcomes for beneficiaries.

- **FHIDO**: Rahel described how **PNS (partner notification services)** trees were utilized in Arada Sub-City to identify new HIV cases, resulting in the identification of 12 new cases and highlighting the dedication of CEFs in successful community-based case identification.

- **FIDO**: Shared the success of their **IPT-G (Interpersonal Psychotherapy Group)** initiative, which has helped community members improve interpersonal relationships and emotional skills, leading to better health outcomes.

- **CVDA**: Getish, a project coordinator, concluded the presentations with an overview of **NCD services**, emphasizing their integration with other health services to improve accessibility and outcomes, particularly for marginalized communities.

Selected Snapshoots from the galery walk poster presentation





Reflection and Feedback Session After Gallery Walk Poster Presentations

After the gallery walk presentations, the facilitator opened the floor for participants to reflect on the various presentations. This provided an opportunity for participants to offer constructive feedback and insights on the shared experiences and initiatives.

1. Asayehegn, Director of Programs, Project Hope: Asayehegn started by expressing his gratitude to MENA for organizing such an impactful workshop and learning event. He specifically acknowledged the **PNS Tree** presentation, noting its potential and effectiveness in the community. He emphasized the importance of scaling up this tool and using it in service-providing sites. Asayehegn pointed out that the **QI project presentations** were generally good but recommended more focus on the **process**—specifically, what steps were taken to achieve the results, and what interventions were used during the QI projects. He suggested that a deeper explanation of the methodology behind the results would make the presentation even more impactful.

2. Dr. Legesse, Knowledge Management and Research Advisor, PH: Dr. Legesse also praised MENA for the successful learning event, highlighting the ability to showcase within a short period of time the significant work done by MENA and its partners. He commended the team for their excellent **success story writing**, stating that he had not observed any errors in the posters presented. Dr. Legesse recommended that future presentations diversify the thematic areas covered, such as **systems strengthening**, **UDS**, and **new initiatives** related to developing QI projects. Additionally, he encouraged LIP staff to use the opportunity provided by such workshops to further enhance their **academic achievements**. He emphasized that there are numerous research opportunities within the field, particularly in improving health systems and documenting best practices.





Second Breakout Session: Finding Solutions to Persistent Challenges to Improve Pediatric new HIV case findings and Treatment Outcomes for C/ALHIV in OVC Program

Dr. Hiwot was invited to share updates on pediatric HIV case findings and treatment outcomes for children and adolescents living with HIV (C/ALHIV) in Addis Ababa.

Key Points from Dr. Hiwot's Presentation:

Dr. Hiwot highlighted the global burden of HIV, emphasizing that, as of 2023, approximately 39.9 million people were living with HIV, including 1.4 million children aged 0–14. Despite efforts, the global targets for HIV in children remain behind the UNAIDS "Three 95s" goals:

- 66% of children living with HIV know their status.
- 57% of children living with HIV are receiving antiretroviral therapy (ART).
- 48% of children living with HIV have suppressed viral loads.



At the national level, the prevalence of HIV in children (0-14 years) has been decreasing over time, although challenges remain in early identification of cases and initiating care and ART services quickly. In 2022, the national treatment coverage was as follows:

- **0-4 years**: 19%
- **5-9 years**: 29%
- **10-14 years**: 46%

In Addis Ababa, the overall adult HIV prevalence is 3.2%, with approximately 107,184 people living with HIV (PLHIV). Of these, 97% are adults, and 3% are children under 15,

totaling about 3,000 children and adolescents living with HIV (CALHIV), of whom only 1,500 are currently receiving treatment.

Pediatric Progress Towards the "Three 95s" in Addis Ababa:

- **1st 95 (Status detection)**: 92% of children know their HIV status.
- **2nd 95 (Care & Treatment)**: 54% of diagnosed children are receiving ART.
- **3rd 95 (Viral Load Suppression)**: 94% of children on ART have suppressed viral loads.

Dr. Hiwot also presented data on **HRST** (Health Referral Screening Tool) and **Pediatric ICT** (Integrated Community Testing) testing, showcasing positive performance trends and community partner contributions across 11 sub-cities.

She further presented data on PMTCT (Prevention of Mother-to-Child Transmission) and **EID** (Early Infant Diagnosis) coverage, highlighting improved trends in **ART initiation** and **FY24 proxy linkage**. Viral load suppression had fluctuated but showed overall improvement from FY23 to date.

Challenges and Gaps:

Dr. Hiwot identified several major challenges in achieving the **Three 95s**:

- **1st 95 (Case Detection)**: Low pediatric case identification, poor HRST quality, missed opportunities in some service delivery points (SDPs), limited HIV self-testing (HIVST) for children 2–15 years old, and sub-optimal distribution of HIVST kits.
- **2nd and 3rd 95 (Care & Treatment, Viral Load Suppression)**: Missed opportunities in linkage to care, delays in ART initiation, age-related dropout, lost to follow-up, low case identification, and issues with viral load (VL) coverage, such as machine malfunctions, reagent stock-outs, and data entry gaps.

Next Steps and Recommendations:

To address the identified challenges and improve performance toward the **Three 95s**, Dr. Hiwot recommended the following actions:

- Strengthen collaboration with **Community Implementing Partners (CIPs)**.
- Regularly monitor and improve the **HRST** utilization and quality.
- Minimize missed opportunities by providing ongoing feedback and conducting regular follow-ups.
- Cascade and follow the implementation of **Pediatric HIVST** to ensure wider coverage and improve case detection.

Discussion and reflection Following Dr. Hiwot's Presentation:

Mr. Mehary, ASK US, Executive Director:

- **Youth and Child HIV Care and Treatment**: He emphasized that addressing youth and child HIV care and treatment is critical for achieving the **Three 95s**. He recommended that all stakeholders, including **Local Implementing Partners (LIPs)**, focus on this age group to ensure better outcomes.
- **2nd 95 Challenge**: With the **2nd 95** at 57%, he highlighted the need to focus on the root causes, particularly **disclosure-related issues**, which affect linkage to care.



- **Quality of Services**: He emphasized the importance of providing **youth-friendly services** and the role of stakeholders in ensuring high-quality care for this group.
- **Comprehensive Care**: Mr. Mehary stressed that all LIPs must provide **comprehensive care and treatment services** to their clients, aiming for

undetectable = untransmissible (U=U) outcomes. Without this, the achievement of the **UNAIDS Three 95s** is unlikely.

- **Sexual and Reproductive Health (SRH) Strengthening**: He recommended strengthening **SRH services** for adolescents and youth, as they are crucial in preventing HIV.

Dr. Legesse, PH Knowledge Managment and Research Advisor:

- **Low Achievement in 2nd 95**: Dr. Legesse inquired about the reasons behind the **low achievement (59%)** in the **2nd 95**. He referenced the **national SOP and guidelines**, which state that newly identified clients should be linked to ART services with same-day initiation. He questioned why this wasn't being fully realized.



- **3rd 95 Data**: He also questioned whether the **94% achievement in the 3rd 95** accurately reflects **TX CUR data**, inquiring if this is based on actual treatment data.

Mr. Asayehegn, Director of Implementing Program:

- **Presentation and Data Disaggregation**: Mr. Asayehegn praised the presentation for its detailed breakdown by **LIP**, **sub-city**, and **health bureau level**, which helps to understand their contributions and identify bottlenecks in low-performance areas.

- **EID Performance**: He congratulated the team on the strong performance in **Early Infant Diagnosis (EID)** but raised a concern about how this performance is achieved, given the **test stockouts** and **supply chain issues** at the national level.

The discussion involved a focus on the challenges and strategies to improve outcomes for pediatric HIV care and treatment, with suggestions for addressing the issues of **disclosure**, **service quality**, and **resource availability**. The recommendations are aligned with efforts to strengthen services and enhance the overall HIV response for children and adolescents in Addis Ababa.

Lessons Learned: The Role of Faith-Based Organizations in ART Retention and Adherence - An Experience from IRCE's Intervention Under MENA

As part of our learning workshop, church leaders from Yirgalem Estifanse Kirstos Healing Site, Megabi Hadis Kasis Mesfin Hailu and Memehir Solomon, shared their valuable experiences and lessons learned in supporting the retention and adherence of patients on ART (antiretroviral therapy). Their presentation highlighted how Faith-Based Organizations (FBOs) can play a critical role in improving health outcomes, especially in community-based HIV care.



Key Approaches to Gaining Client Trust

One of the key takeaways was how trust-building was integral in encouraging clients to return to ART care after interruptions in treatment. The church leaders shared their approach of creating a safe, compassionate space for clients to openly disclose their HIV status. This open dialogue not only helped reduce stigma but also encouraged those who had disengaged from treatment to re-enter care. The approach focused on empathy,

confidentiality, and respect for patients' experiences, which was essential in restoring their commitment to ongoing treatment.

Collaboration Between Spiritual Healers and Public Health Facilities

Another vital aspect discussed was the collaboration between spiritual healers and local public health facilities. This partnership ensured that ART re-engagement was not only a medical process but also one that addressed the emotional and spiritual needs of the patients. Through this collaboration, patients were supported holistically, receiving both medical treatment and spiritual guidance, which reinforced their dedication to staying on treatment. The church leaders emphasized that this dual support—spiritual and medical—was crucial in sustaining long-term adherence to ART.

Infrastructure Improvements to Support ART Services

Finally, the leaders announced that a new facility dedicated to testing and counseling would be constructed at the healing site. These infrastructural improvements were aimed at making the ART re-engagement process more accessible for patients, as they would now have easier access to both testing and ongoing counseling services in a supportive environment. The church leaders stressed that these facilities would streamline the follow-up process and ensure patients continued to receive the necessary support, further reinforcing their commitment to treatment adherence.

Key takeaway

The experience shared by the Yirgalem Estifanse Kirstos Healing Site leaders underscores the vital role of Faith-Based Organizations in supporting ART retention and adherence. Their holistic approach, combining medical and spiritual support, along with infrastructural improvements, highlights how community-based interventions can effectively engage and retain individuals in care, ultimately leading to improved health outcomes. This session serves as a model for how FBOs, under the guidance of MENA and the Inter-Religious Council of Ethiopia (IRCE), can be instrumental in addressing the challenges of ART adherence and retention in the fight against HIV.

Recognition of Efforts

MENA recognizes the significant efforts made by the religious fathers in supporting ART retention and adherence. Their contributions have been essential in the success of this community-based intervention. As part of this activity, MENA would like to express its sincere appreciation for their hard work and dedication.

We as MENA certify that Megabi Hadis Kasis Mesfin Hailu and Memehir Solomon for their outstanding efforts in promoting ART retention and adherence in their community through their leadership and commitment to both spiritual and medical support. Their invaluable work, in collaboration with MENA, has greatly contributed to the success of HIV care and treatment for those in need. MENA is proud to recognize and honor their dedication to improving the health and well-being of the community.



Implementation Research: Effect of Asset Transfer on HIV Care and Treatment Outcomes and Household Food Security Among People Living with HIV/AIDS

In this session, we present the findings from a cross-sectional research study that examined the impact of asset transfer on HIV care and treatment outcomes, as well as household food security among people living with HIV/AIDS (PLHIV). The study focused on beneficiaries from the FFHPCT program during the FY21-FY23 period, who received asset transfers through six local implementing partners (LIPs). The findings were presented by MENA Prime ES specialist Mr Menberu Sineshawe.



Research Design and Study Population

The study employed a cross-sectional design to assess the effects of economic strengthening (ES) through asset transfer. The target population consisted of individuals who were part of the FFHPCT program, with a focus on those who had received assets from the program between FY21 and FY23. This cohort included PLHIV who had participated in various economic strengthening activities facilitated by the program.

Key Findings and Results

The research revealed a significant association between economic strengthening and improved HIV care outcomes. Specifically, the results showed that asset transfer had a strong positive effect on:

- **Viral Load Suppression:** Beneficiaries who received asset transfers demonstrated improved viral load suppression, indicating better control of HIV.

- **Adherence to Treatment:** Economic strengthening was linked to higher rates of adherence to ART, as beneficiaries were able to manage their health and treatment needs more effectively.
- **Household Food Security:** Asset transfer contributed to better food security for households, which is critical for maintaining good health, particularly for individuals living with HIV.

These findings suggest that economic strengthening, through asset transfers, can play an important role in supporting both HIV care and treatment outcomes and household food security. The results highlight that such interventions may be an essential component in achieving the second and third UNAIDS 95 goals—specifically improving viral suppression and treatment adherence among PLHIV.

Summary : The study concludes that economic strengthening interventions, such as asset transfer, are a vital tool in enhancing both the health and well-being of people living with HIV. These interventions not only support adherence to treatment and viral load suppression but also improve household food security, thereby contributing to more sustainable health outcomes. Therefore, integrating economic strengthening into HIV care and treatment programs can help achieve key HIV treatment goals and improve the overall quality of life for people living with HIV/AIDS.

Client Testimonials: Impact of Asset Transfer on Health and Household Well-Being

In alignment with the findings of the implementation research, two clients from local implementing partners (LIPs) shared their life-changing experiences at the learning event, offering powerful testimonies of how asset transfer and associated services have transformed their lives.

Client 1 (Attributes of the client become anonymous based on the clinets request)

The first client shared their journey of enrolling in the FFHPCT program and receiving various life-saving services from the organization. They highlighted how the asset transfer they received enabled them to engage in income-generating activities (IGAs), providing a crucial source of income that helped cover household expenses, including education costs and medical emergencies. The client expressed deep appreciation for the community

volunteers and social service workers who facilitated their engagement in these initiatives and supported them through the process. They emphasized the critical role of community-based efforts in helping individuals like them access essential services and highlighted the importance of expanding accessibility to reach more people in need.

Client 2:

Similarly, the second client shared their experience of being enrolled in the program, which enabled them to access a range of health and social services. They also benefitted from an asset transfer, allowing them to invest in income-generating activities that have had a positive impact on their household economy. The client spoke about how these services not only improved their health outcomes but also enhanced their family's financial stability, particularly in terms of covering educational expenses and handling medical emergencies. They expressed heartfelt gratitude for the support of community volunteers and social workers, acknowledging their efforts in making a difference in their lives and the lives of many others.

Recommendations:

Both clients emphasized the need to increase accessibility to services for a larger number of individuals in the community who require support. They also recommended strengthening the coordination and collaboration of stakeholders to enable service integration, which would further enhance the quality of life for clients by providing comprehensive and holistic support.

These testimonials underscore the transformative impact of asset transfer and community-based interventions in improving the health and economic well-being of people living with HIV. They also serve as a call to action for expanding access to services and enhancing collaboration among stakeholders to maximize the benefits of these efforts.

Note: *Clinets profiles and identifiers becomes anonyms for dissemination purpose based on their request*

Panel discussion #2 :The Role of Community-Based HIV Prevention, Care, and Treatment Services in HIV Epidemic Control and Achieving the UNAIDS 3'95 Goals

The final session of the workshop was panel discussion on the role of community-based HIV Prevention, Care and Treatment service in HIV epidemic control and in achieving the UNAIDS 3' 95 goals. The panel moderator was Sinework Biruk, MENA HIV service specialist.

Panellists: -

1. Habtamu Kasa; -MoH HIV Prevention and Control office Director
2. Asayehegne Tekeste: - PH director of implementation program
3. Yonas Libagiba: - ADA care and treatment advisor
4. Dr Selamawit Ayalew:- MENA HIV service Director
5. Yonas Alemu:- CVDA Excutive Director





Key Contributions from Panelists:

Mr. Habtamu Kasa (MoH HIV Prevention and Control Office Director)

Mr. Habtamu expressed his gratitude to MENA for the invitation to participate in the discussion. He shared the Ethiopian government's progress in responding to HIV, emphasizing the role of community-driven initiatives that emerged during the HIV/AIDS peak in 1994 EC. The government's efforts led to the establishment of HAPCO and the integration of HIV services across sectors. He detailed Ethiopia's strategies to achieve the 3'95 goals and stressed that community system strengthening (CSS) is crucial to achieving the first '95.' This strategy includes four pillars: capacity building, community engagement, CLAM (community-level AIDS management), and community research. He noted that community-led programs are essential in identifying cases early, with the motto: "Let the community lead." Mr. Habtamu concluded that significant resources have been invested in community-based programs, which are proving to be effective in HIV epidemic control both globally and nationally.

Mr. Asayehegne Tekeste (PH Director of Implementation Program)

Mr. Asayehegne outlined the evolution of HIV response strategies, highlighting the improvement in the 3'95 goals over the past two decades. He shared that in the past, the first '95' lagged behind at 72%, but over the last five to six years, concerted efforts have significantly improved this rate. He discussed the importance of integrating and expanding community programs to provide tailored, evidence-based, and high-impact services to clients. He also highlighted the role of local partners in implementing services in the community.

He stressed the importance of utilizing empowered community structures, such as edir (traditional community associations), youth associations, PLHIV associations, and ASK US (adolescent and youth PLHIV associations), to reach underserved populations. Mr. Tekeste also pointed out the significance of data management for program improvement and informed policy decisions**.**

Mr. Yonas Libagiba (ADA Care and Treatment Advisor)

Mr. Yonas spoke about the vital role of community partners in filling system gaps through biomedical, behavioral, and structural interventions. He elaborated on various community

interventions, such as prevention, case management, viral load follow-up, HIV testing services (HTS), and economic strengthening (ES). These interventions help address the gaps in the healthcare system. He also addressed challenges related to limited resources, security issues, and insufficient community engagement, which have hindered the delivery of services in certain regions**.**

Dr. Selamawit Ayalew (MENA HIV Service Director)

Dr. Selam highlighted the contributions of community-based volunteers, including Community Referral Persons (CRPs) and Community Workers (CWs), in complementing the health facility services through home-to-home visits, demand creation, and counseling clients to access services. She emphasized the success of community-based programs as a strong advocacy tool for integrating community and government services. She recommended that such integration could lead to more comprehensive public health strategies that support the achievement of the 3'95 goals.

Mr. Yonas Alemu (CVDA Executive Director)

Mr. Yonas discussed the FFHPCT program's objectives and activities implemented in the community during the last program implementation period. He linked these objectives directly to the panel discussion and the national 3'95 goals. He focused on the three key result areas of the first objective: increasing HIV testing accessibility, improving prevention and adherence services, and providing mitigation services. He also highlighted the importance of data collection and continuous quality improvement (CQI) in ensuring effective program implementation.

Key Discussion Highlights:

- Community System Strengthening (CSS): CSS is considered a foundational pillar for achieving the 3'95 goals, with the community being the closest to identifying new cases and providing the necessary support for HIV prevention, care, and treatment.
- Collaboration and Coordination: Strong collaboration and coordination between government agencies, community-based organizations, and local health systems are crucial to integrating services and ensuring that clients receive comprehensive care.

- Resource Limitations and Challenges: While significant progress has been made, panelists identified ongoing challenges, including limited resources, security issues in some regions, and gaps in community engagement, which can hinder the effectiveness of HIV programs.
- Tailored Community Interventions: The success of community-based HIV interventions relies on tailored, evidence-based programs that address the specific needs of various populations, including key populations (KPs), adolescents, and people living with HIV.
- Data Management and Policy Advocacy: Effective data management systems and continuous monitoring are essential for improving service delivery and informing policy decisions. Successful community programs should be used as advocacy tools for policies that support the integration of community services with medical care.

Concluding Remarks:

The panel concluded by emphasizing the need for continued investment in community-based HIV prevention, care, and treatment services. It was agreed that community-driven approaches are crucial for reaching underserved populations and achieving the 3'95 goals. There was also a collective call for strengthening coordination between stakeholders and integrating HIV services into other public health initiatives to create a more holistic approach to epidemic control.

Panel Discussion Summary:

The panel discussion focused on the progress and challenges in achieving the UNAIDS 3'95 goals, particularly the role of community-based HIV prevention, care, and treatment services in Ethiopia. The discussion was facilitated by Sinework Biruk, MENA HIV Service Specialist, and included insights from key stakeholders in the HIV response.

Takeaways and Call to Action: Day 2 of the Learning Workshop

Key Takeaways:

1. **Community-Led Approach is Essential for HIV Epidemic Control:**
    - The active involvement of communities, through empowered structures such as **edir** , **youth associations**, and **PLHIV associations**, has proven to be a key driver in achieving HIV epidemic control.
    - Community-based HIV services are critical for early case identification, improving adherence, and ensuring continuity of care, especially in hard-to-reach populations.
2. **Integration of Services Enhances Effectiveness:**
    - There is a strong need to integrate community-based HIV prevention, care, and treatment services with government health systems to ensure that clients receive comprehensive care across multiple service providers.
    - The integration of HIV services into other public health programs enhances their reach and sustainability.
3. **Importance of Tailored, Evidence-Based Interventions:**
    - Interventions should be tailored to the needs of specific communities and populations, including adolescents, key populations (KP), and people living with HIV (PLHIV). Evidence-based, high-impact interventions have proven to increase engagement in care and improve health outcomes.
4. **Continuous Data Management is Crucial:**
    - Effective data management systems are essential for tracking program progress, identifying gaps, and making informed policy decisions. Data helps to evaluate the effectiveness of community interventions and guide future program development.
5. **Challenges Still Persist:**
    - Despite significant progress, challenges such as resource limitations, security concerns, and gaps in community engagement remain. Addressing these challenges requires ongoing dialogue, collaboration, and resource allocation to ensure the scalability and sustainability of community-based HIV services.

Call to Action:

1. **Strengthen Community Systems:**
    - Prioritize the empowerment of community systems, ensuring that community health workers, volunteers, and local organizations have the resources and training to effectively identify, support, and retain individuals in HIV care.
2. **Expand Service Access:**
    - Advocate for greater accessibility to HIV testing, prevention, treatment, and adherence services, especially for marginalized and hard-to-reach populations. Work with local organizations and community leaders to expand the reach of services.
3. **Foster Cross-Sectoral Collaboration:**
    - Collaborate across sectors—health, education, social services, and community-based organizations—to integrate HIV services into existing

public health frameworks. Strong coordination among stakeholders is vital for effective service delivery.

4. **Invest in Data and Monitoring:**
    - Support the development and implementation of robust data systems that enable real-time tracking of program outcomes, help identify service gaps, and inform continuous quality improvement (CQI) initiatives.
5. **Advocate for Policy Change:**
    - Use the success of community-based HIV interventions as a platform to advocate for policies that support the integration of community and government services. Support policies that enable long-term funding and sustainability for community-driven HIV care programs.
6. **Focus on Sustainability and Scalability:**
    - Ensure that community-based HIV services are not only sustained but scaled up to reach a larger number of people. Advocate for sustained funding and ensure that local actors are included in decision-making processes regarding HIV services.

In conclusion, continued collaboration, resource allocation, and a community-centered approach will be key to achieving the UNAIDS 3'95 goals and ultimately ending the HIV epidemic. Let us all work together to expand access, improve care, and ensure that no one is left behind in the fight against HIV.

Reflection and Way Forward: Learning Workshop Closing Session

Mr. Abiy expressed gratitude for the successful learning event, highlighting that it was the first of its kind conducted by MENA as a local implementing partner. He emphasized the invaluable lessons learned, particularly from the active engagement of key stakeholders such as representatives from the Ministry of Health (MoH). He invited participants to reflect on the event and asked what they learned, what worked well, and where improvements could be made for future learning events.

Participants' Reflections:

1. **Yonas Alemu (CVDA Executive Director):**
    - Yonas thanked MENA for the opportunity to learn and share experiences. He acknowledged the positive impact of client testimonies in illustrating the program's real-life impact on individuals. He emphasized that the event helped to identify areas for improvement in program implementation to enhance the quality of service for beneficiaries.
2. **Genet (Maedot Executive Director):**
    - Genet appreciated the well-organized event, which provided a summary of the program's achievements over the last four implementation periods. She acknowledged the community's role in HIV prevention, care, and treatment services, and highlighted the importance of the event in reflecting on performance and contributions.
3. **Mehary (ASK US Executive Director):**
    - Mehary appreciated the event's organization, especially the supporting documentation and client testimonies. He highlighted the value of differentiated service models tailored to specific age groups and client types. He recommended that future focus areas for LIPs should include mental health and economic empowerment to improve HIV care and treatment outcomes.
4. **Dr. Legesse:**
    - Dr. Legesse thanked MENA for enabling participants to observe the positive track of the program. He recognized the significance of community services, particularly home-to-home service provision by trained volunteers. He pointed out the need to address limitations hindering the delivery of quality services at the community level and advocated for the integration of family associations for more effective implementation. He also acknowledged MENA's advancement in monitoring and evaluation (M&E) systems, particularly the shift towards knowledge management and learning.
5. **Yabsira (MSD Program coordinator):**
    - Yabsira expressed gratitude for the learning workshop, which served as a valuable platform for LIPs to gain insights and lessons. He praised the participants for their capacity in the program implementation period and noted the event's contribution to strengthening community partnerships.
6. **Mekin (MENA OVC Director):**
    - Mekin shared MENA's pride in being a pioneer for both PLHIV associations and the learning workshop initiative. He expressed optimism that future workshops would continue to build on the successes and lessons learned.








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Mr. Abiy's Final Way Forward:



Mr. Abiy expressed his joy over the successful completion of the learning event, acknowledging the lessons learned from the event. He assured participants that the MENA team would assess the overall process and use these insights to improve future workshops. He committed to organizing the next learning event at the field level, inviting more stakeholders, particularly as the program enters its final implementation year. This will also serve as a marketing strategy for the organization. He thanked the participants, key stakeholders (MOH, USAID, AACARHB, BoFED, WCSAB, Project Hope, FHI360, ASK US, IRCE, ADA, Marry Joy, ISHDO, and beneficiaries) for their invaluable contributions.

Closing Remarks by Mr. Menelik Negussu (Program Manager and Deputy Executive Director, MENA):



Mr. Menelik began by expressing his appreciation for the active participation, inputs, and suggestions from all attendees, acknowledging their contribution to the program's success. He emphasized the crucial role of stakeholders and technical assistance partners in enhancing program achievements and called for continued support to maximize the program's impact. He highlighted that the success of the program, particularly through the learning workshops, demonstrates effective leadership and achievement of program goals. He also extended special thanks and appreciation to the leaders and staff of Yirgalem Estinfase Kirstos Church Healing Center, particularly Megabi Hadis Kasis Mesfin Hailu and Memehir Solomon, for their exceptional efforts in accomplishing the program's achievements.

Final Thoughts and Gratitude:

The event concluded on a positive note, with participants committed to using the lessons learned to improve their program implementations. There was a shared sense of pride in the collective progress made, and an optimistic outlook for future collaboration to continue strengthening the community-based HIV services.

Final Acknowledgment

On behalf of MENA, we would like to extend our deepest gratitude to all partners and participants who contributed to the success of this learning event. Your collective efforts, dedication, and support have made this event meaningful and impactful.

Special Acknowledgments to the Following Partners:

1. **Ministry of Health (MOH):** For their unwavering support in shaping national strategies and ensuring alignment with Ethiopia's HIV response goals.
2. **USAID:** For their continued partnership and funding support, which has been critical in implementing key programs and initiatives.
3. **AACARHB:** For their expertise and guidance in fostering multisectoral collaboration across various HIV-related sectors.
4. **BoFED:** For their collaborative approach in ensuring effective financial and policy support for HIV programs.
5. **WCSAB:** For your partnership in delivering impactful services to the community, and your active involvement in the event.
6. **Project Hope and fhi360:** For your significant contribution to enhancing the overall HIV response and strengthening community-based services as technical assistant partners.
7. **ASK US:** For your invaluable work in supporting youth living with HIV and ensuring that their voices are heard and included in program planning.
8. **IRCE:** For your ongoing commitment to faith-based initiatives and your contribution to the success of this learning event.
9. **Other Prime partners:** For your dedication to improving the lives of vulnerable populations through community-driven interventions.
10. **LIPs:** For your commitment, partnership and support in advancing HIV prevention and care initiatives at the community level.
11. **Project Beneficiaries:** For your resilience, courage, and active involvement in HIV prevention and care efforts. Your experiences are at the heart of all our work, and your voices are crucial in shaping the future of these programs.
12. **All Participants:** For your active engagement, thoughtful contributions, and willingness to share experiences. This event would not have been a success without your commitment to learning and improvement.

We look forward to continuing our collaboration and applying the lessons learned to further strengthen our collective efforts in combating HIV and improving the lives of those affected. Thank you once again for your support and for making this event a success.

Mekdim Ethiopia National Association (MENA)

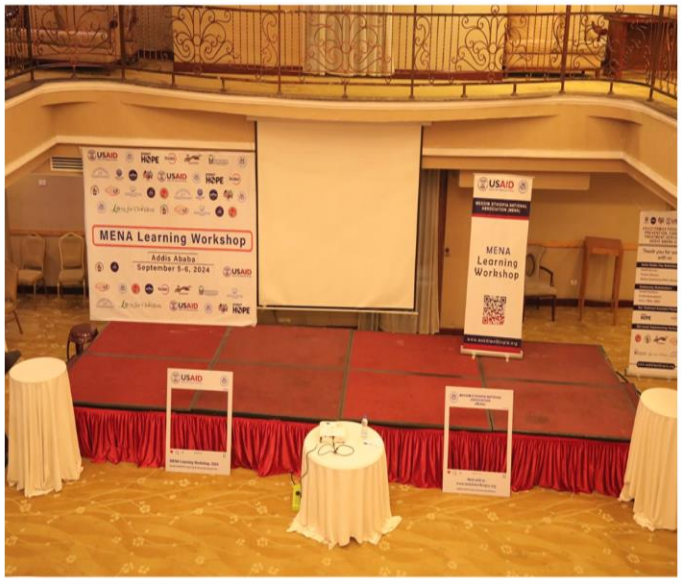

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