

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: FHI/IMPACT / Family Health International

Planned Funds:

Activity Narrative:

The FHI/Impact TB/HIV integration intervention is a key component of the basic care package described in 3.3.6 above. In FY 2005, in conformance with evolving MOH and TB/HIV Technical Working Group guidance, norms, and standards, FHI/Impact will continue to strengthen provider-initiated clinical and diagnostic HIV counseling and testing for all persons with TB as part of standard TB care (e.g. "opt out" testing); screening of all HIV-infected persons for active TB disease as part of routine quality clinical care of PLWHA; establish an improved patient referral system between TB and HIV programs; improve TB diagnostic capabilities of health providers that service HIV-infected persons; improve adherence to TB treatment by TB-HIV co-infected persons through strengthening the referral linkages; and incorporate TB preventive treatment as part of the preventive care package.

FHI/IMPACT will continue to work with partners to strengthen access to TB treatment and treatment adherence for clients reached through home- and community-based care programs established in 14 main cities during FY2004. This includes referring clients and their family members who have been coughing for several days to health centers for TB testing and diagnosis, and following up on people diagnosed with TB in home- and community-based care project areas to ensure TB treatment adherence. FHI/IMPACT will also continue to work with the MOH and other partners to improve care for persons with smear negative TB reached through home- and community-based care programs and to improve efficacy of treatment provision to people on TB treatment. Also, through VCT services active referral to TB services is strengthened.

The TB/HIV integration activities will be a key component of the preventive care package described in 3.3.6. The FY 2005 budget will enable FHI/IMPACT and its Ethiopian partners to provide basic care to an estimated 25,652 PLWHA. Of these 25,652 PLWHA, 18,900 will be served through OI care services in facility-based services at 203 "first cohort" and 20 new "second cohort" health centers in Addis Ababa, Amhara, Oromia and SNNPR, 6450 will be served through home- & community-based care services in 14 project sites, and 302 will be served through VCT services.

The program conforms with the ETAEP Five-Year Strategy of building on existing community- and faith-based organizations as key actors in the health network for care, promoting a set of palliative care interventions that are appropriate to specific actors in the health network, easing the pain of the most destitute at the end of their lives, and fostering linkages between treatment, high quality clinical and community/home-based care, and prevention for positives and family members. The FHI Palliative Care: TB/HIV program will contribute to the achievement of results 1 and 2.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	25,652	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	452	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	237	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults Boys
- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Pregnant women
- Program managers
- Religious/traditional leaders
- Volunteers
- Widows
- Women of reproductive age
- Youth
 - Girls

UNCLASSIFIED

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
 - Reducing violence and coercion
 - Increasing women's legal protection
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)

State Province: Amhara

State Province: Oromiya

State Province: Southern Nations,
Nationalities and Peoples

ISO Code: ET-AA

ISO Code: ET-AM

ISO Code: ET-OR

ISO Code: ET-SN

Program Area:

Budget Code:

Program Area Code:

Table 3.3.6: PROGRAM PLANNING OVERVIEW

- Result 1: Community and Home based care activities linked to health center facilities and expanded to ETAEP-assisted networks.
- Result 2: Preventive Care package full and open competition solicitation awarded for five regions.
- Result 3: Result Deleted
- Result 4: Spiritual providers identified, mobilized, and providing spiritual care at community, health center and hospital levels.