The Global Fund
To Fight AIDS, Tuberculosis and Malaria

ETH-C-2014 - Concept Note
Integrated View

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A. Program details

Country / Applicant:	Ethiopia	Principal Recipients	HIV/AIDS Prevention & Control Office Ministry of Health of Ethiopia	Total requested amount	
Component:	HIV/TB			Allocation	USD 254,137,058
Start Month/Year:	July 2015			Above	USD 27,473,086

Summary Budget by Module

Module	Allocated/Above	2015	2016	2017	Total
TB care and prevention	Allocation + Other Sources	6,939,198	7,759,557	4,300,276	18,999,031
	Above	4,284,359	3,698,750	1,313,035	9,296,144
TB/HIV	Allocation + Other Sources	768,510	1,102,296	553,311	2,424,117
	Above	460,000	460,000	230,000	1,150,000
MDR-TB	Allocation + Other Sources	6,744,233	7,480,005	4,415,050	18,639,288
	Above	3,168,604	3,246,608	1,458,328	7,873,540
Prevention programs for general population	Allocation + Other Sources	2,120,800	12,975,850	12,935,000	28,031,650
	Above	0	0	0	0
Prevention programs for sex workers and their clients	Allocation + Other Sources	541,372	2,069,975	2,290,226	4,901,573
	Above	0	0	0	0
Prevention programs for other vulnerable populations (please specify)	Allocation + Other Sources	313,260	418,092	418,092	1,149,444
	Above	0	0	0	0
PMTCT	Allocation + Other Sources	517,500	1,120,500	1,120,750	2,758,750
	Above	0	0	0	0
Treatment, care and support	Allocation + Other Sources	2,469,000	81,146,615	88,622,590	172,238,205
	Above	0	6,373,290	2,780,112	9,153,402
Program management	Allocation + Other Sources	959,000	2,018,000	2,018,000	4,995,000
	Above	0	0	0	0
Total	Allocation + Other Sources	21,372,873	116,090,890	116,673,295	254,137,058
	Above	7,912,963	13,778,648	5,781,475	27,473,086

Summary Budget by Principal Recipient

Principal Recipient	Allocated/Above	2015	2016	2017	Total
HIV/AIDS Prevention & Control Office	Allocation + Other Sources	6,920,932	99,749,032	107,404,658	214,074,622
	Above	0	6,373,290	2,780,112	9,153,402
Ministry of Health of Ethiopia	Allocation + Other Sources	14,451,941	16,341,858	9,268,637	40,062,436
	Above	7,912,963	7,405,358	3,001,363	18,319,684
Total	Allocation + Other Sources	21,372,873	116,090,890	116,673,295	254,137,058
	Above	7,912,963	13,778,648	5,781,475	27,473,086

B. Program goals and impact indicators

1	Ending TB epidemic in Ethiopia
2	To Prevent 70,000 to 80,000 New HIV infection
3	To save 500,000 to 550,000 lives

Linked to goal(s) #	Impact indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
2	HIV I-1: Percentage of young people aged 15–24 who are living with HIV (disaggregated by sex)		0.30	2011	DHS/DHS+ (Demographic and Health Survey)			0.17	
3	HIV I-8: Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months		12.80	2013	Reports (specify)	6.70	6.00	5.40	
3	HIV I-4: AIDS related mortality per 100,000 population (disaggregated by sex; age <15, 15+)		4.62	2013	Reports (specify)			2.09	
1	TB I-1: TB prevalence rate		224	2013	Reports (specify)	190	181	172	Based on the findings of the National TB Prevalence survey data, the prevalence of bacteriologically confirmed TB cases in 2011 was 146 per 100,000 (118-176), and that of all forms of TB was 224 per 100,000 (181-271). The Prevalence rates have been set at baseline under Phase 1 for the year 2012 at 224 per 100,000 populations, and the trends over time are being monitored based on WHO Global TB Report estimates annually. The data source for reporting of this indicator will be Global TB report
1	TBI-3: TB mortality rate		18	2013	Reports (specify)	15	14	13	This indicator is not collected in the routine reporting system and the target will be monitored against the WHO Global TB reports.

C. Program objectives and outcome indicators

Objectives:	
1	Implement high impact and targeted prevention programs
2	Intensify targeted HIV testing and counseling
3	Attain Virtual elimination of MTCT of HIV
4	Optimize and sustain high quality care and treatment
5	Improve access to TB,TB/HIV and MDR-TB services
6	Improve quality of TB, TB/HIV and MDR-TB service delivery
7	Improve community ownership on TB prevention and control

Linked to objective(s) #	Outcome Indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
5	TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases (disaggregated by age <15, 15+, sex and HIV status)		147	2013	HMIS	169	166	163	The targets have been set based on NSP target for TB cases detection rate of 77%, 79%, and 81% for year 2015, 2016 and 2017 respectively. This is the targets set by considering both allocation and above allocation target .
6	TB O-2a: Treatment success rate - all new TB cases		88	2013	HMIS	90	90	90	The indicators are aligned to the updated reporting formats to be introduced recently. Note that treatment success rate will be reported through HMIS disaggregated by type of TB.
5	TB O-3: Notification of RR-TB and/or MDR-TB cases- Percentage of notified cases of bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of the estimated number of RR-TB and/or MDR-TB cases among notified TB cases (disaggregated		25	2013	R&R TB system, quarterly reports	73	79	82	MDR-TB Case finding will be strengthened with more DST centers, improved laboratory network and sample transport system. Besides, expansion of WRDs (GeneXpert) will significantly improve MDR-TB CF. MDR-TB CDR among estimated new and Previously treated TB cases is currently 25%. Given the fact that 100% of MDR-TB suspects among previously treated would be screened and diagnosed initiated on treatment. This target includ both allocation and above allocation
1	HIV O-3: Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse (disaggregated by 15-19 and 20-24 age groups)		34	2011	DHS/DHS+ (Demographic and Health Survey)			60	
4	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy (disaggregated by age <15, 15+, sex, with 24 and 36 month data)		85.6	2011	Reports (specify)	85.0	86.0	87.0	Data source for baseline is COHORT report of 2013
1	HIV O-5: Percentage of sex workers reporting the use of a condom with their most recent client (disaggregated by sex male, female, transgender)		98	2013	Specific surveys and research (specify)			99	
5	TB O-4: Treatment success rate of MDR-TB: Percentage of bacteriologically confirmed drug resistant TB cases (RR-TB and/or MDR-TB) successfully treated (disaggregated by sex and age <15, 15+)		70	2013	Reports (specify)	72	75	75	The target is adopted from MDR-TB indicators in GF 2010 M & E tool kit, the target set based on the existing regional average target of 62% and according to the Global TB plan recommended to reach > 75%

D. Modules

Module: TB care and prevention																
Measurement framework for module																
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets									Comments [1]
							Total Targets	Year 1		Year 2		Year 3				
			N # / D #	%	Year	Source		N # / D #	%	N # / D #	%	N # / D #	%	N # / D #	%	

DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	Ministry of Health of Ethiopia	National program	131667	2013	HMIS	Allocation + Other Sources	143312	147037	74175		The target was set based on annual decreasing incidence of TB cases which is Y1= 219 per 100,000; for Y2 = 210 per 100,000 and for Y3= 201 per 100,000 populations per year has been considered for calculating denominators. Case detection rate of 70%, 73% and 75% has been set with allocated amount for Y1, Y2 and Y3 respectively. With above allocation request additional 10%, 9% and 9% target considered for Y1, Y2 and Y3 respectively. targeted community based intervention will be implemented with allocated amount but with above allocation the country will implement an innovative community TB case approach in selected zones of four high TB burden regions. Similar mobile TB DX Rx services will be implemented in highly mobile population with high TB burden like in somale, Afar and two pastoralist zones of oromia regions pastoralist
						Above	21529	18906	9522		

DOTS-2a: Percentage of all new TB cases, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all new TB cases registered for treatment during a specified period	Ministry of Health of Ethiopia	National program		88	2013	HMIS	Allocation + Other Sources	164841	77	165943	79	83697	81			The indicators are aligned to the updated reporting formats introduced by NTP Since 2014.Treatment outcome of all new cases (NSP+NSN+EP) shall be reported and monitored. The target has been set with the assumption to treat all notified TB cases and maintain TSR of 89-90% for all notified TB and registered for treatement With the allocated amount first line anti TB drugs will procured total of for all notified TB cases and improve the quality of care. Special support will be given to improve the quality of care in the pastoralist regions, frequent review (4x/ryr), supportive supervision (4x/year) will be conducted to improve the data quality problems at all level. The data source will be HMIS,
								214079		210054		103329				
							Above	21529	10	18906	9	9528	9			
								214079		210054		103329				

Module budget - TB care and prevention								
Allocated request for entire module	USD 18,999,031	Above allocated request for entire module					USD 9,296,144	
Intervention	Description of Intervention [2]	Intervention budget (request to the Global Fund only)						
		Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions [3]	Other funding [4]
	The National program is currently detects a case detection rate of 59% all TB case estimated. The major activities proposed under this new funding model are: 1. Procurement of TB microscopy laboratory chemicals, consumable and supplies for nearly all AFB microscopy centers which are near to 4000 including both public and							

Case detection and diagnosis	private 2. Procure GeneXpert cartridges for diagnosis of TB among HIV positive patients and children with presumptive TB 3. Laboratory personnel from public HFs will receive 10 days training on AFB Light Microscopy, LED Microscopy and EQA for near to 2250 laboratory personnel in three years period. 4. One health care provider from 99 zones and from all 99 GeneXpert sites will receive orientation training on GeneXpert (for 3 days), each GeneXpert site minimum of four people will be oriented on new diagnostic tool. Gap filling training is also planned for 2 HCWS from each hospital. 5. Procurement 1st line TB drugs will be procured with the allocated budget TB screening among HIV positive patients: As per national guidelines in which the rapid diagnostic test (GeneXpert) is included in the algorithm for Gene Expert is being used to screen TB among children and HIV positive clients with presumptive TB. The country will maximally utilize 99 available GeneXpert machines (85 exiting and 14 on pipeline) for screening of TB among eligible group. With allocated amount the country will not procure any additional machine, but procurement of cartridge will be made by GF and other partners. With above allocation request The country will expand the innovative community TB care activities in few selected high TB burden regions, zones and woreda. The innovated community TB case intervention will be implanted in 35 zones of high TB burden in four regions. The major activities are familiarization of the community TB care with all stockholders, zonal and woreda administrative, and all care providers in the selected zones, procurement of medical equipment and non medical equipment Household contacts: The health care workers and health volunteers will do intensified TB case finding in communities. For the diagnosis: the household contacts of PTB SM+ and of MDR-TB will be screened for TB by symptoms, and then GeneXpert among ones who have positive symptoms. The LPA will be done if the Rifampicin-resistance is found. In prison setting Symptom screening will be made for prisoners and sputum test using	

	GeneXpert will be done in 95 prisons setting (70%). Prisoner health workers and volunteer will be trained TB/ HIV to support the treatment and care in the prison. The activities will be in 95 prisons in 11 regions where the burden of TB and HIV is high. Mobile workers in mega project areas: work place TB case finding activities will be implemented in few 5 selected regions (oromia, SNNPR, Amhara, Afar, and Benishangul) with high TB burden and big mega projects. The	Ministry of Health of Ethiopia	Allocation + Other Sources	1,607,809	1,964,682	923,646	This grant will cover the following major activities: 1. Laboratory personnel from public HFs will receive 10 days training on AFB Light Microscopy, LED Microscope and EQA at a unit cost of $8,720 per round of trainings, in first year 59, 44 and 21 rounds of trainings (one round 30 participants) will be conducted in year 1,2 and 3 respectively. The total cost for three years is $1,082,190.36 which is only 25% to the total Need for this activity 2. GeneXpert services will be initiated in most government hospitals with High TB /HIV burden. TB screening will be done for eligible TB/HIV cases and Childhood TB. For diagnosis of TB among Children using GeneXpert $56,366 Cartridges will be procured and the total cost required for this activity is $563,660 for two and half years. 3. AFB reagent and consumables will be procured and total of $million required for Two and half year (Y1= $326,139 USD, Y2=$904,207 USD, and Y3=$465,946), for procurement of TB reagent 4. For newly opened Public and private health facilities about 300 Conventional light Microscopes will be procured and distributed at unit cost 1100USD With above allocation request, The country will implement an intensified community TB case finding activities in High TB burden districts. The following are major activities to be implemented in 35 zones: a. For innovative community TB care intervention in 4 region 35 zones 1. Familiarization of Community mobilization, sensitization for health care workers, HDA members, religious leaders, clan leaders, conduct regular community dialogue on TB and airtime CSM The cost required for Y1= $287250 , Y2=$531135 and Y4= $801,125 2. Implementation cost: zonal level quarterly review, Cluster level review, catchment area meeting and supervision of program with HEWS and health centers, Intensified supportive supervision and regular monitoring of activities from woreda to Health posts For Y1= $462490 Y2= $489283, and Y3= $ 530,847 is required. 3. Procurement of non medicate items and other consumables Total $1.99Million: Motorbikes will be procured for HC to health post supervisions, TB screening tool used for contact tracing will be printed and distributed for HEWs and HCs, different job aids will be printed and distributed. This will take Y$1260,000, Y2 $820,000 Y3, $910,000 4. Procurement of LED microscopes, GeneXpert and cartridge and FLDs will be procured for additionally diagnosed 32,351 TB cases. Cost required for Y1= $945,137, Y2= $733,071 and Y3= $426,137 B. Above allocation for phase based introduction of mobile TB DX and Rx Services in pastoralist regions 1. Procurement of non medical equipment for 4 VANs: GeneXpert machines, LED microscopes, digital x ray, 4 VAN total for year one $4052000, 2. implementation cost: community mobilization, ACSM, orientation of health care workers and human resources which will requires cost for $448,440per year	NO
			Above	3,532,829	3,030,959	874,617		

	symptom screening and then sputum test with GeneXpert will be done by using health Extention worker							
Collaborative activities with other programs and sectors		Ministry of Health of Ethiopia	Allocation + Other Sources					
			Above					
Community TB care delivery	Training of health extension workers, cluster level integrated supportive supervision will covered by global fund through HSS grant. The community TB case intervention is well described in TB prevention and care module	Ministry of Health of Ethiopia	Allocation + Other Sources				please refer to TB detection and diagnosis	no
			Above					
Engaging all care providers	Provide comprehensive TBL, TB/HIV and PMDT training for TB focal points from DOT sites (including Health care workers from high risk settings, from newly established Health facilities and newly PPM sites) Health professionals from newly started health facilities, person health settings, health facilities from high TB burden area, selected private health facilities will be trained by using blended strategies With support from GF under this NFM: Nearly a total of 4,000 health care workers will be trained on TB through blended training strategies. The participants will be: From prison health setting; from health facilities with high TB burden, newly selected PPM sites Private, from exciting DOTS site as gap filling. The GF grant will cover 50% of the total need for training.	Ministry of Health of Ethiopia	Allocation + Other Sources	545,699	280,940	355,035	Two health professionals from each newly opened HFs, 70 prison health facilities; from high risk settings and refresher training for 50% of existing DOTS centers will be get customized PMDT and comprehensive TB training using blended training strategies. The GF grant will cover 30% of the total Cost need for each year; the rest will be covered by demotic funds. A total 147 rounds of training will be conducted by using blended strategies. At unit cost of 7036USD/round of training	No fund received for this intervention
			Above					
Key affected populations	Please see the detail is presented under allocation and above above location request for TB care detection and diagnosis intervention TB case finding	Ministry of Health of Ethiopia	Allocation + Other Sources				The cost is integrated in TB case detection and diagnosis intervention like dressing Prison TB, pastoralist population and mobile worker will be addressed, but the budget included under above allocation for case finding	no
			Above					

Program management and M&E	Provide comprehensive TBL, TB/HIV and PMDT training for TB focal points from DOT sites (including Health care workers from high risk settings, from newly established Health facilities and newly PPM sites) Health professionals from newly started health facilities, person health settings, health facilities from high TB burden area, selected private health facilities will be trained by using blended strategies With support from GF under this NFM: Nearly a total of 4,000 health care workers will be trained on TB through blended training strategies. The participants will be: From prison health setting; from health facilities with high TB burden, newly selected PPM sites Private, from exciting DOTS site as gap filling. The GF grant will cover 50% of the total need for training.	Ministry of Health of Ethiopia	Allocation + Other Sources	1,269,499	1,288,756	810,430	Major Monitoring and evaluation activities 1. Bi annual national and Regional level TB program supportive supervision and onsite data verification will be conducted, all zones will be covered two times in a year, so 50 teams of 3 supervisors and one driver will be required for one round visit. About 720 USD/required to cover one zone for one trip 3. Biannual zonal level TB program supportive supervision and onsite data verification will be conducted in 99 zones and 153 teams of with 2 supervisors and one driver will visit to cover all districts in 14 days, 2x per year. The unit cost to cover one woreda at time is $158.3USD. The global fund grant will cover 50% of the total cost for these activities 4. In depth Zonal level TB program review will be conducted by involving all woreda health offices and selected facilities for three days. Average 50 participants for 3 days 2x / year at unit cost of $4785. The global fund grant will cover 50% of zones in year one and 60% remaining one and half year. The remaining will be covered from other sources. Total of $1,042,121 required for two and half years (Y1=$378,931, Y2= $378952, and Y3 $284,214 5. In-depth National level bi annual TB program review meeting will be conducted involving all regions and implementing partners to evaluate the performance and discus on programmatic challenges. The review meeting will be conducted for three days and 2 times per year at unit cost of 15,168 (Y1= $30,336, Y2=$30,336, Y3= $15,168) 6. In depth Bi annual TB performance review meeting will be conducted involving all zonal health offices and regional stakeholders , and 60 participants for three days 2x per year at unit cost of 8,824.03 for one rounds. Y1=$194,129, Y2=$194,129 and $97,064 is allocated for this activities Human resources MDR-TB consultant for seven regions (4 big regions and 3 urban regions Total= 7) and TB and TB/HIV program consultant for Regions (2 for Big regions and one for other 7 other regions, Total =15) the total cost required for salary is 779,443 (Y1=302,016, Y2 314,097, Y3 163,330)	No additional Fund recieved
			Above					
Prevention	NH prophylaxis for under five children with contact of TB cases will be provided and screening tool will be printed and distributed, other ACSM will be covered from other sources	Ministry of Health of Ethiopia	Allocation + Other Sources	65,859	85,967	74,717	this will be used for procurement of INH prophylaxis for children TB contact	not received
			Above					

Treatment	In Ethiopia is the only source of fund for procurement of first line anti TB drugs for all notified TB cases every year. Accordingly with allocation amount procurement of FLDs will be made for total of 364,524 TB cases (Y1=143,312, Y2= 147,037 and Y3 half year = 74,175) respectively. Standardized TB/HIV providers support tools will be printed and distributed to health facilities to enhance programmatic and clinical management of TB prevention and control capacity of health professionals. With above allocation request 49,957 (1st year 21,529, 2nd year 18,906, 3rd year 9,522) TB cases will be detected and treated from key population group with high TB burden through implementation of targeted, and innovated community TB care intervention and mobile TB diagnostic and treatment services in high TB burden area (pastoralist, prisons and population from major mega project with mobile populations group	Ministry of Health of Ethiopia	Allocation + Other Sources	3,450,332	4,139,212	2,136,448	From allocation amount the following activities will be covered: 1. From allocation amount about $ 3,450,332USD, $4, 139212, $2,136,447 is allocated for procurement of FLDs for year 1, 2 and 3 respectively With implementation of intervention request for above allocation additional fund required for procurement of FLDs 49,957 additional TB case detected which will cost $1.857 million for three year($751,530, y2 $66,7791, y3 $438,418)	no other fund received from other source
			Above	751,530	667,791	438,418		

Programmatic Gap

Coverage Indicator : DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses

Current National Coverage 131677	Year	Source	Latest Results	
	2013	HMIS	131677.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	214'079	210'054	103'329	Based on the previous year's trend, a decrease of 4 per 100,000 was considered to estimate new and relapse TB cases of Adulat and Childrens. Accordingly, for Year 1 incidence of 219 per 100,000; for Y2 incidence of 210 per 100,000 and for Y3 incidence of 201 per 100,000 has been considered for calculating the target for the three years.
B. Country targets (from National Strategic Plan)	164'841 77.00 %	165'943 79.00 %	83'696 81.00 %	The targets have been set based on analysis of recent trends in case notification, the likely impact of strengthening and expanding DOTS coverage. An annual increase of 12-15% is aimed as against current performance levels of 4-5% annual increase. The program has updated the case definition aligned to the new WHO guidelines, but the recording and reporting tools are updated and being rolled out. Data would possibly be available from 2016 onwards. Of the total number of planned TB cases to be notified each year nearly 17% of them considered to be children.
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	84'069 39.27 %	84'631 40.29 %	42'685 41.31 %	The target estimated based on the assumption that 51% total need is covered by domestic resources but doesn't includes procurement of AFB reagent which is funded by GF resource. Enhanced case finding among key affected (mobile workers, prisoners, and pastoralist community) and high risk populations including children are not yet addressed by government and partners as well as expected.
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	130,010 60.73 %	125,423 59.71 %	60,644 58.69 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	59'243 27.67 %	62'406 29.71 %	31'490 30.48 %	
F. Coverage from Allocation amount and other resources C+E	143,312 66.94 %	147,037 70.00 %	74,175 71.79 %	With allocated amount laboratory reagents and supplies, consumables, and first line anti TB drugs required to diagnose and treat 364,524 drug susceptible TB patients will be covered in 2 and 1/2 years period. In addition, 56000 (50%) Children with presumptive TB cases will be screened using GeneXpert and the cost of cartridges will be covered with allocation amount .
				using the above allocation amount intensified and targeted community TB care intervention will be implemented in high TB burden and key affected population. The Community TB care intervention will be employed by engaging all health extension workers (HEWs) found in 16,251 Kebeles of the country, Community Health workers and health development army (HDA). Special focus will be given to referral networking between health facilities (Health center to Health post, Hospital to health center), community bases contact screening of Index Cases, capacity building of supervisors (Woreda, Zonal and health facility staffs) of community TB care

				activities, Monthly community based program review and sputum sample
G. Targets to be potentially financed by above allocation amount	21'529 10.06 %	18'906 9.00 %	9'521 9.21 %	

				transportation from community to diagnostic Health facilities. First line TB drugs for 49,956 detected cases implementation of innovative community TB care intervention and phase based introduction of mobile TB diagnostic and treatment services
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	164,841 77.00 %	165,943 79.00 %	83,696 81.00 %	

Coverage Indicator : DOTS-2a: Percentage of all new TB cases, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all new TB cases registered for treatment during a specified period

Current National Coverage 88%	Year	Source	Latest Results	
	2012	Reports (specify) 2013 Global TB Report	88.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	214'079	210'054	103'329	
B. Country targets (from National Strategic Plan)	164'841 77.00 %	165'943 79.00 %	83'696 81.00 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	11'539 5.39 %	11'616 5.53 %	5'859 5.67 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	202,540 94.61 %	198,438 94.47 %	97,470 94.33 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	131'773 61.55 %	135'421 64.47 %	68'316 66.12 %	
F. Coverage from Allocation amount and other resources C+E	143,312 66.94 %	147,037 70.00 %	74,175 71.79 %	
G. Targets to be potentially financed by above allocation amount	21'529 10.06 %	18'906 9.00 %	9'528 9.22 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	164,841 77.00 %	165,943 79.00 %	83,703 81.01 %	

Module: TB/HIV

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets									Comments [1]
							Total Targets	Year 1		Year 2		Year 3				
			N # / D #	%	Year	Source		N # / D #	%	N # / D #	%	N # / D #	%	N # / D #	%	

Indicator	Responsible	Source		Baseline	Year	Source	Scenario	Y1 N/D	Y1 %	Y2 N/D	Y2 %	Y3 N/D	Y3 %		Comments
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	Ministry of Health of Ethiopia	National program		93	2013	Reports (specify)	Allocation + Other Sources	143312 / 164841	87	147037 / 165943	89	74175 / 83696	89		the denominator is based on the annual estimated TB cases to be detected,87%,89% and 92% has been set for Y1,Y2,Y3 respectively.Additional 13%,11.4% and 11% for case detected with above allocation request. the data source is HMIS
							Above	21529 / 164841	13	18906 / 165943	11	9521 / 83696	11		
TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	Ministry of Health of Ethiopia	National program		54	2013	Reports (specify)	Allocation + Other Sources	17340 / 23549	74	17503 / 23106	76	8812 / 11366	78		The country need is calculated using 11% co-infection rate among estimated TB Incident cases during specified period. According to previous years TB program reports, an average of 11% TB patients were infected with HIV.
							Above	2368 / 23549	10	2080 / 23106	9	1047 / 11366	9		

Indicator	Responsible PR	Data source		Baseline value	Baseline year	Baseline source	Targets	Y1 N/D	Y1 %	Y2 N/D	Y2 %	Y3 N/D	Y3 %		Comments
TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	Ministry of Health of Ethiopia	National program		97	2013	Reports (specify)	Allocation + Other Sources	463861 / 516346	90	490850 / 576346	85	259177 / 318173	81		Assumptions: With a 2013 FMoH report of 308,860 adult and 16,000 pediatric HIV cases currently on ART, with a projected annual enrollment of 100,000 cases (5% Pediatric),and 87% are screened for TB. of those screened HIV positive cases, 15 % will be co infected and are subtracting from the total screened HIV patients to get the total IPT eligible HIV population. Considering 324,860 PLHIV are currently on ART and with assumption that there will be steady enrollment (100,000 yearly) to HIV care and treatment, all PLHIV in care and treatment (Existing and new) will be r symptomatically screened for TB, and PLHIV with presumptive TB will be further evaluated for TB using Xpert MTB/Rif
							Above	32000 / 516346	6	32000 / 576346	6	16000 / 318173	5		
TB/HIV-4: Percentage of new HIV-positive patients starting IPT during the reporting period	Ministry of Health of Ethiopia			18	2013	Reports (specify)	Allocation + Other Sources	44370 / 73950	60	53196 / 88659	60	26775 / 44625	60		Out of the total IPT eligible population, the country planned to put 18%, 19% & 22% from the currently on ART and maintain and achieve 60% IPT uptake among newly enrolled HIV positive eligible for IPT for Y1,Y2 and Y3 respectively.
							Above								

Module budget - TB/HIV

Allocated request for entire module	USD 2,424,117	Above allocated request for entire module					USD 1,150,000	
			Intervention budget (request to the Global Fund only)					
Intervention	Description of Intervention [2]	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions [3]	Other funding [4]
TB/HIV collaborative interventions	All HIV positive clients enrolled to HIV care will have symptomatic TB screening their enrollment and each follow up visits. With assumption that from total screened HIV positive clients nearly 40% are expected to have TB symptom complex and are eligible for GeneXpert. According 398,455, 237,455, and 118,728 presumptive HIV positive clients will be screened for TB using Ge40Xpert in year 1 , year 2 and year 3 (1/2 year) respectively. Under this NFM the country will screen 33%, 40% and 60% of the eligible HIV postie in year 1, 2 and 3 respectively. Accordingly a total of 206,538 GeneXpert cartridges required to screening and Gene Xpert service will be initiated in 99 public hospitals which have high number of TB and HIV cases	HIV/AIDS Prevention & Control Office	Allocation + Other Sources				ART drug, OIs and INH costs will be covered from HIV grant under treatment,care and support intervention, whereas HIV test KITs for HIV screening cost will be covered from HIV grant under prevention program for general population	.
			Above					
		Ministry of Health of Ethiopia	Allocation + Other Sources	768,510	1,102,296	553,311	To diagnose TB among HIV positive clients regular TB screening using GeneXpert machines will be made in near 100 GeneXpert sites. Even though the need is high with allocation amount the country will procure 207,963 cartridges with estimated cost of $2424117over two and half years (y1=$768510, Y2=$ 1,102290, and Y3=$ 5533310). This will only cover 33-40% of the total need for two and half years With above allocation Additional cartridge for 80,000 Patients which will requires $800,000 . Ssensetization odf health care worker to improve ipt uptake will take$ 350,000	Additional fund for procurement of 45000 cartridge are supported by UNTAID and 10,000 will be utilized before 2015.
			Above	460,000	460,000	230,000		

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Programmatic Gap

Coverage Indicator : TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment

Current National Coverage 54	Year	Source	Latest Results	
	2013	Reports (specify) the report baseline data is from TB/HIV sentinal serveillance site	54.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	23'549	23'106	11'366	The country need is calculated using 11% co-infection rate among estimated TB Incident cases during specified period. According to previous years TB program reports, an average of 11% TB patients were infected with HIV.
B. Country targets (from National Strategic Plan)	18'133 77.00 %	18'254 79.00 %	9'207 81.00 %	According to NSP target, 100% of notified HIV infected TB cases will be put on ART, this figure was corrected based on cases detection rate for each year.
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	1'734 7.36 %	875 3.79 %	705 6.20 %	The domestic source from USAID through mechanisms, CDC-E through COP and government is mainly cover the cost for program management, training, strengthening referral linkage and monitoring and evaluation.
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	21,815 92.64 %	22,231 96.21 %	10,661 93.80 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	15'606 66.27 %	16'628 71.96 %	8'107 71.33 %	The allocation amount allows the country in achieving the NSP target for ART. The allocation amount will helps for procurement of ART and CPT drugs for all TB/HIV co infected patients.
F. Coverage from Allocation amount and other resources C+E	17,340 73.63 %	17,503 75.75 %	8,812 77.53 %	
G. Targets to be potentially financed by above allocation amount	2'368 10.06 %	2'080 9.00 %	1'047 9.21 %	this for TB cases to be detected using above allocation requires, similar 11 % co infection rate was considered
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	19,708 83.69 %	19,583 84.75 %	9,859 86.74 %	

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Coverage Indicator : TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings

Current National Coverage 97	Year	Source	Latest Results	
	2013	Reports (specify) tb/hiv sentinel surveilance 2013	97.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	516'346	576'346	318'173	This calculation is based on the number of 2013 number of HIV positive on care 308,860 adult and 16,000 pediatric HIV cases currently on ART, with a projected annual enrollment of 60,000 cases (5% Pediatric),and 87% are screened for TB of those at least 40% will be screened for GeneXpert. Of total screened HIV cases, near to 15% will have TB A and subtracted from the total screened HIV patients to get the total IPT eligible HIV population. Out of the total IPT eligible population, it was planned to put 18%, 19% & 22% from the currently on ART population and 50%, 60% & 70% from the newly enrolled population on IPT for Y3, Y4 & Y5 respectively. In addition to 324,860 PLHIV are currently on ART, it is assumed that there will be steady enrollment (100,000 yearly) to HIV care and treatment. 100% of PLHIV in care and treatment (Existing and new) will be screened for TB, and all PLHIV with presumptive TB will be evaluated for TB using Xpert MTB/Rif.
B. Country targets (from National Strategic Plan)	490'529 95.00 %	553'292 96.00 %	308'628 97.00 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	210'927 40.85 %	237'916 41.28 %	132'710 41.71 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	305,419 59.15 %	338,430 58.72 %	185,463 58.29 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	252'934 48.99 %	252'934 43.89 %	159'918 50.26 %	Expert MTB/RIF machine, cartridges procurement, development of algorithms, job aids, and provider support tools will cover with allocated amount. Partners will cover 20% of the cost for cartridge mainly from UNITAUD and USG t for cartridges for screening of TB among HIV postie cases
F. Coverage from Allocation amount and other resources C+E	463,861 89.84 %	490,850 85.17 %	292,628 91.97 %	From total screened HIV positive clients (positive adult and children) will be put on IPT respectively during 2 and ½ year period.The cost for procurement of INH for those HIV positive populations will be covered by allocated amount for HIV allocation, TB screening will be done using GeneXpert which is mainly covered from allocation amount and partners
G. Targets to be potentially financed by above allocation amount	32'000 6.20 %	32'000 5.55 %	16'000 5.03 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	495,861 96.04 %	522,850 90.72 %	308,628 97.00 %	

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Coverage Indicator : TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register

Current National Coverage 93	Year	Source	Latest Results	
	2013	Reports (specify) TB/HIV serveilance report 2013	93.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	164'841	165'943	83'696	Based on the previous year's trend, a decrease of 4 per 100,000 was considered to estimate incidence of new and relapse TB cases of all age groups
B. Country targets (from National Strategic Plan)	164'841 100.00 %	165'943 100.00 %	83'696 100.00 %	The NSP target is to screen 100% notified TB cases for HIV.
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	15'764 9.56 %	7'956 4.79 %	6'407 7.66 %	Only 5-10% of NSP target for HIV testing of notified TB cases will be covered by USAID through its mechanisms, CDC-E through COP and government. Domestic fund will mainly cover the cost for program management, printing and distribution of Job Aids,and mentoring support.
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	149,077 90.44 %	157,987 95.21 %	77,289 92.34 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	127'548 77.38 %	139'081 83.81 %	67'768 80.97 %	This allocated amount will be mainly used for procurement test KIT,training and monitoring and evaluation and etc
F. Coverage from Allocation amount and other resources C+E	143,312 86.94 %	147,037 88.60 %	74,175 88.63 %	The allocation amount and domestic sources will allow the country in achieving the NSP target for HCT for Notified TB cases.
G. Targets to be potentially financed by above allocation amount	21'529 13.06 %	18'906 11.39 %	9'521 11.38 %	This will be for testing of TB cases who will be detected through above allocation request for TB cases finding
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	164,841 100.00 %	165,943 99.99 %	83,696 100.01 %	

Module: MDR-TB

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets									Comments [1]
							Total Targets	Year 1		Year 2		Year 3				
			N # / D #	%	Year	Source		N # / D #	%	N # / D #	%	N # / D #	%	N # / D #	%	

MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	Ministry of Health of Ethiopia	National program	598	2013	R&R TB system, quarterly reports	Allocation + Other Sources	1172	1289	715		MDR-TB Target assumption is based drug resistance survey result showing 17.8% among previously treated, 2.3% among new 5.5% among screened contacts of MDR-TB cases (which is based on international studied on contact screening). Accordingly Having rapid expansion of MDR-TB treatment providing health facilities line the country target to enroll all detected MDR-TB cases on SLDs in existing 40 treatment initiating centers, Including the above allocation to detect and Rx 49%, 53% and 68% of estimated MDR-TB cases in the Y1, Y2 and year 3 respectively. With above allocation request I further scale up MDR-TB services in 20 additional GeneXpert sites, 50 additional MDR-TB treatments. First line DST for bacteriologically confirmed TB cases from high rate of MDR-TB among new TB cases. For year three the target is for six months the data source is HIMIS
						Above	544	613	283		

Indicator	Responsible PR	Geographic coverage	Baseline value		Baseline year	Baseline source	Targets	Y1	%	Y2	%	Y3	%	Y4	Comments
MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	Ministry of Health of Ethiopia	National program	598 / 2356	25	2013	R&R TB system, quarterly reports	Allocation + Other Sources	1172 / 2384	49	1289 / 2432	53	715 / 1241	58		The denominator is calculated based on DR surgery result of 2.3% among news bacteriologically confirmed and 16.8% among retreatment and MDR-TB contact with allocation amount the MDR-TB case detection rate of 49%, 53% and 68% is set for Y1, Y2 and year 3 respectively. With above allocation request: additional 23% 25% and 23% CDR will be achieved in Y1,Y2 and Y3 respectively by scale up the MDR-TB in additional health facilities in the country. The data source is HMIS. Having rapid expansion of MDR TB treatment providing health facilities line the country target to enroll all detected MDR -TB cases on SLDs in existing 40 treatment initiating centers. With above allocation the services will be scaled up to additional 50 treatment making total 90 MDR-TB treatment center.
							Above	544 / 2384	23	613 / 2432	25	283 / 1241	23		

Module budget - MDR-TB

Allocated request for entire module	USD 18,639,288	Above allocated request for entire module	USD 7,873,540

Intervention	Description of Intervention [2]	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions [3]	Other funding [4]
			Total Targets	Year 1	Year 2	Year 3		
	This intervention will target on TB patients with high risk of MDR-TB i.e. all re-treatment cases, sputum-non-converted at end 3rd months, and new TB with contact history with MDR-TB. Abound 14 regional laboratories will be functional and will provide culture and DST services. This 14 culture/DST lab will provide follow up							

Case detection and diagnosis: MDR-TB	culture services for al MDR-TB patients enrolled to SLDs. These 14 labs will receive sample from near 99 administrative zones, 920 districts. Sample is transported through already establish integrated courier system which will be supported under HSS grant. Where there is higher burden of TB and the MDR-TB activities done. LPA will confirm the MDR-TB diagnosis with shorter turn-around time. The LPA is used after the Rifam-resistant TB detected as Starting from July 2015 chemicals, consumables, and equipments for culture/ DST laboratories will be procured by the support of global fund from allocated amount. Train 30 laboratory technologists will get training on culture and DST and nearly 750 health workers (clinicians and laboratory personnel will be oriented on new molecular diagnostic tools and National algorism for GeneXpert. GeneXpert cartridges will be procured for diagnosis of RR- TB cases where limited access to conventional LPA With above allocation request: having the previous grant from global fund Ethiopia has made tremendous changes toward response to DR-TB, as a result huge demanded have been created from community and a number of MDR-TB TICs have been progressively expanded in the country and decentralized to zonal level. Significant number of health workers has been trained revised PMDT guideline. With the above allocation request I the country can detected and enroll additional MDR-TB cases by focusing on key population group with high MDR TB burden. The program data show that MDR-TB is high in bigger cities and population with high TB burden the country is planning to conduct initiate DST screening for all bacteriologically confirmed TB patients from those setting. Cost fro procurement of cartridge, SLDs with ancillary drug is required. Health care worker from these setting will be oriented on New molecular diagnostic tools, community awareness activities will be done. All detected MDR-TB cases will linked to MDR-TB treatment center and put on SLDs.the implementation is closely	Ministry of Health of Ethiopia	Allocation + Other Sources	527,653	769,169	781,559	IMDR-TB cases finding 1. Two laboratory technologists per TB culture and DST lab will receive 4 weeks training on culture and DST at a unit cost of $10,370.75 per training session USD/ training session of 8 lab technologists. Total cost will be 2. one health care providers from each zone and GeneXpert sites will receive training on GeneXpert (for 3 days) at a unit cost of $5176 per batch of 30 participants, from each hospital four people will be trained on new diagnostic tool and gap filling training will be provided for 2 HCWS from each hospitals 3. Unit cost for chemicals for one culture & DST labs is $14,545 USD Per lab /year. This grant will cover 100% of the total cost for year 1 and 2 and 50% for year 3. This is the cost for other consumables for one culture and DST lab. The unit cost for consumables for Culture and DST in Labs with MGIT is $35,828 per year and for Labs one (Solid Culture). Chemical for Culture and DST is $450,000 (Y1 72730, Y2 174540, Y3 203,630) 4. GeneXpert service will be initiated in all public hospitals with high cases load cartridge Dx of MDR-TB cases among MDR TB suspects. Y2=$111,190, y3=$65,970 total $177,160 Summary of budget for above allocation request Following additional MDR-TB cases detected through above allocation for Case finding additional fund is required for treatment of 1440 cases. Total of $1,414,000 required o Training for General health workers on MDR-TB case finding: cost $750,000, establishing addition 50 treatment site$750,000, chemical and other lab supplied $30,000, 20 Expert machines 384,000USD	There support from USG for MDR-TB case finding, special lab services expansion,cartirdges mainly from USG, &UNITAID
			Above	752,000	506,000	156,000		

	monitored and scaled up to major other regional towns in the second and 3rd years.							
Engaging all care providers	This activities will be addressed from support from USG and GF Support	Ministry of Health of Ethiopia	Allocation + Other Sources				Training of health care worker considered integrated in other training	support for capacity building training from USG
			Above					
MDR-TB program management M	1. Conduct MDR-TB clinical Mentoring supports, 2. Conduct MDR-TB catchment area meetings , 3. Maintain 1 MDR-TB Focal Person and 3TB program consultant at National level , 4. Maintain 18 TB laboratory officers at national reference laboratory and regional reference laboratory, 5. Receive annual External Technical support on PMDT (GLC)	Ministry of Health of Ethiopia	Allocation + Other Sources	569,299	588,517	222,527	1. Mentoring visits are conducted by TICs to TFCs in their catchment for program implementation support on two monthly bases. Small volume TICs will be supported by Zonal HD and RHBs. mentoring Cost per TIC per year will be USD 891 and a total of 40 TICs will be receive supported from GF and the rest will be domestic funds 2. Catchment Area Meetings/ clinical symposium are held at TIC level by involving all TFCs' focal points, district program managers and TICs focal points. CAMs are conducted every six months after two rounds of mentoring supports from TICs. The smallest unit cost per TIC is 1374 USD. In July 2017 this activity will be integrated with zonal level TB program review meeting 3. One PMDT program consultant and three TB program consultant total cost $167,821, for 7 MDRTB consultant for regions total cost $628222USD (one for each bigger regions and three urban total 4. The country will receive annual External Technical support on PMDT (GLC) 2x during this period Above allocation will be for 50 additional site established through above allocation request for under treatment intervention Additional cost required for Catchment area meeting and mentoring support for 50 sites at total of $240,000 required for 2 and half year	fund from USG for capacity building training, improving MDR-TB quality of services
			Above	80,000	120,000	40,000		
Prevention for MDR-TB	procurement TB infection control supplies (N95 mask)	Ministry of Health of Ethiopia	Allocation + Other Sources	561,600	670,800	343,200	N95 masks will be procured and distributed to all MDR TB TICs and TFCs as for TB IC measure. Each TIC will require 12 N95 masks/week, and each TFC will need 2 N95 Mask/week. The masks will procured at a unit cost of 2.5 USD per piece or 25 USD per box of 10 units. nearly 63, 024 pack of N-95 mask will be procured over two and half years with support from allocated fund For additional treatement site that will be established using above alocation requies addittional fund for N95 is required. A total of $292,000 required for three years unit costy for one N95 is 2.5USD	additional support from USG partner for MDR-TBTB infection control, and ACSM activities
			Above	97,500	97,500	97,500		
Treatment: MDR-TB	1. Procurement of 2nd line anti-TB drugs for estimated MDR TB cases. 2. Procurement and ancillary drugs for MDR-TB patients(including PSM plan) 3. Standardized Transportation and social support for eligible and to marginalized and vulnerable MDRTB patients	Ministry of Health of Ethiopia	Allocation + Other Sources	5,085,681	5,451,519	3,067,764	MDR-TB treatment With allocation amount the following activities will be supported under this NFM: All diagnosed MDR-TB/RR-TB cases will be enrolled to second line TB treatment. The country will treat all notified MDR-TB cases. Using allocated amount, 1. The country will procure SLDs and ancillary drug to treat 1172, 1289 and 716 in Y1, Y2 and Y3 (half) respectively. Base on new GDF price catalog the total cost for SLD +PSM cost will be (y1=$4, 514, 014, y2= $4930,984 , Y3= 2778,868), ancillary $215197(y1=$79394, Y2=87333 y3=48649), for two and half years. 2. MDR TB Patients need to be provided with nutritional support; nearly for 80% of patients enrolled MDR-TB patient will be provided nutritional support during their treatment at a unit cost of 420 USD per patient per year. Total cost for 2 ½ years will be nutritional support $1,165,901 (y1=492,274, Y2=433,201, Y3=204,426) Additional cases detected through above allocation request for cases finding fund is required for RX those cases The country will procure SLDs and ancillary drug to treat 544, 613 and 283 in Y1, Y2 and Y3 (half) respectively which will cost a total of $5.39 Million for SLDs, $115,200 for ancillary,$420,480 for nutritional support support	No
			Above	2,239,104	2,523,108	1,164,828		

Programmatic Gap

Coverage Indicator : MDR TB-2: Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified

Current National Coverage	Year	Source	Latest Results	
598	2013	R&R TB system, quarterly reports	598.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	2'384	2'432	1'241	the assumption is based MDR-TB drug resistance survey result showing 17.8% among previously treated , 2.3% among new cases and 5.5% among screened contacts of MDR-TB cases (which is based on international studied on contact screening)
B. Country targets (from National Strategic Plan)	1'716 71.98 %	1'902 78.21 %	999 80.50 %	the CDR for MDR-TB, for year three the target was set six month only
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	549 23.03 %	609 25.04 %	320 25.79 %	Partners contribution on MDR-TB case finding interventions are capacity Building training, procurement of some GeneXpert machine and cartridges, supportive supervision and mentoring support. Domestic fund cover 32% for MDR TB case target for cases finding and diagnosis interventions
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	1,835 76.97 %	1,823 74.96 %	921 74.21 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	623 26.13 %	680 27.96 %	396 31.91 %	Procurement all chemicals, consumables and equipments for conventional DST services some of lab capacity building trainings will be covered with allocation amount of budget.
F. Coverage from Allocation amount and other resources C+E	1,172 49.16 %	1,289 53.00 %	716 57.70 %	
G. Targets to be potentially financed by above allocation amount	544 22.82 %	613 25.21 %	283 22.80 %	First-line DST for bacterologically confirmed new TB cases urban regions and major regional town sing molecular test in two and half year period. about 1441 MDR-TB cases will be detected and treated. scaling up of Genxpert service to all Hospitals and heavy load health load HFs with adequate cartridges will help to achieve the above allocation target. SLDs will be procurement for additional detected MDR-TB cases covered with above allocation amount. This will finally bring the overall case detection rate of MDR-TB to 544, 613 and 283 for year 1, year 2 & year 3 respectively
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	1,716 71.98 %	1,902 78.21 %	999 80.50 %	

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Coverage Indicator : MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment

Current National Coverage 598	Year	Source	Latest Results	
	2013	R&R TB system, quarterly reports	598.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	2'384	2'432	1'241	The assumption is based MDR-TB drug resitanace survey result showing 17.8% among previously treated , 2.3% among new cases and 5.5% among screened contacts of MDR-TB cases (which is based on international studied on contact screening)
B. Country targets (from National Strategic Plan)	1'716 71.98 %	1'902 78.21 %	999 80.50 %	The NSP target is to detect and treat 73%, 79% and 82% of the estimated MDR TB cases for Y1,Y2 and Y3 respectively. The target is based on 100% DST for previously treated cases, 40% DST for MDR-TB contacts screened, and 60% for bacteriologically confirmed TB cases with sputum not converted at 3rd month of treatment.
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	206 8.64 %	228 9.38 %	120 9.67 %	The domestic fund from USAID, CDC-E and government will mainly covers the cost required for prevention cover 12% of MDR-TB treatment cost of the NSP, capacity building, and program management activities. Drugs and other laboratory supplies and consumables required to treat MDR TB patient is not be covered by domestic fund.
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	2,178 91.36 %	2,204 90.62 %	1,121 90.33 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	966 40.52 %	1'061 43.63 %	596 48.03 %	
F. Coverage from Allocation amount and other resources C+E	1,172 49.16 %	1,289 53.01 %	716 57.70 %	
G. Targets to be potentially financed by above allocation amount	544 22.82 %	613 25.21 %	283 22.80 %	First line DST for bacterologically confirmed new TB cases urban regions and major regional town sing molecular test in two and half year period. about 1384 MDR-TB cases will be detected and treated. scaling up of Genxpert service to all hospitals and heavy load health load HFs with adequate cartridges will help to achieve the above allocation target. SLDs will be covered with above allocation amount.This will finally bring the overall case detection rate of MDR-TB to 544, 613 and 283 for year 1, year 2 & year 3 respectively
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	1,716 71.98 %	1,902 78.22 %	999 80.50 %	

Module: Prevention programs for general population

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets									Comments [1]
							Total Targets	Year 1		Year 2		Year 3				
			N # D #	%	Year	Source		N # D #	%	N # D #	%	N # D #	%	N # D #	%	

GP-1: Number of women and men aged 15+ who received an HIV test and know their results (disaggregated by sex and HIV test result)	HIV/AIDS Prevention & Control Office	National program	10030839	2013	HMIS	Allocation + Other Sources	13500000	13905000	14322150		The HIV investment case targets to identify 90% of HIV Infections or 90% PLHIV know their status by 2017 and link to treatment. To effect this it has identified the target population for targeted HIV testing along with the estimate size of population. The group includes STI cases, TB patients, FSWs, Laborers/ migrant workers, discordant couples, pregnant women, marriage and remarriage, separated/ divorced and widowed individuals. Based on this 8.5 M population was identified for targeted testing. Furthermore 5% of adult population, who want to know HIV status, will be tested on fee basis. Overall the target for testing is the sum of the targeted testing and the general population testing. A population growth of 2.6% was considered while determining the nominator denominator. The data will be collected through HMIS disaggregated by sex and type of the testing.
						Above					

Module budget - Prevention programs for general population

Allocated request for entire module	USD 28,031,650	Above allocated request for entire module	USD 0

Intervention	Description of Intervention [2]	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions [3]	Other funding [4]
			Total Targets	Year 1	Year 2	Year 3		
Behavioral change as part of programs for general population		HIV/AIDS Prevention & Control Office	Allocation + Other Sources					
			Above					

Condoms as part of programs for general population		HIV/AIDS Prevention & Control Office	Allocation + Other Sources					
			Above					
Diagnosis and treatment of STIs as part of programs for general population		HIV/AIDS Prevention & Control Office	Allocation + Other Sources					
			Above					

HIV testing and counseling as part of programs for general population	There are two groups of target. 1) Prioritized population groups for targeted testing ; This includes couples who will get married or remarried, widowed, FSWs, truck drivers, laborers in development schemes, TB patients , STI cases, discordant couples, sexually active young people,, uniformed forces and prison inmates. These will be tested with the allocation and the target for this is about 8.5 per year. 2) general population; 10% of adult population will get tested for HIV on annual basis based on fee in public and private health sectors. The implementation approach will through provider initiated testing counseling and volunatary counseling testing in the 3447 health facilities currently providing the service and other new health facilitiues under construction. In addition to this the service will be given in certain and limited areas through community based approach such as development schemes where there is no capable clinic in the site or nearby health facility. Linkage to care and treatment, particularly among individuals got tested for HIV in non ART health facility will be strengthened through improving the referral system and networking of the primary health care unit. The demand creation and maximixation of utilization of the services will be largely done by the health extension workers and the health development army. In addition to this, appropriate messages will be developed and disseminated through local media. To complement the efforts of the heath extension workers and health development army ,Community based organizations/ CSOs, FBOS and , Associations of PLHIV will be engaged in promoting targeted testing and strengthening linkage between comunities and health facilities . The 2015 need of test kits will be covered with existing grants. The facility based support of PEPFAR will also strengthen the program through training of service providers, providing technical assistance and overall program support.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	0	11,050,000	11,050,000	The unit cost per test is US$ 1.3 as used in costing the HIV investment. The driving costs are the product and accessories cost . The other component of the cost is the expenditure for promoting the testing and demand creation through different channels apart from the health extension and health development army. As indicate above the main activities are 1) procurement and distribution of rapid test kits and associated accessories. 2) demand creation, improving utilization and linkage through media and CBOs/CSOs/ FBOS and Association of PLHIV. All the request is from the allocation.	As described above the annual target for 2016 and 2017 is 13,905,000 and 14,322,150. Out of these 5.4 Million and 5.7 Million in the respective years will get tested for HIV based on fee. Through the revolving fund PFSA will procure the test kits and get reimbursed from the users through health facilities and regional health bureaus. It is more than US$ 6.5 per year. PEPFAR is also providing program support and training of health providers.
			Above	0	0	0		

Orphan and vulnerable children (OVC) package	The target population are orphan and vulnerable children whose relatives or guardians have no adequate household economy to support them The national strategy to support OVC is largely through strengthening the community based care and support approach. The request in this concept will enhance this through A) Building the capacities of community strutcures through FBOS and CSOs to strengthen the community based care and support.b) strengthen the community care coalition for OVC care and support c) providing support for schooling and continuum of care for needy OVC	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	2,120,800	1,925,850	1,885,000	The key activities 1)o capacitating about 110 FBOs and CSOs and through them reach many CBOS 2) building the system of the coalition at the community for the care and support. 3) providing support to 52,000 OVC in 20015; 34,000 in 2016 and 22,000 2017 OVC for schooling and continuum of care. The unit cost per child per year is US$ 46 which is the same unit cost as the existing grant.	n
			Above	0	0	0		

Programmatic Gap

Coverage Indicator : GP-1: Number of women and men aged 15+ who received an HIV test and know their results (disaggregated by sex and HIV test result)

Current National Coverage 10030839	Year	Source	Latest Results	
	2013	HMIS	10030839.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	22'500'000	22'950'000	23'409'000	Estimated need is considered 25% of the annual adult population
B. Country targets (from National Strategic Plan)	13'500'000 60.00 %	13'905'000 60.59 %	14'322'150 61.18 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	5'000'000 22.22 %	5'405'000 23.55 %	5'822'150 24.87 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	17,500,000 77.78 %	17,545,000 76.45 %	17,586,850 75.13 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	8'500'000 37.78 %	8'500'000 37.04 %	8'500'000 36.31 %	
F. Coverage from Allocation amount and other resources C+E	13,500,000 60.00 %	13,905,000 60.59 %	14,322,150 61.18 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	13,500,000 60.00 %	13,905,000 60.59 %	14,322,150 61.18 %	

Module: Prevention programs for sex workers and their clients

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets									Comments [1]
							Total Targets	Year 1		Year 2		Year 3				
			N # / D #	%	Year	Source		N # / D #	%	N # / D #	%	N # / D #	%	N # / D #	%	

Indicator	Responsible	Source	Baseline N/D	Baseline %	Baseline Year	Baseline Source	Category	Year 1 N/D	Year 1 %	Year 2 N/D	Year 2 %	Year 3 N/D	Year 3 %	Year 4 N/D	Year 4 %	Comments
KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services	HIV/AIDS Prevention & Control Office	National program	80000 160000	50	2013	Reports (specify)	Allocation + Other Sources	119940 160000	75	123300 160000	77	126790 160000	79			The size of the FSWs was estimated to be 120,000 to 160, 0000 based on the Mapping conducted in 41 towns, previous estimation and expert opinions taking in to consideration of the UNAIDS rule of thumb. Because of the high HIV prevalence (23%) and risk sexual practices this group was one of the targets groups to be addressed through the high impact and targeted HIV prevention programs during the HIV investment period. HIV Investment case sets targets for 2015, 2016 and 2017 to be 80%, 82% and 84% respectively. This program will be extended from 169 to 350 towns both with the support of PEPFAR and GF.
							Above									

Module budget - Prevention programs for sex workers and their clients

Allocated request for entire module	USD 4,901,573	Above allocated request for entire module	USD 0

Intervention	Description of Intervention [2]	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions [3]	Other funding [4]
			Intervention budget (request to the Global Fund only)					

Behavioral change as part of programs for sex workers and their clients	With the indicative fund behavior change communication targeting female sex workers and clients will be implemented in 100 to 150 towns with high sizes of FSWs and of hot spots nature 0r near mega projects or development schemes which are not covered either by the ongoing projects or supports. With this 29,440 FSWs in 2015; 32,800 in 2016 and 36,290 in 2017 will be reached.The sites will be selected by the nine regions based on the aforementioned criteria. The BCC will be conduct through small group sessions of 5-6 sessions each with 1 to 2 hours and maintained through one to one session . Local administration entities, community based organizations and Civil society organization will implement the program through outreach education and peer education and linking with the Health development army initiatives in the areas. They will implement it based on the national guidelines and building on the current lessons learnt from the PEPFAR supported prevention project implemented in 169 towns by PSI.Training related to designing of programs, management , monitoring and evaluation and documentations of the lessons as well as good practices will be given to the implementers as part of building their capacity to implement the program effectively , track the progress and improve accordingly. In general five to six sessions are considered while implementing this program and at minimum an individual should attend three fourth of the sessions so as to be considered as reached with this prevention intervention.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	512,845	571,376	632,172	During the costing of the HIV investment case, we used US$ 16.2 for a female sex worker to be reached with such service. Hence, the same unit cost was take. It includes the training cost of the peer and outreach educators transport fee of peer educators and related supporting education materials. In addition to this costs related capacity building and program management is estimated at 7.5% of the intervention cost as indicated in the HIV investment case. It is included here as the indicative funding.	There is a PEPFAR fund for implementing this intervention in other 200 towns.
			Above					

Condoms as part of programs for sex workers and their clients	Existing local evidences show that on average of each female sex worker has 4.5 clients per week. The condom use with paying partners is as high as 98%, but low with non paying regular clients (65%). The focus in this request is to increase the correct and consistent use of condom with paying and non paying partners through promoting and providing education through the group discussion, peer education and media , and availing adequate condoms of different type and distributing through increased fixed outlets in nearby areas and through the peer educators. Free Condom will be avail for 32,800 FSWs in 2016 and for 36,290 in 2017 in the selected towns. The 2015 need for these group in the selected towns will be covered with available resources.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources Above	0	1,466,816	1,622,889	The transaction baseline survey indicates that a commercial sex work has 4.5 clients per week.in this case we round it to 5. The condom use per client was taken to be two pieces of male condoms . With this assumption the condom need for a FSw in 52 weeks is about 520. The unit cost for the procurement and distribution of a piece of condom and promotion is US$ 0.08 (the unit cost used for the HIV investment case). Like mentioned above in the BCC component capacity and program management is costed as 7.5% of the program cost.	There is a PEPFAR fund for implementing this in other 200 towns
Diagnosis and treatment of STIs (sex workers and their clients)	According to the 2013 MARPS survey the prevalence of vaginal discharge and genital ulcer among FSWs is 11.5% and 7.5% respectively. We assumed the same magnitude of the STI problem in the 100-150 sites targeted for comprehensive HIV prevention for FSWs which are not covered by other project or supports planned. Education to improve treatment seeking behavior and accessing STI services from nearby health facilities will be intensified . Furthermore, the peer educators will be engaged in providing education and strengthening community referral to health facilities aimed at strengthening STI screening and getting treatment at the health facilities.Drugs for the common STI cases will be avail in the health facilities of the selected towns. A part from this there is a conventional STI clinic in all health facilities. Nineteen percent of the FSWs in these towns are considered as having STI symptoms and targeted for this intervention for 2015-2017. The target for 2015 , 2016 and 2017 is 5594; 6232 and 6895 respectively.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources Above	28,527	31,783	35,165	On average the unit cost for treating STI case is US$ 4.71 , which was used in costing the HIV investment case. Alike to the others 7.5% program management and capacity building was considered.	There is a PEPFAR support for implementing this intervention in other 200 towns

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HIV testing and counseling as part of programs for sex workers and their clients	According to the population groups targeted for HIV and testing in the HIV Investment case , female sex workers are among the top; it is planned to test 120,000 FSWs in 2015 and continues to increase in the coming years. In the 100-150 towns selected for this support at minimum it is expected to provide HIV testing for 75% of the FSWs in 2015; 80% in 2016 and 82.5% in 2017. As all the quantified test kits for targeted HIV testing in the country is procured with the support of the GF HIV grants we defer to indicate the fund in each module. The procurement for all is also done by the pharmaceutic Fund Supply Agency	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	0	0	0	
			Above				

Programmatic Gap

Coverage Indicator : KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services

Current National Coverage 120000	Year	Source	Latest Results	
	2013	Specific surveys and research (specify) the baseline is taken from MARPS Survey report	120000.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	160'000	160'000	160'000	
B. Country targets (from National Strategic Plan)	128'000 80.00 %	131'200 82.00 %	134'400 84.00 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	90'500 56.56 %	90'500 56.56 %	90'500 56.56 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	69,500 43.44 %	69,500 43.44 %	69,500 43.44 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	29'440 18.40 %	32'800 20.50 %	36'290 22.68 %	
F. Coverage from Allocation amount and other resources C+E	119,940 74.96 %	123,300 77.06 %	126,790 79.24 %	
G. Targets to be potentially financed by above allocation amount	%	%	%	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	119,940 74.96 %	123,300 77.06 %	126,790 79.24 %	

Module: Prevention programs for other vulnerable populations (please specify)

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets									Comments [1]
			N # / D #	%	Year	Source	Total Targets	Year 1		Year 2		Year 3				
								N # / D #	%	N # / D #	%	N # / D #	%	N # / D #	%	

Indicator	Responsible	Source	Baseline				Targets	Year 1		Year 2		Year 3			Comments
KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	HIV/AIDS Prevention & Control Office	National program	200000 / 1000000	20	2013	Reports (specify)	Allocation + Other Sources	800000 / 1000000	80	820000 / 1000000	82	840000 / 1000000	84		Based on document review and collecting information from relevant sectors, the population size of the mobile and season laborers in the sugar development schemes, dams for hydro electric, extensive farms, mining places, flower plantation and large scale work sites was estimated to be about one million. The HIV investment Case targets to reach 84% and 90% by 2017 & 2020 respectively. The program will scale up from 92 to 115 work place areas through complementing the existing PEPFAR supported prevention With this request.
							Above								

Module budget - Prevention programs for other vulnerable populations (please specify)

Allocated request for entire module	USD 1,149,444	Above allocated request for entire module	USD 0

Intervention	Description of Intervention [2]	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only): Total Targets	Year 1	Year 2	Year 3	Cost Assumptions [3]	Other funding [4]
Behavioral change as part of programs for other vulnerable populations	This intervention will target migrant/ daily laborers in the ten sugar development schemes and three hydroelectric dams which are located in different parts of the country .This will complement and intensify the efforts of the Ethiopia sugar corporation, Ministry of water, Irrigation and Energy and the Ethiopian Electric power against HIV in the mega project sites and enable them to reach 50,000 laborers every year. The implementation approach will be through peer education model complemented with community wide events , mini media , behavioral change communication materials, and supporting or building the capacity of the distric health office and local mass associations such as youth association, women's association etc It includes STI/ HIV prevention, correct and consisten use of condom and HIV testing .	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	285,000	285,000	285,000	HIV program is US$ 5 as used in costing the the HIV investment case. In addition to the peer education model, community events, mini media etc are among the key activities of the BCC component of the intervention. The cost of these per person is US$ 0.027. 7.5% program management cost was taken as used in the HIV investment case. Overall the key activities include training of peer educators, community events, edutainment education/mini media and provision of the continuous education on biweekly basis.	There is a PEPFAR support for such intervention in other 100 large scale work sites. In addition to this the public sectors , Enterprises and the private sectors also allocate fund for work place interventions.
			Above					

Condoms as part of programs for other vulnerable populations	Like mentioned above the geographical focus is the sugar development schemes and dams of hydro electric plantation. Condoms for the laborers will be available through health facilities in the project sites, fixed distribution outlets in the camps and peer educators. The 2015 need will be covered with available resources.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	0	104,832	104,832	The activities include the procurement and distribution nof condom as well as increasing distribution outlets in the area. The unit cost is 0.08. The assumptions taken a) 21% the laborers will have two or more partners and average partner 2.6 in one year based on studies conducted in similar setup . 2) The total sexual contacts in the year is 24 and 2 acts in each contact.3) the required condom for each act (1). All these are in the indicative fund envelop.	There is a PEPFAR support such intervention in other 100 large scale work sites. Some of the government sectors, enterprises and private sectors also allocate source for such intervention.
			Above					
Diagnosis and treatment of STIs (other vulnerable populations)	STI services will be available in the clinics of the development schemes and hydroelectric plantation. STI kits will be provided to these clinics and surrounding health facilities where laborers are referred or usually go for health services. The STI kits will be procured by the implementing entities. The quantity of STI kits is determined on the reported STD prevalence in the place or similar set up. For planning purpose the finding of the baseline survey of laborer in building and road construction in 2010 was taken (male : 12 % & women 9%). In addition to these the capacity of the health workers on syndromic STI case management will be built based on identified gaps and needs.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	28,260	28,260	28,260	he activity is largely the procurement of STI kits . The unit cast per STI case treated is US$ 4.71 , a unit cost used in the HIV investment case. The assumption taken here is 12% of the daily laborers can have an STI in a year.	there is PEFAR Support
			Above					
HIV testing and counseling as part of programs for other vulnerable populations	This will be implemented through provider initiated testing and voluntary counseling testing in the health facilities of these projects and surrounding health facilities. In all the large scale work sites in the country including the geographic targets for this module , it is planned to test 900,000 to 1,000,000 laborers as per the set target in the HIV investment case. Tests kits will be procured and distributed to the health facilities of these projects by PFSA . To avoid duplication , the test kits for this target population is not costed here. It is costed in module three.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	0	0	0	.	No other partner commits for rapid test kits..
			Above					

Programmatic Gap

Coverage Indicator : KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services

Current National Coverage 20 percent	Year	Source	Latest Results	
	2013	Reports (specify) HIV Investment case	20.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	1'000'000	1'000'000	1'000'000	HIV investment case
B. Country targets (from National Strategic Plan)	800'000 80.00 %	820'000 82.00 %	840'000 84.00 %	The size estimation and targets are taken from HIV investment case
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	750'000 75.00 %	770'000 77.00 %	790'000 79.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	250,000 25.00 %	230,000 23.00 %	210,000 21.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	50'000 5.00 %	50'000 5.00 %	50'000 5.00 %	
F. Coverage from Allocation amount and other resources C+E	800,000 80.00 %	820,000 82.00 %	840,000 84.00 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	800,000 80.00 %	820,000 82.00 %	840,000 84.00 %	

Module: PMTCT

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets									Comments [1]
			N # / D #	%	Year	Source	Total Targets	Year 1 N # / D #	Year 1 %	Year 2 N # / D #	Year 2 %	Year 3 N # / D #	Year 3 %	N # / D #	%	

PMTCT-1: Percentage of pregnant women who know their HIV status (disaggregated by HIV status)	HIV/AIDS Prevention & Control Office	National program	2188232 2946602	74	2013	HMIS	Allocation + Other Sources	2651942 2946602	90	2681408 2946602	91	2710874 2946602	92			All pregnant women are targeted for HIV testing as the country is envisioning the elimination of MTCT of HIV and overall reducing the HIV incidence by 90% by 2020. taking the 2014 as baseline.The size of the pregnant women is estimated to be in the range of 2.9 M to 3 M illion per year. With the increment of family planning coverage the number of pregnancies is expected to decrease. For convenient we have taken the same denominator across all the years. The implementation of the acceleration plan is underway and this will scale up the program . Further more the engagement of the health development has been instrumental in scaling up the program in regions that had implemented this initiative properly. Other regions are also now using this practice to improve the PMTCT program in their respective regions.The data will be collected through HMIS.
							Above									

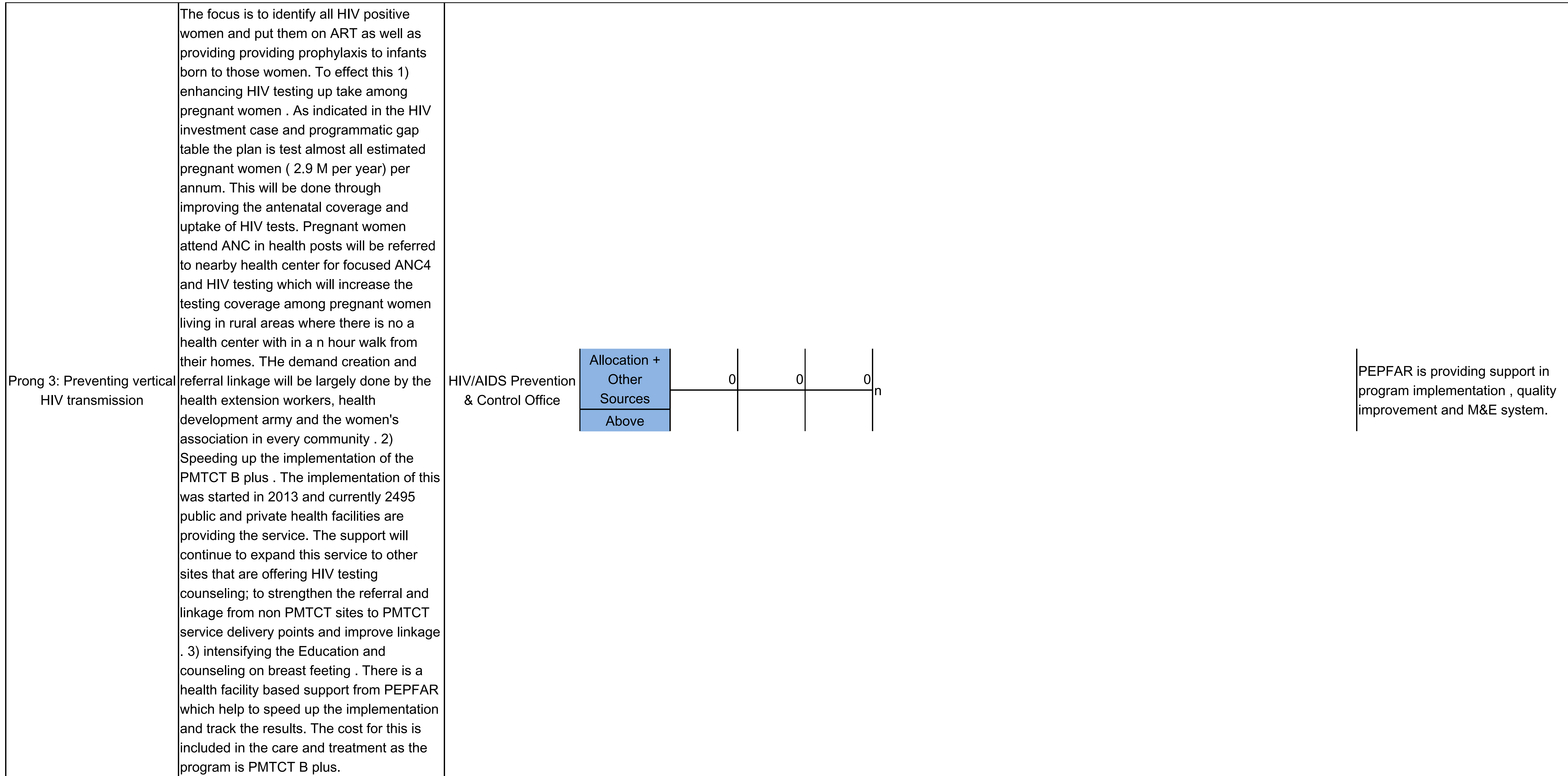
Indicator	Responsible	Country / program	Baseline N/D	Baseline %	Baseline year	Baseline source	Targets	Year 1 N/D	Year 1 %	Year 2 N/D	Year 2 %	Year 3 N/D	Year 3 %		Comments
PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission (disaggregated by type of regimen)	HIV/AIDS Prevention & Control Office	National program	21045 / 30500	69	2013	HMIS	Allocation + Other Sources	25650 / 28500	90	24388 / 26800	91	23368 / 25400	92		The country is now implementing PMTCT option B plus, that is test and treat. All HIV positive women are eligible for the intervention. Considering the current achievement and the required coverage to ensure elimination of MTCT of HIV the indicated targets were set.
							Above								
PMTCT-3: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	HIV/AIDS Prevention & Control Office	National program	7015 / 30500	23	2013	HMIS	Allocation + Other Sources	25650 / 28500	90	24388 / 26800	91	23368 / 25400	92		As part of the implementation of the PMTCT option B plus and MTCT elimination plan, all infants born to HIV positive women accessing ART are targeted for virological testing within two months of birth. Due to this a similar target for HIV positive pregnant women receiving ART to reduce MTCT and infants receiving virological testing with in two months of delivery.The revised HMIS has captured this indicator and the data will come through.
							Above								

Module budget - PMTCT

Allocated request for entire module	USD 2,758,750	Above allocated request for entire module	USD 0

Intervention	Description of Intervention [2]	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only): Total Targets	Year 1	Year 2	Year 3	Cost Assumptions [3]	Other funding [4]

Prong 1: Primary prevention of HIV infection among women of childbearing age	An information communication education focusing STI, HIV prevention and sexual and reproductive health will be given to all people aged 15 49 years across the country, but with more intensity in urban areas and hot spots, through the health extension , health development army , women's Association , youth association and CSOs engaged in providing youth friendly HIV and SRH services. The provision of an integrated HIV prevention and SRH in schools , health facilities, development schemes and communities will be enhanced through the school clubs & minimedia, youth friendly service delivery establishments, and youth centers. HIV testing and counseling, particularly among couples(marriage and remarriage) will be intensified . Most of the demand creation component will be done and as a result not costed here. The support through this request will focus on catalyzing the community based HIV prevention, the provision of an integrated HIV and SRH , testing uptake and strengthening PMTC related media behavior change communication . Overall about 45 Million people will be reached through the implementation of the primary HIV prevention interventions.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	517,500	517,500	517,500	The unit cost for community mobilization is 0.23 per individual reached. As most of the proposed interventions will be implemented through the community structures, only 5% of the cost was considered for the catalytic and enhancing effect. The activities include IEC. media, community mobilization , provision of integrated HIV and SRH. all the request is from the allocation.	The community support, the government sources for Health extension, PEPFAR support for training, & program support and UN agencies (UNICEF and UNFPA) support for PMTCT and SRH
			Above	0	0	0		
Prong 2: Preventing unintended pregnancies among women living with HIV	The target groups are HIV positive women in reproductive age across the country. Recently FMOH in collaboration partners developed a guideline to integrate HIV and family planning services. Indicator related to this was also included in the revised HMIS. The focus for the coming years is to roll out the implementation of this guidline and and meet the family planning needs of PLHIV through availing mixes of contraceptives with dual protection. It will be implemented in all PMTCT and MNCH service delivery points in an integrated approach. As this intervention will be implemented in an integrated with other MNCH services and also with support of other partners, no specific fund has been requested in this concept note.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	0	0	0	.	The UN agencies and bilateral are also providing support to this through the MDG and other approaches.
			Above					



Prong 3: Preventing vertical HIV transmission	The focus is to identify all HIV positive women and put them on ART as well as providing providing prophylaxis to infants born to those women. To effect this 1) enhancing HIV testing up take among pregnant women . As indicated in the HIV investment case and programmatic gap table the plan is test almost all estimated pregnant women (2.9 M per year) per annum. This will be done through improving the antenatal coverage and uptake of HIV tests. Pregnant women attend ANC in health posts will be referred to nearby health center for focused ANC4 and HIV testing which will increase the testing coverage among pregnant women living in rural areas where there is no a health center with in a n hour walk from their homes. THe demand creation and referral linkage will be largely done by the health extension workers, health development army and the women's association in every community . 2) Speeding up the implementation of the PMTCT B plus . The implementation of this was started in 2013 and currently 2495 public and private health facilities are providing the service. The support will continue to expand this service to other sites that are offering HIV testing counseling; to strengthen the referral and linkage from non PMTCT sites to PMTCT service delivery points and improve linkage . 3) intensifying the Education and counseling on breast feeting . There is a health facility based support from PEPFAR which help to speed up the implementation and track the results. The cost for this is included in the care and treatment as the program is PMTCT B plus.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	0	0	0	n	PEPFAR is providing support in program implementation , quality improvement and M&E system.
			Above					

Prong 4: Treatment, care & support to HIV+ mothers, their children & families	The target groups are HIV positive women and infants born to those women. The focus of this intervention will be on increasing enrollment of HIV positive pregnant women on ART and retention, and early infant diagnosis and enrollment for ART. Facility and community based treatment adherence education through Association of PLHIV will be maintained to improve retention in care . The detail is described in the treatment module as it is costed there. The PCR is available in eleven sites located at regional laboratories , university hospital and Ethioipian Public Health Institute and the Early infant diagnosis is done through sample transfere by post office with the support of PEPFAR. By end of of 2014 there will be additional 7 and this will make the overall PCR for EID be 18. Th key activity in this request is to avail EID supplies.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	0	603,000	603,250	The target is as above. The activity will be the procurement of EID supplies. The unit cost taken was US$ 45. half of the 2016 and 2017 needs is included here there is also a support from PEPFAR.	PEPFAR is covering the sample transport. In addition it provides EID supplies.
			Above					

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Programmatic Gap

Coverage Indicator : PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission (disaggregated by type of regimen)

Current National Coverage 21045	Year	Source	Latest Results	
	2013	HMIS	21045.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	28'500	26'800	25'400	HIV spectrum 2014 is taken for target assumption
B. Country targets (from National Strategic Plan)	25'650 90.00 %	24'388 91.00 %	23'368 92.00 %	HIV investment case 2015-2020
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	28,500 100.00 %	26,800 100.00 %	25,400 100.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	25'650 90.00 %	24'388 91.00 %	23'368 92.00 %	
F. Coverage from Allocation amount and other resources C+E	25,650 90.00 %	24,388 91.00 %	23,368 92.00 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	25,650 90.00 %	24,388 91.00 %	23,368 92.00 %	

Module: Treatment, care and support

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets									Comments [1]
							Total Targets	Year 1		Year 2		Year 3				
			N # D #	%	Year	Source		N # D #	%	N # D #	%	N # D #	%	N # D #	%	

Indicator	Responsible	Source	Baseline					Targets									Comments
TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV (disaggregated by sex and age <15, 15+)	HIV/AIDS Prevention & Control Office	National program	344344 769600	45	2013	HMIS		Allocation + Other Sources	456000 753100	61	507000 740300	68	553000 731000	76			Based on revised and set targets for the concept note which is less than the national set target, the assumption taken setting the targets in the concept notes were 1. The current monthly enrollment of adult population. It is in the range 0f 4480-4800 per month 2.Taking a monthly pediatric enrollment of 500 per month with the implementation of the pediatric acceleration plan. 3) Considering the available resources. With the implementation of the 2013 WHO guidelines, policy of testing and treating all children fewer than 15 living with HIV and the pediatric ART enrollment acceleration plan there will be high rate of scale up. The size of the population living with HIV was estimated based on the 2014 Spectrum estimation. Of the estimated PLHIV for 2015, 2016 and 2017, 79%; 80.6% and 82.4% are adults 15 years and above respectively and the balance are children under 15. The 2016 target will be 507,000 and that of 2017 is 553000.
								Above	66730 753100	9	39820 740300	5	17370 731000	2			

Indicator	Responsible Principal Recipient(s)			Scenario	Year 1 target (N/D)	Year 1 %	Year 2 target (N/D)	Year 2 %	Year 3 target (N/D)	Year 3 %			Comments
TCS-3: Percentage of adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)	HIV/AIDS Prevention & Control Office			Allocation + Other Sources	433200 456000	95	481650 502000	96	525350 553000	95			The assumption taken were a) of Currently on ART, 2% are on second line, but there could be detection failure as use of viral load is low now. b)The effect of the existing health based treatment adherence in 616 ART sites and community based adherence education.
				Above									

Module budget - Treatment, care and support								
Allocated request for entire module	USD 172,238,205	Above allocated request for entire module					USD 9,153,402	
			Intervention budget (request to the Global Fund only)					
Intervention	Description of Intervention [2]	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions [3]	Other funding [4]
Antiretroviral Therapy (ART)	This aims at increasing the enrollment of treatment needy adult and all children under 15 living with HIV and retaining in care . This will be implemented through A) increasing HIV testing focusing on high yield such as TB patients, STI cases, family index and at risk population such as FSWs B) maximize the utilization of the capacity of the existing ART sites to enrolled more C) Expanding ART sites based on HIV prevalence or HTC data so as increase access, enrollment and retention D) strengthening the referral system and linkage between ART and non ART sites. E) ensuring the availability of uninterrupted ARV drugs . F) speeding up the implementation of the pediatric ART acceleration plan. Based on the implementation of these strategies 60,000 new adult PLHIV and 6,000 new children under 15 will be enrolled for ART.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	0	72,373,440	78,991,360	The unit cost for first line treatment is US$ 138 per person for adult and US$162 per person for child per annum. The second line for both is about US$278 per person per year. The other consideration is 92% will be adults and 8% children under 15. 98% will be on first line and 2% on second line. The key activity for costing is the procurement and distribution of ARV drugs. all will be procured with the allocation. As the need for 2015 will be covered with the no cost extension, it is included in this request.	PEPFAR is fully covering the reagents, viral load for detection of treatment failure and providing site level capacity building and support to regional health bureaus to implement and improve quality of care and treatment
			Above		6,373,290	2,780,112		
Pre-ART care	Th is will implemented in all the ART sites in the country. The focus will be on high testing coverage through the provider initiated testing and counseling , conducting clinical staging and CD4 testing every six months and continous folow up for linkage to ART when it is needy and getting of continuum of care. This is fully done by the heath work forces in the public and private sectors. PEPFAR is providing facility based technical assistance and the reagents for hematology, chemistry and CD4 testing. No request is included here.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	0	0	0	The key activities are identification and confirmation of HIV infection , procurement of reagents, conducting baseline testings such as CD4, hematology, chemistry &CD4 testing and follow up. No cost is included here.	PEFAR is fully covering the reagents and also providing training and technical assistance to implement this at the health facilities.
			Above					

Module/Intervention	Description	Responsible	Funding	Amount 1	Amount 2	Amount 3	Assumptions	Other funding
Prevention, diagnosis and treatment of opportunistic infections	The focus in this intervention is a) improving management capacity of OI . There is a PEPFAR support for training and program management b) providing cotrimoxazol prophylaxis and INH C) availing drugs for selective OI.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	0	2,772,000	2,435,805	The unit cost of cotrimoxazol is US$ 17.5 per person. The 2015 and 2016 quantification and investment case costing was used as a basis for the 2016 and 2017. 40% of the need for OI drugs as per the HIV investment was taken in to this request, particularly aiming at covering the cotrimoxazole need per year.	There is a domestic resource and PEPFAR support for OI drugs.
			Above					
Treatment adherence	Facility and community based treatment adherence education will be scaled up in line with the roll out of the 2013 WHO ART guidelines. This will be implemented through a) improving the quality of counseling, particularly post test counseling through providing training to counselors with the support of partners. b) enhancing the involvement of health extension workers and health development army in treatment adherence education C) increasing the involvement of association of PLHIV and religious leaders in provision of adherence education.60,420 PLHIV who are on ART will be reached with home to ART adherence education through HIV positive ART promoters. Currently NEP plus is implementing facility based adherence education in 616 ART sites with the support of PEPFAR and community level with the support of the GF round 7 and the cost extension of the allocation. The request here is to maintain the community based Adherence education with the allocation for the coming two and half years focusing on building the capacity of 102 association of PLHIV and continue provision of the education. Training to improve the quality of the counseling will be give with the support of PEPFAR.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	1,500,000	3,200,000	3,200,000	The unit cost is US$ 55 per person reached ; this is based on the assumption of the approved of the cost extension of 12 months with a reduction of the nutrition component	PEPFAR is providing US$ 2.6 million to NEP Plus for the heath facility based adherence education.
			Above					
Treatment monitoring	Th is intervention focuses on improving laboratory services, utilization , uninterrupted supplies of ART monitoring reagents and rolling out of viral load testing in the country. The support for hematology, chemistry and CD4 testing will be covered by PEPFAR. The conducting of CD4 as base line will continue while the use for monitoring will decrease with the roll out of viral load testing.The viral testing will increase from the current 11 to 18 in the coming year and will increase in the future based on needs. As part of the draft viral load testing roll out plan 25 % of those on ART in 2015, 65% of those on ART in 2016 and 85% of those on ART in 2017 will viral load testing at 12 months.l	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	969,000	2,801,175	3,995,425	the unit cost per viral load test is US$ 8.5. The activity is procurement of viral load reagents .	PEPFAR covers the viral load testing for detection of treatment failure.
			Above					

Programmatic Gap

Coverage Indicator : TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV (disaggregated by sex and age <15, 15+)

Current National Coverage 344344	Year	Source	Latest Results	
	2013	HMIS	344344.0	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	753'100	740'300	731'000	
B. Country targets (from National Strategic Plan)	522'730 69.41 %	546'820 73.86 %	570'370 78.03 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	753,100 100.00 %	740,300 100.00 %	731,000 100.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	456'000 60.55 %	507'000 68.49 %	553'000 75.65 %	
F. Coverage from Allocation amount and other resources C+E	456,000 60.55 %	507,000 68.49 %	553,000 75.65 %	
G. Targets to be potentially financed by above allocation amount	66'730 8.86 %	39'820 5.38 %	17'370 2.38 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	522,730 69.41 %	546,820 73.87 %	570,370 78.03 %	

Module: Program management

Module budget - Program management

Allocated request for entire module	USD 4,995,000	Above allocated request for entire module	USD 0

Intervention	Description of Intervention [2]	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)					
			Total Targets	Year 1	Year 2	Year 3	Cost Assumptions [3]	Other funding [4]

Grant management	The grant will be implemented in all the regions .The Prevention program focusing FSWs and laborers will be implemented in 100-150 towns and 13-15 development schemes/mega projects. All these require a strong program management support and effective grant management. To ensure this a limited, but critical staffs will be retained for the grant period. These will be 55 staff at regional level, 188 at selected towns /districts/zones and 16 at the PR level who will be engage in grant management,financial management and auditing of SRs. The other component is monitoring and evaluation of the grant.	HIV/AIDS Prevention & Control Office	Allocation + Other Sources	959,000	2,018,000	2,018,000	The salary for regions was taken to be US$700/month ; for PR: US$ 800/month and US$ 400/ month for districts.
			Above				

Footnotes

1 - Target Assumptions :

Please describe:
1) overall assumptions used in calculating targets,
2) anticipated rate of scale-up,
3) population size estimates,
4) description of indicator/package of services,
5) data source,
6) other relevant information

2 - Description of Intervention :

Please describe:
1) rationale for Global Fund support,
2) linkages to national strategic plan,
3) target population and geographic scope,
4) implementation approach, and
5) other relevant information.
Please differentiate between scope of allocated and above allocated request

3 - Cost Assumptions for the request of the Global Fund

Please describe:
1) cost assumptions and data sources,
2) key activities,
3) other relevant information.
Please differentiate between allocated and above allocated

4 - Other funding received for this intervention (including scope of activities funded)