

Lessons Learned and Good Practices on SRH and HIV/AIDS Prevention

**Summary of Project Performances
of 12 Local NGOs Supported by
UNFPA/NORAD**



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LIST OF ACRONYMS

AAI:	African AIDS Initiative
AAU:	Addis Ababa University
AIDS:	Acquired Immunity Deficiency Syndrome
ANRS:	Amhara National Regional State
ASC:	African Service Committee
BCC:	Behavioral Change Communication
BICDO:	Birhan Integrated Community Development Organization
CBO:	Community-Based Organizations
CBRHA:	Community-Based Reproductive Health Agents
CORHA:	Consortium of Reproductive Health Associations in Ethiopia
CRDA:	Christian Relief and Development Association
CSA:	Central Statistical Authority
CSW:	Commercial Sex Workers
CVEO:	Consortium of Ethiopian Voluntary Organizations
CYP:	Couple Years of Protection
EA:	Ethiopian AID
EGT:	The Ethiopian Gemini Trust
FBO:	Faith-Based Organizations
FP:	Family Planning
FHH:	Female-Headed Households
FMOH:	Federal Ministry of Health
FSCE:	Forum for Street Children in Ethiopia
GDP:	Gross Domestic Product
GO:	Governmental Organizations
HAPCO:	HIV/AIDS Prevention and Control Office
HIV:	Human Immune Deficiency Virus
HTP:	Harmful Traditional Practices
IEC:	Information, Education and Communication
ISAPSO:	Integrated Service for AIDS Prevention and Support Organization
MCH:	Maternal and Child Health
MSDAE:	Medico-Socio-Development Assistance for Ethiopia
NGO:	Non-Governmental Organizations
NCTPE:	The National Committee on Traditional Practices of Ethiopia
NORAD:	Norwegian AID
OCP:	Oral Contraceptive Pills
OI:	Opportunistic Infection
ONRS:	Oromia National Regional State
OSSA:	Organization of Social Services for Ethiopia
OVC:	Orphan and Vulnerable Children
PAC:	Post Abortion Care
PLWHA:	People Living With HIV/AIDS
PRSP:	Poverty Reduction Strategy Paper
PSG:	Project Support Group
SIDO:	Self-Initiative Development Organization
STI:	Sexually Transmitted Infections
TOT:	Training of Trainers
UNFPA:	United Nations Population Fund
USD:	United States Dollar
VCT:	Voluntary Counseling and Testing
WHO:	World Health Organization

Foreword

In the process of implementing HIV/AIDS and RH projects and programmes, organizations are commonly faced with problems of various nature and they come up with innovative approaches of doing things and perform big tasks with limited resources. However, the creative and constructive approaches of solving problems and doing things better and efficiently practiced by people and organizations in the country are rarely communicated to others who are involved in similar endeavours.

The effort made to curb the epidemic effectively needs sharing of knowledge, experience and resources among the different actors operating at all levels. In this regard the sharing of information about projects/programmes, and specifically lessons learned with regard to what worked well and what did not, and the good practices that need to be replicated for an effective response to the HIV epidemic, as well as risk reduction in the area of sexual and reproductive health problems, is of paramount importance.

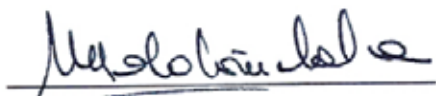
It is with this understanding that UNFPA took the initiative to publish this document which compiles the best practices of its partner organizations in connection with imparting their best practices in addressing the HIV/AIDS epidemic. This document upholds two major objectives:

- To collect, compile and disseminate the experiences organizations have gained in the process of project implementation, including their achievements, the problems they faced, and the innovative approaches they adopted doing things better, etc; and
- To create an experience-sharing forum among organizations involved in HIV/AIDS prevention and control activities and rendering reproductive health services.

In this document, efforts have been made to give as concise a summary as possible of the experiences of the 12 organizations that benefited from the UNFPA/NORAD support. It is strongly believed that the information included in this document would be invaluable to others who would like to be involved in the kinds of activities that have been implemented by the organizations whose cases are presented in this document.

UNFPA wishes to thank all the organizations who unreservedly provided information for this publication.

Dr. Monique Rakotomalala,



UNFPA Representative to Ethiopia

1. INTRODUCTION

1.1 Background information:

Situated in the Horn of Africa, Ethiopia has a total area of 1.1 million square kilometers. It is bordered by Djibouti, Eritrea, Kenya, Somalia and Sudan. The country's economy is essentially agrarian, where agriculture accounts for more than half of the gross domestic product (GDP). The sector employs about 80% of the population, and accounts for 90% of the country's export (CSA, 2000). According to the CSA, in 2006, the population of Ethiopia was estimated to be 75,067,000, and this figure is expected to increase at an annual growth rate of 2.6 per cent. At this growth rate, it is projected that the population will double in the next 23 years. Forty-six percent of the total population of the country are in the under-15 age group, while 30% are between 15 and 24. The median age of the population is 17.2 years. The age composition of Ethiopia's population shows that it is largely dominated by youth.

Several figures put Ethiopia as one of the most heavily HIV/AIDS affected countries of both Sub Sharan Africa and the rest of the world. The 2005/06 reports of the Federal Ministry of Health¹ showed that the cumulative number of people living with HIV/AIDS is about 1.319 million (10.5 % urban and 1.9% rural), out of which 134,586 were reported to be children. The annual AIDS-induced deaths for the same period were 134,450. Furthermore, AIDS accounts for an estimated 30% of all young adult deaths in Ethiopia.

The youth, which represent the largest section of the country's population, unquestionably are highly vulnerable to all sorts of problems interrelated with social, economic and physical conditions. The problems the youth face are not limited to the general conditions mentioned above. The specific problems reveal a much more complex and serious situation; to wit: gender inequality with its variations, sexual coercion, early marriage, rape, abduction, unwanted pregnancy and the attendant abortion practices, sexually-transmitted infections add to that the current HIV/AIDS epidemic, which is spreading like bushfire in the wild, you have a most gruesome picture of the situation and its consequences (Govindasamy et al 2002, Attwell k. 2004).

The prevalence of HIV/AIDS for men aged 15-24 is estimated between 6 and 9%, while the proportion for women in the same age group is between 10 and 13%. This age group also suffers from the highest prevalence of sexually-transmitted infections, implying the existence of a high rate of unprotected sexual practices with multiple partners. The knowledge and awareness of the youth regarding the prevention of HIV has been found to be low. Only 37% of the females and 63% of the males in this age category know that they could protect themselves from HIV by consistent use of condoms (UNFPA, 2006; Attwell, K., 2004). The 2005 DHS (CSA and ORC Macro 2005) result showed that, in many instances, including having information about the modes of HIV prevention, female youth find themselves at a disadvantaged position. In this regard, the age and sex pattern of HIV prevalence among the youth suggested that young women are particularly vulnerable to HIV infection as compared to young men. Among women aged 15-19 and 20-24, for example, 0.7 and 1.7 percent, respectively, are HIV-infected, while the figure for men in the same age categories showed that only 0.1 and 0.4, respectively, were infected.

The country's reproductive health indicators showed that the total fertility rate is 5.4 children per woman. The maternal mortality ratio in Ethiopia stands among the highest in the world, with 673 deaths in every 100,000 live births. The contraceptive acceptance rate stands at 35.8%; only half of the pregnant women have at least one antenatal care visits, while only 15.1 percent of the deliveries are attended by skilled

¹ Ministry of Health (2006), *Health and Health Related Indicators (2005/6)*. Health Information Processing and Documentation Team.

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personnel (MOH, 2006). Female genital mutilation is widely practiced in Ethiopia. In this regard, the 2005 Ethiopian Demographic and Health Survey reported that about 80.8% of women in the age group 15-49 were circumcised (CSA and ORC Macro, 2005).

1.2 UNFPA's 5th Country Programme in Ethiopia (2002 – 2006)

By the time the project reviewed in this document was implemented, UNFPA had been implementing its fifth country programme in Ethiopia. The overall goal of the fifth country programme was to contribute to national efforts to reduce poverty levels and to improve the health and well being of the Ethiopian people by strengthening the implementation of policies and programmes in the fields of reproductive health and population and development. The country programme had three sub-programmes, namely: reproductive health, including family planning and sexual health; population and development strategies; and advocacy. The project, the focus of this study, would form part of the reproductive health sub-programme.

The purpose of the reproductive health sub-programme was to contribute to increased utilization of reproductive health information and services so as to bring about improvements in the reproductive health status of all population groups. The outputs include: (a) increased access for all population groups to quality and integrated reproductive health services; (b) increased access to behavior change communication both for adults and adolescents; (c) strengthened collaboration on, and linkage of, need-based and region-specific RH concerns, especially HIV/AIDS; and (d) strengthened technical and institutional capacities for [the] effective management of reproductive health and related IEC interventions. The interventions and activities of this project have contributed to the achievement of the purpose of the sub-programme.

1.3 UNFPA and NORAD Project: 'Strengthening HIV/AIDS Prevention and Control Activities of NGOs'²

This UNFPA and NORAD-supported project has been designed within the framework of the Royal Norwegian Government and the Ethiopian Government, and within the context of the UNFPA 5th country programme (2002-2006). The overall objective of the Norwegian Government's policy is to reduce the spread of HIV/AIDS, alleviate its impact and increase treatment, and to provide care and support for those infected and affected by the pandemic. The Norwegian Government wants to achieve this objective in collaboration with other members of the international partnership. The general policy approach gives special emphasis to four major points:

- Taking into consideration the impact of HIV/AIDS in all development planning;
- Ensuring that strategies are focused on prevention and care and measures to cope with the burdens brought about by the epidemic, giving particular attention to the education and health sectors;
- Consideration of the gender and age dimensions and the people's poverty; and
- Consideration of the need for broad partnership and national and local leadership.

Within the context of this policy, the Norwegian Government, through NORAD, provided funds in the amount of [USD] 200,000 during the third UNFPA-supported country programme to support eight local NGOs to enhance the implementation of their respective reproductive health projects, including HIV/AIDS activities. The NGOs included the Organization of Social Services for Ethiopia (OSSA),

2 Project Document:: Strengthening AIDS Prevention and Control Activities of NGOs (SAPCAN), ETH/02/P04

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Ethiopian AID, the Ethiopian Gemini Trust, Medico Socio Development Assistance for Ethiopia (MSDAE), Integrated Service for AIDS Prevention and Support Organization (ISAPSO), PRO PRIDE, the National Committee on Traditional Practices of Ethiopia (NCTPE) and the Ethiopian Society of Obstetricians and Gynecologists (ESOG). An evaluation of the activities of the NGOs revealed that seven (7) out of the eight (8) NGOs had performed very well and had achieved remarkable results in the implementation of their respective HIV/AIDS interventions. Consequently, the Norwegian Government provided an additional amount of \$300,000 to enable these 7 NGOs to expand their RH projects, including HIV/AIDS activities.

As a result of the continuous and remarkable achievements of the seven NGOs, the Norwegian Government has offered to expand its assistance through UNFPA to intensify NGO activities in the area of HIV/AIDS for an additional period of three years. Thus, this outline of the permanence of the 12 NGOs covered by the project including those NGOs who have been approved for further funding during the project period (2002-2006).

1.4 Selection of the Implementing NGOs

A technical committee that was established by the UNFPA country office in collaboration with the Ministry of Health and the National Office of Population selected the NGOs. The selection was based on such criteria as implementation of previous donor-funded (including UNFPA) activities, the legal standing of the NGOs, presentation of audited account for the most recent fiscal year, banking information, minimum infrastructure for implementation of activities, and proper financial monitoring. Series of meetings were also held with the NACS to establish the credibility of the NGOs and to forestall duplication of funding to them. The implementation modalities have been designed such that specific activities of each NGO would be implemented under a sub-contractual arrangement that will be coordinated by the UNFPA country office in collaboration with the NACS. The expectation is for the project to complement the Government's efforts towards integrating HIV/AIDS interventions within the national development agenda and promoting the prevention of HIV/AIDS, increasing the cares provided to the patients and the measures taken to reduce the burdens brought about by the epidemic, alleviating poverty and improving the quality of life of all Ethiopians. In this connection, the project will also be implemented within the parameters of the Government's Poverty Reduction Strategy Paper (PRSP).

Brief summary of geographical coverage (where the different projects operate), targeted interventions/ activities and the beneficiaries of the projects

Name of the Organization	Geographic Coverage /Region and Woreda	Intervention Areas/ Activities	Characteristics of Targeted Beneficiaries	Total Number of Beneficiaries
African AIDS Initiative Inc.	Science Faculty, Addis Ababa University.	VCT, HIV/AIDS and RH related information dissemination to students and other staff members, RH counseling and provision of oral contraceptives, condoms and emergency contraceptives.	Students as well as academic and support staff of the Science Faculty, Addis Ababa University	A total of 3,748 students (1,579 male and 2,169 female) and 450 academic and support staff of Science Faculty, AAU are the beneficiaries of the project
African Service Committee	Communities around Shola and Merkato markets of the Yeka and Addis Ketema sub cities in Addis Ababa and Kombolcha town of Nort Wollo Zone of the Amhara National Regional State	VCT, IEC/BCC on HIV/AIDS, condom provision and distribution, diagnosis and referral for PLWHA for treatment and care, Nutritional Supplements for PLWHAs, Pediatric HIV/AIDS Case Management, Provision of comprehensive RH services, including pregnancy testing, Counseling on RH/FP, Provision of different modern contraceptive methods, including oral hormonal contraceptives, injectables and condoms for FP purpose.	Impoverished urban women ages 15- 29, the at-risk age group of men and women aged 15-49 and pediatric AIDS cases.	

Brief summary of geographical coverage (where the different projects operates), targeted interventions/ activities and the groups benefited

Name of the organization	Geographic coverage /Region and Woreda	Intervention Areas/ Activities	Characteristics of targeted beneficiaries	Total number of beneficiaries
B i r h a n Integrated Community	Addis Alem town of Ejere Woreda, West Shoa Zone of Oromia Regional State.	Promotion of behavioral change on HIV/AIDS and RH through peer and group education; preparation & distribution of IEC materials; capacity building through training; care and support to PLWHA; establishing youth friendly RH services and enhancing partnership and participation of stakeholders	In-and out-of-school youth, Commercial Sex Workers (CSWs), Orphans and Vulnerable Children and their guardians, People Living With HIV/AIDS.	A total of 10,575 in-school youth, 750 out-of-school youth, 75 commercial sex workers, 90 OVC's, 20 PLWHAs, 33 health workers, 38 members of the local partners and members of the general community.
Ethiopian AID	The former Woreda 13 of the Addis Ababa City	Provision of a comprehensive community-based reproductive health service, including HIV/AIDS and Family Planning.	Adolescents and adult members of the society, including commercial sex workers	The population of the areas targeted by the project was estimated to have reached 100,000. Specifically, adolescents and adult members of the society including commercial sex workers benefit from the project.
Ethiopian Gemini Trust (EGT)	Nine kebeles located in three sub-cities of the Addis Ababa City	Promotion of behavioral change on HIV/AIDS and RH through peer and group education; preparation & distribution of IEC materials; provision of a full mix of family planning methods to the target communities; building local capacities through training of CBRH agents; provision of care and support, including home-based care for members of the Gemini family affected by HIV/AIDS.	Destitute families with twins and triplets, people in the reproductive age category (15-49) and members of the Gemini family affected by HIV/AIDS.	About 1,500 destitute mothers with twins and triplets and 8,000 members of their families, as well as 184,681 people in the reproductive age category (15-49) residing in 10 kebel located in 3-sub cities of the Addis Ababa City Administration benefit from the reproductive health programme.

		HIV/AIDS.		3-sub cities of the Addis Ababa City Administration benefit from the reproductive health programme.
Family Guidance Association of Ethiopia (FGAE)	Nazareth, Zeway and Assela towns of Oromia regional state and Awassa and Yirgalem towns of SNNPR.	IEC/BCC on HIV/AIDS and other RH issues, VCT service, STI diagnosis and treatment, condom promotion and distribution, diagnosis and treatment of opportunistic infections and referral service care and support for PLWHAs.	Adolescents and youth, adult men and women and PLWHAs residing in selected urban areas where the project operates are the beneficiaries of the project.	A total of 400,500 people residing in four of the project sites were targeted by the project, out of which 85,800 who are in the youth age category are reported to directly or indirectly benefit from the project.
Integrated Service for AIDS Prevention and Support	Ten small and big towns across the Addis-Moyale and Addis-Borena routes: Awassa, Dilla, Aletawondo, Arsi Negele, Hageremariam, Yirgacheife, Yabelo, Kebr Mengist, Negele Borena, Moyale	IEC/BCC on HIV/AIDS through peer educators, establishing HIV/AIDS information center, formation and strengthening of Anti-AIDS clubs in Dilla College of Health Sciences and Teachers Education, production and distribution of IEC materials, and condom promotion and distribution, training of health workers on counseling.	Drivers, college students, orphans and community members residing in the project areas.	The project targeted 2500 drivers, 2000 college students, 40 orphans and over 250,000 community members in cities and towns along the long route.

.... Brief summary of geographical coverage (where the different projects operate), targeted interventions/ activities and the beneficiary groups

Name of the Organization	Geographic Coverage / Region and Woreda	Intervention Areas/ Activities	Characteristics of Targeted Beneficiaries	Total number of beneficiaries
Medico Socio Development Assistance for Ethiopia (MSDAE)	Three Kebeles, namely, Kebeles 01, 07 and 08 of Arada Sub-City of the Addis Ababa City Administration.	Provision of an integrated IEC/BCC intervention in the area of HIV/AIDS, provision of medical care, including treatment for opportunistic infections for AIDS patients, FP services, including different OCPs, injectables and community based distribution of oral contraceptive pills, condom promotion and distribution, treatment for common STIs and provision of VCT services free of charge, care and support for PLWHAs.	Adolescents and young adults age 15-29 years; adult members of the target communities and women in reproductive age category, and PLWHAs.	A total of 6500 people, including adolescents and young adults age 15-29 years, adult members of the targeted communities, including women in reproductive age category are the primary beneficiaries of the project.
Ethiopian G o j i Lemadawi Dergitoch Aswogaj Mahiber (EGLDAM)	Thirty four schools located in all the eleven regions of Ethiopia	Project orientation workshop, workshops on HIV/AIDS and different HTP for policy makers, community and religious leaders represented from regions, support club activities through provision of the necessary technical and material support for IEC/BCC activities of Anti-AIDS clubs from 32 schools across the country.	Policy/decision makers, influential community leaders (including religious leaders) and students from 34 schools located in all the eleven regions of Ethiopia.	A total of 152 policy makers and decision makers have benefited from the project. - 1,352 school children have been sensitized through IEC campaign.

Organization of Social Services for Ethiopia (OSSA)	The project covers ten Woredas located in two regions, namely: Kalu, Tehuledre, Ambassel, Dessie and Batti woredas of Amhara Region and Mekele, Quiha, Wukro, Adigrat and Michew, Tigray Region	Training of core facilitators and peer educators, capacity building for ten youth clubs, training of community counselors and home-based care providers, establish VCT centers & hotline information service in selected sites; build the capacity of OSSA clubs.	In-school youth (students), out-of school youth and commercial sex workers constituted the target population for the project.	A total of 500 Anti-AIDS members and 2,472 VCT clients are the beneficiaries of the project.
PRO PRIDE	Twenty-three kebeles located in two sub-cities of the Addis Ababa City Administration.	Integrated IEC/BCC intervention on RH and HIV/AIDS, Condom promotion and distribution, VCT service, Capacity building of local organizations, community representatives and other concerned bodies, and network with other organizations that have similar activities.	In-and-out-of-school youth, commercial sex workers and adult members of the society residing in the targeted areas.	Around 56,800 in- and out-of-school youth, commercials sex workers and adults benefited from the project.
Self-Initiative Development Organization (SIDO)	Kuyu and Worejarso Woredas of North Shoa Zone of Oromia Regional State.	IEC/BCC, capacity building for Anti-AIDS clubs, condom promotion and distribution, financial and psychosocial support to PLWHAs, orphan and vulnerable children (OVC).	People Living With HIV/AIDS, orphans and vulnerable children (OVC), commercial sex workers, youth and the general population of the two Woredas	A total of 263,597 people residing in the two Wordas targeted by the project are reported to directly and indirectly benefit from the project.

1.5 Why Document ‘Lesson Learned and Good Practices’ of the Projects?

In the process of implementing HIV/AIDS and RH projects and programmes, organizations are commonly faced with problems of various nature and they come up with innovative approaches of doing things and perform big tasks with limited resources. However, the creative and constructive approaches of ‘solving problems and doing things better and efficiently’ practiced by people and organizations in the country, are rarely communicated to others who are involved in similar endeavors. In countries like Ethiopia, where the HIV epidemic is directly and indirectly affecting a considerable proportion of their populations, adults and children alike are straining the economy of the countries and depleting their meager resources in all sectors; the effort made to curb the epidemic effectively needs sharing of knowledge, experience and resources among the different actors operating at all levels. In this regard the sharing of information about projects/programmes, and specifically lessons learned with regard to what worked well and what did not, and the good practices that need to be replicated for an effective response to the HIV epidemic, as well as risk reduction in the area of sexual and reproductive health problems, is of paramount importance.

This document was therefore compiled having the following objectives in mind:

- To collect, compile and disseminate the experiences organizations have gained in the process of project implementation, including their achievements, the problems they faced, and the innovative approaches they adopted doing things better, etc.
- To create an experience-sharing forum among organizations involved in HIV/AIDS prevention and control activities and rendering reproductive health services.

In this document, efforts have been made to give as concise a summary as possible of the experiences of the 12 organizations that benefited from the UNFPA/NORAD support. The different steps the organizations have followed in the project management cycle, i.e. Planning, Implementation, Monitoring and Evaluation (PIME) of the project activities, have been closely examined and implementation constraints, key components of success and lessons learned have been recorded. Performances/activities that are considered good practices have been captured and case studies and testimonies of people who benefited from the projects documented.

Thus, it is strongly believed that the information included in this document would be invaluable to others who would like to be involved in the kinds of activities that have been implemented by the organizations whose cases are presented in this document.

1.6 What are Good Practices?

As described in the previous section the compilation of this document had as its aim the recording and dissemination of the experiences the selected organizations gained in the process of their projects’ implementation, which includes their achievements the problems they faced, and the innovative approaches they adopted in the process. The identification of the organizations’ practices as “Good Practices” has been made to follow some of the key considerations outlined in the UNAIDS document on best practices (UNAIDS, 2000). According to the document, the concept of best practices is not reserved for “ultimate truth” or “gold standards.” It rather means accumulating and applying knowledge about what is working and what isn’t in different situations and contexts. In other words, it is both about lessons learned and the continuing process of learning, feedback, reflection, and analysis (what works, how, and why, and so forth). The document further states that, at its most basic, the term ‘Best Practices’

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suggests a simple maxim: Do not reinvent the wheel; learn in order to improve it, and adapt to your terrain to make it work better.

The context used to define any practice as “Good Practice” in this document also follows labeling procedures more or less similar to those explained above. In this regard what we mean by “Good Practice” is anything that works and what the organizations that implement the project feel “works,” in full or in part, and that can be used to provide lessons learned to others who would like to get involved in similar endeavors.

2. METHODOLOGY

The methodology employed to compile this document includes a review of different documents, including project proposals, regular bi-annual and annual reports, and evaluation reports. In addition to this, in order to get the glimpse of the profile and achievements of the organizations, each organization was made to fill a semi-structured questionnaire³ that addresses about forty different issues.

To get firsthand information on the projects, visits were also made to projects run by some of the selected NGOs. The field visits made to project sites where six NGO’s operate in different regions, including Addis Ababa, Oromia, Southern Nations, Nationalities and Peoples and Tigray, have enabled the consultant to get firsthand information about the projects, the beneficiaries and the achievements of the projects. Some of the case studies presented in this document are outcomes of individual interviews conducted with the beneficiaries of the projects.

Maximum effort was made to ensure the participation of the selected organizations at all stages of the preparation of the document. In this regard, organizations filled the good-practices questionnaire, participated in the preparation of case studies, gave comments on the draft document and approved the parts that represented the interests of their respective organization.

3. BRIEF DESCRIPTION OF GOOD PRACTICES

Using a thorough revision of the implementation strategies followed and achievements made by different NGOs it was possible to identify and single out the following most important ten practices as ‘Good Practices.’ These good practices and other detailed implementation steps followed, as well as the lessons learned by the NGOs whose experiences are outlined below, are believed to be invaluable to others who would like to be involved in similar endeavors.

Provision of quality and user-friendly information services to female students of institutions of higher education: The establishment of resource centers equipped with internet-connected computers and library services ensured that the female students of AAU’s Science Faculty got easy access to library services and other information on RH/HIV/AIDS and learned basic computer application software. Under normal circumstances, these beneficiaries were at the bottom of the queue in terms of achievement.

Integration of VCT with basic RH services: Integration of VCT services with the basic family planning services, such as emergency and oral contraceptive pills, pregnancy counseling and testing, condom promotion and distribution, enabled the students to engage in safer sex practices and avoid

3 Best Practice Evaluation Questionnaire Prepared by UNAIDS Ethiopia Country Office

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unwanted pregnancies. This practice of making comprehensive RH/HIV/AIDS services available in a user-friendly environment in institutions of higher education would make a great contribution to the RH well-being of the student community.

Linking the VCT and FP planning service through the market-based approach: Linking the HIV/AIDS prevention and control activities with the basic RH service at outreach sites, which is commonly called “market-based approach,” is one of the good practices of the NGO known as African Service Committee. This approach, apart from ensuring that the most needy section of the community gets access to both HIV/AIDS and RH services, helped women who benefited from both services get appropriate referrals for other services, such as antenatal care, ART, and PMTC from higher level facilities like hospitals and health centers.

Creating access to essential services through outreach programs and ensuring the availability of a full-mix of family planning methods to the target groups: The delivery of services at community level through CBRHAs, with the full participation of other stakeholders, and linking the community-level intervention with that of the static integrated FP service at the NGO clinic and other higher RH service outlets through a well coordinated referral system, are the major achievements and good practices worth mentioning. Apart from ensuring that people benefited from the FP service, the CBRHAs, through home visits and group education, reached enormous number of people with HIV/AIDS and RH information and education.

Implementing mutually reinforcing clinical and peer service: Realizing HIV/AIDS prevention and control programmes through such approaches as edutainment, peer education with home-visits, counseling and creating linkages of VCT with existing clinics with youth ARH or SRH services are the essential mechanisms employed by FGAE to raise the perception of the beneficiaries about the risks of the problems related with HIV/AIDS and to develop their health seeking behaviors with regard to sexual and Reproductive Health (SRH).

In this regard the project proved that education and follow-up counseling for vulnerable groups, including PLWHAs, through home visits was found to be the most effective way to provide those sections of the society with the psychosocial support they need. The use of edutainment and peer service approaches as an entry point to inform project beneficiaries on the risks of HIV/AIDS risks and ways of preventing infection, as well as the availability of VCT facility, was found to be key motivating strategy to help clients break the silence about the pandemic.

Creating access to information for hard-to-reach groups: Ensuring that up-to-date and continuous information on HIV/AIDS reaches hard-to-rich and at the same time highly vulnerable groups is a task that requires knowing where and how to get in touch with the target groups. In this regard, the AIDS information centers established by the project and run by youth volunteers during the project period, and which was later handed over to the local administration and still remained functional after the project phased out, helped a great deal to disseminate HIV/AIDS-related information to the heard-to-reach sections of the community.

Advocacy for policy change: Sometimes, knowing where and how to reach policy makers would result in policy and legislation changes that could make differences in the lives of millions of people. The fact that the organization has managed to carry out advocacy work on the current MPs and become instrumental in the issuance of New Penal Code against culprits of HTPs, like FGM for example, is something that could be taken as good practice of the project.

Enhancing community conversation through a culturally appropriate approach: The use of

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coffee ceremonies to reach community members and hold discussions on issues related to HIV/AIDS and other developmental questions enabled the beneficiaries to break the silence about HIV/AIDS. The approach further contributes to the local efforts to curb the spread of the epidemic. The expansion of community dialogue on issues of HIV/AIDS, which was carried out with the full participation of the community members, is one of the good practices that can be replicated by all interested parties to reach the wider community with issues of common interest, including HIV/AIDS.

Use of telephone hotlines for information delivery: The need for transmitting information in a way that ensures privacy, using telephone hotlines for example, is increasing from time to time. This approach, which was implemented by the Mekele branch of OSSA, showed that the type of information needed by the clients is not only limited to HIV/AIDS and family planning but it also included issues related to family, relationships, and others. This approach, apart from being highly convenient for young adolescent clients to get the information they were unable to obtain through face-to-face discussion with the service providers, proved to be effective in raising the number of VCT service users.

Making the existing services youth-friendly and ensuring the sustainability of the youth center activities: NGOs, such as PRO PRIDE, exerted a lot of effort in making the service outlets initiated and supported by the project, including youth as well as VCT centers youth-friendly. The training programmes organized on the provision of youth-friendly service to professionals running the VCT centers and clinics, the enabling environment created for the youth to handle the day-to-day management of the youth centers, and the success achieved in sustaining the activities of the same by conducting different training programmes to youth groups and the eventual handing over of the youth centers to an established youth association are some of the good practices worth noting.

In conclusion, the different projects implemented by the twelve non-governmental organizations addressed in this document cover a wide range of issues within the framework of HIV/AIDS prevention and control as well as RH. The projects also address different sections of the community, including the youth, women in the the reproductive age category, commercial sex workers (CSWs), PLWHAs, OVC, street children, long-distance truck drivers, and students of institutions of higher education. Evidences showed that the different projects contributed a lot in raising the awareness of the communities and changing their behaviour, as well as reducing the risks of contracting of HIV/AIDS, and RH. The support the different projects provided to grassroots initiatives at schools, Anti AIDS Clubs, Kebles,⁴ youth centres, etc. through capacity building, initiating and sustaining income generating schemes, making the existing services user-friendly and taking the services to the community through various mechanisms are all worth noting. Apart from the good practices singled out for consideration, the constraints in the area of implementation and the lessons learned as outlined as part of the performance summery of each organization are the potential areas from which others who would like to engage in similar activities could learn a lot.

4 *Kebele* is the smallest functional administrative structure.

4. ORGANIZATION SPECIFIC SUMMARY REPORT

4.1 African AIDS Initiative Inc. (AAI)

Project Title:	HIV/AIDS Prevention and Reproductive Health Information and Service for Academic Excellence
Project period:	March 2005 to June 2006
Main Topic Areas:	HIV/AIDS prevention and control through information dissemination, VCT and Support to Anti-AIDS clubs in the University Campus
Other Topic Areas:	Reproductive Health Information

Contact details:

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Background of the organization:

African AIDS Initiative, Inc. (AAII) is a Non-Governmental Organization (NGO) and is registered both in the State of Massachusetts, U.S.A and in Ethiopia. African AIDS Initiative International (AAII) is a non-profit organization registered both in the USA and in Ethiopia. It is an affiliate of W.E.B DuBois Institute for African and African American Research at Harvard University, Cambridge, USA. AAII envisions HIV/AIDS-free, healthy and productive Africans. The mission of the organization is to prevent the incidence of HIV infection and mitigate the impacts of AIDS among Africans. The goal of the organization is developing and promoting a culture of excellence for HIV/AIDS prevention, service delivery, networking and research. To achieve its goal, the organization aims at providing HIV/AIDS education for positive behavior change, creating access to Voluntary HIV/AIDS Counseling and Testing (VCT) services, provide care, support and treatment for People Living with HIV/AIDS (PLWHA) and Orphans, spearheading and facilitating collaborative partnership among the national and international actors working on HIV/AIDS in Africa. AAII opened its Regional Office for Africa in Addis Ababa in April 2001. It is strongly believed that the AAII's Ethiopia operations will serve as a model to replicate its activities in other African countries in collaboration with the African Union (AU), the Harvard AIDS Institute and the World Health Organization (WHO).

As part of its effort to contain the spread and mitigate the impact of HIV/AIDS at national level, AAII is involved in various HIV/AIDS prevention and control activities. In this regard AAII is involved in the provision of VCT services, support to students' and workers' AA clubs, girls' AA and RH clubs, provision of quality HIV/AIDS/RH services through establishing resource centers, care and support to PLWHAs in the various faculties and schools of the Addis Ababa University. Apart from its activities in the academic institutions, AAII is involved in providing care and support to PLWHAs and AIDS orphans in Modjo, Debre Birhan and Addis Ababa, as well as support to commercial sex workers in selected areas of Addis Ababa.

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Background of the project and [the] problems the project aims to resolve:

Founded at the time of Emperor Haile Silasie, Addis Ababa University (AAU) is the oldest and the largest of all public universities in Ethiopia. The university consists of two colleges, seven faculties, five schools and research institutes. At present, the university is hosting about 35,000 students in its regular, extension and continuing education programmes both at the undergraduate and postgraduate levels and has about 4000 full time academic and administrative staff.

The students of AAU come from all over the nation, and represent a diversified socio-cultural complex. The younger students of the University in particular face a high risk of being exposed to HIV infection and other RH problems due to the fact that the majority of them lack proper information and education. Because of their relatively low level of maturity and their desire for new experiences, the peer pressure they face, the absence of immediate parental control, change of environment, and the need to ‘fit-in’, students are exposed to circumstances with possibilities for committing unsafe behavioral patterns that give rise to HIV infection. There is, in fact, enough evidence to argue that university students, irrespective of their academic status, can be considered as a high-risk group. Furthermore, due to cultural barriers and lack of proper services, the vulnerability of female university students to the problem is believed to be greater than that of their male counterparts. Studies conducted among the student population showed that the culture of campus life appears to be open to ‘sugar daddy’ practices, sexual experimentation, unprotected and/or casual sex, gender-based violence, multiple partnerships and other high-risk activities of a similar nature.

It is against this background that the African AIDS Initiative, the United Nations Population Fund and the Addis Ababa University decided to come together and launch the ‘HIV/AIDS Prevention and Reproductive Health Information and Services for Academic Excellence’ project at the University’s Science Faculty. The implementation of the planned activities began in March 2005.

Project areas and target groups:

The project area is the Science Faculty of the Addis Ababa University.

A total of 3,748 students (1,579 male and 2,169 female) and 450 academic and support staff of the Science Faculty of the AAU are the beneficiaries of the project.

Funding:

United Nations Populations Fund Activities has funded the project with the support obtained from the Norwegian Government. The amount contributed by UNFPA/NORAD totaled USD 219,037.00 (the equivalent of 1,905,621.90 Birr).

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Goal and objectives of the project:**Goal:**

The project has as its goal the reduction of HIV infection and the alleviation of other Reproductive Health (RH) problems among the Science Faculty community. It has been operating with a view to contributing to the realization of an HIV/AIDS-free community at the Faculty where men and women in general, and female students in particular, can realize their rights and use their potential to achieve their academic objectives by curtailing the spread and impact of HIV/AIDS and other RH problems.

Objectives**The objectives of the project include:**

- To enable AAU's Science Faculty community, in general and female students in particular, to prevent the spread of HIV/AIDS and mitigate its impacts.
- To enable the Science Faculty community to claim and secure their right to Reproductive Health Services for academic excellence and productive life.

Key implementers of the project activities:

AAII project office, the Office of the Dean of Students of the Addis Ababa University, female and the general student body's anti-AIDS clubs of the Science Faculty of the Addis Ababa University are the joint implementers of the project activities.

Scope of interventions/activities:

- Establish a freestanding VCT service with full time counselors to cater to the needs of the students and staff of the Science Faculty.
- Establish a resource center with a computer pool, an internet connection and a library to strengthen the RH/HIV/AIDS knowledge and skills and academic performance of the female students by enhancing their access to quality RH information.
- Establish and build the capacity of anti-AIDS clubs by providing them with office facilities as well as administrative and other technical support to enable them to get fully involved in HIV/AIDS prevention and control activities taking place in the campus.
- Carry out an IEC/BCC activity among the Faculty's community through panel discussions, talk shows, provision of reading materials, such as leaflets and brochures, and conducting mass IEC/BCC activities.
- Distribute male and female condoms among the Faculty's community.
- Strengthen the RH service provision of the Faculty through enhancement of the students' access to RH counseling, oral contraceptives, condoms and emergency contraceptives.

Implementation strategies:

- Establish a network of partners that have shown interest and have the technical and management capacity to work in the area of HIV/AIDS and utilize those resources/capacities, with AAII, AAU and anti-AIDS clubs playing the role of key, potential implementing partners of the project.

- Integrate all services with available structures to implement the project in a cost-effective manner and to provide quality services. In this respect, the VCT service is integrated into the other activities of the university clinic at the Science Faculty.
- Ensure the sustainability of VCT, RH and HIV/AIDS information and services by mobilizing resources from the Science Faculty community, mainstreaming them into the faculty programme and providing project services on cost-sharing basis.
- Organize regular review meetings among the implementing partners for early detection of possible challenges, use available potentials/resources and make sure that project activities are implemented as planned.
- Create access to quality information by establishing a resource center with computers, including internet connection, and library services. Taking into account the overall social and economic conditions of female students and the gender dimension of HIV/AIDS, the specific target groups of this particular component of the project are female students of the Science Faculty.

Target population and gender balance:

By virtue of being members of the Science Faculty of Addis Ababa University, all students and staff of the Faculty are the beneficiaries of the project. However, because of the level of their vulnerability, the project gave special emphasis to female students.

Major achievements of the project/programme:

- A resource center with a computer pool (consisting of 26 computers), including Internet connection, and a library were established. The main aim of establishing a resource center was to strengthen the knowledge of female students in the area of RH/HIV/AIDS and improve their academic performance by increasing their access to quality RH information.
- The center is open from 8 AM to 8PM and a student is entitled two hours of internet/computer services a day. The students used the service to generate information on different issues that are helpful to their formal education and other areas of knowledge including HIV/AIDS, RH and gender.
- Since the library of the resource center began providing service in March 2006, more than 4,243 female students have used the services of the library's reading room. The reading room, which is open eight hours a day, has more than 300 books dealing with issues related to HIV/AIDS, RH, gender, life skills, philosophy, language, etc.
- As part of its objective to provide quality HIV/AIDS and RH information to the Faculty's community, the project distributed a total of 1765 brochures, pamphlets and newsletters [prepared' deleted] on different issues related to HIV/AIDS and RH.
- A total of 18 different copies of videotapes and CDs prepared on such issues as the benefits of VCT services, modes of HIV transmission and prevention, condom and RH were shown to more than 3000 beneficiaries who visited the VCT center.

- In collaboration with the female anti-AIDS clubs (one of which was supported AIDS clubs supported by the project) and Ethiopian Women Lawyers Association, a panel discussion was held the topic of which was "In-Campus Harassment: Implications for Action." The aim of the panel was to enlighten the students and the staff of the Faculty on the impacts of sexual harassment and on the laws of the land against the offense. The discussion also addressed the psychological support available to female students in the rules and regulations of the Faculty. About 500 participants attended [the] discussion.
- About 450 participants attended another panel discussion entitled "Science and HIV/AIDS," which addressed the modes of transmission and prevention of HIV/AIDS. The panel discussion was organized in collaboration with Anti- AIDS Club of the Faculty's students.
- A weekly talk show entitled "Life Talk Show on HIV/AIDS and Reproductive Health," which is part of the continuing education on HIV/AIDS and RH, was initiated and carried out regularly for the duration of the project. The talk show, which was organized by the project in collaboration with the Deans Office of the Faculty and the Anti-AIDS clubs, created an open forum where students and other members of the Faculty discussed problems of HIV/AIDS, RH and campus life. So far, more than 6,000 students and members of the faculty have attended the different sessions of the talk show.
- Since its establishment in March 2005, the VCT Center, supported by the project, has managed to give VCT service to a total of 1,606 (1231 males and 375 female) students and faculty members. Out of those who received the testing service, about 82% were students and the rest were staff of the Faculty. The Center also provides referral service to those students who tested positive.
- As part of the IEC/BCC intervention, the project carried out intensive condom education and promotion activities using different and channels like the World AIDS Day, mass education activities, and at the start of the new academic year and the welcoming ceremonies organized for the new students.
- Condom distribution was also one of the areas where the project achieved a lot. In this regard, using various outlets like VCT Center, male and female dormitories and other convenient locations, a total of 27,840 male and female condoms were distributed among the target communities.
- With the effort made to make RH information and service accessible to female students, the VCT Center and the counselors assigned there started to provide counseling and oral contraceptive and emergency contraceptive services in January 2006. Reports showed that, since the start of the service, 178 female students received RH counseling, 63 students received oral contraceptives, while 93 received emergency contraceptive pills.

Key components of success:

Sexual harassment and other forms of gender-based violence against female students are common problems at the Science Faculty and other campuses of the University. The problem has been further compounded by lack of the required life-skills among the student population in general and female students in particular. Before the intervention of the project, female students didn't know how to respond gender-based violence, where to go for help, or what was available by way of laws in the country and within the University's regulations regarding harassment and other forms of gender-based violence. Neither did

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male students know what constituted harassment or anything about its impacts. Following continuous requests from leaders of the Faculty's Girls' Club, the project assisted the Female Students' Anti-AIDS Club in organizing educational forums and panel discussions on the issue of on-campus harassment and gender-based violence. Experienced gender activists and professionals from such organizations as the Ethiopian Women Lawyers Association facilitated the forum and panel discussions. These forums and panel discussions had a big impact not only on the enlightenment of female students about their rights, the law and about where to go when faced with problems but they also created opportunities for educating male students who unknowingly harassed female students. This was one of the greatest achievements of the project.

The other area of success story is the establishment of a Resource Center for female students. When seen from the perspective of women benefiting from social and economic opportunities in society as a whole, female students face tremendous challenges to benefit from the scarcely available opportunities. This will further widen the existing gap between them and their male counterparts. As a direct action to bridge the gap, the project supported the opening of a resource center consisting of a pool of computers, with Internet connection, and library services meant specifically for female students. Evidences showed that this intervention had a profound impact both in the RH and academic life of female students.



The Resource Center at the Science Faculty **caters to** Female Students. In the forefront are Meskerem Negussi (age-23) and Hawi Atomsa (age 20), both 3rd year Computer Science Students (the picture was taken in March 2007)

Components of the intervention that could be taken as good practice:

The Project has commendable practices that should be replicated not only in the remaining faculties of AAU but also in the country's other institutions of higher education. One such case is the provision of quality and user-friendly information services through the establishment of resource centers equipped with computer and Internet facilities as well as library services. If resources are available, these services should be equally accessible to all beneficiaries, i.e. both male and female students. In those areas that are short on resources, however, these services should be made available at least for female students. It is clear that institutions of higher education in Ethiopia are not sufficiently equipped with computers, books and Internet facilities. Moreover, where such facilities exist, it is still the case that most female students are not computer literate. When it comes to getting library and other services, females are always at the far

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end of the queue. Provision of such services will play a greater role in bridging the existing gender gap. Furthermore, as practiced by the project, resource centers will provide basic computer training to needy students.

The provision of family planning services is another component of the project that could be considered one of the good practices of the project. According to the result of the KAPB survey conducted among AAU students, a considerable proportion of students had already had sexual experiences before joining the University. This finding was further substantiated by the incidence of unwanted pregnancies and abortion attempts among a considerable number of female students. To curb these and other similar problems, the integrated VCT Center at the Science Faculty is providing family planning services, such as emergency and oral contraceptive pills, pregnancy counseling and testing, condom promotion and distribution. Within a short period of the integration of the RH services with the VCT service, many clients obtained the services that helped them engage in safer sex practices and avoid unwanted pregnancies. Since conditions elsewhere in the country are similar to that described here, the establishment of user-friendly reproductive health services in institutions of higher education would, in addition to the overall effort to prevent and control HIV/AIDS, contribute a great deal toward the ensuring of the well-being of the student community with regard to their RH needs.

Limitations of the project's implementation:

- The VCT Center supported by the project provides post-test counseling for both HIV- negative and -positive clients. But financial constraints limited the project's ability to provide the necessary care and support to clients who tested positive.
- The demands of male students to have access to services of the Resource Center could not be met due to budgetary constraints.
- Again, due to budgetary constraints, the Faculty stopped sponsoring girls working in the reading room as of September 2006. This is believed to have its own impact on the reading room's capacity to provide the needed services.
- The fact that the reading room has limitations in terms of the number and variety of books and other reading materials limited its effectiveness in providing adequate information to the target groups on issues of interest.
- Absence of regular supervisory support on the part of the donor has limited the projects problem-solving capacity.

Lessons Learned:

The most important lesson learned from the project is the realization of the indispensability of grassroots actors, such as anti-AIDS clubs, and the commitment of the University's administrative units to the project and the support they gave to own and sustain its initiatives. If any organization is intent on launching a project among communities of institutions of higher education, it is critically important to secure the commitment of the management bodies of the institutions and the support and cooperation of grassroots actors, such as student clubs and student councils. Besides, it is also important to pay due attention to and analyze such critical factors as stability and good working environment. In our case, the project implementation had been affected due to the frequent closure and reopening of the University during the 2005/06 academic year.



Sustainability of the Project Activities:

All the services supported by the project are provided to the beneficiaries free of charge. For this reason, unless additional funding is obtained from other sources, none of the project activities could be sustained beyond the project period. Taking this reality into consideration, AAIH has developed a project proposal to obtain funding in order to ensure the sustainability of the project activities beyond the project period. So far, however, no promising response has been obtained from donors.

Evaluation Findings:

Although documenting the achievements of the project through formal evaluation was critically important, the project activities have not been formally evaluated due to lack of funding.

4.2 African Service Committee (ASC)

Project Title: Integration of Reproductive Health into VCT Service

Project Dates: January 2006-December 31st 2007

Main Topic Area: VCT, RH/FP Education and Contraceptive Provision

Other Topic Areas: Pediatric HIV/AIDS Case Management

Contact Details:

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Background of the organization:

In September 2003, African Services Committee opened its head office in the vicinity of Shola Market, Yeka Sub-City, Addis Ababa. ASC began its interventions by providing free and confidential HIV counseling and testing, IEC/BCC on HIV/AIDS, nutritional and vitamin supplements for HIV-positive clients, and mass condom distribution. Upon the request of the Addis Ababa Regional Health Bureau to expand its services to Addis Ketema Sub-City, ASC opened its VCT center in the Mercato area in June 2005. ASC became the first indigenous NGO to offer CD4 testing service in Addis Ababa. Funding from UNFPA enabled ASC to implement a reproductive health and family planning counseling service and contraceptive [distribution] to the needy. Today, the organization operates 3 VCT sites, 2 in Addis Ababa and 1 in Kombolcha in North Wollo Zone. The fourth site will be opened in May 2007, in Mekelle, the capital of the Tigray Regional State.

Background of the project/ Problems the project aims to resolve:

ASC believes in combating the spread of HIV through VCT, IEC/BCC, and clinical care and support. VCT is one of the global strategies currently employed to reduce the spread of HIV infection, and it is believed to be an entry point to all HIV intervention activities. The benefits of VCT to the individual include enabling the uninfected persons to protect themselves from HIV, assisting infected persons to protect others and to live positively, and providing opportunities for treatment of infections associated with HIV. At the community level VCT helps to reduce problems of stigmatization and discrimination, while at the same time creating opportunities for free discussion and dialogue on HIV/AIDS and related issues.

ASC started its operation by putting up its first VCT site at Shola market Yeka Sub-City in sep 2003 with the conviction that market areas are convenient for the easy dissemination of information. By doing so, we were able to provide our VCT service to more than 28,000 clients three-and-half) years. After looking

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at the success of the Shola site the Addis Ababa Health Bureau offered us a rent-free site with a request to expand our service to the Merkato area. This second site started its operation in January 2005, and provided services to more than 13 thousand clients in two years. The third branch of ASC at Kombolcha has been operational since March 2005, and it has been able to provide services to more than 12 thousand clients. The initial funding was provided by BGI-Ethiopia, one of the country's breweries. As of the moment of writing this report, ASC was in the processes of setting up its fourth branch in Makelle, Tigray, which was expected to be fully functional as of May 2007.

The reproductive health project run by the organization is the natural extension of the VCT programme and constitutes an advance in health-care provision within the organization. In this regard, the organization intends to further the integration of RH services into HIV/AIDS services. In its first three years, ASC found that a large majority of its service users were young people between the ages of 15 and 29. Beneficiaries in this age group are sexually active and in need of additional family planning services. Consequently, ASC implemented a reproductive health programme at both the Shola and Merkato sites in June 2006 to address this particular section of the population.

Geographical coverage of the project:

Areas around Shola and Merkato markets of the Yeka and Addis Ketema sub-cities respectively are the areas where the project operates in Addis Ababa. Moreover, the project has similar activities in Kombolcha town of the North Wollo Zone of the Amhara National Regional State.

Target population of the project:

ASC directly implements a reproductive health programme that targets the urban impoverished women aged 15-29 of Addis Ababa city. The VCT services run by the project targets the at-risk group of men and women aged 15-49 years. In addition to this, with the consent of families, ASC has begun to test infants and children and provide pediatric care management for HIV-positive children.

Funding:

The United Nations Population Fund has funded the RH programme from June 2006-May 2007 and contributed to the VCT and CD4 services. However, the majority of the HIV/AIDS VCT, CD4 testing and IEC/BCC prevention programmes are funded by the American Jewish World Service. In this regard, 430,000 Birr which is equivalent to 26.3% of the total project cost was provided by UNFPA, while the remaining 73.6% of the project budget was obtained from other sources.

Objectives:

The mission of African Services Committee, Ethiopia is to actively participate in the effort of combating the HIV/AIDS epidemic in Ethiopia by implementing IEC/Prevention, VCT, and Clinical Care and support programmes. ASC strives to integrate its voluntary counseling and testing services with reproductive health and family planning programmes in order to help women become pregnant only when they are mentally and physically ready to start a family. Moreover, the RH/FP programmes of the organization aim to prevent unplanned pregnancies of HIV positive females or protect those so affected and serve as a means of ensuring continuing care for such individuals.

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Implementers of the project:

ASC is the major implementer of the project activities, which it does through its service outlets. ASC has also maintained constant policy dialogue with the Addis Ababa Health Bureau to provide technical support for the project.

Scope of interventions/activities:

The major activities of the project include:

- Voluntary Counseling and Testing for HIV
- IEC/BCC on prevention both at **static** and outreach sites
- Condom distribution
- Diagnosis and Referral for PLWHA for treatment and care
- CD4 Testing
- Nutritional supplements for PLWHA
- Pediatric HIV/AIDS case management
- Provision of comprehensive RH service, including pregnancy testing, counseling on RH/FP, provision of different modern contraceptive methods, including oral hormonal contraceptives, injectables and condoms for FP purposes.

Implementation Strategies:

Statistical data have shown that the VCT counselors referred approximately 32% of the RH clients. The rest of the clients visiting the service outlets are either self-referred or have received information about the services from friends or family members. As part of the implementation strategy, the project reaches many of its clients through aggressive outreach and condom distribution programmes in areas like police stations, garages, recreation areas, markets, bars, factories and sites of commercial sex work. Though the outreach programmes enabled the project to reach the beneficiaries from all corners of the city, the main focus of the outreach service are the neighborhoods around the VCT/RH centers in Yeka and Addis Ketema Sub-Cities.

Identifying the target population, participation of communities and vulnerable populations and gender balance:

ASC ensures the stakeholders are involved at various levels of the project activities. It works with local communities through its IEC/BCC outreach programmes, involving local institutions, such as driving schools, universities, restaurants, bars etc., in disseminating information on HIV/AIDS and reproductive health and informing them of the VCT and RH services.

As a reproductive health programme, the project is inherently focused on empowering women in the family planning process, [specifically] protecting them mentally and physically from unwanted pregnancies. The project in particular targets HIV-positive women for RH counseling and encourages partner- and couple-counseling in order to increase awareness and directly involve men in the prevention of pregnancy and transmission of HIV and STIs.

The VCT and outreach components of the project highly involve commercial sex workers in and around Merkato and the Shola markets. In this regard, each of the 200 commercial sex workers around Shola market are provided with 72 condoms weekly and have been made aware of our VCT services granting them greater control over their lives. An equivalent programme has been established among the

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commercial sex workers of Merkato.

About eighty percent of the staff of the organization, including physicians, nurses, counselors and outreach workers are women, thus making the programmes more psychologically accessible and approachable to the female clientele. The male-to-female ratio for the VCT service users also showed nearly equal proportion (50.7:49.5 for male and female, respectively).

ASC promotes the involvement of PLWHA through the hiring of HIV-positive individuals. About 30% of the staff of the organization live with HIV/AIDS. There are also staff members who are on anti-retroviral therapy. Thus people are contributing to the care and support provided to PLWHA by serving as peer advisors and counselors. This approach has helped in providing a more effective and personal continuum of care through the sharing of personal experience. Our clinics are safe and supportive work places for people living with HIV/AIDS.

Major Achievements of the Project:

- Since its establishment in 2003 the project provided counseling and testing for HIV to over 43,000 people.
- About 73,641 people received information on prevention measures, protection against STIs, and reproductive health. The education encouraged many of the clients of the service outlets to utilize ASC's free services.
- The project distributed a total of 754,876 condoms for 11,123 people of whom 9,187 were commercial sex workers.
- ASC has diagnosed over 4,500 PLWHA, who have been referred for treatment and care at the nearest hospital or health center.
- ASC offers CD4 testing free of charge to those of our HIV patients who cannot afford to pay; and at a cost of 5 Birr for test reagents for those who can contribute. To date, we have provided CD4 tests to 1,193 positive clients.
- About 3,953 clients and some staff members of ASC (who are also HIV positive) were provided with daily supplies of multi-vitamins as well as Vitamins C and E.
- ASC has been providing rapid HIV testing to children older than 18 months since 2004. To date, over 200 HIV-positive children were diagnosed, and most of them have been referred to other partner organizations for further clinical evaluation, treatment, care, and support.
- In January 2007, ASC hired a pediatric nurse to examine HIV-positive children and meet their families on a monthly basis to ensure that they have received the proper medical treatment and are keeping up their nutrition and health.
- Since the initiation of the RH component of the project in June 2006, a total of **736** clients were counseled on different RH issues, 521 clients received injectables and 122 received Oral Contraceptive Pills (OCPs), while 643 clients received both OCPs and injectable contraceptives and 90 women received pregnancy-testing service.



Key Components of Success and Good Practice:

ASC has an established reputation among its HIV/AIDS clients for integrity, for confidentiality, the free services it provides and for the speedy testing whose appeal has served as a source of success for its RH/FP project. The integration of the RH and VCT services was demand-driven and this enabled the project to attract an increasing number of clients who come for either of the services to the center.

Because ASC sees hundreds of women every week for VCT through its approach of using market areas as venues for providing services, it puts the service providers in an advantageous position to refer the VCT clients for family planning services in the same outlet. For this reason, the organization has been very successful at attracting women for reproductive health counseling and family planning. As part of the counseling process, the needy women are often referred to appropriate hospitals and health facilities for antenatal care, ART, and PMTCT. Although traditionally women are the primary users of family planning services, having an integrated service at one location facilitates and encourages the participation of men in the use of condoms and other forms of contraception, thereby helping prevent unwanted pregnancies and HIV transmission.

Due to the success of the activities in one area, the project was able to increase both its geographic coverage and the range of services it provides. In this regard, due to the success of the Shola Market VCT center and IEC/BCC interventions carried out at outreach sites, the Federal Ministry of Health requested ASC to open an identical site in Merkato. Following the project's expansion to Merkato, the BGI Beer Company funded the opening of a third VCT and outreach site at Kombolcha. With the support of the UNFPA, ASC was able to integrate RH/FP services into its VCT Programme at its Shola and Merkato sites.

Success Stories/Case Studies:

Expressing his appreciation of how the project changed his life, Ayele Asrat, a member of ASC's security personnel, said, *"Working for ASC is a blessing. Both my wife and myself are HIV-positive, and ASC understands, supports, and cares for my family."*

Other staff members have also expressed similar sentiments. In fact, over 30% of ASC's current staff are HIV-positive, and were referred to ASC for employment from PLWHA associations like Mekdim.

Below are two interviews conducted by AJWS (one of ASC's current funders) as an illustration of the views of clients about ASC's services, the importance of VCT as a global HIV prevention strategy, and the clinical care and support extended to HIV-positive clients.

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Testimony of a male VCT client:

I am a 28-year old single male. It was too late when I discovered that a girl whom I considered my lover and would-be wife for about four years had an affair with another man. Since then I started worrying about HIV/AIDS and decided to take the test. This, I believed, would help me to make decisions in my further life and have an impact upon the family I was planning to build. Since the death of my elder sister some years ago due to AIDS my, entire family has been in shock and has never ceased worrying about HIV/AIDS.

All my worry and fear left me completely after I took the HIV test, the result of which happened to be negative. The negative result of the test has also encouraged me to decide to maintain my negative status by being faithful to my partner. Moreover, soon after I came to know my negative status, I have developed the confidence to openly discuss HIV/AIDS with members of my family and the rest of the community.

I am confident enough to openly attest that projects like the one I benefited from would help improve the health status of the community in all corners of the country. The project would help, among other things, raise the public's awareness on HIV and health related issues. The hospitality of the staff and the friendly approach of the counselors could have a positive impact in terms of initiating clients to decide to get tested.

Testimony of a male beneficiary of a CD4-Count Service:

"I am a 43-year old business man living in Addis Ababa. Some years ago, I lost my wife to AIDS. After the death of my wife, all the burden of looking after and caring for our daughter has rested on me. The reason why I am here today is to know my CD4-count. A person who knows about the issue has told me that for the health workers to decide whether I needed to start taking Anti Retroviral Treatment (ART) or not, they should know my CD4-count. If my CD4-count happened to be low, I would start to take the medication. I also decided to start the treatment as early as possible because I strongly believed that the treatment would help me take care of my daughter and enable her benefit from my staying healthy. Starting treatment for HIV/AIDS would also help me maintain my good health and continue as productively as I am doing now."

Limitations of the project implementation:

- ASC had a plan to provide ART treatment and follow-up for HIV-positive clients beginning three years ago. However, because of the lack of an ART accreditation guideline for health care centers and NGOs at the national, the project was not able to realize [its] goal.
- Furthermore, due to limitation of resources, the project has not been able to provide sustained care to HIV-positive clients, including anti-retroviral treatment (ART), diagnosis and treatment of opportunistic infections (OIs), and diagnosis and treatment of sexually-transmitted infection (STIs).
- The project had also hoped to open a youth center that would provide information on safe sexual practices, effective contraceptive methods, and infection-risk reduction and prevention methods, but it failed to achieve this objective due to lack of funding.

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Lessons learned:

- The integration of RH/FP services into HIV/AIDS, particularly VCT programmes, enables the provision of comprehensive clinical care and increases the number of RH clients.
- Ensuring physical access to certain services, such as locating programmes in central areas like markets, allows the needy community greater access to services. Moreover, it was realized that extensive outreach programmes to the community and the involvement of local institutions would encourage greater participation on the part of all those concerned about the organization's cause.
- Targeting high-risk populations, such as commercial sex workers, in condom promotion and distribution and VCT is an efficient way of combating the HIV/AIDS epidemic.
- The hiring of PLWHA increases the organization's sensitivity to its clients and supports equal opportunity employment for PLWHA.
- Consolidation of current programmes using lessons learned from the project implementation before expanding the scope of the services, or extending their geographic reach, is a good approach to ensure the sustainability of the project activities.
- In the absence of the ART service, RH/FP services and nutritional support to PLWHA are an important means of providing sustainable care.
- Employment of female health professionals encourages the use of an organization's services by female clientele.
- Strong networks of referrals for medical treatment and social support throughout all sub-cities of Addis Ababa, so as to tailor services to clients' continuous medical and psychological needs, ensure the setting up of follow-up programmes at locations close to where clients live.

Sustainability of the project activities:

The project tried to sustain some of its components through the resource development strategy of initiating the involvement of the business community. For example, the project in Kombolcha was funded through ASC's alliance with BGI. BGI has maintained its relationship with ASC, and its staff members serve on the Board of ASC. This is part of the effort to enlist the continuous contribution of the company to the cause of ASC. BGI has also shown interest in helping ASC with its outreach projects on Entoto Mountain, Addis Ababa.

ASC also tried to sustain its activities through expanding its services geographically. In line with this aim a fourth site was opened at Mekelle (Tigray Region). Similar to ASC's intervention in other areas, the new site started to provide VCT, IEC/BCC on HIV/AIDS and RH, CD4 testing, as well as vitamins and nutrition supplements to HIV-positive individuals. By expanding geographically, the organization is trying to ensure the continuation of service by establishing its reputation across different areas. Because of the organization's achievements, its previous donors have continued to fund the project, and this has enabled the organization to sustain its activities across another project period.

The organization's long-term sustainability plan includes upgrading its services and making them comprehensive so as to include anti retroviral therapy and diagnosis and treatment of sexually-transmitted

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infections. It is strongly believed that, with the organizations better capacity and improved quality of the clinical capacities, the clients of these services can help sustain the organization's activities by engaging in a cost-sharing scheme (where clients pay a small fee for services), and the rest of the cost being subsidized. To facilitate this, ASC is in the process of becoming accredited by the Federal Ministry of Health.

In addition, ASC plans to construct an office building in Merkato (at some undetermined time in the future), for which it has already obtained permission from the city administration. When completed, the building will be leased to businesses and the monthly rent will help ASC sustain its programme activities.

Finally, sustainability will be ensured through the continued development of ASC's many partnerships and the diversification of its funding base. Over the past three years of operation, ASC's demonstration of quality and innovative service provision has attracted the support of such allies as the Ministries of Health and Finance, the HIV/AIDS Prevention and Control Office, and many other multilateral and indigenous organizations and NGOs. ASC has a strong referral system with many NGOs and PLWHA organizations, which helps to provide integrated services and diminishes the possibility of duplicating efforts and resource wastage. ASC's links with other NGOs allows its staff to share work experiences and good practices, exchange resources and technical expertise and jointly organize advocacy and awareness-raising campaigns.

Evaluation results:

ASC has carried out various internal evaluations, which cover the organization's annual activity report, objectives accomplished, financial report, challenges and constraints, etc. However, ASC did not do a formal external evaluation of its programmes for 2006.

4.3 Birhan Integrated Community Development Organization

Project Title:	HIV/AIDS Prevention, Support and Care in Addis Alem town, Ejere Woreda of West Shoa Zone, Oromia Region
Project period:	October 2003 to June 2006
Main Areas of Intervention:	IEC/BCC on HIV/AIDS and RH, Care for Orphans and PLWHAs,
Other Areas of Involvement:	Income Generating Scheme for Female Sex Workers and Female Headed Households, youth recreational facilities and support to Anti AIDS clubs.
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Background of the organization:

Birhan Integrated Community Development Organization (BICDO), formerly known as Jemal Abdella Aid for the Needy Organization (JAAFNO), was founded in March 1995 to serve destitute mothers found in the poverty-stricken *Abbakoran Sefer* of Addis Ababa City Administration. Currently BICDO is working on improving the basic needs and protecting the rights of children, unemployed youth and destitute mothers in three regions: namely, Oromia and SNNPR Regional States and Addis Ababa City Administration.

Currently BICDO operates in three *woredas* of West Shoa Zone and two *kebeles* within the Arada Sub-City of the Addis Ababa City Administration. Human resource development through education and training, health, HIV/AIDS and income generation activities are BICDO's four programme areas of focus.

Background of the project/ Problem the project aims to resolve:

HIV/AIDS is not a problem limited to big cities alone. It is also becoming a problem for most small towns and villages. West Shoa Zone is one of the areas of Oromia Region that have been affected by the HIV/AIDS epidemic. The project area, i.e. Addis Alem town, is situated on the main road that runs from Addis Ababa to Western Oromia. Because of its location and the rapidly expanding urbanization of the area, the residents of the area have become vulnerable to the risks of HIV. Evidences have shown that there are lots of risky places that could expose the public to HIV infection. For example, 20 bars and some local drinking establishments exist in the town, which only has a population of 12,125 residents. Many heavy trucks and transport vehicles that go into and out of Addis Alem town make stopovers in the town every day. There are also indications of proliferation of newly emerging red-light houses with increasing numbers of female sex workers.

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Before the BICDO's HIV/AIDS prevention and control activities were initiated in Addis Alem, there were no governmental or non-governmental organizations actively involved in HIV/AIDS prevention and control activities in the area. In the absence of a sound HIV/AIDS intervention program in the area, it was believed that the risk level of the town's population was very high making BICDO's HIV/AIDS prevention and control initiative a necessity.

Geographical coverage of the project:

The project area is located in the town of Addis Alem, Ejere Woreda, West Shoa Zone, Oromia Regional State. The town is 55Kms from Addis Ababa on the main road to Western Oromia.

Target population:

Addis Alem has a population of 12,125 people, of which 5,780 are males and the remaining 6345 females. The total population of the Woreda is 69,686 (CSA 1996).

From the total Woreda population over 36,725 (52% of the total Woreda population) who are residing both in Addis Alem town and the surrounding 12 peasant associations benefited from the project.

Certain target groups including in and out of school youth, Commercial Sex Workers (CSWs), Orphan and Vulnerable Children and their guardians, People Living With HIV/AIDS are the specific target groups of the project. So far during the project period a total of 10,575 in school youth, 750 out of school youth, 75 commercial sex workers, 90 OVC's, 20 PLWHAs, 33 health workers, 38 members of the local partners members of the general community benefited in different forms from the project.

Funding:

United Nations Populations Fund (UNFPA) through the support made available from the Norwegian Government provided the financial support for the project. The total project budget is 1,893,713 Birr

Overall objective:

The main objective of the project was to contribute towards the HIV/AIDS prevention and control efforts carried out in the project areas through promotion of behavioral change education on HIV/AIDS, preparation & distribution of IEC materials so as to curb the rapid spread of the virus among the community. The project also aimed at providing care and support to the people affected by HIV/AIDS, building the capacity of beneficiary community through training, forming and supporting peer group clubs and community counselors/ caregivers and strengthening and/or establishing youth centers, mini media and HIV/AIDS clubs

Implementers of the project:

Birhan Integrated Community Development Organization (BICDO) directly implemented the project. However, the Woreda level stakeholders who were represented from the different sector offices and formed the PAC, Schools, in and out of school youth anti AIDS clubs, Kebele offices, community leaders and other community representatives including the beneficiary communities participated as implementers of the project at various levels.

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Scope of interventions/ activities:

The major activities of the project include:

- Promotion of behavioral change on HIV/AIDS and RH through peer and group education and preparation & distribution of IEC materials.
- Build the capacity of the beneficiary communities through training, forming and supporting peer groups clubs and community counselors/ caregivers.
- Provide care and support to orphans and people living with HIV/AIDS .
- Promote ARH education and services in the rural areas and improve the quality of ARH education and services.
- Establish youth-friendly services and education centers and enhance the participation and partnership of stakeholders to ensure sustainability.

Implementation strategies:

Ensuring the beneficiary community has participated at all stages of the project cycle so as to ensure continuity/sustainability of the project activities was the major strategy perused by the project. In this regard, the project holder ensures that the community is well represented in Project Advisory Committee (PAC), which was established at the woreda level, and Project Support Group (PSG) established at the kebele level. Throughout the project period, these groups were responsible for the overall management, supervision and follow-up of the project activities. The PSG specifically was engaged in beneficiary selection and activity identification, follow-up of the status of the project activities, representing the project at the Woreda level to solicit any assistance and contribution that might be required from the side of the local government, follow-up and enforce the beneficiaries to repay their loans which they were granted from the revolving loan. Even though the PAC meets every 3 months, PSG, which was responsible for the close follow of the project activities, come together every month and revise the project implementation status.

Identifying the target population, participation of communities and vulnerable populations and Gender Balance:

As the initial activity of the project, a base line survey has been carried out, so as to obtain basic information about the HIV situation of the area. Among others, the result of survey was used to develop project performance indicators. Following the base line survey, a project advisory committee was established at the woreda level. This committee was formed from representatives/ heads of all concerned sector offices (health, education, social affairs, sports and culture etc), community elders, religious and leader of community-based organizations (CBO). During the project period members of the PAC were involved in various activities including: identifying the target beneficiaries and the type of support each individual /or group should get, strategy setting in project implementation, project monitoring and progress evaluation, provision/facilitation in the acquisition of working premises for project office, youth centers, organized women etc.

After being identified by the PAC as the beneficiaries of the project, the target communities participated in various activities including idea generation for the different project activity, IGA scheme selection,

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negotiating with local government offices in obtaining working premises and other supports like legalization of their association, managing their associations and its resources

Attention has been given in ensuring the gender balance while implementing the project activities. The fact that the project coordinator was a woman enhanced the involvement of the women both as project implementers and beneficiaries. The CBRHAs, peer educators and other community representatives were also given trainings from the gender and HTPs perspective.

Major achievements of the project/programme:

The following are the major achievements of the project:

- At the commencement of the project a sensitization and project launching workshop was held with the full participation of major stakeholders from zones, *woredas*, *kebeles* and schools.
- Project support groups (PSG) and project advisory committees (PAC) were organized at the *keble* and *woreda* levels, respectively. As part of the capacity building initiative the 11 PAC members were given training on partnership so as to facilitate the implementation and of the project and ensure its sustainability.
- A project office was established and furnished with the necessary furniture and equipment, including computers, VCR, TV, an overhead projector, flip chart stand, etc.
- A youth center where the youth could spend their leisure time was established at Addis Alem. The youth center was supplied with indoor games, videocassette recorder and a television set. The center also has a library and a cafeteria. The project performance report showed that 115 youth on the average visit the center daily. (The number includes library facility users.)
- The youth center was also used as a forum to disseminate information on HIV/AIDS and RH, to distribute condoms and contraceptives, and provide other services as required.
- Thirty peer educators were trained to lead a peer education program for peer groups and clubs in their respective areas.
- About 18,000 IEC materials (including 10,000 leaflets, 5,000 pamphlets and 3,000 posters) were prepared on different issues using the local languages and distributed among the target communities.
- About 30,000 condoms were distributed for free throughout the community and at different outlets, including the Addis Alem clinic, barber shops, hotels and bars.
- Mass community-sensitization activities were organized in different settings and occasions, including during the annual World AIDS Day commemoration and at different mass gatherings and workshops. Apart from the message transmitted in the form of IEC materials, different edutainment activities, including drama, music and poetry reading, were used to reach the target community with HIV/AIDS- and RH-related messages.
- Twenty-four CBRH agents trained by the project reached the rural communities residing in the vicinity of Addis Alem. The main activities of the CBRH agents included provision of mass education

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carried out in public gathering places, through home visits, and at the time of contact made during the distribution of different contraceptive material. In this respect, the CBRH agents managed to distribute over 7,150 pills and 10,200 packets of condoms as part of their major activities.

- About 80,890 people were reached with HIV/AIDS and RH related information on different occasions.
- The school Anti AIDS clubs and the youth center were used as a forum for HIV/AIDS education and services. In this regard the peer educators played a key role in disseminating HIV/AIDS and RH information to the youth and the general public.
- The activities carried out by the CBRH Agents are followed during the field supervisory visits and the regular monthly review meetings they held with branch offices and the Addis Alem Clinic.
- Knowledge, Attitude and Practice survey on RH /HIV/AIDS which was carried out at the start of the project period capacitated the actors on RH/HIV/AIDS through provision of basic facts and information about the project area.
- A total of 450 community members were given access to HIV testing and counseling services.
- Forty-five Commercial Sex Workers were given support for training in skill development as well as start-up or seed-capital to launch their own business and become self-employed. This approach helped most of the FSW to give up prostitution, in which most of them were involved due to lack of alternative income sources. The measure, apart from enabling the FSW to be self-reliant, helped reduce their exposure to HIV.
- During the project period 100 PLWHAs received care and support. As part of the care- and-support-package, each PLWHA received 60 Birr on a monthly basis, their medical cost for treatment of opportunistic infection was covered, a one-time package of sanitary materials was provided and they were given psycho-social support through counseling on positive living. Family members of AIDS patients were also trained on how to handle and provide the necessary care and support to a PLWHA.
- Seventy-nine orphans who lost their parents due to HIV/AIDS and other causes received different forms of support, including educational materials, school uniforms, school fees and the necessary medical care when they got sick.
- With the objective of ensuring a sustainable economic support to AIDS orphans, their guardians were provided with training on small-scale business management and provided with a start-up capital of 1,000 Birr. Because of the support they got from the project, most of them were able to generate income and support and improve the lives of the children they were responsible for.
- About 75 female household heads that were vulnerable to the risk of HIV/AIDS infection were given support to enable them to generate income and sustain their livelihood, which came in the form of training and start-up capital of up to 1,500 Birr. Because of the support they received from the project, most of them were able to improve their lives and send their children to school. Some even started to play prominent roles in their respective communities through membership and leadership in associations like *Iddir*.
- A total of 11 school clubs were both strengthened and newly established in the *Woreda*. As part of

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the capacity building activity for the schools' Anti-AIDS clubs, a total of 55 Anti-AIDS club leaders, including teachers, were trained in club management and provided with mini-media materials and stationery.

- One out-of- school RH & Anti-AIDS club (named Medhin Hiwot RH and Anti-AIDS Club) was established and 20 peer educators were trained on club management.
- A total of 40 community counselors and care providers were trained and given support to provide education to members of the community using different outlets, including churches, *iddirs*, and schools using such programmes as drama and singing.
- Thirty health workers were trained on how to provide community-level education and counseling on different HIV/AIDS and RH issues.

Key components of success:

- The project through its various components addressed the most vulnerable and needy sections of the community.
- As a result of the support they were provided with, many orphans residing in the project area were able to continue their education.
- The income of the CSWs, FHHs and orphan guardians has increased and some of the CSWs have even changed their business.
- CSWs, orphan guardians and PLWHAs have formed associations to engage in sustainable micro enterprises.
- Youths residing in Addis Alem have organized themselves into town-based ARH club and started to become change agents among their peers and within the general community
- Because of its contribution and pioneering role in addressing the key problems of the community, BICDO has won the respect and support of local stakeholders.
- With the active involvement of CBRHAs, the RH problems have gradually started to be challenged among the rural community.
- As a result of BICDO's effort, the issue of Reproductive Health and population issues have started to be considered as the key issue of development by the local government sectors.

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Success Stories/ Case Studies

Tigist Mulugeta, 29, was a bar lady in Addis Alem. She was sensitized and helped to realize the situation she was in (the risk of HIV infection because of her profession). This was made possible following the awareness creation activities carried out by BICDO in the area where she lives. The information and the subsequent support she got from the project motivated Tigist to change the business she was in. Accordingly, in 2003 she started participating in a small-scale-business-management training programme, after which she presented her proposal to BICDO for seed money to support herself. After she received the grant from the project, she immediately started her *Injera*-selling business, in which she succeeded and started to generate sufficient income that enabled her to support her livelihood. The change that occurred in the life of Tigist has opened the door for her to get involved in marriage.

Tigist at present has freed herself from the miserable life that rendered her vulnerable to all types of risks, and is leading a decent life with her husband, a police officer, in Mojo, Estern Shoa Zone.



Tigist Mulugeta while baking *Injera* for sale.

Aynalem Ketema and Birtukan Ketema had lost their father for HIV/AIDS. Their mother left the town abandoning her daughters when she failed to shoulder the intense stigma she was faced with due to her husband's death as a result of AIDS. After being abandoned, the two children were taken under the custody of their grandmother W/o Bezu. Despite the good will of W/o Bizu to look after her granddaughters, she could not properly care for them due to the extremely meager situation she was living in, which got even worse after bringing the two children to live with her. It was at this crucial time that BICDO, an organization supporting orphans and other vulnerable children, came to their rescue. Soon after being enrolled as beneficiaries of the programme, they started getting regular support (which paid for their school expenses and uniform), after which both Aynalem and Birtukan continued their education, from which they dropped out after the death of their father. The project run by BICDO in the area, whose objective is to bring a sustainable change in the lives of those to whom it provided support, had also considered W/o Bizu to benefit from the income generating scheme it run. As the best means of ensuring the sustainability of the lives of the two orphans, BICDO trained W/ro Bizu and provided her with seed money that enabled her get involved in petty trade and animal fattening. The financial and material support the family received from the project enabled the children to persue their education with good academic performance. Now the eldest of the two has reached grade six. The guardian, W/o Bizu, is performing well in her business, which created a good opportunity for her to raise her granddaughters well and lead a decent life. The success she managed to achieve has raised her confidence and filled her with a desire for further advancement in life.



W/o Bizu, grandmother of the two young orphan girls.

Limitations of the project implementation:

- Though they made immense contribution to the project's success, the meeting schedules of the PAC and PSG members sometimes constrained the project in terms of giving timely solutions for certain issues that need collective decision.
- The available financial resource at the disposal of the project was very much limited as compared to the prevailing problems and demands of the community.
- The low credit repayment rate among those women who benefited from the IGA scheme and the low support provided to the *Keble* PSG by the Kebele Social Court in forcing the defaulters to repay their loans constrained the sustainability of the revolving fund scheme.

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- The problem of transportation/logistics and overhead budget limitation was an impediment, and still remains a challenge, to making frequent field visits and offering frequent technical backups to the project's personnel as well as the clubs and other targeted communities.
 - The limited number of CBRHAs, as compared to the number of *kebeles* and population size, and the absence of adequate incentive schemes, etc. have also disappointed some of our CBRHAs and forced them to leave the area looking for better employment opportunities.
 - On the other hand, the intervention of the project has created a big demand among the community, especially in the area of home-based care for AIDS patients and support for orphans. This has created some challenges, which BICDO could not respond to because of shortage of resources.

Lessons Learned:

Though several lessons could be drawn from the project, the most important, and one that could be shared with others, is what the project did to change the life of female sex workers who were engaged in risky activities because of lack of economic opportunities. In this regard, the project helped female sex workers to become self-supporting and pull out from the risks associated with their profession. As a result many female sex workers were able to change their lives with the nominal seed money they obtained from the project.

Sustainability of the project activities:

Various efforts have been made to ensure the sustainability of the project activities. Some of the major activities are presented as follows:

For example, to sustain the CBRH activities initiated in the town and its surroundings linkages have been established with the public health facilities located in the project area.

With the technical, material and financial support received from the project, youth clubs have been empowered to run different activities in the areas of SRH and HIV/AIDS on their own in the future.

To ensure that the orphans and PLWHAs who were getting support from the project would continue to sustain their livelihood, the guardians of the orphans and physically active PLWHAs have been organized together with female-headed households and commercial sex workers. The association has now started to run different savings and credit activities that would enable the beneficiaries to get the seed money they need to the business they started with the support they obtained from the project. Individual orphan guardians who are not willing to be part of the organized association have also been provided with two rounds of revolving fund to enable them to become economically self-sufficient.

Orphans above the age of 15 years have also been provided with small-scale business management training so as to enable them engage in productive ventures. However, these orphans still need some start-up capital to get their businesses going.

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Evaluation result:

The project was not formally evaluated by the end of the project period. However, in the process of implementation, the project performance was regularly reviewed and evaluated by the concerned stakeholders (the Project Advisory Committee and the Project Support Group). The project implementation status, its outcome and areas that need improvement were also discussed periodically and documented. The result of the project review carried out at different times indicates that:

- The project had contributed a lot to the government's and the community's efforts to reduce the spread of HIV/AIDS and building the capacity of the HIV/AIDS affected households.
- In-school and out-of-school youth clubs supported by the project were capacitated to become change agents
- The initiative taken by the project has paved the way for the local community to discuss the issue of stigmatization of the people both infected and affected by the virus.
- Generally, the project activities have shown positive results in the lives of the target community.

4.4 Ethiopian AID (EA)

Project Title: RH/FP-HIV/AIDS Project in Arada and Yeka Sub-Cities (the former Woreda 13) of Addis Ababa

Project period: October 2003 to December 2005

Main areas of Intervention: FP service provision, including provision of modern contraceptive methods and information both at fixed sites and outreach areas.

Other Areas of Involvement: IEC/BCC on HIV/AIDS/STIs/ HTP and support to Clubs

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Background of the organization:

Ethiopian Aid (EA) is a non-profit-making and non-partisan civic organization established in 1992 by concerned citizens with a vision of positively changing the lives of fellow Ethiopians. EA has been registered by the concerned government offices and it is still a licensed legal entity. A voluntary board governs EA and has a secretariat headed by an executive director and the necessary management and operational staff.

Currently, EA collaborates and closely works with quite a larger number of multi-lateral and bilateral organizations as well as international NGOs. It is a member of and active actor in a number of local umbrella organizations. It is a member of the Christian Relief and Development Association (CRDA), the Consortium of Reproductive Health Associations in Ethiopia (CORHA), the Consortium of Ethiopia Voluntary Organizations (CEVO), and the Forum for Street Children in Ethiopia (FSCE). As EA exists to support government efforts to improve the well-being of the Ethiopian people, it collaborates with relevant government departments and line ministries at all levels of programme/project implementation. Such a relationship has created conducive environment for EA to smoothly undertake its activities in the project coverage areas.

EA has been implementing RH/FP Project in the Arada Sub-City (former *woreda* 13) of Addis Ababa for more than 9 years; in 19 *woredas* of eastern and western Zones of the Amhara National Regional State (ANRS) for the last 6 years, and in Kimbibit Woreda, Oromia National Regional State (ONRS) for the last 4 years.

EA's Integrated Urban Development Project (IUDP) in Addis Ababa includes:

- Street-children **protection**, prevention and rehabilitation programme.
- Infrastructure development, including innovation and upgrading of houses.
- Construction of latrines and water points; maintenance of access roads;
- Skill Training;
- Integrated health programme, including Primary Health Care, RH/FP-HIV/AIDS
- Micro Finance

EA has established a good track-record of working with the donor community ranging from international NGOs to bilateral and multi-lateral organizations. Its major donors include CEDPA, UNFPA, WFP, German Agro-Action, Action Aid Ethiopia, CRDA, CORD AID (Dutch) Oxfam UK, Briderlich Delen (Belgium), UNCIEF, Pact Ethiopia, Packard Foundation, Edukans Foundation, Kinderposterzegels, Pathfinder International, HAPCO and ESRDF.

Background of the project/ Problems the project aims to solve:

Reproductive Health and Family Planning (RH/FP) help people to have the number of children they desire, reduce the number of unwanted pregnancies, reduce the risk of sexually transmitted infections (STIs), including HIV/AIDS, and improve the health of women and children. Family Planning in particular can help couples reduce the factors that expose the health of women and children to risks, including pregnancies occurring at too-young and too-old ages. It also can help improve the livelihood of the family by allowing couples to better plan their lives. Family Planning also reduces fertility, morbidity and mortality rates, especially among children and mothers.

Family Planning Programmes help reduce the health risks of women and give them more control over their lives. Eventually, they will bring women into the mainstream of development, protect their health, promote their education, and encourage their economic contribution. Family planning will ensure that every pregnancy is intended and every child is a wanted child, and will protect women from the risks of unsafe abortion.

Reproductive and sexual health is also a matter of right for both men and women, and access to RH information and services should be a goal to be achieved by government and non-governmental organizations. Upholding this basic right means protecting the health of adolescents, encouraging responsible reproductive behavior, and combating the spread of STI and HIV/AIDS.

Subsequent to the launching of the national population policy, the government of Ethiopia has embarked upon expanding RH/FP services.

The prevalence of high fertility rate and other RH problems, such as teenage pregnancy, STIs and HIV/AIDS, as well as maternal and child health problems, including Harmful Traditional Practices like uvula cutting, milk tooth extraction and FGM among the target population warrant integrated IEC/BCC interventions and provision of FP services in the areas covered by the project.

As part of its support to government efforts in expanding basic RH services to needy sections of the population, Ethiopian Aid commits itself to continuing and initiating comprehensive CBRH and ARH (RH/FP-HIV/AIDS) programmes in one of the underserved parts of the Addis Ababa city, i.e. Arada Sub-City (the former Woreda 13⁵). It is the conviction of Ethiopia Aid that, by strengthening its

5 A *Woreda* is an administrative structure which is equivalent to a district.

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intervention and initiating such programmes in integration with its development programmes, the life and living conditions of the target population can significantly change in a positive direction.

Geographical coverage of the project:

Addis Ababa is the capital city of the Federal Democratic Republic of Ethiopia. Administratively the City is divided into 10 sub-cities. Arada Sub-City, where the project operates, is one of the 10 sub-cities located in northeastern Addis Ababa.

Target population:

The population of the target area is estimated to be around 100,000, with an annual population growth rate of 3.0% and TFR of 5 children per woman.

Like the general population of Ethiopia, a youthful population characterizes the target area with a strong momentum for future population growth. The proportion of people in the different age categories showed that about 28% are children under the age of 14 years, 30% are youth in the age group of 15-24 years, 32% between 25 and 49 years, while those who are 50 and above constitute 10% of the total population. Poor housing and unfavorable socio-economic conditions, including poor access to RH/FP and HIV/AIDS service characterize the residents of the target area.

Funding:

United Nations Population Fund has funded the project for more than 4 years with the support obtained from the Norwegian Government. The total project budget was over 2 million Birr, out of which the amount contributed from 2001-2005 by UNFPA/NORAD was Birr 1,141,103, or about 57% of the project cost.

Overall objective:

The project was initiated with the main objective of making RH/FP and HIV/AIDS information and services available to individual adults, adolescents and families in the target *kebeles* to help them make informed, rational decisions on their sexual and reproductive health behaviors.

Implementers of the project:

Ethiopian AID carried out the overall implementation of the project. However, others like CBRHAs and ARHAs selected among the target communities, and health workers employed by EA and working in the clinic supported by the project contributed a great deal to the implementation, whereas, other stakeholders, such as schools, in- and out-of-school youth anti AIDS clubs, *kebele* offices, community leaders and other community representatives, and the beneficiary communities participated at various levels in the realization of the project activities.

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Scope of interventions/activities:

The major activities of the project include:

- Promoting IEC/BCC in the area of RH/FP, HIV/AIDS /STI and HTP;
- Implementing community-based reproductive health programmes;
- Initiating adolescent reproductive health programmes;
- Improving provider and programme management personnel through training.

Implementation strategies:

The project focuses on STI/HIV/AIDS prevention and control activities and promoting and rendering FP services integrated with other RH services. In realizing its objectives, the project utilizes the following strategies:

Promoting IEC/BCC activities: Informing men and women through a range of activities, including developing and disseminating culturally appropriate printed materials, holding education talks with couples, families and adolescents, deploying promoters and educators for home visits and organizing community meetings.

Provision of RH services at community level: In this regard the CBRH agents were given key role to play in disseminating HIV/AIDS/STI/RH/FP and HTP related information to members of the community through home visits, group and individual counseling and distribution of non prescriptive family planning methods, such as Oral Contraceptive Pills.

Scale up the ARH programme: To meet the RH/FP and STI/HIV/AIDS information and service needs of adolescents, the project targeted adolescents through the introduction of youth-friendly programmes at Kebele youth, RH, and anti-AIDS clubs.

Enhance provider and programme management competence: Providing different forms of training to programme implementers (CBRHAs and Peer educators) and programme management teams (project staff members, supervisors, assistant supervisors and team leaders) was taken as a key strategy in enhancing the implementation capacity of the actors.

Provision of RH/FP/HIV/AIDS services at clinical level: As part of its major intervention strategies, and with the objective of increasing the RH/FP access of the target communities, the EA clinic provides different integrated clinical and RH services free of charge.

Identifying the target population, participation of communities and vulnerable population groups and gender balance:

Communities and other vulnerable groups, such as PLWHA, were made to participate in all the stages of the project cycle, i.e. starting from the planning stage all the way to the implementation and follow-up stages. This helps to identify the problems easily and gain the commitment of the major stakeholders of the project. The further participation of the beneficiary communities was ensured through several processes, including community conversation, community gatherings, kebele meetings, *Iddirs*, *Ikekubs*, etc.

The project also organized special programmes to attract adolescents and women, who are the most vulnerable to HIV/AIDS and RH problems. In this regard, women were especially encouraged to

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participate in the project both as beneficiaries and implementers. Women selected from the community were trained to work as agents in the CBRH programme. To further address the gender issue, young girls and adult women were organized in girls' (ladies') clubs.

The project has also given special emphasis to PLWHAs by encouraging them to benefit and at the same time contribute to the project activities by assigning them to work both as agents and care takers.

Major achievements of the project/programme:

The following are the major achievements of the project during the project period 2003-2005:

- About 12,536 male and 16,851 female clients benefited from the HIV/AIDS and STI- related services rendered by the project. Similarly, the RH and FP component of the project benefited about 12,552 female and 4,174 male clients.
- Sixty-three thousand one hundred and forty-five cycles of oral contraceptive pills and 3,472 vials of injectable contraceptives were distributed among the 5,780 and 2,244 OCP and Depo clients.
- Achievements in the area of training showed that, during the three years period, 27 project staff members received orientation training, 94 CBRHAs received initial CBRHA training, 44 CBRHAs and 40 RH peer educators received refresher training programs annually.

A total of 151,444 condoms were distributed among 10,338 users.

- In the second year of the project (in 2004), about 25 anti-AIDS clubs operating in the project areas were strengthened through training and material provision.
- About 2,055 local government and community leaders participated in sensitization workshops organized at different times.
- Activities performed by the project in IEC/BCC showed that 53,701 youth and adult members of the community benefited from HIV/AIDS/RH/FP information disseminated at community level and in schools.
- The IEC/BCC activity report of the clinic indicated that about 1,101 mothers who visited MCH services received different types of information related to pregnancy, childbirth and other problems.
- About 5,000 leaflets, 3000 booklets and 1,500 posters prepared on different issues, including FP, HIV/AIDS and HTP, were distributed among the beneficiary communities.

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Key components of success:

Success Stories/Case Studies:

Case Study 1:

Bekele Debela, who is now 22, was one of the street children who benefited from the Ethiopian Aid Integrated Urban Development Programme (IUDP). Apart from benefiting from the programme he had also been actively participating as a peer promoter in the RH/FP project at the youth center for years. Considering his long years of service and contribution in the RH/FP programme, EA had offered him a training opportunity in video and photography, which is one of the IUDP programmes on vocational-skills training. After the successful completion of the one-year training programme, Bekele managed to buy a photo camera that enabled him generate his own income by being a self-employed citizen. Bekele, besides becoming self-sufficient, started supporting his 2 brothers and 3 sisters, who are currently living with him. On top of his busy schedule as a photographer, Bekele has continued advocating the RH/FP programme. He is also confident as to his capability of making rational decision on his sexual and reproductive health behavior.

Case Study 2:

Bezabish Mesganaw, who used to be a disguised FP-service user, later turned out to be a strong advocate of FP service in her village and served as a CBRH agent. Bezabish tells her story of how she benefited from the project as follows: “The communities where I live tend to label women taking contraceptive pills as having an extra-marital affair. Due to this wrong belief, the majority of the women in my village, including myself, were not only unwilling to use modern contraceptive methods but had never visited the FP service outlets. Those few who were using FP had to hide their practice from their spouses and the other members of the community. This attitude, however, was positively changed because of EA’s RH/FP intervention and the intensive education given to the community members as part of the programme. Nowadays, many women, including myself, openly talk about the importance of FP pills. For example, since I started using FP methods I managed to maintain a reasonable age gap between my children. This has enabled me to take care of them well. My case does not end with being a beneficiary, but rather goes much further. People from the EA project, seeing my devotion and enthusiasm to convince other women to use FP methods, had selected me to work as an EA CBRH agent. Currently, myself and other CBRHAs are providing door-to-door services to oral contraceptive pills users, teaching them about the benefits of FP and how to get protected from HIV/AIDS at public gatherings, including in churchyards. Our teaching also helped us to recruit volunteers for similar activities. At this time many people in the community have well realized the benefits of using FP services, and many have started using one or another type of modern contraceptive methods. I believe that this is because of the EA’s project in our area.”

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Limitations of the project implementation:

Shortage of condoms and pills that could help ensure the delivery of appropriate family planning method mix was found to be the main reason for clients to default on their continued use of the contraceptive methods which they were given when the project started.

High turnover of peer educators (volunteer service providers) and CBRH agents was the main problem faced by the project. It was frequently observed that CBRHAs and peer educators left the project because of such reasons as getting better employment opportunities, change of address, and demand for more incentives. However, the EA staff have seen this problem as a blessing in disguise, i.e. even though it temporarily affected the programme, the fact that these people get jobs and became self-reliant should be encouraged. .

Lessons Learned:

During the implementation of the project, the implementers as well as other stakeholders learned the following lessons:

- Working in collaboration and close cooperation with the different stakeholders, including the Woreda and Kebele administrations and health officials, community and religious leaders, youth and women associations, *Iddirs*, partner NGOs, etc. can bring about successful and sustainable results.
- Transparency and clear information dissemination about the objectives of the project and the use of RH/FP education helps to bring about the desired results.
- Attitudes of people can gradually change through continuous education and conviction that change is possible in every regard.
- Working with communities at the grassroots level starting from problem identification and going through prioritization of identified problems, joint planning and implementation will bring about sustainable results and can instill a feeling of ownership of the project activities among the community.
- Such activities as drama and music show, story telling, sports competitions, etc. are very effective tools to attract adolescents and youths and motivate their participation, while at the same time educating and inspiring them to bring about changes in their lives. Moreover, it was learned that implementation of IEC/BCC activities at different outlets, including market places (particularly on market days), at outreach sites, village schools and during sporting events have proved to be very cost-effective methods of information dissemination and reaching a wide range of people.
- Networking and collaborating with NGOs undertaking similar activities would enable the sharing of experiences and resources, learning about their good practices, avoiding duplication of efforts, and sharing information about standardized working methods.
- The fact that HIV/AIDS is becoming not only a serious health hazard but also an economic and political issue (development issue) calls attention to the need to integrate HIV/AIDS with other development efforts.

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Sustainability of the project activities:

On the basis of information gathered from the beneficiaries, the community, *kebele* officials and community elders, as well as other stakeholders, during the evaluation carried out by the end of the project period, it was found out that neither the community nor the government health institutions were in a position to takeover the project activities when the project period would end up. The main reasons for this were:

- a) Members of the community are so impoverished and destitute that they can only focus on the basic needs for their livelihoods (food, clothing and shelter).
- b) The necessary technical staff to manage the project is not available. The CBRHAs, which are commonly considered as the backbone of any community-based project, have not been trained in adequate numbers, and the few that had been trained may leave the project for better paying jobs.
- c) The great majority of the community members have yet to be reached with the necessary information on the need and importance of FP and RH services, as well as with information on the transmission and prevention of HIV/AIDS.
- d) The project has to be replicated in other areas so that more members of the community will benefit from similar programmes.

Evaluation results:

The project was evaluated by the end of the project period. The results of the evaluation showed that, by the end of the project period, the IE/BCC interventions and RH services provided to the target population have brought about behavioral changes among the targeted groups in the community. The evaluation results further showed that the project inputs and activities have substantially contributed to a reduced family size and decreased morbidity and mortality rates, whereas ANC and PNC care and attended delivery had greatly increased. The evaluators rated the actual achievements of the project as highly satisfactory.

Indicators of the positive impacts brought about by the project and included in the evaluation reports are:

- Increased FP service beneficiaries and condom users. This result was taken as an indicator of reduction in cultural resistance (change of behaviors) towards RH/FP;
- Participation of women clients in mobilizing other women to volunteer for FP methods;
- Increased demand for voluntary counseling and testing (VCT) for HIV/AIDS;
- Openness of PLWHAs to declare their condition to the public.
- Establishment of some new youth groups/clubs for peer education;
- Among the targeted communities, knowledge of contraceptive methods have increased from 30.3% to 51.9%; basic awareness about HIV/AIDS and common STIs has reached 100%; MCH service utilization has increased from 33% to 41%; and HIV/AIDS prevalence rate has decreased from 10.2% to 8.1%.

It was further shown in the evaluation reports that members of the communities highly appreciated the positive contributions of the project towards the improvement of the health services and health education as well as the creation of awareness on FP/FP and HIV/AIDS. The beneficiaries are highly convinced about the benefits of the services and are expecting the project to continue.



The evaluation report further showed that the cooperation and relationship with all stakeholders and the involvement and activities of the Project Advisory Committee (PAC) to pave the way for eventual take over of the project by the community when the project phases out was very much commendable.

Despite the commendable achievements of the project, it was reported that neither the community nor the government health institutions were in a position to take over the project, and this would throw the sustainability of the project activities into doubt.



4.5 Ethiopian Gemini Trust (EGT)

Project Title: Addressing HIV/AIDS through Community-Based Reproductive Health

Project period: January 2002- December 2004.

Main areas of intervention: Provision of a full mix of family planning methods, IEC/BCC on RH issues including HIV/AIDS and STI.

Other Areas of involvement: Treatment for STIs.

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Background of the organization:

The Ethiopia Gemini Trust (EGT) is an indigenous non-governmental organization established to assist very poor families with twins or triplets living in Addis Ababa. Starting with its establishment, Gemini was working with some of the poorest families in Addis Ababa. In this regard, Gemini presents itself as a caring community that inspires a sense of “community ownership” among its beneficiaries and stakeholders, and works as a dynamic organization with programmes that are at the cutting edge of development.

The Ethiopian Gemini Trust seeks to address urban poverty in Ethiopia through support and advocacy on issues affecting the poor, but especially women, youth and children. It also seeks to promote a positive image of the young people of Ethiopia by means of demonstrating their positive potential to promote people-centered development thorough the creative arts.

One of the most exciting aspects of Gemini’s work is how, through its innovative programmes, particularly in the field of the creative arts, it builds upon all of its resources exponentially in order to try to devise new ways of making a real impact on peoples’ lives. Several evidences have shown that the investment the organization made in the past few years on the youth programme has created a real potential for making a difference not only in the way the poor are viewed but also in the way that they themselves can take their personal and collective development into their own hands. Gemini is poised to use these resources in a much wider sphere - nationally in Ethiopia as well as internationally.

Background of the project/Problems the project aims to solve:

Ethiopia is characterized by a heavy burden of human and economic problems. Overwhelming poverty, cyclical droughts, recurrent war/conflict, low agricultural production, inconvenient societal attitudes and lack of a conducive operating environment have all contributed towards some of the lowest

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demographic and health indicators in the world. High levels of malnutrition and food insecurity, crippling debts (accumulated at both national and household levels), severe economic degradation and a rate of population growth exceeding real economic growth pose major development challenges to the country.

National statistics indicate an under-5 mortality rate of 188/1000 live births, an infant mortality rate of 113/1,000 live births, life expectancy of 43 years, total fertility rate of 5.9%, population growth of 2.9%, maternal mortality of 871/1000,000 live births and a total adult literacy rate of 33%. Government figures for primary school enrolment were 41.8% in 1997/98. Sixty-two percent of men and 77% of women have no education. In 1998, the per capita gross national product (GNP) was estimated at \$110, with an economic growth rate of 2%. A recent review of Ethiopia's economic performance over the past 10 years indicates an overall decline in production and an even further decline in per capita income due to high population growth and rising inflation. Overall, the level of GDP has decreased by 4% over the period between 1987 and 1992. Levels of savings and investment have also declined by 66.5% and 38%, respectively, during the same period.

The developmental challenges that confront the government and the country's population in general, and the intertwining of the HIV/AIDS epidemic and poverty in particular, necessitate that these issues be addressed in an integrated manner. Thus, to contribute to the national effort that is aimed at curbing the RH and HIV/AIDS-related problems that confronting mainly the country's poor, EGT designed an HIV/AIDS and RH project targeting women of childbearing age and the general public living in selected slum areas of Addis Ababa.

For the past 17 years Gemini has been a strong promoter of child spacing in the belief that women should have a choice and control over their reproductive life. Limiting family size is also always taken as an important component of poverty alleviation. In addition, for the past 9 years Gemini has been providing services directly at the community level with the full participation of community members, local administration and other key stakeholders, and taking a community-based reproductive health services as an approach of service delivery. This was particularly strengthened under the support of UNFPA/NORAD since 1999. This project, which extends from 2002-2004, was thus the continuation of the support Gemini has been providing to low-income families, focusing on destitute families with twins and triplets, residing in the most disadvantaged sections of the city, where the level of poverty is believed to be at its worst.

Geographical coverage of the project:

The project covers nine Kebles located three sub cities and of the Addis Ababa city administration. The sub cities and Kebles covered by the project includes:

Lideta Sub-City: Kebeles 07/14,12,11,04/06,15/16/17, 01/18, 02/03

Addis Ketema Sub City: Kebeles 10/11/12

Nifas Silk Lafto Sub City: Kebeles 09/14

Target population:

About 1,500 destitute families with twins and triplets residing in Addis Ababa and 8,000 members of such families are the direct beneficiaries of the project, whereas 184,681 people in the reproductive health category (15-49) residing in 10 Kebels located in 3-sub cities benefit through reproductive health programmes.

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Funding:

United Nations Populations Fund (UNFPA) through the support made available by the Norwegian Government provided the fund for the project. The total project budget is 687,740 Birr.

Overall objective:

The project was initiated with the overall objective of strengthening family planning services and establishing community-based family planning service outlets in selected areas of Addis Ababa. The project also aims to increase knowledge on sexually-transmitted diseases and HIV/AIDS prevention and control in order to promote behavior change.

Specific objectives

- To strengthen and maintain community-based family planning services.
- To expand the services.
- To create awareness on HIV/AIDS in the community.

Implementers of the project:

EGT, as the project holder, coordinates the overall project activities. However, the actual community-level interventions are carried out through a corps of 62 Community-Based Reproductive Health Agents working at the community level supported by the option of referral to the Gemini clinic. These activities are carried out in close collaboration with local government partners.

Scope of interventions/activities:

The major activities of the project include:

- Promotion of behavioral change on HIV/AIDS and RH through peer and group education programmes and preparation and distribution of IEC materials. In this regard, EGT focuses on using creative arts resources, such as gem TV, to disseminate HIV/AIDS and RH-related information.
- Ensuring that a full mix of family planning methods is available to the target communities.
- Build local capacity through training of CBRH agents.
- Provision of care and support, including home-based care for members of the Gemini family affected by HIV/AIDS.

Implementation strategies:

The major strategies employed during the project implementation include service delivery at the community level through CBRHAs, and with the full participation of the community members, the local administration and other key stakeholders, and linking the community-level intervention with that of the static integrated FP service at Gemini clinic and other higher RH service outlets through a well coordinated referral system.

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Major achievements of the project/programme:

The following are the major achievements of the project:

Specific outputs for the 2002 project period:

- The Community Based Reproductive Health Services were expanded to 5 new sites (catchment areas of Kebele 03, 04, 13, 34, 53). This brought the total outreach sites run by the project to 16.
- A full mix of family planning options were made available to clients.
- Modern contraceptive methods were distributed and counseling service was provided to 4,290 new and 12,209 repeat clients to generate 2,718 couple years of protection (CYPs).
- A total of 308,449 pieces of condom were distributed to the target population. Apart from condom distribution, the project played an active role in raising awareness on HIV/AIDS and condom usage as well as behavioral change.
- About 507 new and 1,606 repeat clients for injectable and 10 clients for intrauterine contraceptive device (IUCD) insertion who were referred by the CBRHAS working at the community level were handled by the referral clinic of Gemini. Moreover, a total of nine clients were referred to partner NGO clinics, such as Marie Stops and Family Guidance Association of Ethiopia for Norplant insertion and VSC.
- A total of 237 repeat clients, referred from the CBRHAs, received specialist care from a gynecologist for problems like infertility and gynecological and contraceptive-related problems. Among the clients who were treated for infertility problem, there were women that were able to give birth.
- Through 20,930 home visits and 437 group meetings a total of 114,623 people were provided with different RH/FP/HIV/AIDS information.
- Achievements made in the area of human capacity building showed that 15, 51 and 9 CBRHAs engaged in basic, refresher and supervisory skill training programs, respectively.
- A total of 10 CBRHAs and youths received a 5-day training on HIV/AIDS Home-Based Care provision.
- The trained CBRHAs and volunteer youths were also provided with the necessary package of equipment and supplies that helped them handle HIV/AIDS patients.
- About 80 youths representing two of the Gemini RH targeted areas received training on HIV/AIDS issues.
- Two youth HIV/AIDS clubs were established in two of the targeted kebeles.
- Three staff members of EGT participated in a three-day workshop on financial policies organized by UNFPA/NORAD at Nazareth.
- One community sensitization meeting was called, which was attended by the zonal and woreda

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administration health bureaus as well as governmental and non- governmental health workers.

Specific outputs for the 2003 interventions:

- Similar to the first year's intervention, a full mix of family planning methods was made available to the beneficiary communities throughout the year. Moreover, in this second year, active promotion of injectable contraceptives carried out.
- Gemini is particularly unique in its use of its own creative arts resources to provide information to communities. In this regard, Gem TV films were shown on a regular basis as people waited for services at the Gemini clinic.
- The achievements in the area of IEC/BCC on RH/HIV/AIDS showed that 55,997 people were informed about different RH and HIV/AIDS-related information through 21,407 home visits made by the CBRHAs. Similarly, the CBRHAs, in collaboration with the Gemini staff, managed to organize 213 meetings where a total of 7,265 people participated in discussions on several RH/FP and HIV/AIDS-related issues.
- Throughout the year, Gemini continued to collaborate with other NGO partners, such as DKT Ethiopia, Marie Stops International/Ethiopia, FGAE and ISAPSO, to share different resources, including modern family planning methods, condoms and IEC materials.
- The Community-Based Reproductive Health services were expanded by an additional four sites, bringing the total outreach sites run by the project to 25.
- About 4,475 new and 12,587 repeat clients benefited from the FP services, i.e. provision of modern contraceptive methods and counseling services.
- Of the 53 volunteer CBRHAs working with Gemini, seven dropped out for a variety of reasons.
- Towards the end of 2003, 20 more CBRHAs were trained to replace the missing CBRH agents and to cover the expanded services. Refresher courses were also given to 42 of the CBRH agents.
- Three of the project staff attended a National Training of Trainers workshop on Reproductive Health and Family Planning and Counseling organized by the Family Health Department of the Ministry of Health. Three more staff members also participated in the management and evaluation workshops organized by UNFPA/NORAD.
- One staff member also participated in the development of the CBRHA training manual, which was carried out with the Consortium of Reproductive Health Associations.
- About 107 youths selected from some schools in the project catchment areas were trained for five weeks in skills pertaining to Ethiopian/traditional and African contemporary dance as well as drama. The participants also received additional information on HIV/AIDS.
- A community sensitization workshop was conducted for a total of 33 participants, including community leaders and health desk personnel from the sub-cities and *kebeles* covered by the project. The workshop was conducted with the aim of familiarizing the participants with the CBRH services

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and the plan of action for the year. The problems of the project and the types of support it needed from its stakeholders were also discussed widely.

Specific outputs for the 2004 project interventions:

- The 2004 achievements in the area of FP users showed that a total of 6,260 new and 15,905 repeat clients benefited from the family planning services (counseling and contraceptive methods) to generate 3,669.7 couple years of protection.
- The performance of the project in the area of IEC/BCC on RH/HIV/AIDS showed that, through 26,596 home visits and 411 group meetings made by the CBRHAs, a total of 54,637 people were provided with different types RH and HIV/AIDS-related information.
- A total of 377,185 pieces of condom were distributed among the targeted beneficiaries.
- When it comes to training, 13 volunteers were trained as CBRH agents.

Specific outputs for the 2005 project interventions:

Similar to the previous three years (2002-2004), the activities of the project in 2005 focused on the provision of different mixes of family planning methods and IEC/BCC on RH/FP/HIV/AIDS to the beneficiaries and the building of the capacity of the project staff and CBRHAs. In this regard, the following achievements have been attained:

- Modern contraceptive methods were distributed, while counseling service was provided to 5,191 new and 15,413 repeat clients to generate 3,147 couple years of protection (CYPs).
- A total of 249,394 pieces of condom were distributed to the target population.
- In the area of IEC/BCC on RH/FP and HIV/AIDS, through a total of 26,190 home visits and 526 group meetings, a total of 55,630 people were reached with different types of RH/FP/HIV/AIDS information.

Specific outputs for the 2006 project interventions:

In 2006, UNFPA supported only the training component of the project. In this regard, reports have shown that, on two occasions, about 20 CBRHAs received basic training, while 59 received refresher training. 44 individuals were trained in peer-group facilitation skills, 2 health workers from EGT clinic received Norplant insertion training, and 42 individuals participated in community-sensitization training.

Key components of success:

The fact that the project made available a regular supply of a full mix of family planning methods to the beneficiary communities and was able to reach the most disadvantage and highly vulnerable sections of the community with RH and information services through home visits could be considered as the key component of the programme's success.

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Limitations of the project implementation/problems encountered:

- Delays in the release of funds on the part of the donor (UNPFA) were among the factors that impeded the smooth implementation of the project activities. The cancellation of most of the basic and refresher training programs, such as the CBRHAs refresher and supervisory skills training programs, the Norplant training program for nurses, the peer-educator training programme, and the community-sensitization programme planned to be carried out in 2004, and the extension of the project period for a further one year and half are some of the problems that could be cited as results of the delay in the release of funds. For example, the fund allocated for the year 2004 was received in the third quarter of 2005.
- Some of the community leaders failed to select volunteers from their catchment areas for the CBRHA training programme.
- Scarcity of time to conduct the planned training programmes.
- The shortage of Microgynon pills faced by the project on repeated occasions resulted in some of the clients having to interrupt taking the pills. Absence of the methods with local suppliers like DKT/Ethiopia further impeded EGT's attempt to purchase and distribute them in order to sustain the right of choice of pills for FP service clients.
- Local government reorganization, coupled with the late release of funds, led to significant delays in the renovation of the CBRHA sites.
- The repeated restructuring of the sub-cities and the *kebeles* by the Addis Ababa City Administration created instability among the community leaders, and this affected our programme in such a way that it was not possible to talk to them about strengthening and organizing CBRHA outreach services as well as the site. This condition also did not allow our CBRHAs to participate in the Community Health activities as members of the Health committees.
- Though much has been accomplished by the project, due to problems of poor reporting and absence of a formal evaluation, it was not possible to clearly identify the impacts of the project on the reproductive health and life of the target community.



Lessons Learned:

During the implementation of the project, it was learned that involving communities at the different stages of the project cycle and working in collaboration and close cooperation with the different stakeholders, including the *woreda* and *keble* administrations and health officials, community and religious leaders, volunteer women’s groups, etc., could bring about success in reaching the project targets. The voluntary work of CBRH agents in providing basic RH/FP/HIV/AIDS related information and distributing FP pills and condoms to the target communities could be sited as one of the areas many can learn lessons from in terms of how the voluntary activities of a community could contribute to the success of any project.

Sustainability of the project activities:

All the services supported by the project are provided to the community free of charge. And for this reason, none of the project activities could be sustained beyond the duration of the project period. Thus, it could be said that the project did not achieve much in ensuring the sustainability of the project activities.

Evaluation results:

The project activities were not formally evaluated. This was reported to be due to absence of budget allocated for the purpose.

4.6 Family Guidance Association of Ethiopia

Project Title: Combating HIV/AIDS; an Integrated Voluntary Counseling and Testing (VCT) Project
Project period: July 2002 to June 2005
Main areas of intervention: VCT, IEC/BCC on HIV/AIDS and condom promotion

Other Areas of involvement: Skills training for young people

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Background of the organization:

FGAE is an ingenious not-for-profit, non-governmental organization established in 1966 by few dedicated Ethiopians. Over the last three decades, the Association has attained excellence in the provision of quality family planning and reproductive health services in the country. It has spearheaded the promotion of family welfare by improving the availability and accessibility of family planning (FP) services among under-served population groups in urban, semi-urban and rural settings. Besides, in the last decade in particular, the association has demonstrated and proved the effectiveness of programmes that integrated SRH promotion and HIV prevention strategies. At present, FGAE is implementing 16 large-scale SRH projects in partnership with various international donors, the Ethiopian government and NGOs with the active involvement of the youth.

HIV/AIDS prevention is a crosscutting issue in all the projects being implemented by FGAE. So far, FGAE has been one of the key players in the prevention of HIV/AIDS through education and services geared towards improving sexual and reproductive health. The association has successfully implemented a number of large-scale projects designed to promote the sexual and reproductive health status of under-served populations, including out-of-school youth and commercial sex workers, among others. However, given the unchecked spread of AIDS, achievements to date attest that a lot remains to be done in this direction.

At present, the Association runs seven Branch Offices across the country. It has a long-established institutional framework that makes effective programme implementation possible. At present, the Association runs 18 SRH clinics, 24 multi-service youth centers, over 700 community-based service centers and 210 outreach sites across the country. Geographically speaking, FGAE operates in six regions, namely, Amhara, Oromiya, SNNPR, Tigray, Harari and Somali Regions as well as in Addis Ababa City Administration and Dire Dawa administrative council.

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Background of the project/ Problems the project aims to solve:

Available evidences show that knowledge on the modes of transmission HIV/AIDS and ways of avoiding risks of infection is very high in Ethiopia. As much as 93.6% of urban and 67.5% of rural women believe that there is a way to avoid contracting AIDS (DHS, 2001). Moreover, both in-and-out-of-school youth have some knowledge on the modes of transmission and the way to keep away from the virus. Condom use level is still very low among sexually-active youth. The incidence of teenage pregnancy, unsafe abortion and STI/HIV infection is growing unchecked. Young people in the age-group of 15 to 24 account for the highest reported rates of STIs. Needless to say, the link between STIs and HIV is well documented.

Targeting young people offers a compelling opportunity to intervene early, before risk-taking behavior takes root. Because, investing on young people ripen the returns over the whole span of reproductive years.

Reversing the agonies resulting from the health, economic and social impact of HIV/AIDS requires a multifaceted approach that responds to the problem in a holistic manner. With the intention to contribute a part to the national response to the epidemic, FGAE works to expand HIV-prevention services through a network of clinical and community-based approaches. This project was therefore designed to prevent further expansion of the virus through the provision of a sustained STI/HIV/AIDS education, voluntary counseling and HIV testing (VCT) services and condom promotion. Apart from contributing to the national HIV/AIDS prevention and control effort, the project aimed at providing skill training for young people vulnerable to the risk of HIV infection by establishing strong networking with institutions that provide care and support to persons living with the virus (PLWHA) in Nazareth, Awassa, Yirgalem and Assela towns.

Geographical coverage of the project:

The project areas are located in Zeway and Assela towns of the Oromia region and Yirgalem town of the Southern region.

Target population:

The project was specifically aimed at benefiting certain target groups, including young people and men and women residing in selected urban areas where the project operates. The target population in Yirgalem and Assela towns were young clients as well as YP, including venerable women and men, while young adults in the youth-age category of 10-24 yrs primarily were the target of the project in Zeway. From the three project sites, a total of 400,500 people were targeted by the project, out of which 85,800 were reported to be in the youth-age category.

Funding:

United Nations Population Fund (UNFPA) funded the project through the support made available from the Norwegian Government (NORAD). The total budget of the project was 4,050,164 Birr.

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Overall objective:

The overall objective of the project was to improve access to youth-friendly services, with primary focus on Voluntary Counseling and Testing (VCT), with a view to enhancing HIV/AIDS prevention among young people living in the project area (both in urban and rural settings).

Specific objectives:

- To create supportive social environment for persons living with HIV/AIDS by imparting knowledge on HIV/AIDS to 127,400 young people, women and men;
- To diagnose and treat 27,460 young people exposed to sexually-transmitted and other opportunistic infections;
- To provide voluntary counseling and HIV testing services for 8,844 young people, women and men;
- To facilitate the provision of care and support to 890 PLWHA by networking with other institutions working in the area;
- To provide skill training to 30 HIV-positive young people; and,
- To build the institutional capacity of the youth centers and community-based schemes of the project.

The Project Implementers:

Family Guidance Association of Ethiopia was the direct implementer of the project. However, FGAE established a referral network with major stakeholders, including GOs, NGOs, private institutions and civic organizations, to solicit wider options for care and support to young people tested HIV+ and those who developed AIDS. Accordingly, during the project period, FGAE worked with various, key stakeholders, including the National and Regional HIV/AIDS Secretariat Councils, regional and zonal departments of health, regional and zonal departments of education, religious institutions, community leaders, youth and women's associations, NGOs working in the area of HIV/AIDS prevention and control, particularly in the area of care and support for persons living with the virus.

Scope of interventions/activities:**Major activities**

The major service components included the provision of intensive information, education, and counseling, behavior communication and change (IEC/BCC) through edutainment; VCT, STIs diagnosis and treatment; expanding availability of access to condoms; diagnosis and treatment of minor opportunistic infections and referral for care and support for the affected people. More specifically,

- Disseminate HIV/AIDS-related information, using the most appropriate channels, and distributing IEC/BCC materials to the target population.
- Provide a comprehensive STI treatment service to young people, using syndromic management of STIs as a service delivery strategy.
- Provide opportunistic infection treatment and care and support for PLWHAs by strengthening referral network with health facilities and other agencies involved in care and support for PLWHAs.
- Provide a comprehensive VCT service for young people.
- Provide skill training for young people who are vulnerable to HIV/AIDS.
- Provide training to peer-service providers to disseminate IEC and promote condom distribution.
- Train home based care agents to serve bed-ridden patients.

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- Build the institutional capacity of youth centers and community-based schemes.

Implementation strategies:

The major components of the implementation strategy followed by FGAE included edutainment, peer education through home-visits, counseling to enhance risk perception of clients and creating linkages of VCT with existing youth ARH or clinic SRH services, as well as ensuring the full involvement of the community in general, and young people in particular, at all levels of the project cycle, i.e. planning, monitoring and evaluation of the project activities. Hence, the service delivered by the project follows mutually reinforcing clinical and peer service delivery models.

The project primarily focused on HIV/AIDS prevention, targeting young people and adults for a sustained behavioral change. In this regard, young people who volunteered to serve as peer educators were provided with basic training on HIV/AIDS- related IEC/BCC, counseling, condom promotion and referral service. These young people served as educators and motivators to attract many young people to the youth centers. Apart from their involvement in service provision, the young people were involved in all aspects of the project implementation.

Though most of the IEC/BCC activities carried out by the project were implemented through the volunteer peer promoters and educators, trained health workers and counselors were responsible for the activities of the VCT centers as well as other clinical services, such as treatment for STIs and opportunistic infections.

Identifying the target population, participation of communities and vulnerable population groups, and gender balance:

The project sites are selected on the basis of a number of factors among which the major ones were: potential population size to be served; magnitude of the problems; lack of alternative options for VCT services; and availability of FGAE facilities in and adjacent to the selected project sites.

Situated on the Ethio-Djibouti Railway route about 99 Kms east of Addis Ababa, Nazareth is one of the fast growing urban centers in Ethiopia, while Awassa is the largest urban center in southern Ethiopia. These two towns are among the major commercial centers in central and southern Ethiopia, respectively. Due to their strategic location on the cross roads from Addis Ababa to Djibouti and Kenya, respectively, evidences show that these towns are highly affected by the growing incidence of social ills, such as drug addiction, alcoholism, commercial sex work and street life. Rural-to-urban migration significantly contributes to the rapid rate of population growth in the towns. Yirgalem is the second largest commercial center in SNNP Region. Assela is also one of the under-served towns in the area of HIV/AIDS prevention and care.

Dynamic trade routes and the abundance of cash crops reinforce multiple sexual contact as well as young prostitution. Rural-to-urban migration also contributes to the problem. The incidence of HIV infection is growing fast in these towns. A sero-prevalence survey conducted among sex workers in Ethiopia (1998-1999) shows that Nazareth is one of the urban centers most hit by the HIV pandemic. According to the 2000 Federal MOH report, sero-positivity among female sex workers rose by more than 300 percent in a three-year period alone. The same source revealed that 11.5 percent of pregnant women in Awassa were found to be HIV positive. A number of factors, including the prevalence of abject poverty, ignorance and lack of target-oriented SRH education and services, have further complicated the problem. The death toll

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due to HIV/AIDS is disproportionately high among adolescents and youths in the project area.

Major achievements of the project/programme:

The following are the major achievements of the project.

October 2002 to December 2003:

- An initial planning workshop, where all stakeholders from FGAE were participated and which focused on creating a common understanding among implementers and programme personnel was conducted in October 2002.
- Following the initial planning workshop, project in-house discussions focusing on sensitizing the staff about project objectives and implementation steps were conducted by branch offices responsible for the specific project activities.
- As part of staff-capacity building efforts, nurse counselors, laboratory technicians and other pertinent clinical staff received various training courses at different times. The nurse counselors attended the training courses given on counseling in the areas of VCT, antiretroviral drugs and networking, COPE, and post-abortion care.
- Drugs, medical equipment and reagents, including equipment, drugs, refrigerators, blood centrifuge, micropipettes, test kits and other required materials for the provision of VCT services and STI diagnosis and treatment in the three service outlets, were distributed to project sites.
- Six health workers, drawn from the project areas, received training on syndromic management of STIs.
- Three nurse participants, who came from UNFPA supported project sites, received a two-week training on HIV/AIDS counseling service delivery.
- A Laboratory technician working at Yirgalem Clinic attended a two-week HIV-testing training organized by the Southern Ethiopia Regional Health Bureau. Meanwhile, the two laboratory technicians working in Ziway and Assela clinics received a three-day on- the-job training organized by the Central Branch Office of FGAE at the Nazareth Model SRH Clinic.
- The various branches of FGAE conducted a one-day sensitization seminar for the different stakeholders, including officials of the local administration, religious leaders, and representatives of women and youth associations, NGOs and different GOs in Asela, Ziway and Yirgalem. The objective of the sensitization seminar was to introduce the project goals, objectives, and targets. The event served as an entry point for soliciting sustainable community support. A total of 126 participants attended the seminar in all the three sites.
- A consultative meeting on referral and networking was held with organizations working in the area of economic and social support service for PLWHAs. In each project site a one-day meeting was conducted with a total of 106 participants drawn from government, NGOs, faith-based organizations and social organizations (such as *Iddir*).
- As part of the mobilization of youth peer-service providers and members of Anti-AIDS Clubs, a day-long sensitization workshop was conducted in Yirgalem, Assela and Zeway. About 156 youth

participants (anti-AIDS club members, peer-service providers /PSPs/, and in-school and out-of-school youth) attended the seminar.

- The project has managed to reach 38,595 youths, men, and women with STI/HIV/AIDS messages through a variety of mutually reinforcing educational programmes, including discussion forums, panel discussion sessions, home visits, entertainment programmes, individual contact and distribution of printed IEC materials.
- The VCT service was initiated in Yirgalem and Ziway in March 2003 and in April 2003 at Assela clinic. During the first year of the project a total of 1,414 clients received VCT services, out of which 140 (9.9%) tested positive for HIV.
- STI diagnosis and treatment was provided to a total number of 288 clients in all the three sites. Reports showed that the number of females who visited the health facilities for STI treatment was much higher than that of male clients (222 females vs 99 males).
- Various entertaining activities were initiated in the project sites as an entry point for attracting young people, and the community in general, to the educational and VCT services of the project. To this end, the project staff and peer-service providers presented educational film shows, music and drama to the community.
- Starting with the inception of the project, a number of activities had been undertaken to build a sustained partnership with various government agencies, non-governmental and faith-based organizations operating in the project areas. Zonal, *woreda* and *kebele* administrative structures and town administrative bodies had an important input in mobilizing the community. The project also established good partnership with health centers, hospitals, and volunteers, including anti-AIDS clubs as well as other NGOs working in the area of STI/HIV/AIDS-prevention programmes.
- A one-day introductory workshop was conducted in Ziway and Assela. The objective of the workshop was to introduce project objectives and solicit community support. Participants of the workshop were drawn from local administration, influential people, religious leaders, women and youth association representatives, pertinent GO's and NGOs and private clinics. A total of 72 participants attended the community-sensitization workshop.
- Both the project staff and 20 volunteer home-based care providers disseminated HIV/AIDS and VCT focused information and education to the target population. A total of 36,769 people (19,804 from Zeway and 16,965 from Assela) were reached with different HIV/AIDS messages. The information and education activities were mainly carried out through group and individual education programmes, drama shows and home visits.
- Refresher training was organized for VCT counselors working at the VCT center of the association. The training lasted from November 3 to 7, 2003 at Nazareth. 19thVCT counselors attended the training, three of which came from UNFPA-supported project sites.
- Three VCT counselors from the three project sites received refresher training mainly focusing on how to fill the gaps identified during supervision and focus group discussions. The training emphasized highly active anti-retroviral therapy, PMTCT, ART drug addiction counseling and referral networking strategy.

- A total of 30 home-based care agents, selected Assela, Ziway and Yirgalem, received a week-long counselling and home-based care training. The main objective of the training was to enhance the knowledge of home-based caregivers in the provision of care and support services to AIDS patients.
- During the reporting period, STI diagnosis and treatment services, including the diagnosis and treatment of vaginal and urethral discharge, genital ulcer, scrotal swelling, were provided to 475 clients in all the three sites. This includes: 198 clients (F 138; M 60) in Ziway; 119 (F 105; M 14) in Assela; and 158 (F 86; M72) in Yirgalem clinics.
- A total of 27,852 condoms were distributed to beneficiaries in the three project sites.
- About 8,579 youths received recreational and library services at the youth centers.
- During the reporting period, the Southern Branch Office conducted a one-day sensitization seminar on how to strengthen referral network in Yirgalem town. About 61 youth participants (anti-AIDS club members, peer-service providers /PSPs/, and in-school and out-of-school youth) attended the seminar.
- About 43,771 young people (16,965 in Assela, 19,804 Ziway and 7,002 in Yirgalm) were reached with SRH/HIV messages. The IEC activity was mainly carried out through group and individual educational programmes, drama shows and home visits.
- A total of 50 PLWHAs and 20 home-based care agents from Assela, Ziway and Yirgalem attended coping orientation programmes. The purpose of the training was to orient the HIV-positive person on how to positively and peacefully live with the virus.
- About 20 vulnerable youths selected from the different sites attended skill training programmes/sessions?.

In 2004:

- During the project period, a total of six nurse counselors (three of them paid for from other projects), three laboratory technicians, three registry clerks, and 42 volunteer peer-service providers were engaged in the implementation of project activities. In addition, 30 volunteers were actively working in home-based care activities.
- The project used various outlets and approaches, including SRH clinics, outreaches and regularly-organized awareness-raising programmes to disseminate HIV-related information to the intended targets. Major strategies included group discussions, meetings, home visits, coffee ceremonies and individual IEC sessions. Trained peer educators, home-based caregivers and girls' club members made contacts with 51,290 persons (33,339 females and 17,951 males) through the dissemination of STIs/HIV/AIDS/HTP-related messages.
- A total of 32,438 different IEC materials were distributed to adolescents and youths living in the project sites and adjacent *woredas*.
- Three VCT counselors received refresher training.
- Laboratory technicians received a five-day refresher training.

- About 3,679 clients received VCT services. Almost half (1830) of the clients voluntarily counseled and tested were women. The age distribution of the clients indicated that 60.9% (2244) were in the age category of 10 to 24 years, while 38.5 % (1418) were 30 and above. 9.2% of all the tested clients were found to be HIV positive.
- STI Syndromic Management Training was provided to 17 participants (11 females, 6 males) drawn from the seven Branch Clinics.
- In all project sites a total of 813 clients (242 males and 671 females) were counseled and treated for STIs.
- The project distributed 69,663 pieces of male condoms to protect young people from STIs/HIV/AIDS as well as prevent unwanted pregnancies in their female partners.
- About 598 PLWHAs get care, support and referral services from the organization.
- In all project sites 783 PLWHAs (384 males and 399 females) received services related with diagnosis and treatment of opportunistic infections.
- About 1,950 clients who are in need of social support services were referred to other organizations providing the same services.
- 137 clients (41 males & 96 females) who were tested positive for HIV received coping orientation training. The purpose of the training was to orient HIV/AIDS positive persons on how to live with the virus positively and peacefully.

In 2005:

The following achievements have been registered for 2005.

- About 41,907 persons were reached with different HIV/AIDS-related messages, 4954 clients received VCT services, 828 people were treated for STIs and 168,380 pieces of condom were distributed. Similarly, the achievements in the areas of care and support showed that 136 PLWHAs were treated for opportunistic infection, 134 received home-based care and about 152 were provided with coping orientation.
- The project's performance in the area of training showed that about 10 home-based care givers received training, 28 service providers attended refresher training and 60 girls received assertiveness training.

Components of the intervention that could be taken as good practice:

- Education and follow-up counseling of vulnerable groups, including PLWHAs, through home visits was found to be the most effective way to address those sections of the society in need of psychosocial support.
- The use of edutainment and peer-education approaches as entry point to inform project beneficiaries on the risks and ways of preventing HIV/AIDS and availability of VCT facilities was found to be

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a key strategy that helped motivate clients to break the silence about the pandemic.

Limitations of the project implementation:

The capacity of both government agencies and non-governmental organizations working on care and support in the project areas was extremely limited for them to be able to address the various and continuing needs of PLWHAs for care and support. The problem was expected to be more serious, as the number of people tested positive and in need of support increased.

Due to an ever-increasing need for services, the staff of the project, including the peer educators, was reported to have been overload with work, which had a negative effect on their effectiveness in accomplishing their routine tasks.

Lessons Learned:

During the process of the project implementation the project implementers as well as stakeholders learned the following lessons:

- Integrated VCT facility with other components of SRH services rendered by FGAE enhanced a smooth, comfortable and highly confidential sero-status testing for clients.
- In the youth-friendly facilities, such as those at Zeway, there was a large client-flow of adult community members coming even from places as far away as 100 Kms to learn about their sero-status. The clients' preference for the service outlets could be taken as an indication of the quality of the services rendered at the facilities.

Sustainability of the project activities:

Some efforts had been made by the project holders to ensure the project activities would be sustained after the project period ended. In this regard, a workshop on project sustainability was conducted at Assesla and Zeway for representatives of local government officials, health bureaus, *woreda* HAPCOs, NGOs, *Iddir* committee members, partners, youth representatives and other relevant stakeholders. During the workshop, components of the project's sustainability, strategies, the role of partners in sustaining the project activities, issues of ART and other related topics were thoroughly discussed. A sustainability committee comprising the town administrations, health bureau's, HAPCOs, *Iddirs*, Women's Affairs and Youth and Sports offices, and NGO representatives was established to look into ways of sustaining most of the project activities. FGAE is also looking for additional funding from other donors to sustain the activities initiated by the project.

Evaluation result:

No formal project evaluation was carried out by the end of the project period.

4.7 Integrated Service for AIDS Prevention and Support Organization (ISAPSO)

Project Title: Addis-Moyale and Addis-Borena Transport Routes Integrated HIV/AIDS Prevention Project.

Project period: January 2003 to June 2006.

Main Topic Area: HIV/AIDS/STI Prevention and Control

Other Topic Areas: Orphan Care among communities residing in Dilla town.

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Background of the organization:

Integrated Service for AIDS Prevention and Support Organization (ISAPSO) is one of the local NGOs engaged in the areas of HIV prevention, education, care and support.

The contribution of the organizations to the different HIV/AIDS prevention and control initiatives in the country, including the various activities implemented while addressing the general public, the informal sector, disadvantaged women and sectors like education and transport, would put ISAPSO among the pioneers of local NGOs working on HIV/AIDS. During the eight years since its establishment, the organization expanded both in terms of the geographic area it covered and the number of people it served.

The project under consideration, which is entitled “Integrated HIV/AIDS/STIs prevention in Dilla Teachers Education and Health Science College and Orphan Care in Kebele 03 of Dilla town,” is among the many projects carried out by ISAPSO.

Background of the project/Problems the project aims to solve:

The project mainly tried to address the social and economic impact HIV/AIDS has on the country, particularly on the transport sector and trained manpower. In this regard, the project focused on those segments of the society that are at risk of HIV infection due to the nature of their work (transport workers, their assistants and commercial sex workers), because of their age (in- and out-of-school youth) and AIDS orphans who have become exposed to the socio-economic impacts of HIV/AIDS.

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Transport workers, particularly drivers of long distance trucks and transport vehicles, and their assistants are reported to be not only among the high-risk groups likely to be infected with HIV but they are also characterized as hard-to-reach in terms of benefiting from HIV/AIDS-related services, precisely because of the highly mobile nature their profession. The project targets this group in along with commercial sex workers who, by the nature of their work, are highly exposed to the risks of HIV/AIDS and STIs, and working as they are in small and big towns located along the Addis-Moyale and Addis-Borena transport routes.

Youths account for 24% of the Ethiopian population, and this section of the population is found to be the prime victim of HIV/AIDS and its adverse consequences. The need, therefore, to protect this section of the society from the effects of HIV/AIDS pandemic has become a national imperative. Thus, the project focused on different HIV/AIDS prevention and control activities among the general youth community living along the transport routes traversing the large area where the project is operating, and among students of Dilla College of Health Sciences and Teacher Education.

Apart from the truck drivers and their assistants, the project gives attention to commercial sex workers and youths who are believed to be at a high risk of HIV infection. Addressing the socio-economic and psychosocial needs of AIDS orphans in *Kebele* 03 of Dilla town is the other area given due emphasis by the project.

Geographical coverage of the project:

Awassa, Dilla, Aletawondo, Arsi Negele, Hagermariam, Yirgacheife, Yabelo, Kebre Mengist, Negele Borena, Moyale are the ten small and big towns along the Addis-Moyale and Addis- Borena routes targeted by the project.

Target population:

The project targeted 2500 drivers, 2000 college students, 40 orphans and over 250,000-community members in cities and towns along the long route.

Funding:

United Nations Populations Fund made available the funding for the project through the support obtained from the Norwegian Government.

The total project cost, which is Birr 1,729,143.20, was made available by UNFPA/NORAD, out of which Birr 1,222,786.63 (70.7%) was allocated for the component of the project that addresses transport workers and communities along the route, whereas Birr 506,356.62 (29.3%) was allocated for orphan care and HIV/AIDS prevention and control activities carried out at Dilla College.

Objectives:

The objectives of the project were:

To raise the level of awareness/knowledge of the target group about HIV/AIDS /STI and, thereby, promote the practice of safer sexual behavior.

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To provide psychosocial and economic support to orphans and enable them to enjoy the benefits of formal education

Implementers of the project:

ISAPSO and other major stakeholders, such as the Road Transport Authority, HIV/AIDS prevention and control offices of Oromia and Southern Regions, and HIV/AIDS prevention and control offices of the *woredas* located along the Addis Ababa-Moyale and Addis Ababa- Borena routes, members of the Anti-AIDS clubs and the staff and management of Dilla College, are the key stakeholders of the project.

Scope of interventions/activities:

The major activities of the project include:

- Sensitization of people in leadership positions about the project activities;
- Training of peer educators;
- Establishment of HIV/AIDS information centers;
- Formation and strengthening of Anti-AIDS clubs in Dilla College of Health Sciences and Teacher Education;
- Training of Health Workers in counseling;
- Production and distribution of IEC materials;
- Condom promotion and distribution; and
- Monitoring and evaluation.

Implementation strategies:

The following strategies were followed in the project implementation:

- Sensitizing managers/officials to enlist their support to Anti-AIDS movements in their respective organizations.
- Using multi-media approach to reach a wider audience.
- Reaching a large number of stakeholders/beneficiaries through the development and distribution of IEC materials on HIV/AIDS/STIs.
- Promotion and distribution of condoms.
- Using the talents and wisdoms of the community in the fight against HIV/AIDS/STDs.
- Developing long-term plans that include a phase-out strategy to ensure project sustainability.
- Regular monitoring and evaluation.
- Promoting the role of Anti-AIDS clubs through technical guidance and material support.
- Networking with concerned organizations.

Identifying the Target Population, participation of communities and vulnerable populations, and gender balance:

The project beneficiaries and other stakeholders, including officials from district and town administrations covered by the project, were involved at all levels of the project cycle, including planning; implementation, monitoring and evaluation of the project activities. At the commencement of the project, beneficiaries, including representatives of communities and the different project stakeholders, identified the problems and set priorities and strategies. The involvement of the community in the selection of the programme

beneficiaries was reflected during the selection of the orphans that benefited from the project. In this regard, a joint committee made up of representatives from the local kebele leaders, *idir* leaders, the Plan and Economy Offices of the Woreda's and ISAPSO spearheaded the selection process.

Furthermore, during the project period, the stakeholders contributed by helping improve] the working environment, including identifying and allocating sites for AIDS information centers and collaborating in the selection of volunteers for the different training programmes. They also commented on the project performance, and gave their feedback on the way they preferred some activities to be performed.

ISAPSO took into account the gender dimension of the project in all aspects. To this end, efforts were made to strike a balance in the gender component of the project as it relates both to the implementers and beneficiaries. For example, equal numbers of male and female orphans were made to benefit from the project. In Dilla College, to take another example, a significant number of the peer educators were females. Though, in the case of truck drivers and their assistants, virtually all of them were males, other components of the project benefited female sex workers.

Apart from the focus [the project gave] to gender equality, maximum effort was made to address the highly vulnerable and hard-to-reach section of the community (drivers and their assistants) and the disadvantaged sections, i.e. female sex workers and orphans.

Major achievement of the project/programme:

- Since its inception in 2003, the project benefited 3,789 drivers and their assistants, 2348 college students and teachers, 40 orphans and an estimated population of 3.5 million people through the provision of different HIV/AIDS information and services.
- Seven HIV/AIDS information centers were established, so as to provide for information dissemination and condom distribution outlets, in localities along the cited transport route, including Arsi Negele, Awassa, Dilla, Hagera Mariam, Yabello, Aleta Wondo and Kibre Mengist. Volunteers selected from youth Anti-AIDS clubs and youth associations located in the various areas and trained as peer-educators ran these centers. The fact that the centers were situated in convenient localities enabled the project to reach bus drivers, passengers, terminal workers, bystanders and the rest of the community with different HIV/AIDS messages.
- A total of 20,300 different types of reading materials, including bi-annual magazines, brochures, newsletters, leaflets and other assorted IEC materials prepared in Amharic and Oromiffa were distributed at different outlets, including HIV information centers, through peer-educators.
- The production and distribution of campaign items with different HIV/AIDS messages [was] the other area of achievement. In this regard, 6 billboards, 1133 stickers, 190 T-Shirts, 11 models of the male genital organ and 3 audio equipment pieces (e.g. megaphones and tapes) were procured and distributed among target groups in Yirgacheifie and Negele Borena.
- Peer education, counseling services, home visits, seminars, workshops, discussions forums in Anti AIDS clubs, billboards, drama, songs, sports competitions and mass events like world AIDS day celebration were the information delivery mechanisms used by the project.
- The training component of the project was uniquely devised to equip peer educators, counselors and other stakeholders with the appropriate techniques of disseminating information about HIV/AIDS. The following training programmes were run for different groups.

- A total of 57 managers/administrators representing different, government sector offices, CBOs and others participated in a half-day sensitization seminar.
- One hundred eleven peer-educators selected from the different project sites, including the Dilla College Anti-AIDS Club, participated in peer-educators' orientation programmes that lasted from two to three days.
- A total of 12 health workers selected from public health facilities located at the seven project sites participated in a counselors' training programme that lasted for about ten days.
- Forty orphans, selected from Dilla, received financial, material and psychosocial support. The material support included: provision of bedding items, such as blankets and mattresses; school uniforms and shoes; educational materials; and payment of school fees, whereas their guardians received 50 Birr a month, for about three years, as economic support. A three-man committee, consisting of people from among the Kebele administration, guardians and the staff of ISAPSO, closely followed upon the well-being of the children and provided the necessary psychosocial support the children needed.
- As part of the phase-out strategy, and to ensure continued support [for] the orphans after the project closes shop, an income-generation scheme was initiated. In this regard, beneficiaries were trained in business skills; a communal vegetable garden was set up, whereby each guardian of the orphans could cultivate a plot allotted for the family and generate the income necessary for providing continued support to the orphans after the project phases out. Each guardian was also made to receive small amount of money on monthly bases from the 30,000 Birr seed money deposited in the name of the orphans.
- A total of 64,000 condoms were distributed to the target groups in all the project sites.
- By the end of the project period a sustainability workshop was conducted, in which concerned stakeholders from the transport sector, representatives of HIV/AIDS prevention and control offices from the project areas and the regions, municipal and town administrative personnel, etc. participated.

Key components of success:

The project addressed the most vulnerable and needy sections of the community. The organization in question also helped develop the local capacity and made sure that all stakeholders were involved in every phase and aspect of the project. The fact that the project worked on and realized a good phase-out strategy helped to sustain the key components of the project, such as the AIDS information center and the orphan-care programme, after the project phased out.

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Case Studies:

Case Study 1:

“My grandchildren were 8 and 9 years old when their parents died. Their parents were poor and left nothing behind that could help me raise the children. At the time when I was in dire need of support, the organization called ISAPSO came to my rescue. Immediately after being enrolled as beneficiaries, my grandchildren started to get 50 Birr a month. The organization has also given them beds, mattresses and pillows, as well as night cloths, including blankets and sheets. The children have also received all the educational materials they need, including books and stationery, as well as uniforms. The organization opened a savings account for us by directly depositing 500 Birr in the account. Now I am leading a better life. We are not hungry and my grandchildren go to school. The money in the bank, as well as the money which we will be generating from the sale of the vegetables which I am cultivating jointly with other guardians of orphan children, can sustain us for sometime after the project phases out.” *W/ro Dubalech Worku, Orphan caretaker and beneficiary of the Dilla Orphan Care Program run by ISAPSO*

Case Study 2:

All the material, technical and financial support our club gets from ISAPSO contributes a lot toward our efforts to contain HIV/AIDS among the College community. All our efforts are related to raising the awareness of students and the rest of the college community on HIV/AIDS and ensuring that students get free condoms. We reach our target groups with different HIV/AIDS messages using different mechanisms. Our club prepares a bi-annual magazine called *AFLA*, which deals with HIV/AIDS and other relevant information. We also coordinate and use different events, such as World AIDS Days, soccer tournaments, theaters, exhibitions, coffee ceremonies, etc., to disseminate relevant HIV/AIDS-related information among the campus community. At the beginning of each academic year we sensitize new students about campus life and HIV/AIDS. I would say that our collaborative efforts with ISAPSO have started to bring changes among our target groups. Students are well informed about HIV/AIDS, and those who started to have sex regularly take condoms from our club.” *Chairperson of the Anti AIDS Club of Dilla College*

Components of the interventions that could be taken as good practice:

Devising mechanisms to reach the most vulnerable and hard-to-reach groups with essential and continued information on HIV/AIDS is something that ISAPSO considers good practice. In this regard, the AIDS information centers established by the project and run by youth volunteers during the project period, later handed over to the local administration and still found to be functional after the project phased out, served a great deal to disseminate HIV/AIDS-related information to the hard-to-reach sections of the community.

The orphan-care component of the project from the outset considered community involvement and full ownership of the programme by the beneficiary families, the local administration and the local schools good practice by virtue of its participatory nature. It also ensured that the children got all-round support both for the duration of the project and after its phase-out and brought about remarkable change in the life and academic performance of the beneficiary children. This is something that need to be considered a practice worthy of replication in other areas.

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Limitations of the project implementation:

- High turnover of peer educators limited the smooth implementation of the project activities. The fact that the peer educators are volunteers getting only a small amount of transport allowance, which is less than 2 Birr per day, contributed to the problem.
- The local ethnic conflict that occurred in Moyale, and the changes in town plans in Kibre Mengist and Hagere Mariam, forced the AIDS information centers to shift locations.
- The high turnover of the woreda administration personnel and the associated loss of organizational memory contributed to the lack of momentum in the implementation of the project activities in certain areas.
- The initial delay in the purchase of the project car caused deferment in the monitoring of the project activities.

Lessons Learned:

- Disseminating HIV/AIDS-related information and distributing condoms via AIDS information centers in and around small towns and localities, where the high-risk groups were to be found, proved to be a very good strategy to reach the target population with the needed information and commodities. This convenient method is something that could be replicated in other areas.
- Planning and implementing a viable phase-out strategy from the very inception of the project, and ensuring that all stakeholders contributed to the sustainability of the project activities, is a good strategy other similar projects could learn from.
- From the outset, the project involved guardians of orphans in income generating schemes and ensured that the IG activities would get the support and follow-up of the major stakeholders both for the duration of the project and after its phase-out. This initiative is something that should be encouraged by others who are involved in implementing similar projects so as to ensure that the project beneficiaries get sustainable support from 'own' sources, thereby discouraging dependency syndrome.
- Sustaining the voluntary involvement of youths in the peer education programme and their continuous support for the AIDS information center activities requires the provision of the needed resources to the youth volunteers. This could be could come in the form of ensuring that the youth volunteers benefit from the training programmes, or other IG schemes that could supplement their livelihood needs after the phasing out of the project.
- The fact that the organization managed to implement the project activities with the full collaboration of the stakeholders and by encouraging volunteerism reduced its operational cost to less than 10% of the total project cost. This trend has ensured that a good proportion of the project fund reached the target group.

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Sustainability of the project activities:

- ISAPSO provided technical and material support to the beneficiaries and encouraged them to make their projects self-sustaining in the future. As a result, some centers are now striving hard to make their projects beneficiary-driven, self-sustaining and self-managed.
- As part of the sustainability strategy, ISAPSO worked very closely and cooperatively with the managements of the project-based organizations; conducted sensitization and experiences sharing seminars for the managers and officials of organizations on the imminent danger of HIV/AIDS both to their organizations and the workforce, with the aim of enlisting their full support in the relentless fight against the spread of the pandemic and its total elimination.
- The project follow-up was continued after the termination of the project, and to facilitate this, an agricultural expert was assigned by ISAPSO to provide technical support to the foster parents who are involved in backyard garden “urban agriculture” schemes at Dilla.
- ISAPSO Executive Director had visited the project sites twice after the project period ended and held partners' meetings to reviews the project sustainability efforts made by the partners.
- A field-level office at Dilla is still working and continues to distributing IEC/BCC materials to all sites

Evaluation results:

The two project components, i.e. Integrated HIV/AIDS/STIs Prevention Along the Addis- Moylae and Addis-Negele Borena transport routes and integrated HIV/ AIDS/STIs prevention in Dilla College of Health Sciences and Teachers’ Education and Dilla Orphan Care and Support Project, were evaluated in October and September 2006, respectively.

The evaluation result of the project component Integrated HIV/AIDS/STI Prevention Project, which focused mainly on transport workers, drivers and their assistants, and the communities living in and around the seven stop-over towns along the Addis-Moyale and Addis-Negelle Borena routes, has come up with the following findings and recommendations.

- The project stakeholders believe that the project has been successfully completed and evidences show that the goals set by ISAPSO with respect to the project indicators have been met successfully.
- The knowledge, attitudes and practices of the target groups and the communities at large about the means of HIV/AIDS transmission and modes of prevention are generally high.
- Condom use has increased among the beneficiaries of the project, particularly among commercial sex workers, the youth, transport-workers.
- The majority of stakeholders, partners and beneficiaries perceived the services offered by ISAPSO favorably. There is also a strong demand form the beneficiaries for the continuation of the project.
- The services rendered by information centers are also appreciated and accepted by the community. It is also the interest of all beneficiaries to see the services of the centers continue.
- Various target-oriented IEC materials have been produced and distributed to target groups in particular, and the community in general, through the information centers.

The evaluation results of the second component of the project, i.e. Integrated HIV/ AIDS/STI and

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Prevention at the Dilla College of Health Sciences and Teachers' Education and Dilla Orphan Care, further showed that:

- Students reached by the project have good knowledge about HIV/AIDS/STIs. The project succeeded in reaching the target groups with multiple sources of information (on the average students were reached with HIV/AIDS/STI-related information through six different channels. The Anti-AIDS Club of the College, which was supported by the project, is one of the most important sources.
- The study further revealed that, at the time of the survey, risky sexual behaviors among the student population was low. In this regard, most of the students who were involved in the assessment reported changes in their sexual behavior. Among those who reported behavioral change, about 43.3% noted that their change had come about within the past three years. It means that the project under evaluation was believed to have significantly contributed to the observed behavioral change. Of those reported behavioral changes, 29.9% of the respondents reported abstention, while 38% and 31.3% reported being limited to one partner and condom use, respectively. However, the study further shows that few of the subjects still practice unprotected sex in spite of their knowledge on HIV/AIDS.
- Findings about VCT showed that 22.3% of the respondents had undergone blood test. A considerable proportion (79.4%) expressed their willingness to have HIV blood test. However, they did not dare to follow it through. Although the result in VCT is not as expected, there is a fertile and promising ground for it to take root if the project were to continue.
- The evaluation concluded that, considering the meagerness of the fund and the short life span it has, the project ended in successes, attributing the success of the project to its target-oriented nature, use of appropriate approaches, good partnership with stakeholders, capacity building and empowerment of beneficiaries, and transparency of the project holders (ISAPSO and its stakeholders).

4.8 Medico Socio Development Assistance for Ethiopia (MSDAE)

Project Title: Reproductive Health focusing on Family Planning and HIV/AIDS
Project period: Started in 2002 and ends in 2006.
Main Topic Area: HIV/AIDS/STI prevention, care and support for PLWHAs and FP

Other Topic Areas: Support to school anti-ADIS clubs, income generating scheme for low-income women, and skill training

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Background of the organization:

Medico Socio Development Assistance for Ethiopia (MSDAE) is a not-for-profit, non-governmental, non-partisan, indigenous humanitarian organization. The organization was established in December 1996 by a self-initiated group of professionals. The organization is registered with the Federal Ministry of Justice.

Since its establishment MSDAE had been undertaking various humanitarian and development activities in the area of health, infrastructure development, income generation and vocational training, with special focus on disadvantaged people, including destitute mothers, female sex-workers, the youth, orphans and vulnerable children, and People Living With HIV/AIDS (PLWHA).

The health programme of MSDAE focused on such areas as IEC/BCC on different issues, including HIV/AIDS/STIs/FP and VCT, the establishment and running of VCT centers, provision of care and support to PLWHA, provision of Family Planning Services both at static and outreach sites, and STI management.

Outside of these focus areas, MSDAE is also actively involved in house and latrine construction and upgrading, construction and repair of access roads, drainage systems and water points, training beneficiaries in various income-generating skills and organizing beneficiaries in savings and credit schemes.

Problems the project aims to solve:

The majority of the inhabitants of the areas covered by the project live in an extremely poor economic condition. Most of the households are female-headed, mostly engaged in selling local drinks, petty trading, firewood collecting and daily labor, etc. Each household has a number of children. The area is known for the widely practiced commercial sex and the abuse and exploitation of under-age girls. Moreover, several young children, both females and males, are at high risk contracting sexually-transmitted diseases. They are also at high risk of HIV infection, mainly through sexual contact, for which reason the prevalence of

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the HIV/AIDS is very high. The number of orphans who lost their parents to AIDS is also high. There are several HIV/AIDS victims, both carriers and hospital cases.

The project specifically aimed at reducing the prevalent health-related social problems among the target communities, including sexually-transmitted diseases, HIV/AIDS, providing psychosocial and economic care for PLWHAs and AIDS orphans, mother-to-child transmission of HIV, unlimited family size due to low access to family planning services, and other reproductive health problems.

Geographical coverage of the project:

The project is located in three *kebeles*, namely *Kebeles* 01, 07 and 08 of the Arada Sub-City of the Addis Ababa City Administration. The targeted *kebeles* are located around St. George Cathedral, an area known for its diversified commercial activities, with several bars, nightclubs and red-light houses.

Target Population:

The total population of the project areas is estimated to be more than 47,000. The project specifically targeted a total of 6500 people, including adolescents and young adults in the 15-29 year age-group, adults and women in the reproductive age category, distributed across the three *kebeles*.

Funding:

United Nations Populations Fund (UNFPA), through the support made available from the Norwegian Government provided the funds for the project.

Overall objective:..

The project was initiated with the overall objective of promoting reproductive health and family planning services and undertaking activities focused on HIV/AIDS and STDs prevention and control, with a view to creating a healthy community.

Implementers of the Project:

MSDAE staff, community-based workers and home-based care providers are the direct implementers of the project activities. The total cost of the project was 1,922,478.83 Birr.

Scope of interventions/activities:

The major activities of the project include awareness creation on HIV/AIDS/STIs/FP, provision of FP services, care and support for PLWHAs and capacity building and income generation for low-income women and female sex-workers.

The different components of the project included:

- Provision of medical care, including treatment for opportunistic infections for AIDS patients. This component of the project is carried out both at household bases and the MSDAE clinic;
- Provision of an integrated IEC/BCC intervention to the target community in the area of HIV/AIDS;
- Family Planning services, including counseling on FP service, community-based distribution of oral contraceptive pills and injectable contraceptives;

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- Condom promotion and distribution;
 - Treatment for common STIs; and
 - Provision of VCT services free of charge.

Implementation strategies:

The specific strategies employed by the project to achieve its objectives included, among others, the following:

- Multi-sectoral approach and usage of multi-purpose facilities;
- Information and education using multi-media approach;
- Training for health personnel, CBDs, etc.;
- Stakeholder participation;
- Establishment of coordinating committee whose members were selected from among the beneficiaries and the community at large;
- Involvement of volunteers from Sunday-Society groups to provide home-based care and counseling for AIDS patients.

Identifying the target population, participation of communities and vulnerable populations, and gender balance:

The project's beneficiaries and other stakeholders, including *kebele* officials, representatives of the local *Iddirs*, community-based distribution (CBD) agents, youths and PLWHAs were involved at various levels of the project. The participation of *Iddirs*, CBD agents and women's groups in certain sections of the beneficiaries for the various activities, including selecting PLWHAs to benefit from the care and support services provided by the project, is an activity worth mentioning.

The project ensured that gender balance was enforced in all dimensions of its activities. Some of the project performance reports showed that more women benefited from FP, care, and support services. More women were also involved as implementers and decision makers in the project activities.

Major achievements of the project/programme:

Since its initiation in 2003, various achievements have been registered by the project:

- A medical team composed of a medical doctor, counselor, nurse and a laboratory technician were organized and started to provide an all-round service in the area of HIV/AIDS prevention, treatment of common STIs, sexual risk reduction counseling and HIV testing.
- Twelve women selected from the different communities were trained as CBD agents and were involved in the promotion and distribution of different family planning methods, such as oral contraceptive pills and injectables like Depo Provera.
- During the project period, a total of 5,590 women received different modern family planning services, including injectable and oral contraceptive pills and intrauterine devices from the CBD agents and the health post run by the project.
- A total of 22,840 condoms were distributed to members of the beneficiary communities and other sexually active members of the society. Hotels, bars and MSDAE health posts were the major outlets used for condom distribution.

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- Seventy-two (50 female and 22 male) PLWHAs and their family members received psychosocial and economic support from the project.
 - In the maternal and child health (MCH) programme, 456 pregnant women attended prenatal care demonstrations.
 - More than 20,000 people were reached with various types of HIV/AIDS, STI, FP and RH messages. Video films prepared on RH and HIV/AIDS and printed materials and house-to-house visits were used as channels to disseminate the messages for the target population.
 - Four thousand and seventy one clients (1367 males and 2706 females) benefited from the VCT services rendered by the project. Among the beneficiaries of the VCT service, 218 persons (5.4%) were found to be HIV-positive. Out of those who tested positive 5.0% and 5.6% were males and females, respectively
 - A total of 200 peer-educators selected from various sections of the community were trained in peer-education.
 - The project managed to support 87 female sex-workers and low-income people with different capacity building activities. In this regard 51 FSWs were trained in catering, 10 males and 10 females in food preparation, and 16 people in hairdressing and cosmetology. Apart from providing the training cost and the necessary follow-up during the raining, MSDAE helped the group to sustain their livelihood by providing them with seed-money and locating and connecting them with potential employers. The project itself managed 80% of the graduates.

Key components of success:

The project, through its various components, addressed the most vulnerable and needy sections of the community. A VCT center and a health facility were established and continued to provide regular services to the target community.

The fact that the project was able to reach about 100 AIDS patients and their families with home-based care services, including food, financial and other material support; 900 women in the reproductive age group with reproductive health and family planning services; and about 2287 sex-workers and other sexually active members of the society with VCT and STI services are the other areas of success that are worth mentioning.

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Success Stories/Case Studies:

School drop-outs and young commercial workers below 18 years of age were provided with training in various skills. Most of them now run their own businesses, while others are employed and earn sufficient income.

Components of the intervention that could be taken as good practices:

The target groups for the income-generating schemes of the project were commercial sex-workers under 18 and destitute and low-income mothers. In order to relieve commercial sex-workers from their plight and provide them with better alternatives of sustaining their livelihood with prospects of decent and dignified life, 51 young commercial sex-workers were recruited and trained in hotel catering, tailoring, knitting and hair dressing skills for 3 to 6 months according to the needs and requirements of the specific type of training. Most of them are now engaged in their own businesses, while the others are employed and earn decent income to live on. Similarly, about 100 destitute and low-income mothers were mobilized and organized to so as to benefit from savings and credit schemes for the purpose of which a revolving fund had been set aside as seed-money. The beneficiaries later transformed their organizations to cooperatives, which, in this case, are two, and succeeded in improving their livelihood, which, by any measure, is a significant leap in life.

These income-generation schemes are among the good practices of MSDAE, as they have proved effective in producing the expected outcomes, ensuring the sustainability and continuity of the benefits accruing to the target groups. The adaptability of the schemes to other similar settings is also high.

Limitations of the project implementation:

- Though much has been done by MSDAE in the area of awareness creation and advocacy in the areas of HIV/AIDS and FP, the demand for the services among the community is still high, except that the limited capacity of the organization hindered further expansion or provision of support in the said areas.
- Due to lack of commitment on the part of the stakeholders (school administrations and the *woreda* education office), MSDAE could not follow-up the programme and render the necessary support required to strengthen the anti-AIDS clubs established in 4 schools.
- The demand for the VCT service has been increasing from time to time. However, to further increase the VCT uptake, intensive IEC/BCC activities need to be carried out among the target community.
- Due to financial constraint, MSDAE could not satisfy the ever-increasing care and support need of the PLWHA as well as the orphan children in the project area.
- Though very effective community mobilization activities on FP service had been carried out by community-based workers, due, again, to financial constraints, MSDAE could not provide the required motivation that would enable communities to sustain their activities.

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Lessons Learned:

The involvement of the concerned stakeholders and their active participation in the decision-making process contributed to the effectiveness of the project. The focus on the economic empowerment of commercial sex-workers and school dropouts proved to be a way out of the prevailing vice the said target groups used to be faced with on constant basis. In this regard, the capacity building/development effort through skill training was found to have played a central role in improving the living conditions of the marginalized and underprivileged segments of the community. Moreover, organizing women, facilitating the legality of their organizations, and assisting them to change their own lives were all practices that were relevant, pro-poor, cost-effective, replicable and more likely to continue without the support of external agencies.

From the implementation of the project, MSDAE has learned that, in Addis Ababa, where the physical health service coverage is much better than in the rest of the country, there are many people whose basic health and RH needs have not been addressed and properly met. In light of the above reality, MSDAE strongly believes that addressing the basic health and RH needs of the urban poor should be given high priority and that others who are concerned in alleviating the poverty situation of the urban poor should follow in the footsteps of MSDAE.

Sustainability of the project activities:

The fact that practically all services of the project were rendered to the target beneficiaries free of charge makes cost recovery and ensuring financial sustainability of the project activities a difficult task. However, in the absence of additional funding from outside sources, it is presumed that by the end of the project period, the sub-city administration and the community will take the responsibility for sustaining most of the project activities initiated by MSDAE.

Evaluation Findings:

The project is awaiting a formal end-of-project-period evaluation.

4.9 Ethiopian Goji Lemadawi Dergitoch Aswojag Mahiber (EGLDAM)

Project Title: Advocacy and IEC for the Eradication of FGM and Prevention and Control of HIV/AIDS
Starting Year: October 2002 to December 2005
Main Topic Area: Advocacy and IEC for the eradication of FGM among policy makers and the general public
Other Topic Areas: Prevention and Control of HIV/AIDS

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Background of the organization:

Ethiopian Goji Lemadawi Dergitoch Aswojag Mahiber (EGLDAM), which was formerly known as National Committee on Traditional Practices of Ethiopia (NCTPE), is a Non- governmental, non-political, and non-profit making organization (NGO) officially registered with the Ministry of Internal Affairs of the Transitional Government of Ethiopia in 1993. Prior to that, EGLDAM used to operate under the umbrella of the Ministry of Health. The Ministry of Health supported the EGLDAM with the necessary facilities to fulfill its objectives.

After the organization had its legal status with the recommendations of the MoH, it has its own office and full time employees.

The general objective of EGLDAM is to eradicate all forms of Harmful Traditional Practices, affecting the health of women and children, with specific emphasis on Female Genital Mutilation (FGM). The other objective of the EGLDAM is the promotion of beneficial practices, such as breast feeding and caring for women with newly delivered babies, etc.

To realize its objectives EGLDAM adopted strategies that consist of effective and intensive information and education campaigns focusing on the prevalent HTP. The primary target group for the information dissemination consists of mothers, midwives, circumcisers, traditional birth attendants, traditional healers, youths as well as community and religious leaders. EGLDAM also focuses on reaching and involving policy makers, the mass media, indigenous artists and representatives from other public institutions.

NCTPE is primarily being supported by International donor agencies, such as Inter-African Committee (IAC), Swedish Save the Children (Radda Barnen), Italian Association for Women and Development, Norwegian Save the Children (Redd Barna), Royal Norwegian Embassy, Population Action International of USA (PAI), UNHCR, etc.

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Background of the project:

A nationwide baseline survey covering 65 of the 85 Ethnic groups known to inhabit Ethiopia showed that about 20 traditional practices are established as pan-Ethiopian, and out of which 8 are practiced only on girls and women. Female genital cutting, commonly known as female genital mutilation, early marriage, marriage by abduction and others like widow inheritance, massaging of the pregnant women's abdomen, uvulectomy, tonsillectomy, milk tooth extraction are the traditional practices common in many parts of the country. It is strongly believed that these practices could have their own contribution to the spread of the HIV/AIDS epidemic.

Empowering school children with information related to adolescent reproductive health, HIV/AIDS, STIs and the harmful traditional practices and the role these practices play in the spread of HIV/AIDS, would in the long run help curb the practices and their ill effects. In this regard, the project was designed to provide in-school children with the necessary information and skill that would be required to disseminate information among their peers, families and communities so that they would be able to contribute to the abolishing of these HTPs and their ill effects.

Geographical coverage of the project and target population:

Policy/decision makers, influential community leaders, including religious leaders, and students from 34 schools located in all the eleven regions of Ethiopia are the target groups and the areas where the project operates.

Funding:

United Nations Populations Fund has funded the project through the support obtained from the Norwegian Government. The project agreement was signed with UNFPA on October 16, 2002. The total project budget is 1,510,792 Birr, out of which UNFPA's contribution was 51 per cent.

Objectives:

The general objective of the project was to disseminate comprehensive gender-sensitive, sexual and reproductive health and HIV/AIDS/STI-related information, education and communication (IEC) that encourages adoption of responsible and safer sexual practices and discourages the practices of HTPs in general and that of FGM in particular.

The specific objectives of the project were:

- To create and enhance awareness of policy makers on the adverse effects of FGM in order to win their political commitment and support and for them to contribute to the national effort to eradicate Harmful Traditional Practices, with a special emphasis on FGM.
- To win the support and political commitment of the federal and eleven regional governments of Ethiopia with the view to designing effective and official intervention strategies for the elimination of FGM.
- To develop, produce and disseminate behavior-change communication materials and messages concerning the prevention and control of HIV infection and AIDS, especially targeting adolescents

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enrolled in schools where NCTPE has already initiated IEC activities.

Key implementers of the project:

NCTPE head offices and its branch offices located in the 11 regions of the country and the school administrations and RH clubs of the 37 selected schools were the key implementers of the project.

Main Activities:

The major activities of the project include the following:

- Carry out project orientation workshop for the staff of EGLDAM and representatives of stakeholders from Addis Ababa, Tigray, SNNPR, Oromia, and Amhara.
- Conduct workshops on HIV/AIDS and different HTP for policy makers, community and religious leaders represented from Addis Ababa, Oromia, the Southern Nations, Nationalities and People’s Region (SNNPR), Amhara, Tigray, Somali, Harar, and Dire Dawa.
- Support club activities and provide the necessary technical and material support for IEC/BCC activities of Anti-AIDS clubs from 32 schools across the country.
- Provide the necessary refresher training under the programme of Monitoring and Evaluation.
- As part of the club capacity building initiative, provide stationary and communication/mini media materials, including cassette players and megaphones for 34 Anti-AIDS/RH clubs located in five regions.

Implementation strategies:

The following strategies were adopted for the project implementation:

- Building the capacity of school Anti-AIDS clubs through training and mini media materials to reach students with pertinent messages related to HIV/AIDS prevention and control and harmful traditional practices.
- Policy advocacy for parliamentarians at the federal level and representatives of government agencies and religious leaders at the regions on issues related to Harmful Traditional Practices.

Identifying the target population, participation of communities and vulnerable populations, and gender balance:

Policy/decision makers, influential community leaders (including religious leaders) and students are the target groups of the project.

The schools that benefited from the capacity building component of the project were selected from among the schools located in and around the capitals of the regions. This was done mainly because of convince to identify the convenience in identifying the schools that needed such support.

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Major achievements of the project/programme:

- A project orientation workshop was conducted for about 15 (10 Male and 5 Female) EGLDAM programme officers and concerned bodies from regions (A.A, Amhara, Tigray, SNNPR, Oromia).
- A three-day long training was given to a total of seventy representatives of government agencies and religious leaders from Addis Ababa, Oromia, the Southern Nations, Nationalities, and People's Region (SNNPR) and Amhara. The training was carried out on different topics, such as HIV/AIDS, reproductive health, national and international instruments against traditional practices, such as FGM, early marriage and marriage by abduction.
- Through extensive effort, the organization managed to approach the current MPs and conducted a one-day workshop on FGM and other HTPs currently prevalent in the country. As the result of this intervention, a new Penal Code against culprits of such practices was promulgated. Chapter 3 and Articles 564, 565, 568 (on FGM) address issues related with HTPs.
- Through the support obtained from the project, 21 new RH/HTP/Anti-AIDS clubs were established, while 20 old ones were strengthened. The clubs were selected from the 11 regions of the country.
- A total of 1352 students form primary and high schools and more than 150 teachers selected from 32 schools across the country were given training on reproductive health, harmful traditional practices (FGM, early marriage, marriage my abduction, uvulectomy, tonsillectomy), gender and HIV/AIDS, communication skills using mini media, and national and international instruments against gender based violence.
- Following the training given to the students and the teachers, each school club was given mini media equipment and school mini media clubs were formed for the students to participate in club activities based on interest and talent. Following the support given to the schools, most the schools have made it a tradition to allow members of the clubs a few minutes each morning, before students start their classes, to deliver HIV/AIDS and RH messages in the form of music, poems or short stories.
- The students and teachers who received training and support from the project participated in disseminating HIV/AIDS- and RH-related information to their respective communities, using such occasions as parents' day, market days, harvest time, and community meetings.
- As part of their mission to disseminate HIV/AIDS- and RH-related information to their peers and their communities, many of the members of the Anti-AIDS and RH clubs have recorded cases where they were able to protect the rights of children who were forced to marry at an early age. One school club in Addis Ababa had assisted a rape victim to bring the culprit to justice.

Key components of success:

- Students' alertness to their rights and the rights of their peers both in school and within their respective communities should be noted as one area of success. In this regard, in none of the schools that had formed clubs with the support they obtained from the project had a student dropped from school due to abduction or early marriage.
- The commitment of teachers and the rest of the school community to provide the required support

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to the school RH/HTP/AA clubs was exemplary. Teachers in most schools are highly committed to helping students to pursue their goal to mitigate the spread of HIV/AIDS and prevent harmful practices in their schools

- Inclusion of HTPs in school curricula: As a result of the collaboration with the Ministry of Education, a whole chapter in the civic education textbook is devoted to HPTs. HIV/AIDS is integrated in other co-curricular activities, such as girls' clubs and RH clubs.
- As a result of the sensitization workshop conducted to members of the parliament, it was possible to secure the commitment of policy/decision makers. In this regard, members of the parliament helped in the promulgation of a new penal code. Similarly, many of the religious leaders who attended the sensitization workshop were involved in teaching the public about issues related to HIV/AIDS and HTPs.

Limitations of the project implementation:

- Those schools, in particular, that chose senior class students for the initial training were faced with fast turnover of trained students. This happened when students changed schools or left their schools after completing the highest grade levels in the schools. The fast turnover of school club members also occurred in the case of teachers and school directors.
- The fact that the schools supported by the project are dispersed throughout the country made the monitoring of their activities and the provision of technical support a difficult task.
- The need for school mini-media equipment demanded by the students did not go along with the available budget.
- The fact that students were not getting financial support for their efforts outside of the school compound/in their respective communities limited their contribution in HTP and HIV/AIDS education to the school campuses.
- In some schools, the school administrations limited the students' access to mini-media equipment. Such measures made some active member students withdraw from club activities.
- In some regions, schools and clubs complained about not getting the required support and monitoring from the project holder (NCTPE).

Lessons Learned:

With the minimum advocacy work carried out with parliamentarians, it was possible to convince the federal parliament that certain issues related to FGM and HTPs needed the intervention of the country's law, and as a result of this intervention, a New Penal Code against culprits of such practices was promulgated. Thus, issues related to HTPs in Chapter 3 and Articles 564, 565, 568 (on FGM).

Sustainability of the project activities:

From the outset the project activities were not designed in such a way that they would be sustained by the end of the project period. Thus, sustainability could not be managed for any of the activities.



Evaluation Findings:

Though the project has not been formally evaluated, the joint mid-term review carried out during the refresher training conducted for teachers and club representatives showed that many clubs from Amhara Region and Addis Ababa had submitted their reports and plans of action that showed their activities both at schools and among their communities. It was also learned that some clubs were phased out because the senior high school students who mainly made up the memberships of the clubs left the schools after taking the national school leaving certificate exam. Based on the results of the evaluation, the project decided to support only clubs formed by primary schools students (grades 4-8).



4.10 Organization for Social Service for AIDS (OSSA)

Project Title:	HIV/AIDS Prevention Project
Starting Year:	October 2002 to June 2006 (including the six month extension period)
Main Topic Area:	Support to Anti-AIDS and Reproductive Health clubs, hotline information service on Voluntary Counseling and Testing (VCT) services are main activities of the project.
Other Topic Areas:	HIV/AIDS prevention and control activities through IEC/BCC

Contact details:

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Background of the organization:

Organization for Social Service for AIDS, which is commonly known as OSSA is a non- governmental, national organization established in August 1989. OSSA has eleven main branches and six sub-branch offices throughout the country. The Mekele branch of OSSA was opened in October 1994. The major focus areas of intervention included HIV/AIDS and Reproductive Health education, through IEC material production and distribution, peer education, care and support to HIV-infected and affected families, provision of VCT and hotline services, condom distribution. The Dessie branch of OSSA was opened in 1993. The activities of the branch were more or less similar with that of the Mekele branch.

Background of the programme:

OSSA signed an agreement with UNFPA to implement HIV/AIDS prevention and care project in Tigray Region and South Wollo Zone of the Amhara Region in 2002. The goal of this project was to reduce the spread of HIV/AIDS, unwanted pregnancies and risky sexual practices among the youth groups through adolescent reproductive health education, provision of care for PLWHA and provision of voluntary counseling and testing (VCT) services.

Geographical coverage of the project:

The project covers ten *woredas* located in the two regions.

- Kalu, Tehuledre, Ambassel, Dessie and Batti Woredas of South Wollo Zone in the Amhara Regional State;
- Mekele, Quiha, Wukro, Adigrat and Michew in Tigray Region.

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Target population:

In-school youth and out-of-school youth and commercial sex-workers were the project's target population.

Funding:

United Nations Populations Fund funded the project with a total budget of 1,924,633 Birr through the support obtained from the Norwegian Government.

Goal:

The project was initiated with the goal of reducing the spread of HIV/AIDS, thwarting unwanted pregnancies and risky sexual behavior through adolescent reproductive health education, as well as providing VCT and Hotline services to the target communities.

Objectives:

- To provide cost effective and powerful HIV/AIDS prevention and VCT services.
- To provide epidemiological data of the project area for the national HIV/AIDS research being conducted to curb the spread of HIV/AIDS.
- To raise the capacity of youth reproductive health clubs through training and provision of materials and financial and technical support so that they would be able to reach their members and the community at large in their locality with HIV/AIDS and RH information and services.
- To motivate and increase the interest of local government authorities and community- based organizations (CBOs) to engage in and support VCT and reproductive health endeavors in their areas.

Implementers of the project:

OSSA Dessie and Mekele Braches, in collaboration with youth Anti-AIDS and RH clubs, HAPCOs and other GOs of the target *woredas* and *kebeles*, played a significant role at all levels of the project's life. In particular, the role of youth Anti-AIDS and RH clubs in the planning, implementation, monitoring and evaluation of the project activities was immense.

Scope of interventions/ activities:

The major activities of the project include:

- Training of core facilitators and peer educators;
- Capacity building for ten youth clubs through the provision of office materials and administrative and other technical support to implement the programmes;
- Training of community counselors and home-based care providers;
- Establish VCT centers at selected sites and provide the necessary services;
- Provide data on HIV prevalence for interested parties; and
- Organize experience-sharing activities among clubs operating in the different project sites.

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Implementation strategies:

Mobilizing community-based organization, expanding and strengthening AACs and promoting peer education programmes, expanding and promoting VCT and hotline services at all levels and establishing networking and referral linkage with other agencies working in the area of HIV/AIDS prevention and control are the main implementation strategies followed by OSSA.

Identifying the target population, participation of communities and vulnerable populations and gender balance:

Absence of NGOs in intervention areas and number of clubs in intervention *woredas* were some of the criteria used for selecting clubs. The involvement of the community members was ensured at all stages of the project (planning, monitoring and evaluation). Moreover, at both branches, the selection of beneficiaries was conducted by task forces representing CBOs, GOs, and others; the taskforce are the ones who nominate not only beneficiaries, but also volunteer counselors and care providers.

Major achievements of the project:

The following are some of the major achievements of the project:

- A total of 10 anti-AIDS clubs selected from the ten *woredas* under the Dessie and Mekele branch offices benefited from the club support/development component of the project. The support these clubs received from the project includes: regular supply of stationery materials, such as pens, pencils, markers, carbon paper, box files, paper and administrative expenses for communication, transportation, postage and the like, books for the mini libraries established by each of the clubs, indoor and outdoor games and allowances for club leaders. This support enabled the clubs to run their day-to-day activities without much constraint. It enabled them carry out experience-sharing visits, strengthen networks with neighboring clubs, and communicate with local governmental agencies, non-governmental organizations and with the branch offices.
- A total of 50 Anti-AIDS club members received training in Training of Trainers (TOT) on peer education at the start of the project period, and 45 of those who had received the initial training received refresher-training to update them.
- As a continuation of the peer education initiative, 360 youth Anti-AIDS club members were selected from ten Anti-AIDS clubs and were trained as peer educators, and during the subsequent period, 230 of them got refresher training.
- Each of the 360 youths selected and trained as peer educators formed peer-learning groups at club level and in their respective communities and managed to inform/teach their peers on different RH and HIV/AIDS prevention and control issues. For example, in Dessie, following the peer education training programme, a total of 99 peer learning groups that consisted of 1106 young people were formed both in and out of clubs.
- The clubs also managed to organize community-level education on HIV/AIDS and RH to members of their respective communities through drama and music show, panel discussions, and other edutainment activities.

- Youths representing the ten Anti-AIDS clubs supported by the project made an experience-sharing visit to Anti-AIDS clubs located in other localities. The main objective of the visit was to share experience and good practices among AAC members on the peer education programmes and club IGA activities run by the Anti-AIDS clubs and the overall management of clubs, including financial management.
- Different IEC materials, including newsletters, posters and leaflets that were produced to provide information on different issues (VCT service, activities of AAC, hotline services), were distributed. More specifically, a total of 26,000 leaflets and 15,000 posters were distributed to the target youth groups and the rest of the community.
- A total of 120,929 condoms purchased by the project and obtained from other sources, such as DKT Ethiopia, RHB, Woreda and Regional HAPCOs, were distributed to the beneficiaries through various outlets, including AAC, VCT centers, peer educators, etc. Similarly, the condom promotion activities were carried out using various opportunities, including condom-night programmes and individual education sessions.
- As part of the project activities, a VCT center was established under the OSSA Mekele branch office to provide counseling and testing services to the public. The project performance report showed that a total of 5,728 people (3,145 male and 2,583 female) got tested at the VCT center. 532 people (236 female and 316 male), which 9.6% of total number tested, were reported to be positive for HIV. These sero-positive clients were referred to centers where they can get on-going counseling and support.
- A hotline information service with two telephone lines (one for Tigrigna and one for Amharic) was established at the OSSA Mekele VCT center. The main objective of the hotline information service was to provide accurate information about RH, condom use, VCT and HIV/AIDS to the general public. The hotline services helped individuals who found it difficult to attend a face-to-face session to share or discuss their problems with others. It was reported that, on the average, 6 people got the hotline service a day (during weekdays). During the project period, a total of 2,816 clients were served by hotline.
- Group education/mass awareness-raising programme was one of the strategies employed by the supported clubs to reach their target audiences. The clubs organized different forums, including literature sessions, drama and music shows, indoor and outdoor games, panel discussions with youths, community and parents, and question and answer sessions to reach their target audiences. In this regard, in one reporting period alone, a total of 126,653 people (of which 51,262 females) had been reached through these strategies.
- As part of the branch-office capacity-building initiative, 16 additional staff recruited and a double-cabin pickup trucks was purchased for the Mekele branch office.
- Baseline and impact assessments were carried out for the project activities in both Mekele and Dessie branch offices.
- Before disbursement of IGA budget to the clubs, there was an entrepreneurship and leadership training given to club members.
- Usually, there is no work place intervention. Accordingly, the Mekele branch analyzed the gap and

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organized a training programme for 25 individuals from GOs, NGOs and private organizations. Each organization was represented by one individual and the training was conducted for five days. These counselors/agents provided information on HIV/AIDS and RH issues at work places. Every three months, a consultative meeting was conducted among counselors and branch offices.

Key components of success:

Two of the five Anti-AIDS clubs supported by the Dessie OSSA Sub-Branches managed to upgrade their status to a local NGO level. Apart from raising the profile of the clubs, the move helped them to solicit funds from other sources.

The freestanding VCT center, which was established by NORAD/UNFPA support in Mekele, was one of the centers in the area with high client load. Service statistics of the VCT center showed that beneficiaries of the VCT service, as well as the hotline service, increased from time to time, to a point where the center began to serve up to 10 clients per day, and within a six-month period that extended from January to June 2006, the center provided services to 1,236 clients (44.8% male and 55.2% female). The fact that the VCT center was situated at a convenient location; that the clients could get information about the service using the telephone hotline; that they have well trained counselors and established referral linkage with organizations that provide care and support for needy PLWHAs and members of their families; that the clients could get services free of charge, all these add up to make the OSSA VCT center to be the preferred focal point for the beneficiaries.

The network and referral linkages the VCT center established with care and support organizations, such as Save the Generation Association, Daughters of Charity, Red Cross Society, Mekele Branch, Medicin Du Monde (MDM), the Mekele hospital and 3 health centers located in Mekele, and PLWHA associations, enabled the centers to provide sustained care to clients that tested positive for HIV. More specifically, the center was able to refer 100 PLWHA for different HIV/AIDS care and support to the above-mentioned organizations. Because of this fact, the Center, in collaboration with its associates, was able to carry out a comprehensive HIV/AIDS prevention and control intervention programmes.

Components of the intervention that could be taken as good practice:

The achievement made by the two Anti-AIDS clubs, namely, Finotehiwot and Frehiwot, supported by the project and located in Quiha and Wukro towns, has put the clubs among the out-of-school-youth Anti AIDS clubs that effectively contributed to the HIV/AIDS prevention and control effort in Tigray Region.

Through their efforts and remarkable achievement in the area of HIV/AIDS prevention and control, as well as provision of other social services to their respective localities, the Anti- AIDS clubs managed to get the trust and respect of their communities and their fellow youths. These two clubs had been functioning in various HIV/AIDS prevention and control activities through edutainment. Both clubs delivered peer education through peer-learning groups, rendered library services to their members and other youth, arranged coffee ceremonies to create the opportunity to initiate dialogue with their respective communities on issues related to HIV/AIDS, environmental sanitation, planting trees, care for the elderly and disabled, etc. Apart from this, these clubs arranged entertainment facilities to youths on their office premises. The entertainment facilities included table tennis, volleyball and various indoor games. The AAC located in Quiha has also started to provide DSTV service for youths and the rest of the community for a very minimal payment.

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The fact that these clubs created opportunities for their members and the rest of the youth in town to have a place to spend their leisure time helped most of young people to avoid risky behaviors that could expose them to HIV and other SRH problems. Apart from getting a place to spend their leisure time, most youths were able to get information as well as a forum for discussion on different HIV/AIDS- and RH-related issues.

The coffee ceremonies, commonly organized by the Anti-AIDS clubs in community settings, helped as a bridge between communities and clubs. In Quiha, coffee ceremonies usually were organized in a locality where a lot of poor and disadvantaged community members and sex workers lived, and members of the clubs used the opportunity to raise various social issues and disseminate HIV/AIDS-related messages to the community members. Elderly and influential people and youths are also invited to coffee ceremonies to make the service more attractive. In Quiha, thanks to lobby undertaken by the Anti-AIDS club members amidst the Woreda administration, three female sex-workers got jobs at the Quiha flour factory as cleaners.

Limitations of the project implementation:

- As a result of the awareness created among the community, and due, also, to the the Mekele VCT Center, there was a progressive increase in the number of VCT clients.. The branch office, however, had faced shortage of trained counselors, and it could not meet the high demand for its services.
- The budget constraint limited the branch office from extending its support to newly established clubs.
- Limited collaboration on the part of some government offices to support clubs in the project area, with office facilities and other technical and financial assistance that would help the clubs to sustain their activities in the long run had its own negative impact.
- The support the clubs got from some communities was not that much encouraging and this is believed to have negatively affected the sustainability of the clubs' activities after the end of the project period.
- Shortage of other recreational centers in areas where the supported clubs existed also congested the recreational facilities of the clubs supported by the project.
- Supported clubs were faced with shortage of training manuals and reading materials, and due to budget limitation the project was not able to cover the cost of essential materials needed by the clubs.
- Lack of regular follow-up by the clubs' executive committees of the supported clubs and their activities has been observed.
- Lack of acceptance of RH education (especially around condom distribution) by some religions has had its own negative impact in the implementation process.
- Most of the supported clubs are located in rural areas where electricity was not available. This could not allow clubs to disseminate RH and HIV/AIDS education through electronic media.
- Turnover of trained club members for various reasons, such as for educational and employment opportunities elsewhere had created a gap in peer education and leadership activities.
- Not all clubs got support for a viable and profitable income-generating activity.

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Lessons learned:

The need for information through hotline telephone is increasing from time to time. The type of information needed by the clients is not only limited to HIV/AIDS and family planning but also included issues related to family, relationships, and others.

Even though the need for the utilization of hotline services had been very high, the clients' capacity to talk for a long time and paying the telephone bill was very limited. Because of this almost 90% of the clients requested the hotline operators to call them back. This constrained the budget of the project and limited the service provision capacities of the hotline services.

Sustainability strategies:

Involving the supported clubs in income-generating activities is a strategy with no alternative if the activities of the clubs are to be sustained. As part of the strategy, a total of five *kebels* (two in Mekelle and three in Dessie) were supported by the IGA scheme in the area.

Designing IGA for the remaining clubs and strengthening referral linkages among CBOs, GOs, and FBOs and soliciting other funding sources were also used to sustain the project activities.

Evaluation Findings:

Though the project was not formally evaluated, monitoring visits were made to the clubs as part of the overall follow-up of the project activities.

The outcomes of the monitoring visits showed that most clubs were faced with problems related to high turnover of club members, inability to secure permanent office space, the wearing out of some indoor and outdoor games provided by the project and the need for maintenance, and shortage of books in the libraries established with the support obtained from the project.

4.11 PRO PRIDE

Project Title:	Adolescent Reproductive Health
Project Period:	October 2002 to June 2006
Main Topic Area:	Awareness-raising on HIV/AIDS and RH issues
Other Topic Areas:	Voluntary counseling and testing, support to youth recreational facilities, youth capacity building and job creation.

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Background of the organization:

Established in 1995, PRO PRIDE is a local NGO with a mission to empower poor and disadvantaged individuals, families and communities by helping them actualize their latent potential. Since its establishment, the organization has passed through two phases, with the first one covering the period from 1995 to 2000, and the second one from 2001-2005. In the first phase of its operation, PRO PRIDE evolved from operating in one area, where it started its implementation with one programme component, namely, savings and credit to two programme areas—“Merkato and Entoto”—to undertake multiple poverty alleviation initiatives consisting of Livelihoods Promotion, Non-Formal Basic Education (ACCESS), Community-Based Health care with Polyclinics as referral points, Cultural promotion and environmental-upgrading components.

In the second phase of its operation, on the other hand, the overall engagement of the organization has been guided by the strategic plan. On the basis of its strategic plan PRO PRIDE has expanded to Messalemia, Dire Dawa and six Oromia towns and, also, to Southern Nations, Nationalities and Peoples’ Region to implement programmes that include Livelihoods Promotion and Non-Formal Basic Education; HIV/AIDS Prevention and Control and Care and Support to Orphans and Other Vulnerable Children. PRO PRIDE has thus continued to carry out its programme with emphasis on ensuring the access of poor and disadvantaged members of communities to different social services, and strived to institutionalize some of these components, build capacity at local level and address major social concerns, such as gender, HIV/AIDS, good governance and advocacy.

Background of the project/Problems the project aims to solve:

The project areas selected for the implementation of the project have similar demographic settings and levels of risk vulnerability to HIV/AIDS and reproductive health problems to those of the rest of the major urban areas of the country. In this regard, it is possible to say that, the project areas are characterized

by high-level poverty, lack of adequate health facilities and a high level of youth unemployment. In addition to this, both programme, but particularly Merkato, are the centers of all types of informal economic activities attracting youths from every corner of the city. These informal economic activities are of irregular nature, leaving those youths who are involved in such activities with idle time, exposing them to such practices as chewing *kat*, smoking (drugs such as “shisha”), watching video films, and drinking. The exposure to such types of risk behavior results in unprotected sex that puts the youths in a more vulnerable situation, and the girls to unwanted pregnancy and various types of infection, including HIV. Moreover, Merkato area, apart from being the largest market in the country, is also the center of two bus terminals, where a large number of people flow from different corners of the country for business, in search of jobs and other purposes. It is also one of the hot spots of commercial sex activity in the city. This increases the vulnerability of the community in general, and youths in particular, to HIV/AIDS and other reproductive health problems. With these in mind, the project was conceived with the general objective of reducing the prevalence of HIV/AIDS among the youth in general and girls in particular, and its impact on the society and health care system in the two programme areas.

Geographical coverage of the project:

The project covered twenty-three *kebeles* located in two sub cities of the Addis Ababa City Administration. The specific geographic locations of the project are:

- Merkato area/former *Wereda* 5, Kebele 5,12,15,16,17,20,21,22 & 23 and, now, Addis Ketema Sub-City, Kebele 01, 02, & 05.
- Entoto area)/former Woreda 11, Kebele 01,02,04,08,09,19 & 23 and, now Gulele Sub- City, Kebele 03, 04 & 05

Target Population:

The project was initiated in 2002, targeting in- and out-of-school youths living in Addis Ketema and Gulele Sub-Cities of the Addis Ababa City Administration. So far, it is estimated that around 56,800 in- and out-of-school youths, sex-workers and adults have benefited from the project.

Funding:

United Nations Populations Fund has funded the project with the support obtained from the Norwegian Government. The total budget of the ARH project was over Birr 1,773,082. The contribution of UNFPA to the total project budget was Birr 1,592,665, constituting 90% of the total. The remaining amount, which was Birr 180,417, was contributed by Action Aid Ethiopia, PRO PRIDE and ICOMP. As the VCT center has been incorporated in the two clinics established with the financial support of Action Aid Ethiopia, the cost of rent for the centers has been covered along with the other cost for services of the clinics.

Objectives:

The PRO PRIDE ARH programme was initiated with the main objective of reducing the prevalence of HIV/AIDS among the youth in general, and girls in particular and its impact on the society and health care system in Merkato and Entoto areas covered by the programme.

Implementers of the project activities:

PRO PRIDE, in collaboration with youth associations, and Addis Ketema and Gulele Sub-Cities are the

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key implementers of the project activities. All these groups were made to participate in all stages of the project management cycle, including need identification, deciding on important aspects of the project and monitoring and evaluation activities.

Scope of interventions/activities:

The main activities of the project include the following:

1. Implement awareness-raising activities through an integrated IEC/BCC intervention on RH and HIV/AIDS. This was done through:
 - Establishing and equipping one youth center with library and recreational facilities.
 - Training of female and male youths as peer educators, promoters, counselors and home-based care providers.
 - Production and distribution of HIV/AIDS and RH-related IEC/BCC materials.
 - Organize gender awareness-raising workshops for youth association members.
 - RH and HIV/AIDS education targeting youths and other vulnerable groups.
 - Training for anti-AIDS club members.
2. Condom promotion and distribution.
3. Increase access to VCT service:
 - Establish and equip a VCT center in each of the two project areas.
 - Establish linkage with other existing care-and-support initiatives to increase the level of support for the infected and affected members of the society
 - Provide VCT services.
 - Provide medical support.
 - Provide material support.
 - Facilitate the provision of home-based care (HBC) through continuous supply of Home-Based Care Kits.
4. Capacity building for local organizations, community representatives and other concerned bodies.
 - Organize training programmes on management and support for community-based organizations
 - Organize youth-friendly reproductive health workshop for staff members.
 - Organize entrepreneur development training for youths.
 - Organize leadership training and monitoring and evaluation training.

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5. Network with other organizations engaged in similar activities.

- Establish network with NGOs, CBOs.
- Hold joint meetings with relevant groups/organizations to share experiences and facilitate coordination.
- Create referral linkages among VCT centers, home-based care providers and formal health facilities.

Implementation strategies:

The organization adopted different strategies in the implementation of the project, among which the following constituted the major ones:

- Assist the youth to establish IEC and recreation centers in both programme areas (Merkato and Entoto) of the project.
- Ensure the active participation of all concerned bodies including in-school and out-of-school youths, local administrative bodies, community representative, in the implementation of the project.
- Establish voluntary counseling and testing centers and recruit the necessary technical personnel to facilitate the provision of efficient and reliable services.
- Organize peer education groups consisting of in-school and out-of-school youths and strengthen the existing ones through training on issues related to communication, and provision of other necessary technical support.
- Develop appropriate IEC materials addressing adolescent reproductive health problems and issues.
- Assist the youth to acquire skills through entrepreneurship training, and facilitate the establishment of a revolving fund to support eligible youths with the facilities and materials they needed to start up their own businesses.
- Establish regular and effective networking mechanisms with organizations involved in adolescent reproductive health and HIV/AIDS prevention activities.
- Establish new social support mechanism and strengthen the existing ones to facilitate provision of care and support for HIV/AIDS patients/orphans in both intervention areas.

Identifying the Target Population, participation of communities and vulnerable populations, and Gender Balance:

During the inception of the project, the target population was identified through a participatory process involving various Anti-AIDS clubs and youth associations.

In the ARH project, PRO PRIDE has incorporated the youth in the implementation of the programme through the training of peer educators and members of Anti-AIDS clubs and establishing social support groups. Peer educators as well as Anti-AIDS club members were the main outlets for HIV/AIDS and Reproductive Health information targeting the community at large. Social support groups, formed by PLWHA, had also been given support to engage in the care-and-support component of the project.

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Furthermore, the peer educators, Anti-AIDS clubs, NGOs and youth associations served as focal points for the referral linkages of the VCT center. Members of youth associations were also able to participate as agents for information dissemination and were responsible for the management of youth centers, as well.

The project took into account the importance of empowering women through awareness-raising programmes and providing training in the areas of reproductive health and gender and, also, enabling them to be economically strong by building their capacity to engage in income generating activities, in spite of which, however the overall impact had not been satisfactory.

Major achievements of the project/programme:

- A total of 20,010 IEC/BCC materials prepared on HIV/AIDS and related issues were distributed to the target groups during the reporting period.
- As part of the IEC/BCC intervention in the area of RH and HIV/AIDS and increasing the effectiveness of the project activities, the project was able to train 10 core peer educators from the Entoto programme area, while involving a total of 214 youth peer educators from both programme areas. The peer educators were responsible for conducting one-to-one peer education programmes to their peers in areas of their residence.
- With the objective of ensuring sustainability of the care-and-support component of the programme, PRO PRIDE organized and supported one social support group in the Merkato area. The group secured a legal license and started to operate as a local association. The project also organized different training programmes, including one on financial management, to build the capacity of the social support group.
- Similar to what was achieved in the Merkato project area, PRO PRIDE entered into a sub-contract agreement with a legally recognized association, “*Tena Lewegen*,” to provide home-based services to the members of the social support group in the Entoto area. In order to ensure the sustainability of the HBC service for PLWHAs, and at the same time expand the programme, the project purchased a television set with a DSTV card for the organization to use for income-generating purposes.
- The project reached 457 PLWHA and their family members through various supports, such as medical and material support and Home-Based Care (HBC) services.
- A total of 41,184 youths were reached with different messages on issues related to HIV/AIDS and reproductive health.
- Two VCT centers were established in two PRO PRIDE clinics located in the project coverage area. As part of the sustainability plan, appropriate linkages were also established with the collaboration of the Health Departments of the Addis Ketema and Gulele Sub-Cities. This linkage helped facilitate access to free supplies of reagents. Moreover, the project established two community structures to handover the activities of the two VCT centers to the community.
- As part of an alternative sustainability strategy, PRO PRIDE was also working to upgrade the two clinics so as to enable the clinics to takeover the cost before the handover of the project.
- During the project period, the VCT centers of the two clinics served about 8,417 clients.
- As part of the capacity building component of the project, groups like peer educators, members

of the youth associations, social support groups and others organized in different Anti-AIDS clubs benefited from the various training programmes, through which the project trained 384 youths in the areas of Home Based-Care (HBC), gender, Anti-AIDS club management, Entrepreneurship, Transformational Leadership, Monitoring and Evaluation, and Library Management. Further training programmes were also organized for a total of 35 staff members (19 female and 16 male) drawn from both Merkato and Entoto clinics.

- With the aim of reducing the risk vulnerability of the youth, and to discourage youths from spending their leisure time in risk-prone areas, the project assisted in the renovation of a youth center owned by Addis Ketema Ketema Sub City youth association and the library managed by the same. At the same time, in the Entoto programme area, the project provided the youth groups with recreational and library services managed by PRO PRIDE-paid staff. The centers helped the youths to spend their leisure time in an entertaining and productive way and avoid risk-prone places.
- As part of the phase-out process, all the Adolescent Reproductive Health activities, along with the different facilities, in the Merkato programme area were officially transferred to the Addis Ketema Kifle Ketema Youth Association. Similarly, the reading materials and other facilities of the youth center in Entoto area were also handed over to the Gulele Kifle Ketema, Kebele 03/04/05 Library Administration
- A total of 43,027 condoms were also distributed.

Key components of success:

- The project managed to build the capacity of social support groups to effectively address the care-and-support needs of PLWHA. This, apart from building the implementation capacity of the social support groups, has enhanced and empowered the community in various ways.
- The project, through the working arrangements and collaboration it created with Anti - AIDS clubs, youth associations, social support groups and peer education programmes, has managed to reach out the wider community.

Components of the intervention that could be taken as good practice:

- The project helped youths living in the Merkato and Entoto areas have their own centers with various types of facilities, including libraries, used for recreational and educational purposes.
- The establishment of two VCT centers, as part of the ARH project, to strengthen the prevention of HIV/AIDS and other RH problems in the two programme areas.
- Integrating RH and HIV/AIDS with the activities of the clinic has enabled the communities to capture missed opportunities in the prevention of HIV/AIDS and RH problems.
- As part of the effort to make the existing service outlets youth-friendly and creating attractive environment for the youth for easy access of VCT and reproductive health services, the project has given training on YFS provision and boosted the technical capacity of its staff to properly deal with the issue.
- Establishing community structures to increase the involvement of the community and ensure sustainability of the VCT and other health services.

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Success Stories/ Case Studies:

Case 1:

Endeshaw Tashome is a young man of 26, who had been a peer educator trained under the ARH programme in Merkato. He claimed that, before joining the peer educators training, he had no detailed knowledge of RH and HIV/AIDS. However, the training he had taken for peer educators enabled him acquire in-depth information on important ARH and HIV/AIDS issues. He has also confirmed that he had the opportunity to acquire skills that are instrumental in his day-to-day life, e.g. how to handle peer influence and communicate effectively for results. He further noted that, apart from changing his life, the training he got enabled him to positively change his peers and influence them to protect themselves from HIV and other related problems.

Case 2:

As part of the objective of the programme to enhance the capacity of youths, and to contribute to the envisaged change in RH, HIV/AIDS and other issues affecting their life, PRO PRIDE has organized transformational leadership training for the youths in the two intervention areas. This leadership training is executed in three phases and incorporates coaching sessions in between the phases.

As expressed by participants, the training has enabled them to build their confidence and acquire skills of management and team building. The beneficiaries also claimed that the training helped them realize their potential and capacity to engage in different activities that would help them and the community they are living in. Through the groups they formed, as part of the training process, the youths were involved in various initiatives. Accordingly, one of the groups had managed to assist 17 street children to acquire vocational training in woodwork, in a training institution, free of charge. Another group had assisted 120 youths in getting life-skills training. This same group had raised funds amounting to Birr 45,000, which was used for activities targeting orphans and other vulnerable children around Entoto area. Furthermore, some other groups had successfully boosted their association's financial status by recruiting members and raising funds from non-governmental organizations.

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Limitations of the project implementation:

The intervention designed to mitigate the problem of youth unemployment did not work as per the objective of the project. This was in the main due to difficulties in getting working premises for the girls to engage in the income-generating scheme. The initiative, however, is relevant, as it had been widely observed not only in the programme area but also at national level.

As a short-term strategy, the problem could be resolved through organizing various short-term vocational training programmes and enabling the youth to acquire marketable skills. In addition to this, business development and leadership skills are essential elements for the youth to both engage in employment or self-employment activities. The importance of and need for commitment on the part of the concerned bodies is self-evident.

Lessons Learned:

During the implementation of the ARH programme, PRO PRIDE has learnt various lessons. One of the major lessons learned was the recognition of the importance and benefit of linking Reproductive Health with HIV/AIDS services to respond to the latter in a very convenient and cost effective way.

It was also learnt that, given the right approach and capacity building support, the youth could do a lot to protect themselves from various problems they often face and change their lives for the better. The active engagement of the youth in fighting the HIV/AIDS epidemic and addressing RH problems and issues, using the enabling environment created as a result of the establishment of youth centers, is a case in point.

The outcome of the transformational leadership training, which was being conducted in three phases and incorporating coaching sessions in between, has enabled the youth to build their confidences, acquire skills on such issues as effective listening, learn on how to solve problems systematically and initiate activities that can help them and the community in their surroundings. As expressed by some of the youths, the various types of capacity building support, in addition to enhancing their understanding on HIV/AIDS and RH problems and issues, have also enabled them to protect themselves and their peers and friends and lead a healthier and more productive life.

Sustainability of the Project Activities:

Through the capacity building activities initiated and strengthened through the various training programs and material support provided, the organization was able to fully hand over the RH activities, as well as the youth centers along with the libraries, to the Addis Ketema Kifle Ketema Youth Association and to the Gulele Kifle Ketema, Kebele 03/04/05 library Administration.

Ensuring the sustainability of the VCT centers, however, depends on the sustainability of the two clinics, as both of them are operating under the clinic management. As part of the strategy developed to ensure the sustainability of the clinics, PRO PRIDE has established two community structures in both Merkato and Entoto areas, with people drawn from different *Iddirs* operating in the area. In addition to enhancing the capacity of the community structures through training programmes, the structures have been assisted to develop memorandum of association and got registered with the concerned government bodies.

In collaboration with these community structures, it was managed to secure a premise for Entoto clinic. Similar effort is underway for Merkato clinic, and with the positive response from the local administrations and Sub-City Health Department, the plot of land identified for the construction of the Clinic would, hopefully, be secured soon. As part of the strategy developed to sustain both clinics, efforts are also being made to upgrade the clinics and hand them over to the community structures working with the organization.

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Evaluation Findings:

Two review meetings were conducted in October 2005 in each programme area to assess the performance of the ARH programme of the preceding three years. Peer educators, members of Anti AIDS clubs, social support groups, female youth groups that took entrepreneurial training, leaders of the youth associations, and youth center representatives were involved in both meetings.

In the review meetings, it was learned that the training programmes, as well as the material support provided by the organization, enhanced their capacities, both of which enabled them engage in such activities as mobilizing the youth and awareness raising on HIV/AIDS and RH issues among their friends, peers and the community at large. They have also been assisted with access to venues where they could spend their idle time productively and avoid such malpractices as chewing *kat*, smoking (drugs such as “shisha”) and others that increase their vulnerability to HIV/AIDS and other RH problems and, in the case of the girls, to unwanted pregnancy and other related problems. The assessment also recognized the effort made to facilitate provision of home-based care and other types of supports provided to PLWHAs.

In spite of the limited success due to lack of employment opportunities, the effort made to engage the youth, particularly vulnerable girls, in income generating activities was highly commended, hence the need for other feasible alternatives to create for them employment or self-employment opportunities.

Apart from this, some components of the programme that need to be strengthened so as to increase the contribution of the programme were also identified. Accordingly, the organization has reinforced the material support provided to the youth centers. Based on the needs expressed during the review meetings, training programmes in such areas as monitoring and evaluation, library management, transformational leadership and refresher training courses for anti-AIDS club members had also been organized.

4.12 Self-Initiative Development Organization (SIDO)

Project title: Community-based support and rehabilitation for PLWHAs and their families

Project period: October 2002 to June 2006.

Main areas of intervention: IEC/BCC on HIV/AIDS, care and support to PLWHAs and Orphans and venerable children

Other Areas of involvement: Support to in- and out-of-school youth Anti-AIDS clubs

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Background of the organization:

Self-Initiative Development Organization (SIDO), which was previously known as “Hope to Support Helpless Elders, Homeless Children and Youth Organization,” was founded in 1999. SIDO is an indigenous, non-governmental, non-profit-making and impartial organization. SIDO advocates, professionalism, stakeholders’ involvement and community ownership in all of its activities.

The organization is currently working in Kuyu, Warajarso and Degam Woredas of North Sohea Zone of Oromia Regional State. HIV/AIDS prevention and control activities, including IEC/BCC, care and support for PLWHAs and OVCs, capacity building for local associations and community-based organizations working in the area of HIV/AIDS, are the major areas of SIDO’s intervention in the three Woreda’s.

Back ground of the project/Problems the project aims to solve:

The two Woredas are located along the main road that runs from Addis Ababa to Bahir Dar. Because of their location, the rapid urbanization of the small towns of the Woredas, coupled with low level of awareness of the people, render the communities vulnerable to the risk of HIV and STIs. The existence of large numbers of orphans who have lost one or both parents to HIV/AIDS in the urban areas of the two woredas is an indication of the alarming rate with which HIV is spreading.

Reports also show that such harmful traditional practices as female genital mutilation, abduction and early marriage are prevalent in the project areas.

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Geographical coverage of the project:

The project areas, Kuyu Woreda and Warajarso Woreda, are located at 156 and 186 Kilometers, respectively, southwest of Addis Ababa in North Shoa Zone of Oromia Regional State.

Target Population:

The total population of Kuyu Woreda is 122,856 (61,051 males and 61,805 females) and that of Wara Jarso is 140,741 (70,467 males and 70,274 females).

People Living with HIV/AIDS, orphans and other vulnerable children (OVC), commercial sex workers, youths in the reproductive age category and the general population of the two Woredas are targeted by the different components of the project.

Funding:

United Nations Populations Fund (UNFPA) through the support made available by the Norwegian Government provided the project's funding. The total project budget was 1,155,798.40 Birr.

Overall objective:

The overall objective of the project is to reduce the impact of HIV/AIDS on individuals, families and the community at large by providing basic information on the prevention and control of HIV/AIDS to the target community through community-based support and rehabilitation programmes addressing PLWHAs and orphans.

Implementers of the Project:

SIDO, Zonal HAPCO, Woreda Health Offices, Woreda Offices of Agriculture, Youth and Women's Associations, *Iddirs* and Faith-Based Organizations are the major stakeholders involved at various stages of the project cycle.

Scope of interventions/activities:

- Information, Education and Communication and Behavioral Change and Communication (IEC/BCC), capacity building for Anti-AIDS clubs, condom promotion and distribution and provision of financial and psychosocial support to PLWHAs, Orphans and Vulnerable Children (OVC) are the areas on which the project focuses. Some of the detailed activities on which the project focused are:
- Establish Anti-HIV/AIDS clubs in different places and community organizations/outlets of the woredas, including in *Iddirs*, *Senbetes*, Schools, Churches, Mosques, and Community Associations, etc.
- Build the capacity of the Anti-AIDS clubs through training programmes on IEC/BCC, TOT workshops and IEC/BCC material provision.
- Organize community-based conversation facilitators for continued community dialogue among community members about HIV/AIDS.

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- Develop effective coordination networks and experience sharing forums with different anti-HVI/AIDS clubs and other invited professionals.
 - Raise the level of awareness of members of the community about the importance of VCT and encourage voluntary testing for HIV.
 - Introduce IGA programme for caretakers of orphans.
 - Conduct surveys on the socio-economic impact as well as on the awareness of HIV/AIDS prevention and control.
 - Condom promotion and distribution.

Implementation strategies:

Developing and implementing a need-based intervention that focuses on the priority needs of the most affected and vulnerable sections of the community, with the full involvement of representatives of the community at all stages of the project cycle, i.e. planning, implementation, monitoring and evaluation was the principal implementation strategy adopted by the project.

Identifying the target population, participation of communities and vulnerable populations and gender balance:

Community members, including representatives of the specific target groups, were involved in the different components of the project. The identification of the beneficiaries for orphan care, for IG schemes, as well as trainees for the different capacity building initiatives, was done with the full participation of the beneficiary communities, representatives of the respective sector offices and other stakeholders, such as religious leaders and local association representatives. For example, representatives of the above-mentioned groups formed beneficiary section committees and selected the project beneficiaries based on established target-selection criteria.

Representatives of PLWHAs as well as caretakers of OVCs were made to participate in the selection of the beneficiaries, educating the communities, the monitoring and evaluation of the project activities.

From its inception, the project ensured that the specific issues concerning women were adequately addressed through IEC/BCC activities undertaken in the areas of family planning and HTPs, including FGM and abduction, reproductive health rights, etc. More than half of the implementers of the project, including volunteer peer educators, members of Anti-AIDS clubs and IG beneficiaries were women.

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Major achievements of the project/programme:

The following are the major achievements of the project activities carried out in the two woredas (Kuyu and Warajarso):

- Seventy-five in- and out-of-school youth anti-AIDS clubs were formed and their capacity was built through training, material provision and regular technical support and follow-up.
- A total of 58,243 residents of the two woredas participated in workshops organized around different issues, including HIV/AIDS, VCT, and harmful traditional practices.
- Five hundred and thirty one children who lost one or both of their parents to HIV/AIDS and selected from the urban and rural areas of Kuyu and Wore Jarso *Woredas* received material, psychosocial and financial support from the project. The OVCs received school uniforms and educational materials and their school fees were also covered while their guardians received a total of 115,673 Birr financial support to start the IGA activities.
- A total of 90 trainees selected from Kuyu and Worejarso participated in a TOT training programme organized for two days. As a follow up activity the 90 trainees were able to teach 783 people selected from the different localities of the two Woredas.
- Sixty peer educators trained by the project managed to reach 4,090 youths and adults with different HIV/AIDS messages.
- A total of 3780 women and men were reached through FP education.
- During the project period, a total of 72,000 condoms and 1200 IEC materials (posters and leaflets) were distributed to the beneficiaries.
- A community-based survey entitled “Socio-economic impact of HIV/AIDS and attitudes of the target community towards PLWHA” was commissioned by the project and conducted in selected areas of the project.

Key components of success:

The result of the joint monitoring and evaluation activities carried out by SIDO, representatives of the local government and other stakeholders, including the beneficiary communities, showed that the project had contributed a lot and succeeded in the following areas of intervention:

- The level of awareness of the community members reached through the IEC/BCC messages on HIV/AIDS, family planning, and harmful traditional practices had shown much improvement. There were evidences of people taking protective measures. In this regard, reports showed that the number of people who used VCT services increased progressively; that parents started to avoid exposing their female children to female genital mutilation; and the level of stigmatization and discrimination of PLWHAs and their family members had decreased significantly.
- Many of the PLWHA and caretakers of orphans who benefited from the IG scheme started to become self-reliant and generate their livelihood from the businesses they were engaged in.
- The school attendance and performance of orphans and vulnerable children supported by the project

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had shown improvement.

- Many people had started to show responsible sexual behavior, as demonstrated by the increase in the number of condom users.
- The project managed to infuse the concept of volunteerism among the target communities. In this regard, members of the anti-AIDS clubs, peer educators and peer promoters participated in many of the project activities on a voluntary basis.

Success Stories/Case Studies:

Zewditu Mengistu and her three children are the beneficiaries of the orphan care programme run by SIDO in the town of Gebre Guracha, Kuyu Woreda. Her late husband, who was a soldier under the Derg regime, died some four years ago. Soon after Zewditu lost her husband, she started supporting her family by selling *Tella* and *Araki*. However, the small amount of income generated from such a business was not enough to meet the basic needs of her family. Zewditu, explaining what she had gone through before becoming a beneficiary of the project said, “I was not able to cover the expenses for school fee and uniforms for my children due to which two of them were not able to go to school. The Kebele officials realized the situation I was in and helped one of my children to benefit from the orphan care programme run by SIDO. The support we get from the project includes clothing, blankets and money. Besides, I was given two female sheep so as to help me get started in sheep breeding. The income generated from the breeding activities has enabled me to improve our lives and pay for my children’s education.”

In three years’ time, the two sheep Zewditu received from SIDO multiplied to twelve, from the sale of which she earned about 800 Birr. The income generated from this was used for clothing and household expenses. Her daughter, who is the second of her children, had been in school since the past year, and the third is expected to join school in the coming academic year.

Zewditu, speaking of how the project had changed her life, said, “at present I own twelve sheep, which I believe are the guarantee that ensure my children’s education, and I am confident we will never face problems in the future. The one time support the project had provided me means a lot to my children and myself.”

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Limitations of the project implementation:

The head office of SIDO is located in Addis Ababa, which is some 200 kilometers from the project area. This fact, coupled with the non-availability of vehicles in the service of the project and the absence of a strong field office with adequate number of staff and a budget allocated for the purpose, had made regular monitoring of the project activities a laborious and costly task. In this regard, lack of close follow-up of the status of the beneficiary communities was one of the key problems identified during the evaluation mission.

Lessons Learned:

The emphasis given to the involvement of all major stakeholders at the different stages of the project cycle made possible the easy handover of most of the project activities to the community woredas. This strategy, apart from ensuring the sustainability of the project activities, contributed to the development of a sense of community ownership over the project.

The fact that the project encouraged volunteerism among the beneficiary communities helped minimize the overhead cost of the project, which in this case is less than 15% of the total project cost.

Sustainability of the project activities:

The fact that most of the project activities were implemented, monitored and evaluated in collaboration with the project stakeholders, i.e. *Woreda* and *Kebele* officials, community representatives and the project beneficiaries themselves, is believed to have contributed to the sustainability of most of the project activities. Moreover, as part of the sustainability strategy, a series of capacity building training programmes were organized for the beneficiaries, the community and *Woreda* representatives. Because of the above-mentioned facts, by the end of the project period, most of the project activities and achievements were handed over to the respective government organizations and community-based structures.

Some of the Anti-AIDS clubs established by the project have started to solicit funds from Woreda HAPCOs and other interested parties both within and outside of the project area.

Most of the caretakers of the OVCs who benefited from IG schemes have started to generate income from the petty trade and sheep breeding they are engaged in.

Evaluation Findings:

By the end of the project period, a team consisting of representatives from SIDO, Oromia and HAPCO's of the two Woredas, the beneficiary communities and line departments, such as Woreda health and education offices, evaluated the project. The evaluation findings confirmed that the project objectives were fulfilled and the performance of the project were in line with the initial plan. In recognition of the good performance of the project, the Kuyu Woreda administration gave SIDO a letter of appreciation and thanks.

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