

**ADDIS ABABA UNIVERSITY
RESEARCH AND GRADUATE PROGRAMS
REGIONAL AND LOCAL DEVELOPMENT STUDIES**

**THE ROLE OF NGOs IN THE PREVENTION AND CONTROL OF THE SPREAD
OF HIV/AIDS: THE CASE OF SELECTED ORGANIZATIONS IN THE ADDIS
ABABA CITY ADMINISTRATION**

By: Fassikawit Ayalew

June 2002
Addis Ababa

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OF HIV/AIDS – THE CASE OF SELECTED ORGANIZATIONS IN THE ADDIS
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A Thesis Presented to the Research and Graduate Programs of Addis Ababa University in
Partial Fulfillment for the Degree of Master of Arts in Regional and Local Development
Studies.

By: Fassikawit Ayalew

Approved by Board of Examiners

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DECLARATION

I declare that this thesis is my original work and has not been presented for a degree in any University and all the sources of materials used for the thesis are duly acknowledged.

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This thesis is submitted with my approval as a university advisor.

Emebet Mulugeta (Ph.D)

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Acronyms

AIDS Acquired Immuno-Deficiency Syndrome

ARV Anti-Retroviral

CCF Christian Children's Fund

CRDA Christian Relief and Development Association

FDRE Federal Democratic Republic of Ethiopia

HIV Human Immuno -Deficiency Virus

IEC Information, Education and Communication

MEKDIM Mekdim –Ethiopia National Association

MJATD Mary Joy Aid Through Development

MOH Ministry of Health

MMM Medical Missionaries of Mary

NGOs Non-Governmental Organisations

PLWHA People Living With HIV/AIDS

SC/USA Save the Children/USA

STDs Sexually Transmitted Diseases

WHO World Health Organisation

Abstract

This study is based on selected NGOs' HIV/AIDS preventive programs being undertaken in Addis Ababa Administrative Region. The NGOs mainly targeted those people, who have very low socio-economic status that eventually make them vulnerable to the HIV virus. The majority of the target population is unable to meet the basic necessities in life and live in the congested settlement areas of the city. Moreover, the prevalence of unprotected sex with multiple partners facilitates the spread of the virus among the sexually active and productive age group of society.

According to the findings of the study, one of the strategies used to prevent the spread of the epidemic is making the people aware of the means to protect themselves and prevent the transmission of the virus. Moreover, the provision of access to health care and other social support systems that helps to improve the living conditions of the urban poor people is another major issue that has been given emphasis in the programs. In spite of the efforts made and the resources committed through the collaborative efforts of the government, the private sector, the NGOs and PLWHA, the estimated adult HIV prevalence rate is increasing at an alarming rate. This study has tried to review the contribution of the selected NGOs in light of the internal and the external factors that affects these NGOs and the actors involved in the field. Accordingly, based in the major implication of the study, the researcher argues that the NGOs are faced with the challenges of enabling their beneficiaries deal with poverty and at the same time prevent the transmission of the virus. Hence, unless the urban poverty is reduced, these NGOs' contribution to the prevention of the spread of the virus will remain overshadowed.

CHAPTER ONE

1. Introduction

1.1 Background

Developing countries are characterised by high population growth, low life expectancy, high infant mortality, high illiteracy and a lack of access to basic services. Therefore, many developing countries are now concentrating on development activities that could enable them to improve the provision of basic social services to their people and reduce the poverty that the majority of their population is living in.

In spite of their efforts, there are many obstacles like natural and man made calamities, HIV/AIDS and others that hinder the process of development and keeps the progress at a lower pace. Reports on the global HIV/AIDS pandemic indicate that the problem is severer in Africa than in any other parts of the world. This situation could be attributed to the fact that “poverty facilitates the spread of HIV/AIDS and worsens its impact” (United Nations Economic Commission for Africa, 2000:3).

The epidemic is also spreading at an alarming rate in Ethiopia causing additional social, economic and psychological problems on the population. The government, the people and civil societies in general are now experiencing a loss of the productive force in the country and an increase in the number of the dependent population. This has necessitated a collaborative effort to prevent and control the spread of the disease.

As of February 2002, the Christian Relief and Development Association's (CRDA) member list indicated that there are eighty member organisations, which are involved in HIV/AIDS programs in the country. Out of these, around 50% are operating in Addis Ababa. Again from those organisations that operate in Addis Ababa, around 50% concentrate on the HIV/AIDS preventive aspects.

Hence, this study intends to review the existing intervention programs implemented by non-government organisations to prevent and control the spread of HIV/AIDS. Accordingly, five non-governmental organisations (three international and two local) are taken for this study.

This study is divided into five chapters. The first chapter is the introduction, which includes, the statement of the problem, the objectives, significance and delimitation of the study. The second and third chapters deal with the review of literature and the research methodology respectively. The fourth chapter consists of the findings of the study. In the last chapter, the analysis, conclusion and implications of the study are presented.

1.2 Operational Definitions of Major Concepts

Though many of the major concepts in this paper are universally understood, the researcher used the following definitions in this paper.

- ◆ HIV/AIDS is “Acquired Immuno-Deficiency Syndrome”, which is caused by HIV (Human Immuno-Deficiency Virus). (MOH, 2000)

- ◆ Prevention is taking appropriate measure to stop the transmission of HIV to the uninfected individuals, and Control is Monitoring of the incidence of HIV/AIDS so as to abate the impact of the disease in the community. (FDRE, 1998)
- ◆ NGOs are non-profit making organisations, which are concerned with social and economic change that are associated with the concept of development.
- ◆ Development is a multidimensional process involving major changes in social structures, popular attitudes and national institutions as well as the eradication of poverty. (Todaro, 1994)
- ◆ Epidemic is "a disease that affects a large number of people in a particular location within a relatively restricted time frame" (Hunter, 2000:1).
- ◆ Pandemic is "an epidemic that has spread to more than one country" (Hunter, 2000:1).

1.3 Statement of the Problem

In Ethiopia, the first HIV/AIDS cases were identified in the 1980s in the city of Addis Ababa (Agonafer, September 2001). The same report and others confirm that at present 3 million people are estimated to be HIV positive and 280,000 are said to have died from the epidemic.

HIV/AIDS mostly affects the productive and sexually active group i.e. 15-49 years of age. As Concern-USA quoted UNAIDS, the adult prevalence rate for the country is 10.6% and for Addis Ababa, it is 16.8% (2001:3). The same report again indicated that with 3 million infected people, Ethiopia ranks third in the world in the number of people living with HIV/AIDS (PLWHA).

HIV/AIDS is creating a burden of responsibility on children and the elderly who are left to care for and support their dying family members. Children, who are going to school are forced to dropout and look for ways of earning an income to support the family. In a country like Ethiopia, where there is no employment opportunities for the majority, some of the family members affected by HIV/AIDS are forced to be engaged in any activity that could bring an income. The livelihood insecurity caused by the illness and death of the heads of the family worsens the poverty in many families and again makes the remaining family members vulnerable to the virus.

The primary mode of transmission for the virus is the prevalence of unprotected sexual activity within the sexually active group of the society. The youth in school and out- of- school practice sexual activity with older and sexually experienced partners without giving much attention to protecting themselves. As a result, these groups in the society are highly exposed to Sexually Transmitted Diseases (STDs) and HIV/AIDS. Their vulnerability also increase as many adults prefer to have sex with these young people since they have misconceptions that the young are not yet exposed to the virus.

HIV/AIDS is negatively affecting the existing health care services and exacerbating the health service delivery problem in the country. The Ministry of Health (2000), in its report indicated that AIDS is an expensive disease that requires a considerable amount of resources from the health system. The same report quoted Kello (1994) which confirmed the above statement saying “the cost of hospital care

for an AIDS patient ranged from 425 to 3140 Birr during the course of the illness” (MOH,2000:29). Moreover, in many health centers, basic medicine and health personnel are lacking at the moment. The counseling and blood testing services for HIV/AIDS are very limited in a situation where more than 42% of all hospital beds in the country are occupied by HIV/AIDS patients (Ibid).

HIV/AIDS is a multi-dimensional problem. A lack of information on the mode of transmission, the skills to protect oneself from the virus and ways to care for those who are infected, add to the problem. It is only recently that the media, the government and non-governmental organizations started to recognize that a nation-wide effort on creating awareness on HIV/AIDS is the first and most important step to take control of the spread of the disease.

In this regard, Non-Governmental Organizations (NGOs) are identified as important actors in the collaborative effort to deal with the problems that HIV/AIDS is creating. In Ethiopia, NGOs first started their activities through involvement in mitigation of the effects of the droughts of 1973-74 and 1984-85. These organizations have gradually shifted to the field of development. In their development activities, the situation related to the spread of HIV/AIDS forced them to concentrate more on prevention programs. So far, little has been done to critically review these initiatives. Therefore, this study intends to investigate the involvement of selected NGOs that are dealing with HIV/AIDS in Ethiopia, with more emphasis on the preventive aspects of the intervention programs.

1.4 The Objectives of the Study

The general objective of this study is to scrutinise/ view the role of NGOs operating in Addis Ababa in combating the spread of HIV/AIDS and minimising its impact on development. The study will focus on what efforts the organisations make to tackle this major obstacle to development and the beneficiaries' attitudes towards the preventive programs.

The specific objectives are

- ◆ to identify the intervention programs that NGOs undertake in order to prevent and control the spread of the virus.
- ◆ to review the existing intervention strategies that NGOs in Addis Ababa are using in response to the problem and see these strategies in light of the National Strategic Framework.
- ◆ to identify the problems that NGOs encounter in their intervention efforts.
- ◆ to investigate and identify the gap between the needs of the beneficiaries in the target programs and the services provided.

1.5 Significance of the study

This study's main focus is identifying the major strategies used by NGOs in the prevention programs designed to control the spread of the disease. It also observes some of the changes they tried to bring to integrate the issue of HIV/AIDS with their existing development programs. In this particular study, the ideas that come from the beneficiaries of the prevention programs is expected to help the NGOs see the issues

under-emphasized in their programs. Moreover, the quality of the preventive programs that are being undertaken could improve since the NGOs will get the chance to see the gap between the services they are providing and the actual needs of their beneficiaries, from the point of view of a neutral observer.

Even though, NGOs have been active participants in the process of developing the National Strategies Framework, the reflection on the practical experiences is vital for the framework's revision. In this respect, the problems encountered by these NGOs while implementing their programs can be taken as an input for the policy and strategic framework revisions. This will strengthen the on-going policy revision initiatives that are being undertaken jointly by the government and the NGOs in Ethiopia. Unless constant monitoring and evaluation of programs takes place, they cannot be effectively modified to meet the challenges.

CRDA in particular will benefit from the outcome of this study as there are ideas and recommendations forwarded in order to strengthen its co-ordination effort of member organisations.

This study has also a contribution in providing information for those who are interested to build on this small piece of work and expand the study to other administrative regions of the country.

1.6 Delimitation of the Study

The scope of this study is limited to five member organizations of CRDA that implement HIV/AIDS preventive programs in Addis Ababa. The first reason for limiting the scope to these organizations is the feasibility of conducting an in-depth study of more than five NGOs with the given time- frame. These organizations are scattered in the city, which makes it very difficult to go around and see the activities undertaken by most of the organizations. Besides, conducting studies on issues like HIV/AIDS, which is still a taboo to communicate about, need time and patience to see all aspects in detail. The organizations selected for the study mainly undertake their preventive programs through anti-AIDS clubs in schools and out of schools or through the peer educators who are trained by the respective organizations. Hence, arranging appointments with every NGO director, the respective section heads and the chairpersons of the anti-AIDS clubs even of these five NGOs was a very long process.

The second reason is the diversified strategies that the organisations use to undertake both the preventive and care & support programs. As most of the organisations working on programs dealing with the problems of HIV/AIDS concentrate on the prevention, care and support aspects together, the time allotted for the study only allowed the researcher to consider the preventive programs.

1.7 Problems Encountered During the Study

Even though, the initial contact was made with the relevant people in each targeted organization, there was a resistance from some of them to let the researcher contact their beneficiaries. The researcher faced a problem of conducting free discussions with members from the community, without the presence of the employees of the

organizations. The researcher was also constrained by the limited communication opportunities made available with a particular community. The directors in the organizations said that their beneficiaries are tired of being respondents for studies that would not bring changes to their situation. In order to get the right information from the community, the researcher tried to use the motivators, who in most cases are selected and employed from the community, as data collectors.

There were also ethical issues that hindered the process of data collection. It was not easy to get the opinion of people who come for voluntary counselling and blood testing owing to confidentiality. In addition to this aspect, the people, who come to these centres are usually anxious and were not willing to talk to an outsider.

Therefore, the researcher had to ask the medical personnel in the centres to collect the data using the short survey questionnaire in order to get their opinion. As a result, the researcher was not able to collect the data using the methods previously planned.

Instead, efforts were made to make the methodology suitable for each organisation so that the data obtained would not have bias.

The other problem was contacting the directors of the selected organizations. Most of the time, they are either out of town or in a meeting. The researcher, finally tried to look for people who can personally contact these individuals in order to make the process shorter. Initially, there were six organizations selected for the study. But, as the process of arranging an appointment with each organization and program director became difficult, one of the organizations was cancelled due to the coincidental unavailability of the director.

From the targeted organisations, one was not willing to share its project proposals and other documents. This created a problem in the process of data analysis since the researcher was not able to compare the initial plan with the activities accomplished.

Similarly, an anti-AIDS club organised by one of the organisation provided an exaggerated figure on the number of households that they claimed to cover through the house to house awareness program. This figure first misled the researcher in calculating the sample to be taken to administer the survey questionnaire. But, before going further, the researcher cross-checked the information from the relevant people in the organisation and found out that the figure was intentionally given to outsiders to show that the club is performing better than the organisation.

In some cases, due to the above mentioned problems and others, the researcher was forced not to use uniform data collection instruments on similar preventive programs undertaken by the organisations selected for the study.

CHAPTER TWO

2. Review of Literature

2.1 Basic Issues and Concepts about HIV/AIDS

HIV is a virus, which attacks and destroys cells called T-helper cells of the white blood cells that are essential to the body's immune system (Daniels, 1986). These cells are reduced in number and they can not produce the normal immune response (Ibid.).

Depending on the health status of the people infected by the virus, the window period for the virus is said to range from three weeks to six months. During this period, the virus infects a person but the blood test may not show positive as the body takes the above estimated time to form an anti-body. On the other hand, the infected person appears healthy and functions for 3-12 years before he/she becomes an AIDS patient. But as Dossier clearly indicated in his statement, "HIV/AIDS is a deadly disease; there is no vaccine to protect against infections; and no treatments which can cure those who are infected, although very expensive drugs can, at the price of many side effects, slow down the progress of the illness." (1992:18).

The virus is transmitted through sexual contact, from the mother to the child during pregnancy, delivery and breast-feeding, blood transfusion and using infected skin piercing instrument for injections. Even though, the above modes of HIV/AIDS transmission are stated as the major ones, among them sexual contact is the primary mode of transmission in Ethiopia and other countries (FDRE, 1998). As a result, HIV/AIDS mainly affects the sexually active group of the population. Therefore, apart from the major manifestations of the disease i.e. illness and death, HIV/AIDS prevalence in a certain population is measured through the actual number of people, between the ages of 15-49 who are infected by the virus.

2.2. HIV/AIDS' Current Status Globally and Nationally

As Hunter indicated on the summary of the World AIDS Pandemic, “34.3 million people are currently living with HIV or AIDS (2000:14). It has been estimated that of all the cases of HIV/AIDS recorded globally, 25.3 million people, living with HIV/AIDS were in Sub-Saharan Africa at the end of the year 2000 (Michael, 2001).

HIV/AIDS is said to be Africa's Number One Enemy and is causing great damage by killing the most productive section of society and resources are being allocated by a number of organisations to deal with the problem. “The World Bank alone has approved the sum of 500,000,000 USD to help fight AIDS in Africa” (Michael, 2001:4). When the pandemic first started in the 80s it was thought to be only a health problem, but by the beginning of the 21st century, most people have come to realise

that HIV/AIDS is not only a health issue but rather a full-blown socio-economic development catastrophe.

Ethiopia stands second in the number of people living with HIV/AIDS and first in the number of children living with HIV/AIDS in Sub-Saharan Africa (UNAIDS and WHO, 1999). "In Ethiopia, the total number of people who have died from HIV/AIDS is estimated to be 280,000" (Agonafer, 2001:8). Even though the extent of the HIV epidemic is not known in the rural areas, it can be estimated that it is also high as the rural population has no access to health services and have a lack of information about the disease and its prevention.

In urban areas too, more than half of the population can be categorised as poor. As Meheret quoted Abebe (2001), "For cities like Addis Ababa the figure is staggering because 60 percent or 1,500,000 of its residents are considered to live below the poverty line" (2001:1).

The same report highlighted the major urban problems such as the growing number of homeless people, unemployment and overcrowded living conditions that contribute to the spread of diseases.

In order to combat the spread of HIV/AIDS in Addis Ababa, the capital city of Ethiopia, different actors are trying to educate the public for behavioural change and inculcate values and teach skills to protect one.

2.3. HIV/AIDS and its Impact on Development

Development, as defined by Todaro, "must be conceived of as a multidimensional process involving major changes in social structures, popular attitudes and national institutions as well as the acceleration of economic growth, the reduction of inequality and the eradication of poverty" (1994:16).

The process of change in developing countries can not fully be positive due to some obstacles, like high population growth that doesn't match the available resources to meet basic needs. The process is also negatively affected by HIV/AIDS that causes social and economic problems at the household and community levels.

HIV/AIDS aggravates poverty through:

- ◆ forcing households to rely on limited resources
- ◆ reducing employment opportunities
- ◆ inhibiting economic growth as a result of loss of skilled human resources and reduction in investment (United Nations Economic Commission for Africa, 2000)

In some African countries, it is also a cultural requirement for a woman, who lost her husband to have sexual intercourse with a member of her late husband's family member (Gachuh, 1999). This practice makes women more vulnerable to the virus and increases the number of orphans in a community. "More women are infected than men in Sub-Saharan Africa, and the gender shift of infected people is occurring in other regions" (Hunter, 2000:14). As the number of households affected by the disease increases, the responsibilities of raising the orphans in a community fall on the

elderly. People in the community also require more resources to handle funeral ceremonies and support the families of the deceased (Dossier, 1992). These are common practices in few African countries like Ethiopia where there still exists the communal way of life. As a result, the growth of the economy faces a great problem.

The loss of an experienced worker in every sector negatively affects production and productivity in general. HIV/AIDS is causing food and livelihood insecurities both in urban and rural areas of developing countries. In Ethiopia, in addition to the unfavourable climatic conditions and the inefficient traditional methods of farming, the epidemic is reducing the most productive force from the agricultural sector. Since the country highly depends on agriculture for subsistence, it is suffering the consequences of the decline in productivity. Moreover, there is also a negative impact on foreign exchange earning as Ethiopia's main export items are coffee, incense, hides and skin (PRSP Secretariat, 2002). Generally, "Illness and death from HIV and AIDS will affect resources allocation, production, consumption, savings, investment and above all, the well-being of patients and their surviving family members" (Ainsworth and Over, 1994:220).

The most disastrous feature of HIV/AIDS is its impact on life expectancy, which is one of the major indicators of development. As UNAIDS is quoted in the World Bank (2000), HIV/AIDS has the tendency of erasing 17 years of potential gains in life expectancy.

One of the most obvious effects of the AIDS is the rapid increase in health service expenditure. The demand for health care services is much more than the available

supply (Kello, 1998). This causes a burden on the health care system, which has already lacked resources, like manpower and finance. In Addis Ababa, the dense settlement pattern and lack of access to sanitation facilities expose the people to diseases such as tuberculosis and typhoid. These patients occupy most of the hospital beds and these diseases require drugs that require high-cost medical resources (Ibid).

The scarce resources spent on education are being lost when teachers and students die of AIDS. Even if facilities are available, there is a lack of teachers and other personnel to provide teaching services (Gachuhi, 1999). Parents are also unable to send their children to school because of loss of family income due to AIDS illness and death and the loss of income due to costs of treatments and care (Ibid.).

The HIV/AIDS epidemic in developing countries resulted in more children being born HIV positive and the majority of the productive age group (15-49 years of age) are infected by the virus. "African countries now account globally for 70 percent of new infections and four-fifths of AIDS-related deaths" (Gachuhi, 1999:13).

The above- mentioned social and economic effects of the spread of the disease are being felt in many developing countries. These effects are bringing a negative impact on the development process, which is already hampered by many problems.

The challenge of development ... is to improve the quality of life which encompasses as ends in themselves better education, higher standards of health and nutrition, less poverty, a cleaner environment, more equality of

opportunity, greater individual freedom, and a richer cultural life (Todaro, 1994:16).

In light of the problems caused by HIV/AIDS, achieving development as explained by Todaro is almost impossible.

2.4. Mechanisms for the Prevention and Control the Spread of HIV/AIDS

The understanding that HIV/AIDS is not only a health issue leads to the design of preventive programs using a holistic approach that can particularly avert the major effects of HIV/AIDS on development. "Programs to prevent the spread of HIV work best as a package, with each initiative reinforcing the others" (UNAIDS/WHO, 1998:26).

There is also a need to consider each individual's responsibility to take actions for the prevention of HIV transmission and the mitigation of its impacts. In order to share the responsibilities among a society, the availability of information about the spread of the disease and the availability of services to deal with the opportunistic infections are priority prevention program areas.

Some years ago, due to lack of information, there was a tendency of denying the existence of HIV/AIDS in many African countries, Ethiopia being one of them. This has been and still is a major constraining factor in designing effective preventive programs, which resulted in having a devastating impact on countries like Uganda.

But now, many countries' experiences show that preventive programs have been found to be effective in combating the spread of the disease. The following are some of the commonly practised HIV/AIDS preventive programs globally.

2.4.1. Information, Education and Communication (IEC)

“ HIV transmission can be slowed dramatically by changes in behaviour: reducing the number of sexual and drug-injecting partners, using condoms during sexual intercourse and using sterilised injection equipment" (The World Bank, 1997:4).

Studies indicate that many people, especially women and children, are in a disadvantageous position in terms of protecting themselves and their families from the consequences of the HIV/AIDS epidemic. Hence, the provision of information on the right to protect themselves from risky sexual activity should be a major concern. Greater condom use is said to have a rapid impact on prevention of sexually transmitted diseases. In Switzerland, a campaign to persuade people to have safer sex has contributed a lot in response to HIV/AIDS rather than persuading people to reduce the number of sex partners (UNAIDS/WHO, 1998).

Information provision and education on the prevention of the disease should be coupled with the preparation of training materials. The information and skills acquired by young people help them to delay the initiation of sexual activity and to practice safe sex if they have already started. Methods of avoiding risky situations and behaviours should be the concern of life skills education programs. "Life skills education programs are programs, which aim to influence health and social behaviour that particularly deal with

- ◆ Self- awareness
- ◆ Private communication and interpersonal relationships
- ◆ Decision making and problem solving
- ◆ Creative and critical thinking
- ◆ Coping with emotions and stress" (Gachui, 1999: 23).

Specific experience in Eastern and South Africa Region has shown that "stand-alone life skills programmes or having one lesson a week entirely separate and on its own, or a special lesson within a subject like health education or biology, have a better chance of succeeding than those that are infused in the curriculum" (Ibid:31). Therefore, while designing life skills education programs, we need to consider the school environment and check whether the approach to be selected fits the existing reality.

Respect for human rights is vital for the success of HIV/AIDS prevention programs. Discriminatory actions imposed on people living with the virus in some service-giving institutions, employers and people at the workplace are the common sources of harassment that the victims face.

On the other hand, there are jobs, which highly expose workers to HIV infection. The practice of women and young girls, being engaged in casual sexual activities for economic reasons and those people who stay long outside their homes (People in the military and drivers) could be cited as the most prevalent examples. Therefore, training programs and training materials development that particularly target the above and other vulnerable groups due to the nature of their jobs should be considered as the most important intervention area.

2.4.2. Strengthening STDs Treatment Services

STD services may be established with services integrated with primary health care services for the general population and with STD patients being seen in general outpatient clinics (World Bank AIDS Campaign Team for Africa, 2000).

Alternatively, specially designated STD clinics may be established separately from other health care services (Ibid.). Hence, attention should be given on provision of the information about the availability of the services for those who need it through the appropriate channel.

The presence of STDs facilitates the transmission of HIV/AIDS. Hence management of STDs is an important mechanism to control the spread of the disease.

2.4.3 Prevention of Mother-to-Child Transmission of HIV

“The Transmission rates and periods during which mother to child transmission (MTCT) occur are

- ◆ during pregnancy 20-35%
- ◆ during labour and delivery 35-50%
- ◆ during breast feeding 40-50%
- ◆ Overall transmission 30-45%” (Yared, 2001:37)

The intervention includes the counselling and HIV testing of pregnant women, the training of health workers on the safety of delivery of HIV positive women and the applicability of ARV (Anti-Retroviral) treatment (World Bank, 2000).

As the world Bank quoted UNAIDS (1999) “ Recent research advances have led to the development of a relatively inexpensive and logistically feasible ARV drug regimen for developing countries that reduces the risk of MTCT by 37 percent” (2000:59).

2.4.4. Voluntary Counseling and Testing (VCT)

Here, the pre- and post-test counselling and the blood test itself are the major components. Voluntary testing is not believed to be an option unless care, treatment and help are available for people who test positive. According to (UNAIDS/WHO, 1998) recent studies, counselling and testing for HIV is a cost-effective way of supporting prevention efforts. In this regard, training of medical staff in counselling

and skills in conducting blood test for HIV/AIDS, acquiring the relevant medical equipment and distribution of the IEC materials are the important steps to be taken.

2.4.5. Strengthening Blood Transfusion Services

As WHO is quoted in United Nation Economic Commission for Africa, "It is estimated that between 5% and 10% of HIV infections World-wide are transmitted through the transfusion of infected blood and blood products" (2000:12).

The major activities of a blood transfusion service are donor recruitment and selections, blood collection; blood screening; storage and distribution; transfusion; management and administration of staff training (Ibid.). Each step needs extra care and precaution, as the process of blood transfusion service is always a hectic action in order to save the life of an individual who critically needs blood.

The above stated and other components of preventive programs are being widely practised especially in areas where there is a high spread of new infections.

2.5 The Role of NGOs in Development and the Prevention of HIV/AIDS

2.5.1. The Global Perspective

NGOs are organizations concerned with social and economic change, which is associated with the concept of development. They are a fraction of civil society that includes associations, cooperatives, women organizations, indigenous peoples' organizations (Abdulatif , 2001).

These organizations have a general mission to improve the quality of life of disadvantaged and vulnerable groups in the society. This general mission can only be a reality with active participation and collaboration of the community and the public at large.

"It appears that a large number of NGOs in different countries of the South were guided by the overall purpose of empowerment of the powerless, the poor and the oppressed" (ISS, 1993/94:5). Empowerment basically indicates the process of enhancing a sense of confidence in order to work on collectively (Ibid.).

According to the above course book (1993/94), NGOs are classified into four groups based on the nature of their functions.

1. There are NGOs that are primarily concerned about welfare issues and provide basic necessities to the needy. This kind of NGOs serve as an alternative to public sector action and are very active in emergency situations where government programs and services are not able to deal with the situation. Since the provision of basic necessities is only available as long as the NGOs are there, it brought the danger of creating dependency attitude on the beneficiaries.
2. NGOs that are development oriented and involved in empowerment or work through educational interventions are categorised here. This group of NGOs is slightly different from the first group, as the benefits they provide would sustain beyond the existence of the NGOs.

3. There are newly emerging NGOs, which provide a variety of support functions like building the capacity of different grass-root NGOs. Capacity building mainly deals with creating an ability to sustain performance beyond the intervention of these supporting NGOs. The local public and private village development initiatives are given high consideration in the NGOs' support activities. The NGOs are also relieved from directly being involved in service delivery at the village level. According to Korten (1993/94), when these NGOs fully reach the stage where their service delivery role is replaced by facilitating development through the local institutions, they are considered as catalysts of the development process.
4. There are also NGOs, which serve as networks of group of NGOs. These NGOs usually have no operational field projects but they mainly carry out education and lobbying.

The above different functions in one way or another give NGOs the opportunity to work at a grass-root level. Moreover, they are trying to integrate the mechanisms to prevent and control the spread of HIV/AIDS with the development activities. In this regard, Governments are usually expected to create an enabling environment for these organisations to work. This supports the suggestion made by Adey, which says “for NGOs to have regional or national impact, they need to work in harmony with governments (2000:19).

2.5.2. The Situation in Ethiopia

In Ethiopia too, the above-mentioned groups of NGOs have been popular in the last few decades. Abdulatif (2001), in his paper also indicated that NGOs in Ethiopia are mainly categorized into three depending on their role. There are NGOs in the first category, involved in the relief work. In the second category, others are involved in advocacy work through training and education. The NGOs in the last category are involved in lobbying.

Before NGOs started operating in Ethiopia, associations based on religious and social foundations were active in solving local problems, discussing common issues and raising resources for mutual help (CRDA, 1998). The missionaries were also involved in the education and health services provisions in the earlier years. Around mid 1960s, NGOs started their activities through involvement in mitigation of the effects of the droughts. Even though, some of these organisations are still active in the emergency response and relief activities, they have gradually shifted to the field of development. Some are also involved in advocacy in human rights in general.

There are 370 NGOs registered in the country, the highest concentration being in Addis Ababa. Among these organizations, 204 are under the Christian Relief and Development Association (CRDA) and 62.3% are local organizations (CRDA Member's list, April 2002). CRDA is one of the biggest umbrella organizations for local and international NGOs operating in Ethiopia.

In the 1980s, when HIV/AIDS cases were first identified in Ethiopia, the national AIDS control program was created at the department level within the Ministry of Health. But, the rapid increase in the number of HIV/AIDS cases necessitated the

designing of an all-round approach to control the spread of the epidemic. Hence, NGOs in Ethiopia started to be actively engaged in the efforts being exerted towards combating the spread of HIV/AIDS and other sexually transmitted diseases. There are around eighty NGOs registered under the CRDA, whose major focus area is dealing with HIV/AIDS. Among these, twenty-three are implementing HIV/AIDS preventive programs in Addis Ababa Regional State.

The NGOs in Ethiopia also took the first initiative in organizing the National Workshop on HIV/AIDS with the theme, 'Breaking the Silence' in 1996. This particular initiative has opened the door for the sensitization programs that the NGOs later on conducted in order to prevent the spread of the disease. Then, the NGOs under the umbrella organization, CRDA, lobbied for the formulation of the policy on HIV/AIDS. Eventually, the government of Ethiopia launched a National Policy on HIV/AIDS in 1998 in order to guide the implementation of successful programs to prevent the spread of HIV/AIDS, to care for HIV/AIDS victims and to reduce the adverse socio-economic effects of the epidemic (MOH, 2000). Even though, at county level, the direction of AIDS prevention and control program is the responsibility of the Ministry of Health, the role of non-governmental organizations in supporting the efforts of the MOH in combating HIV/AIDS pandemic is emphasized in the HIV/AIDS strategy (CRDA, 1998). Accordingly, the NGOs have been provided with the opportunity to contribute in the preparation and formulation of the five-year Strategic Framework for National Response to HIV/AIDS in Ethiopia for the years 2000-2004 (CRDA, 2001).

This again necessitated the existence of a national body that involves both government, non-government, private and public sectors of the society. Hence, the National AIDS Council (NAC) was established in the year 2000 (NAC, 2000). The council is now co-ordinating all programs designed to fight the disease CRDA being one of the members of the council representing the NGOs under it.

As the conceptual framework displays, the preventive programs need to address both the major causes of vulnerability to HIV/AIDS and the modes of transmission. The root causes of vulnerability to the virus are the major features of poverty. NGOs and local institutions are involved in development, with the long- term objective of reducing poverty. However, the existence of HIV/AIDS forced the NGOs to focus both on the development and the prevention of the spread of the virus. The internal and the external factors are assumed to have an impact on the performance of the actors and the preventive programs.

CHAPTER THREE

3. Design and Methodology

3.1. Background Information

According to the CRDA's list of member organizations involved in HIV/AIDS programs, there are a total of eighty organizations operating in Ethiopia. Among these organizations, thirty are international and fifty are local. The organizations work on the following major areas of intervention.

- ◆ Counseling and Testing
- ◆ Capacity Building of Local NGOs/CBOs
- ◆ Education and Training
- ◆ Care and Welfare
- ◆ Awareness Raising Campaigns
- ◆ IEC materials Development and use
- ◆ STDs Management

Furthermore, an evaluative study of HIV/AIDS implementing organizations conducted by PACT-Ethiopia (2000) indicated that there are a total of 35 NGOs, government organizations and associations operating in Addis Ababa. Among these organizations eighteen are members of CRDA. The information gathered from CRDA's list of organizations which implement HIV/AIDS programs in Addis Ababa indicated that the number of organizations working on HIV/AIDS has reached forty. Because of the inconsistent information the researcher found from different sources, it was difficult to come up with the exact number of organizations dealing with HIV/AIDS prevention programs. This might have been caused by lack of update data. The researcher has finally decided to take the CRDA's list as a sampling frame.

3.2. Sampling Procedures

Among the forty CRDA member organizations that implement programs on HIV/AIDS in Addis Ababa, those that deal with the implementation of preventive programs were first identified. The number of NGOs in this category is around twenty-three. Then from this category, six organizations (26%), three local and three international were again selected through purposive sampling. The following criteria were used to select the organizations.

- ◆ Since the study is an evaluative study, those programs with at least more two years of life-time are considered for selection.

- ◆ Since HIV/AIDS has a negative impact on the psychological, social, economic and other aspects of human beings, it would be important to select preventive programs with multi-dimensional perspectives. This will help to analyze how NGOs address the challenges of development.

How ever, during the study, one of the international NGOs was unavailable for the study and consequently dropped. Therefore, five NGOs, comprising 21.7% or roughly one fifth of the target group were studied.

These five organizations were used for in-depth study on the general nature of preventive programs they undertake, the types of beneficiaries targeted and the opinion of the beneficiaries on some of the changes observed due to the implementation of the programs. Different types of survey questionnaires were administered to samples of beneficiaries of the various preventive programs in order to get their views regarding the programs. The survey questionnaires were designed to the sample beneficiaries of the various preventive programs, depending on the kind of services they get. Detailed information on the types of questionnaires designed and distributed the beneficiaries who responded and the samples taken are presented in the following table.

Table 1. Information on the Design and Distribution of the Survey Questioner

Name	of	Types	of	Types	of	Total Number of	Total	The	Actual
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Organization	Preventive Program	Respondents	the Sample Population	Number of Samples Taken (40% of the total)	Number of Respondents
Medical Missionaries of Mary (MMM)	House- to- House Awareness Program	People in the community (Woreda 7,9 and 10)	200	80	80
Mekdim Ethiopia National Association			238	95	89
Mary Joy Aid Through Devt.(MJATD)	*Voluntary Counseling and Testing	Clients of the VCT centers from all regions in the country	-	-	30
St. Mary's General Laboratory (MMM)			-	-	40
**Christian Children's Fund (CCF)	Counseling Services on HIV/AIDS and Reproductive Health Issues	Out of School anti-AIDS Clubs' beneficiaries	-	-	48
***Save the Children/USA SC/USA		School Anti-AIDS Clubs' beneficiaries	-	-	71

* In the voluntary counseling and testing program, the actual number of the sample population is not indicated since both MMM's and MJATD's VCT centers are places that do not have regular clients. Hence, this research, instead of taking samples, took the clients who came to the center within the last fifteen days of the data collection period as respondents.

** CCF implements the HIV/AIDS preventive programs in Addis Ababa through the anti-AIDS club established by the youth out- of- school. The club has trained counselors who provide counseling services on HIV/AIDS and adolescent reproductive health issues to its members. The respondents in this category were therefore those club members who came to the club within the last fifteen days of the data collection period to get the service.

*** The SC/USA adolescent reproductive health program targets the youth in twenty five government secondary schools in Addis Ababa. Out of the total targeted government high schools, two schools were randomly selected. In these schools, there are anti-HIV/AIDS clubs and trained counselors that provide counseling service for the school community. Again here, the researcher took those students who came to the clubs of the two schools within the last fifteen days of the data collection period as respondents.

The design of the data collection instruments for the qualitative data was diversified for each preventive program in the targeted organizations. The following table shows the qualitative data collection instruments applied in each program component.

Table 2. Information on the Design of the Qualitative Data Collection Instruments

Types of Qualitative Data Collection Instrument	Types of Respondents	Organization	The Number of Respondents
◆ Unstructured Interview	Program Directors	MMM	1
		Mekdim	1
		MJATD	1
	Program Managers And Coordinators	MMM	4
		Mekdim	1
		CCF	3
		SC/USA	1
MJATD		2	
Motivators' Supervisors and Anti-AIDS Club Chairpersons	Mekdim	1	
	MMM	1	
	CCF	1	
Counselors	MMM	2	
	MJATD	1	
	CCF	1	
	Mekdim	1	
◆ Focus Group Discussion	Staff Members form Different Sections	MJATD	6

3.3. Data Collection Instruments

Primary data was gathered using the following instruments:

- ◆ Unstructured interview for program directors, managers, coordinators and other relevant staff members of the selected organizations
- ◆ Focus Group Discussion (FGD) guides for staff members
- ◆ Observation checklist for project sites
- ◆ Survey Questionnaires for different target groups (Community members, blood testing and counseling centers' clients and youth in and out of schools)

Secondary data was obtained from the organizations' project proposals, reports and project evaluation reports. Evaluation reports of World Bank and others on HIV/AIDS preventive programs have also been used.

3.4. Data Analysis

The data gathered through the unstructured interviews, observation and focus group discussions was analyzed using qualitative data analysis method. First, the data was checked for accuracy, usefulness and completeness. Then, the data was coded and re-coded. The major ideas that recur during the classification of the data into groups were considered as themes around which the finding were organized. Finally, the analysis appeared under each theme in the report. The data obtained through the survey was analyzed using simple descriptive statistical tools on Statistical Package for Social Science (SPSS).

CHAPTER FOUR

4. Findings of the Study

The study covered three local and two international NGOs, which implement HIV/AIDS prevention programs in Addis Ababa. These are Medical Missionaries of Mary, Mary Joy Aid Through Development, Mekdim- Ethiopia National Association, Christian Children's Fund and Save the Children/USA. During this study both quantitative and qualitative methods of data collection were used. The qualitative data

was obtained through unstructured interviews, observation and focus group discussion, while the quantitative data was obtained through the survey questionnaire from the sample population. The program description of each organisation and the information gathered from the HIV/AIDS preventive programs through both methods are presented as follows.

4.1. Background Information about the Organisations

4.1.1. Medical Missionaries of Mary (MMM) Counseling and Social Services

Center

The Medical Missionaries of Mary (MMM) Counseling and Social Services center was established in 1992 under the auspices of the Ethiopian Catholic Church. When the center first started operation, it was providing counseling service for people living with HIV/AIDS that were referred from hospitals in the Addis Ababa. Later on, the center adopted a flexible approach in that some of the needs expressed by the clients, their families and local community led to the expansion of the HIV/AIDS prevention activities. From the beginning of 1999, in addition to the counseling and social services, education program on HIV/AIDS, home-based care for PLWHA, community development programs, a program for children with disabilities, orphan support and service for voluntary counseling and blood test (VCT) for HIV virus have been put in place.. The aim of the programs is to contribute towards the reduction of HIV/AIDS and the stigma associated with in the years 1999-2003.

Even though, Woreda 13 is the major target area of the preventive program, the AIDS education work is now covering a few kebeles in Woreda 10, where the VCT centre is located. As the strategic plan document indicates, work with communities helps to account local people's attitudes, interests, experiences and views. Accordingly, MMM encourages the involvement of community representatives, community-based organisations and other members of the community in the programs. The HIV/AIDS preventive program in MMM mainly targets the youth in and out- of- school (the most affected segment of the society) in order to raise their awareness on the impact of the epidemic and build their capacity to participate in the prevention endeavours.

The funding sources of the preventive programs in MMM are Catholic Agency for Overseas Development (CAFOD), Action Aid and OXFAM/UK. CAFOD financially supports the awareness programs while Action Aid concentrates in providing support for the VCT centre. OXFAM/UK provided financial support for evaluating the counselling and the AIDS orphans support programs.

MMM is an active member of the CRDA's HIV/AIDS Working Group. It also arranges discussion forums for organisations, which implement similar activities. Moreover, the organisation facilitates experience- sharing visits to neighbouring countries for the staff.

4.1.2. Mary Joy Aid through Development (MJATD)

Mary Joy Aid Through Development (MJATD) was established in 1994 as an indigenous NGO in Ethiopia. Currently, MJATD undertakes its development programs in two regional states i.e. Addis Ababa and Southern Nations, Nationalities and People's Regional States. In Addis Ababa Administration Regional states, MJATD operates in Woreda 8 and 25.

MJATD started its operation through promotion of primary health care services for mothers and children in the target community. But as the years went by, the low economic status of the households in the community demanded the organisation's expansion to an integrated development program. Hence, the organisation developed a five years strategy frame- work for the years 1999-2003. In strategy document, MJATD gives emphasis to the implementation of IEC, STD prevention and control, voluntary counselling and testing, medical care and psychological support to PLWHA. These works are being undertaken closely with the local community and local government bodies. There is a Development Co-ordinating Committee, which is composed of representatives of the various self-help organisations (Idirs), local kebele officials, and representatives of women and children. In addition, in the administrative zone where MJATD implements its programs, there is the child-focused NGOs network. MJATD is a member of the network and the organisation participates in the discussions on HIV/AIDS activities. It is also an active member of the CRDA's HIV/AIDS Working Group in which it hosts experience-sharing visits for other working group members that implement similar programs.

MJATD gets financial assistance from organisations like the National AIDS Council (NAC), Action Aid, CRDA and others. As the organisation's project proposal indicated, one of the goals of the organisation is to curb the spread of HIV/AIDS in Ethiopia.

4.1.3. Mekdim - Ethiopia National Association (MEKDIM)

MEKDIM is a national association established in 1997. The association founding members are eleven PLWHA and nine AIDS orphans. Now, it has more than five hundred members. The association has branch offices in Jimma and Dessie and operating in three regions (Addis Ababa, Amhara and Oromia Regional States).

The association has HIV/AIDS preventive programs in Woreda 1,8, and 9 in Addis Ababa. The major objective of the preventive program is to bring behavioural change within the society through awareness creation. The preventive program has major components like awareness raising on HIV/AIDS, IEC materials development and counselling & social support. This particular program formally started operation in the year 2000 and has a three years life -time. MEKDIM got the fund from the World Bank through the NAC in order to implement the preventive programs.

4.1.4. Christian Children's Fund Inc., Ethiopia (CCF)

CCF is an international, non-governmental organisation, which started assisting needy children in Ethiopia in 1971. When it first started its operation in Ethiopia, it provided support through the Lazarist School in Addis Ababa. Until 1985, the organisation was managed through the CCF office in Kampala, Uganda. The Ethiopia CCF National office was opened in Addis Ababa in September 1985. The major strategy through which CCF used to implement its program was one-to-one child sponsorship program. Through this strategy, children are supported while they are staying in their family and community. Later on, the program developed and started to use different strategies according to the needs and priorities of children and the community.

Starting from July 2000, CCF is assisting children and their families in 14 kebeles of four woredas in Addis Ababa through the Child and Family Development Program. This particular program has a three years lifetime and the financial assistance is from CCF-Australia and CFF- France. Moreover, CCF has the advantage of participating in the training programs organized by CRDA for its' program staff members. It also participates in the discussion forum of the CRDA's Health Working Group.

The need assessment survey conducted by the project offices in 1998 indicated that due to mainly poor socio- economic status, malnutrition and high prevalence of communicable diseases, there are high infant and child mortality rates. The woredas of the targeted population consist of Woreda 1,2,7 and 10. The kebeles of the projects areas are clustered in five different project sites (project offices). The annual impact

monitoring and evaluation survey of 1999 indicated that even though knowledge about HIV/AIDS is not lacking, acquiring positive behavioral change is a challenge within a short period of time. Therefore, CCF intended to strengthen peer education approach in order to reach the community, the main objective being raising knowledge and awareness of community on HIV/AIDS prevention. This is done through anti- AIDS clubs formed by the youth in and out-of-school, who have been and are still beneficiaries of CCF's projects. There are a total of 247 youth organized in five clubs.

One of the clubs that works for youth out- of- school is called Wogen Le Wogen. This club was established in 1994. It has a total of 105 members out of which 7 are founding members. The club conducts house to house awareness program, mainly targeting parents. The club members discuss on issues of reproductive health and HIV/AIDS with the parents in the house. There are eight trained peer educators who work on this program and they claim to cover 350 households in Woreda 2 Kebele 11. They are also planning to expand the house to house awareness program to other two kebeles of the same woreda. At the moment, they have stopped actually conducting this particular activity due to lack of fund.

Every quarter, there is also youth festivals carried out for the general public. The festival is called 'Saymesh' which means 'before it gets too late'. This program concentrates on experience sharing among the different CCF's projects and building on the lessons learnt.

The club works with other clubs, like Tesfa Goh. The club reports detailed activities of such programs to CCF within an agreed reporting format. It also gets technical and financial assistance from CCF by presenting its annual activity plans.

4.1.5. Save The Children USA (SC/USA)

Save the Children/USA is an international non-governmental organization founded in 1932. SC/USA started its development activities in Ethiopia in 1984. In 1997, together with Ministries of Health and Education, Cherkos Community Clinic, DKT, Consortium of Family Planning NGOs in Ethiopia and Family Guidance Association, SC/USA provided reproductive health training to twenty students and five teachers of Shimelis Habte High School. The trained students and teachers formed the Adolescent Reproductive Health clubs. As a result, both the Ministry of Health and the Ministry of Education requested SC/USA to expand the project to all government high schools in Addis Ababa with the intention of integrating these activities into the school curriculum. The fund for the implementation of the above activities is mainly from PAKABP Foundation in USA and the project will end on September 30, 2002. A new pilot project will start in elementary schools of four woredas in the Oromia Regional State.

The major aim of the project is to help high school students abstain from sex, avoid unprotected sex in order to reduce unwanted pregnancies, abortions, HIV/AIDS and STDs. Therefore, providing access to proper information on adolescent reproductive health and facilitating the treatment of STD cases for the school youth are considered to be the major activity of the projects.

4.2. Major Preventive Programs

4.2.1. Awareness Raising on HIV/AIDS Prevention

All organisations targeted conduct the awareness creation programs using similar strategies. The strategies commonly used are

- A. House-to-house awareness program for people in the community
- B. Discussions on issues related to HIV/AIDS of coffee ceremonies
- C. Awareness-raising programs for staff members
- D. Awareness- raising program for school youth and out- of- school youth through anti- AIDS clubs.

Most of the time the house-to-house programs are conducted through a lecture approach where by the motivators from the organizations give lectures on specific topics and the people in the targeted houses are required to listen and ask questions. The awareness raising programs through the coffee ceremonies, on the other hand, give a relatively open forum for the targeted population to conduct the discussion among themselves. The role of the motivators (community workers) in this case is mostly to facilitate the discussions, guide the participants to share their experiences on certain topics and summarize the points of discussion for the participants. Two of the targeted organizations under the study, conduct awareness raising programs for their staff members through workshops and staff meetings especially arranged for this purpose. The awareness programs for the youth in and out- of- school are usually conducted through drama, songs, poems and essay with messages in HIV/AIDS prepared by the club members.

The staff members, who are working on these awareness programs in MM and MEKDIM are called motivators. They are selected from the community and trained on communication skills, basic facts about HIV/AIDS and principles of counseling. There are nine motivators working for MMM and six for MEKDIM. The level of education of most of these employees is 12th grade or below.

House-to-House Awareness Programs for People in the Community

The researcher had a chance to observe the process of the house-to-house awareness program conducted by MMM in Woreda 10. In addition, a questionnaire was administered for the people in the community in Woreda 9 and 10 in order to get their opinion about the awareness program. The demographic characteristics of the respondents are presented on the following table.

Table 3. Demographic Characteristics of the Respondents in the Community

Demographic Characteristics	Name of the Organisation			
	MMM		MEKDIM	
	Frequency	Percent	Frequency	Percent
Age of Respondents				
Below 15 years	-		1	1.1
15-24	35	43.8	15	16.9
25-49	36	45	53	59.6
Above 49 years	8	10	20	22.5
Not mentioned	1	1.25	-	-
Sex of Respondents				
Male	48	60	30	33.7
Female	31	38.8	59	66.3
Not mentioned	1	1.25	-	-

Occupation of Respondents				
Students	20	25	13	14.6
Civil Servants	6	7.5	15	16.9
Private employees	29	36.3	20	22.5
Unemployed	12	15	17	19.1
House wives	12	15	22	24.7
Pensioner	1	1.25	2	2.2
Total Number of Respondents	80	100	89	100

As the previous table indicates, more than 50% of the respondents are between 25-49 years of age and 28.9% are engaged in private businesses. But, the gender composition is different for each organisation. In the case of MMM, the number of the men is greater than the number of the women and for MEKDIM, it is the reverse.

During the researcher's observation of the house-to-house awareness program, the majority of the participants were men. Those member of house-holds, who are engaged in weaving are the one who actively participate in these programs as they can listen and talk while they are on their jobs. These kinds of people are very conscious of the time they spent on different activities in a day. The house-to-house awareness program in Woreda 10 can not be conducted every Friday. This is because, since Saturday is the most important day for selling their products, they are very busy preparing their products for sale. Hence, the motivators use every Friday for report writing. The house-to-house awareness programs conducted by the anti-AIDS club established under CCF in Woreda 2, are usually undertaken after office-hours or on the weekends as the area is a business area, both the men and the women in a family spend their time outside their homes.

During the house-to-house awareness programs, basic issues like the modes of HIV/AIDS transmission, how to take care of AIDS patients, how to protect oneself

from the virus while caring for others are freely discussed. The researcher observed that the motivators have uniform answers for the questions provided.

On the awareness raising forums, the misconceptions about HIV/AIDS that are common in the community were being reflected and discussed upon. Accordingly, the researcher managed to record the following few common misconceptions reflected during the discussions.

- ◆ “People who are fat could not be HIV positive”
- ◆ “It is after introduction of the condom that HIV/AIDS overspread”
- ◆ “One of the modes of transmission for HIV/AIDS is eating eggs, chicken and mutton, as the hen and the sheep can easily swallow the used condom from the ground.”
- ◆ “You can not be infected by HIV if you eat spicy food.”

Most of the participants seek explanations from the motivators on the above stated misconceptions about HIV/AIDS. The motivators informed the researcher about one incident which happened just before the on set of the fasting period in March 2002. A few people in Woreda 10 Kebele 13 gathered on Sunday and slaughtered a goat to have a barbeque. These people found a used condom inside the stomach of the goat. All of them feared that if they ate the meat, they would get infected by HIV. Hence, they threw all meat away. After this particular incident, the motivators reached that particular area through the house-to-house awareness program. When the discussion started, the first question asked was related to the above incident. The motivators explained that the virus needs conducive environment like a human body and even if

the virus was in the used condom, it would die immediately. Then the people in that particular area regretted for not eating the meat because of the misconception they had about HIV's mode of transmission.

For the majority of the respondents, the first source of information about HIV/AIDS was the mass media. When the awareness program first started, the motivators faced resistance from the people in the community. They didn't want the motivators to go to their houses, let alone conduct detailed discussion with family members. The woreda and kebele officials were not enthusiastic to collaborate because of a lack of awareness. But, as time went by, people in the community started to witness the illness and the death caused by HIV/AIDS. Moreover, NGOs also gave priority to create awareness about HIV/AIDS to the officials.

Since people in the community recently started to realise the importance of having knowledge about HIV/AIDS, they were mostly open for discussion. The awareness raising programs that are being undertaken by MEKDIM and MMM, help the people to build upon the information they got from the media as the house-to-house awareness program provides the opportunity to learn more about the subject. The respondents of the survey also confirmed this fact by saying that the house-to-house awareness program has increased their knowledge about HIV/AIDS more than the other methods used.

According to the survey result obtained from 169 beneficiaries of MMM and MEKDIM, 38.2% indicated that the main change observed after the awareness raising programs is the introduction of free discussion about HIV/AIDS. Moreover, 28.8%

also believe that the programs helped people to reduce the sexual partners they used to have.

Nevertheless, the house-to-house awareness raising strategies require a large number of trained motivators and also a lot of time to reach a great number of households. But, these NGOs only have a limited number of motivators whose educational background is very low and they only managed to cover a very limited number of households. Besides, the motivators are expected to work effectively without being provided with additional opportunities to participate in any experience sharing or discussion forums that would enrich and update their knowledge on the subject.

B. Discussions on HIV/AIDS of Coffee Ceremonies

MEKDIM mainly targeted housewives and maids for the coffee ceremony since the organization claims that these groups do not usually get the opportunity to participate in other discussion forums. The researcher took the previous photographs while observing the coffee-ceremony being conducted by MEKDIM in Woreda 9 Kebele 07.

MEKDIM covers all the expenses incurred by the coffee-ceremony. The women in Woreda 9 are asked by the motivators to host these coffee-ceremonies. All of them are happy and committed to collaborate with the organization, as they are aware of the advantages of the programs. Hence, for the above coffee-ceremony, the woman who hosted the ceremony, volunteered to organize the event and she also invited her neighbors and friends from other kebeles. When the project officer from MEKDIM asked the lady why she volunteered to host this ceremony, the lady said, “ I was supposed to go to church at this time of the day, but I thought that this program would

help me and my friends to save the lives of our children. Therefore, I wanted to give priority for organizing this important event.”

The researcher also observed the documented video show of the coffee ceremony program conducted by one of the anti-AIDS clubs established under MMM in Woreda 13. In the two programs observed, there were a total of 28 participants, out of which 26 were women and girls. The researcher asked the women why more men did not participate in these programs. Some said that as their husbands and their sons don't stay at home during the day, it is the women who transmit the message.

The women on the coffee-ceremony had relatively free discussions among themselves than the house-to house awareness program observed. Some of them do not wait for the motivators to give answers for the questions forwarded by their friends. They take the initiative to speak about what they know and what they have heard. Among the participants, there were few people who were dominating the discussion. But, the motivators try to encourage others to participate in the discussion. Almost all the misconceptions about HIV/AIDS and the points of discussion in the house-to house awareness program were repeated here.

C. Awareness-Raising Programs for Staff Members

Another group of beneficiaries of the NGOs' awareness raising programs is the staff members in the organizations. In order to get the opinion of the staff on the programs particularly conducted for them, both focus group discussions and interviews were used with staff member of MJATD and CCF. The FGD conducted

with six staff members of MJATD (one female and five male) indicated that the organization gives priority to the staff to have awareness about HIV/AIDS and the particular activities undertaken by the same organization to tackle the problems. As the staff members indicated, the awareness program for the staff started in 1997 and consecutive programs have been conducted three times in each year. They also said that the awareness programs mainly focused on HIV/AIDS mode of transmission, how to protect one self from the virus and children's rights. Updated information about such issues from the internet was downloaded for briefing the staff. During the discussion, one of the participants expressed his feeling as follows. "I really appreciate the organization for considering our needs and worries equally with the beneficiaries". They are also satisfied with the programs as they are now enlightened and teach others in their community. They said that at the moment, they are able to freely discuss about HIV/AIDS with their friends and family members. For some of them, working with PLWHA helped them to get away with the misconception about HIV/AIDS.

Among the participants of the FGD, one is working on home-based care for PLWHA. She said that the organisation had provided them with the appropriate protective devices (Home-Care kit) for use while they teach the community on how to take care of AIDS patients at home.

The interview was conducted for three staff members in CCF. These people said that there had been a two-day workshop organised in 2001 for staff at the national office and the staff members in the different project sites to discuss the link between HIV/AIDS, poverty and children. Since the organisation is working on the prevention and control of HIV/AIDS in the different project areas, they said that creating such

forums for the staff for discussion was very important and a timely event. The interviewed staff members also indicated that there is a plan to organise similar forum for staff at the project offices outside A.A. But all of them stressed on the fact that there is a need for consecutive staff awareness program on HIV/AIDS.

D. Awareness- Raising Programs for Youth In and Out - of- School through Anti-AIDS Clubs

From the organisations selected for the study, SC/USA and CCF support anti-AIDS clubs in and out- of- schools respectively. SC/USA organised a training of trainers on HIV/AIDS and adolescent reproductive health issues to 132 people, who work in health centres and the schools. Eventually, the trained staff in the schools and the health centres formed program co-ordinating committees at the zonal and woreda levels. The co-ordinating committee at zonal level is composed of staff from zonal and woreda offices of Education, Health, Social Affairs. The committee is responsible for networking, follow-up of the project activities and evaluating the program in partnership with SC/USA. The school administrations conduct regular meetings to discuss on ways of implementing the programs together and they also conduct bi-annual meeting in order to evaluate the programs.

As indicated earlier, the adolescent reproductive club established by the youth out-of- school (Wogen le Wogen) is technically and financially supported by CCF. A few selected club members were trained in counseling and communication skills that help them to conduct awareness programs.

The researcher got the chance to observe the review meeting and the school visit program conducted by the Zone One coordinating committee. Besides, a questionnaire was administered for both the youth in schools and out of schools in order to get their opinion on the anti-AIDS clubs' activities. The demographic characteristics of these respondents are shown as follows.

Table 4. Demographic Characteristics of the Respondents In and Out- of -School

Demographic Characteristics	School Youth		Out of School Youth	
	Frequency	Percent	Frequency	Percent
Age of Respondents				
Below 15	1	1.4	-	-
15-24	64	90.1	23	47.9
25-49	6	8.5	19	39.6
Sex of Respondents				
Male	32	45	17	35.4
Female	34	47.9	23	47.9
Not mentioned	5	7	8	16.6
Level of Education				
Elementary School	-	-	2	4.1
Secondary School	61	85.9	22	45.8
12 th Grade Complete	-	-	13	27
University/Collage students	10	14	4	8.3
Vocational School	-	-	7	14.5
Total number of Respondents	71	100	48	100

As indicated in the above table, 90% and 47.9 % of the youth in school and the youth out- of- school are between the ages of 15-24 respectively. Hence since these groups are those who experience the physiological and the behavioral changes that occur during puberty, they need the information on the changes that they are experiencing more than other people in different age groups.

For majority of school youth, the first awareness programs created a good opportunity for them to get information about HIV/AIDS and adolescent reproductive health issues.

Table 5. Respondents’ Reactions to the Awareness Programs Conducted by the Anti- AIDS Clubs

Type of Respondents	First Reaction Towards Awareness Creation Programs			
	It doesn't concern me	It is a good opportunity	It is an appropriate forum for discussion	It reminded me of many unanswered questions I had
School Youth	3	44	4	17
Out- of - School Youth	4	27	3	8
Total	7	71	7	25

For a few respondents, the first awareness- raising program was an event, which reminded them of many unanswered questions they had as students. The researcher further inquired about the reason for having many unanswered questions in the students’ minds. The lack of openness on the part of parents and adults in general to discuss about sex and sexuality with their children and the youth was attributed as the major cause for the information gap already identified.

Table 6. People with Whom the Respondents Discuss About Sex and Sexuality

Type Of People With Whom the Respondents Hold Discussions	School Youth		Out -Of- School Youth	
	Frequency	Percent	Frequency	Percent
Parents	6	8.7	1	2.7
Friends	35	50.7	14	37.8
Member of the anti-AIDS clubs	22	31.9	18	48.6
No body	6	8.7	2	5.4
	-	-	2	5.4
Total	69	100	37	100

The survey result indicated that the youth prefer to discuss these issues with their friends and peer groups rather than with their parents. This aggravates the misunderstanding between the parents and the students on ways of dealing with the stage of adolescence. Furthermore the misunderstanding creates an additional workload on the school community. The director in one of the schools confirmed this fact by saying:

“The school administration spends more time in dealing with the communication problems created between the students and their parents. The parents are not in a position to understand the natural changes that occur in their children. On the other

hand, the children want to make their own decisions in everything they do without consulting their parents. ”

On the review meeting conducted with the two schools, the staff in the school administrations said that they are making an effort to bring students and teachers together for open discussions on the parents’ day. Moreover, SC/USA organizes panel discussions among selected parents and youth from the clubs in a special program once a year. These efforts helped the students to become confident in presenting the activities they have been doing to raise the awareness of the school community on HIV/AIDS and adolescent reproductive health issues.

From the two schools that the researcher observed (Zone Four Vocational Secondary School and Woreda 6 Dilachen Secondary School) Dilachen has provided a room for the anti- AIDS/Adolescent Reproductive Health club’s activity. The director in the other school said that since there is a shortage of rooms in the school compound, they were not able to provide one separate room for the particular club. Instead, all clubs in the school use one room and the clubs work in the same room. The representative of the clubs in both the schools complained that they are not performing as planned due to a lack of effort from the school administration to provide a room for keeping and properly using the mini-media equipment donated by SC/USA and others.

In both the school compounds, similar sign- boards with messages on HIV/AIDS prepared by SC/USA were posted. The clubs in the schools focus on transmitting messages on issues related to adolescent reproductive health and HIV/AIDS to the

school community through dramas and other entertainment programs. In one of the schools where there was a room for the club, posters, leaflets and some of the in-door games are made available for the youth. At the end of the review program, the researcher, together with the committee members was invited to a drama and music show prepared by the students in Woreda 6 Dilachen Secondary School. The drama and the song reflected the problems of children who lost their parents to AIDS. The researcher found both the drama and the song to be informative and interesting.

The survey result on the performance of an anti-AIDS club for the youth in and out of school showed that the clubs served to raise awareness on HIV/AIDS and encourage the youth's participation in promoting good ideas and experiences they acquired in the process. The following table helps to compare the responses given by the youth out of school and in school on the advantages of having a club.

Table 7. Advantages of Anti-AIDS clubs

Types of Respondents	Advantages of Anti-AIDS clubs													
	Source of Information		Entertainment programs		Awareness on HIV/AIDS		Encourages participation		All are answers		Others		Total	
	F *	P**	F*	P**	F *	P**	F*	P**	F*	P**	F*	P**	F *	P**
School youth	13	59	-	-	29	70.7	26	54.2	-	-	1	1	69	59.5
Out –of-school youth	9	40.9	1	100	12	29.3	22	45.8	3	100	-	-	47	40.5
Total	22	100	1	100	41	100	48	100	3	100	1	1	116	100

* Frequency

** Percent

In spite of the contribution they make, the anti- AIDS clubs in and out of schools face a lot of problems. All the clubs are not materially and financially well organized to perform their activities. Except the club like Wogen-le-Wogen, which seems to have reliable financial support from CCF, others are expected to generate incomes to sustain their activities.

The other problem that the clubs faced was parents' resistance to send girls to participate in the various activities. This is because, they think that the girls would spend their time in unnecessary activities rather than helping the family in the household activities.

In general, the awareness raising on HIV/AIDS prevention is only at its initial stage in almost all the programs visited. The organisations' managed to 'break the silence' about HIV/AIDS within the target population. According to AIDSCAP's Behaviour Change Communication Unit, the next stage for heading towards behavioural change is the stage at which people gather knowledge and learn the skills. The third stage is being motivated to do something about the problem. Then, experimenting with new behaviour that may solve the problem is the fourth and the fifth is maintaining the new behaviour. But, the result of the interview conducted with the program managers indicated that it is unrealistic to assume that the target population will be able to make radical changes from 'unsafe' attitudes and behaviours to 'safe' attitudes and behaviours during the short period of time since

HIV/AIDS prevention projects. They all believe that this is only the beginning of the process.

4.2.2 Information, Education, and Communication (IEC) Materials' Preparation

In addition to the awareness raising programs, all the targeted organizations produce IEC materials on HIV/AIDS. Among these organizations, MJATD and SC/USA are very active in the preparation of the IEC materials for the target population and the public in general. The materials produced by MJATD are mainly for the general public while the materials produced by SC/USA are mainly for the school youth. The signboards around Woreda 25 and Woreda 8 are all prepared by MJATD. It has been stated by the project staff in the organization that the materials are prepared in order to draw the attention of the people passing by. Moreover, the messages help people think about HIV/AIDS while they are traveling within the city. The researcher, observed one of the signboards and wonders about the appropriateness of the message on HIV/AIDS. The message on the signboard, which is taken as one example says,

“Stop AIDS”

This message is directly transliterated into Amharic, which as a result failed to communicate the same message as the English version. The Amharic version implies that there is one supernatural power that stops AIDS. This message has a tendency to

mislead people by making them think that they are not the one's who have the responsibility to stop the spread of the disease.

The project staff claim that the messages and pictures they put on the signboards and posters are representative of every culture, religion and ways of life in the city. They also said that they mostly prefer to use Amharic, which is understandable to the majority of the city dwellers. On the other hand, the people in the project have the experience that leaflets are immediately thrown away in the garbage or used for other purposes instead of being used as sources of information. In order to eliminate this problem, the project staff is planning to use exercise-book covers and calendars to transmit messages on HIV/AIDS. But, there is no survey conducted to prove that the leaflets are not worth producing.

The project staff also said that they are in the process of producing a brochure that has information on the routes of the city buses on the one side and information on HIV/AIDS on the other. They think that this would be useful since many people use the city buses as a means of transport and they badly need the information on the routes.

During the observation of the IEC materials produced and the interviews conducted with the project staff, the researcher realised that the materials had not been pre-tested before distribution. The usual practice in the organisation is that the project staff comment on the draft materials and it is revised and sent for printing.

The IEC materials produced by SC/USA are mainly signboards, booklets and indoor games for the school youth. The materials give emphasis to issues like: giving priority to education, how to abstain from early sex, how to practice safe sex with a single partner, how to build the self-confidence of female students to refrain from being engaged in sexual activity without their consent and basic knowledge on adolescent reproductive sexual health. All the materials are adopted from other African countries and the messages are translated into Amharic. The materials are all distributed to the government schools that SC/USA targeted for the adolescent reproductive health project. Again, there is no pre-testing of the materials and the researcher has doubts whether these materials are properly used in the schools.

Generally, the beneficiaries and the other stakeholders do not have the chance to participate in the IEC materials design and preparation and the NGOs do not have the mechanism to check whether the produced materials are serving the intended purposes or not.

4.2.3 Services for the Prevention and Treatment of Sexually Transmitted

Diseases

Among the organization under study, MJATD focuses on the provision of different services for the prevention and treatment of STDs. The major target groups of this particular program are commercial sex workers. The researcher observed a group counseling session being undertaken for 5 female commercial sex workers. All of them were young, between the age range of 15-29. MJATD conducts group-

counseling sessions for this particular target group once a week. During the process of counseling, the counselor explains the symptoms related to STDs and ways to prevent from these infections. The counselor gave more emphasis to convincing the girls to change their daily activity so that they could be able to reduce their vulnerability. The counselor was suggesting that some of them could be engaged in daily work and others could engage in petty trade in order to earn an income.

Besides the counseling service, the center also provides free medical treatment of STDs for the commercial sex workers. The average number of the sex workers that come for STD treatment in a month is 34. According to the information obtained from MJATD, a total of 675 clients have been served in this program in the year 2001. They are diagnosed and provided with appropriate medication free of charge. Whenever these groups of workers come to the center, they are also provided with condoms so that they could practice safe sex. The girls were willing to take the condoms, but all of them were trying to hide it before they leave the counseling room.

The location of this particular center seems convenient for the girls in that the people who come for HIV blood test and for the treatment of STDs are all placed in the same waiting room. There is no means to distinguish between a person that comes for a blood test and a person that comes for STD treatment and counseling.

SC/USA has selected four health centres that provide free medical treatment for students with STDs. The targeted schools are grouped into four for the referral system. In the interview conducted with the Project Co-ordinator, it has been

indicated that the referral system is now working efficiently with close collaboration of the school administration, the Woreda Health Bureau and the Health Centres. Moreover, this kind of arrangement helped to strengthen the co-ordination effort between the concerned bodies, which is said to have a great impact on the sustainability of the project. The researcher has been notified that this particular arrangement encouraged the Zonal and Wereda Health Bureau organise their plans and allocate budget for the specific activities.

Nevertheless, during the school visit program, the school administrators indicated the practical problems that they are facing. The first problem stated was the inhibitions on the part of the students to express the health problems they have. They usually mislead those in the schools who facilitate the referral system by not expressing out the exact symptoms. The second problem stated was that even though there is a referral system that enable the students to get medical treatment free of charge, there is resistance to use this system since there is a possibility of meeting their families or neighbors in the health centers. Moreover, for some schools, there is a long distance between the health centers that are selected for this purpose and the schools. This is also taken as a third problem that hindered the students from using the services provided.

Here, the needs of the students and the services provided do not match. Even though, the students are provided with the opportunity to benefit from the services, for the above- mentioned reasons, they do not use the available services properly. Hence, the students prefer to stay quiet or use their own means to deal with the problems. The

Woreda Reproductive Health Coordinating Committee noted these problems during the discussion as major obstacles from using the arranged referral system.

4.2.4 Counseling and Social Support

Those NGOs, which implement programs at a grass-root level, concentrate on counseling and social support services. MMM and MEKDIM could be presented as good examples in the provision of Counseling and Social Support in Addis Ababa. The counseling programs focus on education on self-assessment protecting family members and friends from being infected, encouraging PLWHA to become confident in themselves and have spiritual strength. As the sharing of information on individual status started to increase among partners family members and friends, the organizations started family counseling and group counseling sessions.

According to the information gathered from the interview conducted with the project staff in MMM, since the Organization targets people with low economic status, they couldn't regularly attend the counseling services provided by the organization. This is because, these people are mostly unemployed and give priority for generating income in order to support their families. Hence, the counseling service is supplemented with the social support. This includes, provision of supplementary food, financial assistance for school fees and medical care, start – up capital and skill training in marketable skills for unemployed beneficiaries living with HIV/AIDS and their families. Unless and otherwise the organization supports them by proving to

meet their basic needs, it is impossible to get clients give attention to the prevention of HIV/AIDS.

These kinds of counseling and social support services provided in MMM and MEKDIM are also similar with those at MJATD even though some of the criteria used for selecting the beneficiaries have slight variations in each organization.

Some of the respondents of the survey also indicated that they very much need the social support besides the counseling and the awareness raising as most of them have low economic backgrounds. They said that without the social support, the counseling service would be meaningless to them. On the other hand, for the organizations, providing the social support it could not be a continuous program as it highly depends on funds from external sources. Besides, the provision of social support demands much of the counselors and the social workers' time.

4.2.5 Voluntary Counseling and Testing

From the organizations targeted for the study, only MMM and MJATD run centers for Voluntary Counseling and Testing (VCT). MMM's VCT Centers (St. Mary's Laboratory) is established as a general laboratory that conducts other laboratory tests as well as the blood test for HIV. The center is located in Woreda 10 and provides service to people who come from different parts of the country. Those clients from the Counseling and Social Support program are also referred to this center. The center

has two trained nurses as counselors, two laboratory technicians that are engaged in the center's activities. The trend shows that an average of 100 people get the services from the center in a months.

MJATD established the VCT center inside the compound of the organization. This center also serves clients from all over the country. It was reported that the average number of people who come to this center to get their blood tested for HIV in a month is around 400. The center has only one counselor and one laboratory technician for all its' activities.

The researcher used observation and a survey questionnaire to gather data on the kind of services provided in the two VCT centers. The demogrhapic characteristics of the respondents of the survey are presented in the following table.

Table 8. The Demographic characteristics of the VCT Clients

Demographic Characteristics of the Clients	Name of the Organisations			
	St. Mary's Laboratory		MJATD	
	Frequency	Percentage	Frequency	Percentage
<u>Address Clients</u>				
	18	45	-	-
Woreda 10	4	10	-	-
Woreda 13	1	2.5	17	56.7
Woreda 25	17	42.5	13	43.3
Others				
<u>Age of Clients</u>				
	19	47.5	13	43.3
15-24	20	50	17	56.7
25-49	1	2.5	-	-
above 49				
<u>Occupation of Clients</u>				
	4	10	-	-
Students	3	7.5	-	-
Civil Servants	4	10	-	-
Private Employees	20	50	26	86.7
Unemployed	-	-	1	3.3
House Wives	9	22.5	3	10
Others				
<u>Levels of Education of Clients</u>				
	20	50	19	63.3
	6	15	6	20
	5	12.5	4	13.3
	5	12.5	-	-
High school	2	5	1	3.3
Elementary School	2	5	-	-
Illiterate				
12 th Grade Complete				
Above 12 th Grade				
Degree Holder				
Total number of Respondents	40	100	30	100

As the demographic characteristics of the clients show, slightly more than 50% of the respondents between the age groups of 25-49 come for the blood test. Moreover, the majority (65%) of the clients are found to be unemployed.

The survey also tried to assess the opinion of the beneficiaries on the types of services provided by the center. According to the beneficiaries' opinion regarding the type of services provided by St. Mary's VCT center, the result indicated that from the total of 40 respondents, 38 thought that there is good pre-and post counseling service that could help one to properly adjust and plan for the future. Moreover, all of them said that it only took them half a day or one day to get the required services.

The survey results of both the VCT centers have also confirmed that the majority of the clients conduct the blood test to fulfill the requirement for a visa to go abroad and to know their status. This again implies that the clients want to come to the centers in order to get the certificate. As the centers' staff members informed the researcher, some people do not want to come back to the centers for second test once they identify their status. Even though, in the pre-test counseling, they are advised to follow-up the counseling sessions and conduct the blood test again, they prefer to go 'Tsebel' or never come back to the centers.

A gap is observed between the clients' expectation about the time needed to get the results of the blood test and the actual time required by the centers to give blood test results. Both the VCT centers take 2-3 days to provide the test results. The staff in the centers said that the weekly program is arranged in away that there are only two days

in a week for handing out the results of the tests and conducting post-test counseling services. Nevertheless, the opinion of the respondents of the survey indicated that the number of days should be reduced to one day or half- a- day, as many of them become very anxious after they gave the blood samples.

When the researcher first visited St. Mary Laboratory, the service charge for the HIV blood test was Birr 50. Only those clients, who are exempted from the service charges, are allowed to get the service free of charge. Moreover, according to the interview conducted with the VCT center’s coordinator, the laboratory partly generates its’ running costs. Therefore, the staff in the laboratory claims that the center can perform its regular activities even if MMM stops providing fund in the long run. But before the end of the research period, the center reduced the service charge to Birr 25. The following table shows the opinion of the beneficiaries regarding the service charge.

Table 9 Opinion of the Clients of St. Mary’s Laboratory on the Service Charge

Opinion of the Clients	Number of Clients	Percent (%)
Do you think the service charge is fair?		
Yes	26	65
No	14	35
Total	40	100
If no, what do you suggest?	14	100
– Should be reduced	-	-
– Should be free of charge	-	-
– No suggestion	-	-
– Others	-	-
Total	14	100

The above table indicates that 35% of the respondents think that the service charge should be reduced.

The survey result on the quality of the service provided by MJATD indicated that from the total of 30 respondents 27 think that there is good pre-and post counseling service that could enable one to properly adjust and plan for the future. Moreover, 15 of them indicated that it only took them a day or less to get the required services.

MJATD also made a price reduction recently. At the moment, the service charges for the blood test for HIV is Birr 10 for students and Birr 25 for others. In the survey questionnaire, respondents were asked to give their opinion about the service charges imposed by both the centers. The information obtained is presented in the following table.

Table 10. Opinion of the Clients of MJATD’s VCT Center on the Service Charge

Opinion of the Clients	Number of Clients	Percent (%)
Do you think the service is fair?		
Yes	13	48.1
No	14	51.9
Total	27	100
If no, what do you suggest?	11	78.7
- Should be reduced	1	7.1
- Should be free of charge	1	7.1
- No suggestion	1	7.1
- Others		
Total	14	100

In general, the VCT centers tried to fulfill the HIV/AIDS policy's requirement which state that efforts will be made to expand the service for HIV blood test centers expansion in a non-medical setting. But it is very difficult to conclude that these centers are really contributing a lot to preventing the spread of the virus, unless the society reaches the actual level of behavioral change and conducts the blood test voluntarily.

CHAPTER FIVE

5. Analysis and Implications of the Study

5.1. Analysis

According to Todaro's (1994) explanation of the concept of development, there are three important elements that facilitate the process of poverty reduction. These are changes in social structures, popular attitudes and national institutions. The performance of the national institutions has an impact on the changes expected to take place in order to reduce poverty. On the other hand, there are obstacles that hinder positive changes from taking place in most developing countries. This study concentrates on one of the obstacles, i.e. the spread of HIV/AIDS. In order to have a close look at the efforts being made to prevent the spread of the disease, a few non-governmental organizations' preventive programs were selected and their programs reviewed.

Hence, the analysis part of the study is divided into the following three major categories.

- ◆ Internal Capacity of the Organizations Selected for the Study
- ◆ External Issues to the Organizations
- ◆ Issues Regarding the Stakeholders/Beneficiaries

The internal capacity of the organization includes the manpower, financial and physical aspects of the organizations. The strategies used in each preventive program are also essential factors in using the available resources within the organizations. These factors are sometimes affected by the external issues of the organizations like donors' priorities for funding, policies directly related to HIV/AIDS and the coordination of similar work among the non-government organizations. Here the involvement of the stakeholders in program initiation, implementation and evaluation

has a vital role in the sustainability of the programs. Therefore, the result of the study will be discussed in light of the above points as follows.

5.1.1. Internal Capacities of the Organizations Selected for the Study

The HIV/AIDS preventive programs in the organizations under study mainly focus on raising the awareness of the target population in order to minimize/eliminate the prevailing misconceptions and prevent the spread of the disease. The major strategies used to raise awareness on HIV/AIDS include individual discussions in the households within the targeted kebeles. The process requires more time and manpower to reach each household in the targeted area. The result of this study has revealed that there is limited number of motivators/community workers and they have low educational backgrounds with one-off training at the beginning of the work. Most of them are not provided with the opportunity to update the information they have on HIV/AIDS through on the job training or exposure visits. Eventually, the employees will find it difficult to properly disseminate the information to all households in the target population.

Regarding the issue of counseling, the clients should be able to make informed decisions about their lives after they get the services. Hence, the process requires personal skill and patience of the counselor to adopt the technique acquired through one-off training to the special needs of the client. Besides, the counselor should not be overburdened by too much work as he/she needs enough time to deal with each client. In spite of this, the counselors in these organizations are few in number and

they are expected to see many clients in a day. The organizations give priority to serving a large number of clients without considering the capacity of their employees. This situation has also created a gap in the services provided and the expectations of the beneficiaries, especially in the VCT centers. The centers give the results of blood tests within two days; while the beneficiaries expect the period to be short as they don't want to spend many days being anxious about the results. The centers are not in a position to satisfy this particular need of their clients since their employees are already overburdened with a lot of work.

The shortage of manpower is also related to the financial capacities of the organizations. Even though, among the organizations selected, three are local, they mainly acquire the financial assistance from abroad. Moreover, the practice shows that different donors have different guidelines for funding development programs. Most donors have reservations in funding projects with high overhead costs, which are common in developing countries. They prefer to allocate funds to cover other components of the programs rather than the overhead costs. As a result, the NGOs have financial constraints in employing new staff members. Therefore, unless these organizations try to design ways of developing their manpower, the existing manpower capacities are not able to handle all the complicated problems of the work. As a result, the gap between the needs of the beneficiaries and the services provided is likely to increase.

The availability of financial resources again has a direct effect on the physical set-up of the organizations. The NGOs that are involved in the treatment of STDs and the

blood test for HIV require modern medical equipment and supplies. The price of the equipment with the transportation is very high. Moreover, the equipment requires trained manpower. Therefore, the physical set-up of these centers demands high financial resource.

When the physical structure of the organizations are reviewed in light of the above- mentioned requirements, one can generally say that they are in a relatively good position. The two VCT centers visited are found to have a private room for counseling, a room for HIV blood testing with the appropriate medical equipment and trained medical personnel. This is an indication of the attention given by both donors and the specific NGOs , which established the centers to fight the spread of the virus.

In addition to the above- mentioned internal factors, the approaches used to implement the programs and the capacity to link the HIV/AIDS prevention programs with the other development programs are vital to the effectively deal with the problems of development. Since the problems of HIV/AIDS have a holistic nature, the situation requires a multi-sectoral approach. According to the findings of the study, the targeted organizations have managed to expand the HIV/AIDS preventive programs based on the needs of the beneficiaries. At the same time, they are trying to address the root causes of vulnerability to the virus for the groups that they targeted. They have also formed a system by which one program component supports and monitors the performance of the others within the same organization.

The NGOs used the traditional discussion forums like the coffee ceremonies to disseminate the information to those groups who do not have easy access. Moreover,

as the youth is comfortable to discuss about sexual matters with their friends, the peer counseling approach is practical in and out- of- school youth. This indicates that the organizations are trying to use the available resource and indigenous institutions.

Generally, the result of the study indicated that the NGOs are faced with a lot of challenges in dealing with their internal capacities to run the preventive programs. They are not only fighting to reduce the impact of the disease on development, they are at the same time trying to manage the programs with the limited resources available.

5.1.2. External Issues to the Organizations

The government's major responsibility in the national response regarding to HIV/AIDS prevention and control of the spread of the virus is to create an enabling environment for the NGOs to work in the country. Accordingly, the first step taken by the Ethiopian Government in this regard is the launching of the National Policy of HIV/AIDS in order to guide the formulation and implementation of programs. Since the policy was only a general guide, it necessitated the formulation of the strategic framework. The NGOs in Ethiopia participated in the formulation of the strategic framework and gave their inputs based on their practical experiences. They are also strictly following the priority intervention areas indicated in the strategic framework. The organizations under this particular study have also selected those target groups that needs more attention in their preventive programs. But, at the moment, there are many problems encountered by the same organizations and the strategic framework

can't provide a timely answer. This implies that the framework needs an on going revision.

In a country like Ethiopia, where there is a growing market- led economy and where there is high level of poverty, the increasing involvement of the NGOs in the development process is appreciated. However, in some cases, these organizations are also playing the role of the private sector over some aspects of the development endeavor, the typical example being the establishment of the VCT centers both by NGOs and the private sector. These centers have imposed the same amount of service charges on the clients. Here, the NGOs failed to consider the economic capacities of their beneficiaries. The result of the study indicated that the majority of the clients of the NGOs are people who are unemployed and have low economic status. These people have been forced to pay Birr 50 without having an income. Here, it would have been appropriate for the government to play its regulatory role by defining the responsibilities of these two centers. Otherwise, these kinds of services can not be accessible to the poor.

Other important external factors that affect these organizations' performance are the donors' interest and requirement for funding. In Ethiopia, both local and international organizations get financial assistance mainly from the governments and NGOs of developed countries. The World Bank and other funding institutions sometimes impose a variety of requirements for funding proposed projects that are far from the reality of developing countries. The Bank even goes to the extent of identifying the priority areas for the targeted countries governments' support. Further

more, those implementing organizations in these countries, which receive the funds are expected to deal with the tedious and time consuming reporting requirements of the donors.

Now days, the World Bank is the major source of funding for the majority of the programs on HIV/AIDS. In Ethiopia, the Bank channels the loan through NAC. The actual problem for Ethiopia is the under -utilization of funds allocated from the different sources for the HIV/AIDS activities. Here, the existence of NAC is expected to improve the coordination efforts of the different actors that are involved in the fight against HIV/AIDS by examining the national plans and budgets. The Council's Secretariat consists of members from government, non-government and various private and public sectors. CRDA is also a member of the Counsel representing the NGOs in the country. This particular study revealed that some of the preventive programs of the target NGOs are financially assisted by the fund channeled through the NAC. Hence, the Councils' Secretariat is trying to coordinate the resources for the programs on HIV/AIDS at the national level.

The last issue in the external environment that needs to be closely examined is the coordination of the work of the government and the NGOs in dealing with HIV/AIDS. There are different coordination forums like CRDA HIV/AIDS Working Group, the NGO Network that deals with HIV/AIDS activities and others that the organizations under study are actively involved in. Moreover, each NGO has formed coordinating committees consisting of the people from the relevant ministries in order to implement, follow-up, monitor and evaluate the HIV/AIDS preventive activities.

Nevertheless, there is still a problem regarding the coordination effort. For example, the clubs in the schools are constrained by the shortage of resources to document and disseminate messages for the school community. The schools want to make the NGOs, which intend to support the projects, the major responsible bodies in making the equipment available. But, according to this study some of the school administrators have failed to give attention to the clubs' activities.

5.1.3. Issues Regarding the Stakeholders/Beneficiaries

The stakeholders in the implementation of HIV/AIDS preventive programs are the beneficiaries, local institutions in the community, all people in the targeted community, the government officials at the different bureaus and offices, other organizations implementing development programs and donors. In a country like Ethiopia, where talking about the major mode of HIV/AIDS' transmission i.e. sexual contact is a taboo, it is very difficult to expect people to admit the existence of the problem. It took a lot of time and effort to initiate discussions on HIV/AIDS within the society. This situation had a negative effect on the practical application of the bottom-up participatory approach with the beneficiaries in the project design stage. It rather demanded the local governments or the NGOs to use top-down approach in order to encourage the participation of the beneficiaries.

This study has already confirmed that these NGOs are organizing and facilitating the training programs for the different beneficiaries as a starting point in involving them in issues that is directly affecting their day- to- day activities. In this regard,

organizations like CRDA are playing major role in coordinating and facilitating different training programs and building the capacity of its member organizations. As the result, the CRDA member organizations that work on HIV/AIDS programs are in turn building the capacities of the local institutions. The provision of the technical and financial support to the local institutions in order to prevent the spread of HIV/AIDS is the initial stage of empowerment. The school and out- of- school anti-AIDS clubs are now highly involved in the awareness raising activities. The Health Centers are now developing their capacities for planning and implementing special arrangements for the treatment of STDs and AIDS patients.

Generally, the local institutions are now encouraged by the NGOs to disseminate information on HIV/AIDS and provide the services required for the people in need. But the newly emerging local institutions don't seem ready to take over the actual work from these NGOs when the time comes for NGOs to phase- out. Some of these groups are faced with the problem of asserting their personal and group identity within the existing market-led economy. They do not have the capacity to compete and attract the attention of the community compared with the number of other small NGOs that are flourishing in Addis Ababa. Some have managed to get the legal ground to perform their activities in the city. However, they can hardly continue to perform their programs and bring changes, as they are not financially and technically strong. Hence, the issue of sustainable development is caught in between the low capacity of mobilizing internal resources in a poor country like Ethiopia on the one hand and the continuation of dependency on external assistance on the other.

Therefore, one can say that the NGOs, which are implementing the preventive programs in Addis Ababa are at the initial stage of the process in dealing with the problem. They are forced to concentrate on service provision at the grass-roots level in order to deal with the factors that make the target beneficiaries vulnerable to HIV infection. But this doesn't mean that their contribution to the prevention of the spread of HIV/AIDS is insignificant.

5.2. Conclusion and Implications of the Study

As this study explored, the NGOs together with the government in Addis Ababa focused on the prevention of the spread of the disease through the multi-sectoral approaches. They designed the programs in order to first, disseminate the information about HIV/AIDS and make the people aware of the situation. Second, the organizations have targeted the most vulnerable segments of the society that are at a very low economic status and those whose working conditions make them more vulnerable to the virus. They have also managed to reach most of the city's population as their programs target people that are scattered all over the city. Third, the resources that they are using in order to undertake the programs are contributing a lot in building the capacities of local insinuations and the beneficiaries of the programs.

In spite of all these efforts, there is hardly a tendency in reducing the number of people who are getting infected. The MOH (2000) has revealed that the estimated adult HIV prevalence rate in Addis Ababa has increased to 16.8%, where as the figure for the other urban areas is 13.4%. The existing poverty and the congested living

conditions of Addis Ababa facilitates the easy transmission of the disease. Besides, there are also very limited health and social services for people in the low socio-economic status. The programs targeted these people whose individual immune systems had already been stretched to the maximum limit due to the deprivation of resources to meet their necessities. Hence, the NGOs are faced with complicated problems that demands more time, energy and resources to put the disease under control.

The NGOs' internal capacities and the external environment are the most important elements in managing the development programs. The organizations under this particular study are identified to have less developed manpower than the programs require to effectively address the issues. Besides, the low socio-economic status of the beneficiaries led the NGOs to go back to the stage of provision of assistance to meet the basic needs. The shift from relief to development is highly interrupted by the prevalence of HIV/AIDS, which is a threat to human life.

In order for these NGOs to smoothly continue the struggle against this problem of the development process, some of the pertinent issues that need to be addressed are presented as follows.

- ◆ The NGOs that are undertaking preventive programs through awareness creation should not be over ambitious in achieving behavioral change in the target population. There are many stages to follow in order to see a tangible result even though 'breaking the silence' is the initial and the most difficult part of the

process. Therefore, the NGOs should focus on building the capacities of their staff members and people in the community so that the effort is jointly undertaken to reduce the impact of the disease on development.

- ◆ The NGOs are faced with the challenge of enabling the community to reduce the level of poverty that they are in through incentives and capacity building programs. The situation in the organization selected for this particular study indicated that they encountered a role confusion in dealing with the prevention and control HIV/AIDS. These NGOs are now both relief and development oriented at the same time. The NGOs should give more focus to integrating the preventive programs to other development programs and emphasize on internal resource mobilization, rather than fully depending on external assistance.
- ◆ There needs to be a coordination effort to bring all research works on HIV/AIDS that are being undertaken in Addis Ababa. The private firms, the learning institutions and other individual researchers are now focusing on gathering data on issues related to HIV/AIDS. But the problem is, institutions and people who are involved on the practical work or who initiate new programs do not have access to the research findings. They tend to conduct another study that will result in duplication of efforts, over study of the target population and ineffective resource utilization. Hence, these research works should be available in order to build upon available studies and improve the practical work. After all, the revision of policies and strategic frameworks highly depend on the properly gathered and documented experiences of the preventive programs on HIV/AIDS.
- ◆ The role confusion between the NGO and the private sector is critical issue in the management of the programs to prevent the spread of the disease. Even though, the problem requires the participation of the private, the public, the NGO and civil

society in general, the government is responsible in regulating and defining the different roles of all the actors. Otherwise, there is a danger of neglecting the poor, who are the major targets of NGOs.

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ANNEX

I. Questionnaire for Selected Target Groups of HIV/AIDS Preventive Programs Implemented by NGOs

Introduction

This questionnaire is prepared to gather data in order to evaluate HIV/AIDS preventive programs. A post-graduate student at Addis Ababa University is conducting the evaluative study. The researcher would like to get information about the following issues and others

- ◆ The nature of HIV/AIDS preventive programs
- ◆ The needs and knowledge of people who are vulnerable to HIV/AIDS and affected by HIV/AIDS
- ◆ The beneficiaries' opinion about the preventive programs

The researcher would like to emphasize on the fact that those people who are selected to fill this questionnaire are randomly selected. Hence, beneficiaries are kindly requested to provide genuine answers for the questions.

Instructions

Please read the questions carefully and put the number, which you think indicates the answer from the choices given, in the box provided. If the answer is not indicated among the choices provided, please write your answer on the space provided.

(a) VCT/Counseling Centers' Clients

Name of the Organization _____
Beneficiary's Address Woreda _____ Kebele _____
Beneficiary's Age _____
Beneficiary's Occupation _____
Beneficiary's Level of Education _____

- 1. How did you first get information about HIV/AIDS?
 - 1.1 Mass Media (Radio, Television, Newspapers and others)
 - 1.2 Pamphlets and Posters
 - 1.3 School
 - 1.4 Work place
 - 1.5 From a friend/neighbor
 - 1.6 Church/Mosque
 - 1.7 Others, please specify _____

- 2. Did you get your blood tested for HIV?
 - 2.1 Yes
 - 2.2 No

- 3. If your answer to the previous question is yes, what prompt you to

get your blood tested?

3.1 I used to practice unprotected sex with many people

3.2 I suspected that my sexual partner is HIV positive

3.3 I just wanted to know my position

3.4 The person that I am going to marry asked me to get my blood tested

3.5 It is a requirement to apply for a visa to go abroad

3.6 When I went to the hospital to get treatment, I was referred to this laboratory

3.7 Others, please specify _____

4. What kind of services did you get in this laboratory/ center?

4.1 Before the blood test, there was pre-counseling session

4.2 Before I was convinced about taking the test, my blood had already been tested

4.3 The pre-counseling session made me more anxious

4.4 The post-counseling session helped me to properly plan my future life

4.5 Others, please specify _____

5. How was your reaction till you get the blood test result?

5.1 I was very much worried

5.2 I was confident that the test result would be negative

5.3 I was thinking of how I communicate the result to my friends and family if it is negative

5.4 I thought that if I am positive, my future plans in life would fail

5.5 Others, please specify _____

6. How long did it take you to get the service in this laboratory/centre?

6.1 Two days

6.2 One day

6.3 Half a day

6.4 More than two days

6.5 Others, please specify _____

7. How long did it take to get the blood test result?

7.1 Fifteen days

7.2 One month

7.3 One week

7.4 More than one month

7.5 Others, please specify _____

8. Do you advise other people to get their blood tested for HIV?

8.1 Yes

8.2 No

9. If your answer to the previous question is no, why?

9.1 I don't want them to be worried for the rest of their lives

9.2 I don't think the blood test would make a difference for any body

9.3 I have the fear that if they are infected by the virus, people would ostracize and stigmatize them

9.4 I have the opinion that they would loose job/education opportunities

10. If you don't have a privilege for free medical service, do you think the service charge in this centre is fair?

10.1 Yes

10.2 No

11. If your answer to the previous question is no, what is your opinion?

11.1 The service charge is too much and should be reduced

11.2 I think the service should be free of charge

11.3 It is good to pay the service charge as long as it is possible to get the service

11.4 Others, please specify _____

12. In general, have you observed any problem in this centre?

12.1 Yes

12.2 No

13. If your answer to the previous questions is yes, what is the problem?

13.1 The service providers do not give service properly

13.2 The laboratory/centre is not neat

13.3 The beneficiaries do not get services on time

13.4 Other, please specify _____

14. What do you think should be done inorder to improve the service provision?

(b) Youth in Schools and out of Schools/Anti-HIV/AIDS club members

Project Name _____

Project Address: Woreda _____ Kebele _____

Beneficiary's Age _____

Beneficiary's Sex _____

Beneficiary's Level of Education _____

1. How did you first get information about HIV/AIDS?

1.1 Mass Media (Radio, Television, Newspapers and others)

1.2 School

1.3 From Parents

1.4 From Friends/Neighbors

1.5 From books/Films

2. What is the major mode of transmission for the virus in this country?

2.1 From mother to child

2.2 Unprotected sexual practices

2.3 Unsafe abortion practices

2.4 Through needles

2.5 Others, please _____

specify

3. How was your reaction when you first participated in awareness creation programs on HIV/AIDS and adolescents reproductive health issues in your school/community?

- 3.1 I thought that my friends and myself have nothing to do with these kinds of programs
- 3.2 I thought that it is a good opportunity to get information about these issues
- 3.3 I thought that it was not the appropriate forum to discuss such issues
- 3.4 The program enabled me to have many questions regarding these issues
- 3.5 Others, please specify _____

4. If your answer to the previous question is the last choice i.e. (3.4) what do you think the reason is?

- 4.1 I have never discussed these issues before with anyone
- 4.2 People usually are not willing to answer questions regarding these issues
- 4.3 I think, I need to know more about these issues
- 4.4 Others, please specify _____

5. If you have never practiced sex at the moment, what do you think about it?

- 5.1 I would like to practice safe sex with one partner
- 5.2 I would like to protect myself and my partner from the problems of unwanted pregnancy and sexually transmitted diseases
- 5.3 Since I don't know much about reproductive health issues, I fear that I would be victim of unwanted pregnancy and its problems
- 5.4 I need to concentrate on my studies
- 5.5 Others, please specify _____

6. What do you think is the advantage of having anti-HIV/AIDS clubs in your school/community?

- 6.1 It serves as a good source of information
- 6.1 It is good since the clubs have many entertainment programs
- 6.2 The awareness creation programs they prepare would help many people to get to know about HIV/AIDS
- 6.3 It encourages participation of the youth
- 6.4 Others, please specify _____

7. Do you know other centers/places where you can find information about HIV/AIDS and problems related to adolescents reproductive health?

- 7.1 Yes
- 7.2 No

8. If your answer to the previous question is yes, where is it?

- 8.1 Health centre in our community

8.2 Family guidance association

8.3 Others, please specify _____

- 9 What is the difference between the service provided by the anti-HIV/AIDS club in your community/school and the above stated centre?

9.1 This centre provides service to prevent unwanted pregnancy and sexually transmitted diseases

9.1 It helps beneficiaries to know places where they can have access to condom and other family planning services

9.2 It provide safe abortion services

9.3 Others, please specify _____

- 10 With whom can you discuss about HIV/AIDS and reproductive health issues?

10.1 With my parents

10.2 With my friends/school fiends

10.3 With the members of the anti-HIV/AIDS clubs

10.4 With my teachers

10.5 With no one

- 11 Is there any problem that would hinder you from getting the services from the HIV/AIDS clubs in your school/community?

11.1 Yes

11.2 No

- 12 If your answer to the previous question is yes, what is it?

12.1 The club members do not have deep knowledge about the issues

12.2 The working hours of the clubs is not convenient for students

12.3 The club programs only concentrate on awareness creation on public gatherings

12.4 Others usually make fun of me when I go to the clubs to get services

12.5 Others, please specify

- 13 What do you think should be done in order to improve the service provision?
-

(c) People in the Community who Benefit from the House to House Awareness Creation Programs

Name of the Organization _____
Project Name _____
Project Address _____
Beneficiary's age _____
Beneficiary's sex _____

- 1. How did you first get information about HIV/AIDS?
 - 1.1 Mass Media (Radio, Television, News Papers and others)
 - 1.2 Leaflets and poster
 - 1.3 School
 - 1.4 From friends/neighbors
 - 1.5 Church (places for worship)
 - 1.6 Work places
 - 1.7 Others, please specify _____

- 2. What is expected from people who are infected by the virus in order to avoid transmitting the virus to others?
 - 2.1 Avoid unprotected sexual practices
 - 2.2 Use condom while practicing sex with their partners
 - 2.3 Make sure that they get medical treatment with sterilized materials
 - 2.4 Avoid having meals together with their families
 - 2.5 The answer is not given

- 3. In your opinion, what is the most important need of people who are living with HIV/AIDS?
 - 3.1 To get acceptance by the people who know their situation
 - 3.2 Medical treatment and drugs

- 3.3 To be aware of the nature of the infection and be careful of not transmitting it to others
 - 3.4 All are important
 - 3.5 Other, please specify _____
- 4. What changes have you noticed after this organization/NGO started working with your community?
 - 4.1 People have started to freely discuss about HIV/AIDS in different forums
 - 4.2 People have started to look for more information about HIV/AIDS and the mode of transmission
 - 4.3 People have started to question the traditional beliefs and attitudes about HIV/AIDS and STDs
 - 4.4 People have started to only have one sexual partner
 - 4.5 Some people think that awareness raising by itself could not help much in order to control the spread of the disease
 - 4.6 Others, please specify _____
- 5. What are the methods used by this organization in order to create awareness about HIV/AIDS?
 - 5.1 Giving lecture to people gathered in Kebele halls
 - 5.2 Whenever there are sport programs, they transmit the message in between
 - 5.3 Distribute leaflets and posters in places where people gathered for different purposes
 - 5.4 Arrange awareness creation programs for people who are queuing in health centers
 - 5.5 Awareness creation on houses to house basis
 - 5.6 Others, please specify _____
- 6. Do you think that these methods are effective?
 - 6.1 The methods are very effective because they help people to know better about the subject
 - 6.2 The methods are important as many people have not yet realized that HIV/AIDS is affecting anyone, who does not protect himself/herself from the virus
 - 6.3 I don't think it is effective as many people prefer to spend more time on earning an income
 - 6.4 I don't think it is effective as many people think that HIV/AIDS is a curse from God
 - 6.5 Others, please specify _____
- 7. If your answer to the previous question is the methods are not effective, what do you think should be done?
 - 7.1 First, people should be able to get daily food
 - 7.2 The red-light houses and the illegal video houses should not exist

- 7.3 People should have free access to condom
 - 7.4 Others, please specify _____
8. In addition to the sensitization program, is there any other service that you get from the same organization?
 - 8.1 Yes
 - 8.2 No
 9. If your answer to the previous question is yes, what kind of service do you get?
 - 9.1 Counseling Service
 - 9.2 Free medical services
 - 9.3 School fee and nutritious food for children
 - 9.4 Others, please specify _____
 10. What is your opinion about the services provided by the organization?
 - 10.1 The services are not efficient
 - 10.2 The Services provided do not help us to solve our economic problems in a sustainable way
 - 10.3 The services are efficient and effective
 - 10.4 Others, please specify _____
 11. If you think that the services are not efficient and effective, which service has a problem?
 - 11.1 The counseling service
 - 11.2 Orphan support program
 - 11.3 Support for basic necessities
 - 11.4 The medical service
 12. What do you think the reason is?
 - 12.1 The number of beneficiaries and the services provided do not match
 - 12.2 I have the fear that if the organization stops providing the service, we would face problems
 - 12.3 We don't have any idea how the beneficiaries are targeted and the criteria used to select them
 - 12.4 We don't have any idea about the amount of donation that the organization receives
 - 12.5 Some beneficiaries misuse the resources provided
 - 12.6 Others, please specify _____
 13. What initiatives are there in your community in order to control the spread of HIV/AIDS?
 - 13.1 The Idirs in these areas are having problems as the number of death is increasing every time. Therefore, they are looking for alternative means of acquiring fund
 - 13.2 People are collaborating in order to make our locality clean

13.3 People are trying to help those who are infected and affected by the virus

13.4 No action is taken so far

13.5 Others, please specify _____

14. What do you think should be done in order to improve the services provided by the organization?

Focus Group Discussion Guide for Staff who Participated in the
Awareness Creation Program

1. When did your organization considered your participation in the awareness creation program on HIV/AIDS?

2. What were your reactions on the first program organized for staff in your organization? (Encourage all FGD participants to express their feelings)
3. What were the methods used in the program and how frequently were similar programs conducted?
4. What were the major myths or misconceptions that you had about HIV/AIDS and People living with HIV/AIDS? What is your reaction about these myths after you participated in the program?
5. Do you think the program had an impact on the knowledge and attitude of the staff on HIV/AIDS and related issues? If the answer is yes, please give examples.
6. What protective measures are being taken in your organization in order to prevent the staff from acquiring the virus while treating people who are infected by the virus?
7. What general comments do you have regarding the awareness creation program for the staff?

Unstructured Interview for Staff in Selected Organizations

1. What is the name of the program on HIV/AIDS and what are the major components?

2. How is the HIV/AIDS preventive programme initiated? What are the basic reasons for initiating the preventive programme? (Ask for copies of baseline surveys or other information sources).
3. What are the main objectives of the HIV/AIDS preventive program? What are the major activities in each components of the program?
4. What criteria did your organization use to identify operational area and the target population? How large is the geographical coverage of the preventive program?
5. Who are the specific target groups of the preventive programs and what is the gender and age composition of each preventive program?
6. What processes did you follow while planning the program?
7. What were the roles of the beneficiaries in the planning of the program?
8. When did the program begin and how long would be its life-time?
9. Have you ever evaluated the HIV/AIDS preventive program? Who conducted the evaluation? (Ask for the copy of the evaluation report)
10. What are the major problems of implementing HIV/AIDS preventive programs?
11. In your opinion, which activity/component is successful and which one fails?
12. Who are the donors of the program? Are there plans to continue the program when current funds run out?
13. How do you communicate with organizations working in the same field? Please explain your experience in this area both in the country and outside the country.

Unstructured Interview for the Staff in the Organization that does not have Awareness Program for the Employees

1. When and where did you first participate in an HIV/AIDS awareness program?
2. Have you ever thought of organizing consecutive HIV/AIDS awareness program for the staff in your organization? Or has any one in this organization suggested the above issue?
3. What methods should be used if your organization is intending to do so? Or how should it be undertaken?

4. Have you ever encountered the experience of working with a person who is HIV positive?
If yes, what was your and your colleagues' reaction?
5. Do you think that the issue of HIV/AIDS is being given adequate attention at a national level?
6. If no, what do you suggest?

Observation Checklist for Project Sites

1. Services for the Treatment of STDs and HIV/AIDS

- Location of the clinic or center
- The people's willingness to freely come and seek treatment of STD cases
- The sex and age composition of people who visit the center
- Prevalence of HIV/AIDS Cases among people who seek counseling and treatment of STDs before intervention and after intervention
- The availability of Condom/other contraceptives and the degree of freedom to ask for them
- The number of beneficiaries who appear at the center in a day and who get treatment on the same day
- Problems in accessing the services

2. IEC materials Developed and Distributed

- Clarity of the messages on the materials
- Accessibility of the materials
- Appropriateness of the materials for the specified target groups in terms of culture, educational background, language, etc.
- Interest and use of the materials
- Methods used to pre-test the materials
- Materials specifically designed for children

3. VCT Centers

- Location of the center
- The sex and age composition of the people who visit the center
- The people's willingness to bring their partners for testing and counseling
- The trend in the number of people who are referred to post-counseling
- The center's record keeping mechanisms
- Problems in accessing the services
- The center's capacity of keeping the clients' status confidential
- The availability of trained staff in counseling

4. Health Care Services for Mother and Child

- The availability of trained staff in community health
- Beneficiaries
- The provision of training methods of safe delivery for Traditional Birth Attendants
- Clean examination room
- The number of pregnant women who seek pre-natal care and those who seek anti-natal care in a day

5. School / Out of School Anti-AIDS/ Reproductive Health Clubs

- The events they organize for awareness creation
- Beneficiaries
- The sensitization materials they use
- Acceptance in the school community/out of school
- The kind of support they get from NGOs

6. Coffee Ceremonies as a Forum for Awareness Creation

- The Group Composition
- Communication Approaches of the Group/Beneficiaries and Peer Educators/Community Workers
- The Beneficiaries' Attitude Towards the Subject
- Level of Participation among the Group

ANNEX II. NGOs Working on HIV/AIDS Prevention Programs in A.A.

Organization	Types Of Preventive Activities	Operational Area
1. AMREF=> African Medical Research Foundation	- Education and Training	Around Merkato
2. AWWA => Aba Woldetensae Gizaw's Mothers and Children Welfare Association	- Counseling - Education and Training	Woreda 17
3. BICDO => Birhan Integrated Community Development Organization	- Counseling - Education and Training	Woreda 1 or 2
4. CCF Inc => Christian Children's Fund Inc.- Ethiopia	- Education and Training	In Woreda 1,2,7 &10
5. CARE => Care International in Ethiopia	- Counseling - Education and Training - VCT (<i>new Project</i>)	Woreda 15
6. CHAD-E => Children Aid-Ethiopia	- Education and training - Research into best practice	Around Merkato
7. CHAD-ET => Cheshire Foundation Ethiopia	- Counseling - Education and training (<i>More than two years</i>)	Around Kechene
8. EECMY => Ethiopian Evangelical Church Mekane Yesus	- Awareness Raising - Counseling - Education and Training - Testing	Cherkos (<i>Office at Asmera Road</i>)
9. EOC => Ethiopian Orthodox Church	- Education and Training	Office around Kidist Mariam
10. ISAPSO => Integrated Service for AIDS Prevention and Support	- Counseling - Education and Training	Office around Ginfle

Organization	Types of Preventive Activities	Operational Area
11. GRIP => Godaraw Rehabilitation Integrated Project	<ul style="list-style-type: none"> - Counseling - Education and Training 	Around Cherkos
12. HAE-IC => Health Aid/Ethiopia and Integrated Community Development	<ul style="list-style-type: none"> - Education and Training - Research into best practice 	Woreda 13
13. MI-AT => Mary Joy Aid Through Development	<ul style="list-style-type: none"> - Establish and strengthen Anti-AIDS clubs SID control - IEC counseling - IEC materials development - Peer educators training on stepping stones 	Woreda 8 & 25
14. Mekdim-thiopia National Association	<ul style="list-style-type: none"> - IEC - Counseling and Social Support 	Woreda 1,8 & 9
15. Marie Stopes International Ethiopia	<ul style="list-style-type: none"> - Education and Training - IEC, condom promotion - STDs management 	Office around Awware
16. MSDAE => Medico Socio Development Assistance for Ethiopia	<ul style="list-style-type: none"> - Education and Training - Counseling - Research into best practice 	Woreda 1 => three Kebeles
17. MMM => Medical Missionaries of Marry	<ul style="list-style-type: none"> - IEC - Counseling and Social Support - VCT Center 	Woreda 10 & 13
18. NCA/G => Norwegian Church Aid/Ethiopia	<ul style="list-style-type: none"> - Education and Training - Organization for Social Services for Aids in Ethiopia - Prevention 	
19. OSSA => Organization for Social Services for AIDS in Ethiopia	<ul style="list-style-type: none"> - Counseling - Education and Training 	Zone 4
20. PP => Pro Pride	<ul style="list-style-type: none"> - Counseling - Education and Training 	Kechene & Merkato

Organization	Types of preventive activities	Operational Area
<p>21. SC/USA</p> <p>22. SCN => Save the Children Norway Ethiopia Program</p> <p>23. SCSE => Save the Children Sweden (Rada Barnen)</p>	<ul style="list-style-type: none"> - Education and Training - Reproductive health projects in schools - Counseling - Education and training - Counseling - Education and Training - Research into best practice 	<p>In Government High schools in A.A.</p> <p>Thorough other organizations</p> <p>Through other organizaitons</p>