ADDIS ABABA UNIVERSITY

FACULTY OF MEDICINE

DEPARTEMENT OF COMMUNITY HEALTH

PROCESS EVALUATION OF THE QUALITY OF SERVICES GIVEN BY THE PROGRAM OF SECONDARY SCHOOL ANTI-AIDS CLUBS IN SOUTH WEST SHOA ZONE

By

Mengistu Kenea (BSc)

THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENT OF THE DEGREE OF MASTERS OF PUBLIC HEALTH

MARCH 2006

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Advisor

Fikre Enquosellasse

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List of abbreviations

AACs	Anti- AIDS Clubs
AAU	Addis Ababa University
AIDS	Acquired Immune-Deficiency Syndrome
DCH	Department of Community Health
EFA	Education For All
FGD	Focus Group Discussion
FM	Faculty of Medicine
HAPCO	HIV/AIDS Prevention and Control Office
HF	Health Facility
HIV	Human Immune-Deficiency Virus
IEC	Information, Education Communication
KII	Key Informant Interview
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MOE	Ministry of Education
MOH	Ministry of Health
MPH	Master of Public Health
PLWHA	People living with HIV/AIDS
UNESCO	United Nations' Educational Scientific and Cultural Organization
WHO	World Health Organization

Executive summary

Back ground- HIV/AIDS prevention strategy that focuses on school youth has a two fold importance. First, they can easily learn how to raise awareness about HIV/AIDS among their fellow students in an effective way. Second, they learn how to take the same massage in to their local community and thereby multiply the people to people efforts.

Objectives-The objective of this study was to assess level of quality of services given by high school anti-AIDS clubs in south West Shoa Zone based on the status of the program inputs, program outputs and on the level of involvement by stakeholders of the program.

Methods –A cross-sectional study was employed from November 2005 to January 2006. Data was collected from ten high school students, teachers and heads of stakeholder institutions. Self-administered questionnaire survey, focus group discussions and in-depth interviews were used for data collection. Students were selected from sections of ten high schools by probability sampling proportion to size. Individuals for the qualitative study were selected on purposive basis. Trained facilitators, supervisors, and note takers were used in data collection. Quantitative data was analyzed using SPSS Version 11 statistical package. Descriptive statistics and associations between variables were assessed by using chi-squares, p-values, Odds Ratios, and 95%CIs. Qualitative data was transcribed, translated, coded, classified segment by segment, categories and themes were developed to answer the research questions.

Results- 333 (78.9%) of the participants reported that they participated in the activities of the club, and 77.9% of them reported that services given by the club was adequate. Students' participation and level of services given was significantly high in schools where school directors and teachers gave support for the anti-AIDS club ($p< 0.001$) and when forum of

discussion on HIV/AIDS exists among students ($p<0.001$). Students' participation was high where parents were aware of the presence of anti-AIDS clubs in schools ($p< 0.001$). Frequent use of posters and reminders on HIV/AIDS was significantly associated with the services given and student participation level ($p<0.001$). Level of services given was also significantly associated with presence of counseling services in schools (OR=3.35, 95%CI= [1.99, 5.61]). Limited participation by stakeholders, absence of financial support and training for peer educators and teachers were major problems of the club.

Conclusion and recommendations- This study addressed that the majority of secondary school anti-AIDS clubs in the study area are rendering adequate level of services, as reported by study participants, to create awareness among the school youth population. The program needs to get consistent financial support, supervision, training for peer educators and club advisors from its stakeholders. Similar studies are recommended to generate more in-depth information on secondary school anti-AIDS clubs

1.0 Introduction

1.1. Background

HIV/AIDS Pandemic continues to spread around the world; and it is estimated that by 2010, five countries of strategic importance to the United States –Nigeria, Ethiopia, Russia, India, and China will collectively have the largest number of HIV/AIDS cases on earth. [1]. These countries, which comprise over 40% of the world's population, are in the early –to- mid stages of the epidemic. According to this report adult HIV/AIDS prevalence in Ethiopia is the highest among the five countries indicating that –like Nigeria the disease has moved significantly in to the general population [2]. Among the officially reported AIDS cases in Ethiopia, about 69% are between the ages of 20 and 39 years [3]. Because HIV has a long asymptomatic incubation period, one would assume that most AIDS patients were infected during adolescence or early adulthood. Given that young people under the age of 25 represent more than half of the country's population [4], a comprehensive HIV/AIDS prevention is needed for the youth.

As part of the world wide effort, attempts have been made nationally in Ethiopia to reach both in-school and out of school youth in the country. AIDS/STD education program in senior secondary schools was started in 1992 and the Educational programs Supervision Department of the Ministry of Education was responsible for the program. The strategy in implementing the program included helping senior secondary schools establish anti-AIDS clubs and mini-media. The program was supported by production and distribution of supplementary

reading materials on AIDS/STD. To facilitate the program, efforts were made to prepare and distribute, to every school, a detailed implementation guideline containing the responsibilities and duties of the committees and the possible activities that could be performed by students and teachers [5]. Following that the Ministry of Health and Ministry of Education have jointly been making efforts to expand the program of in- school anti-AIDS clubs and strengthening capacities of existing ones. Nation wide School AIDS Education needs assessment was also made in the meantime and it was indicated that the schools were found to be the most appropriate place to give AIDS/STD education. In spite of long-term attempts made, the impact and progress of in-school anti-AIDS clubs appear to be limited. [7,9]. The major reasons identified for the problem were low implementation capacity in the education sector, lack of community ownership of the program, and lack of focus on priority intervention areas and target groups [11].

If education is to succeed in changing attitudes and behavior, it must reach beyond the school black board. With this in mind many different strategies have been developed in Ethiopia. Policies were formulated and national strategic plans were designed to safe both in school and out of school youth. The policies advocate for adequate emphasis to be given to the women, children and especially the youth group through strong youth mobilization to enable them benefit from the national multi-sectoral response to HIV/AIDS epidemic [4, 10].

1. 2**. Statement of the problem**

In 1997 national intervention guideline was prepared by the Ministry of Education for school based HIV/AIDS education in secondary schools. It included the major activities and responsible individuals to educate students on HIV/AIDS [8]. Recently national four years strategic plan (2004-2008) developed by Federal MOH and national HAPCO consisted of various objectives and strategies. Prevention strategy was developed specifically for in-school youth that had the following objectives:

I. Integrating HIV/AIDS education into the curriculum of all levels,
II. Strengthening and expanding anti- AIDS clubs and mini-media in secondary schools,
III. Organizing the youth on voluntary basis to provide peer education.

In both cases, to meet these objectives, major activities and indicators were developed and the Ministry of Education was given the responsibility to implement the activities [10, 11]. This strategy has a two fold advantage. First, the school youth can easily learn how to raise awareness about HIV/AIDS among their fellow students in an effective way. Second, they can take the same massage in to their local community by teaching their families and their neighbors. As such they multiply the results of people to people efforts [5]. Experiences in some African countries such as Zambia has shown that at small scale and especially in rural areas education on HIV/AIDS by using interactivities through drama, music, songs and role plays have proved successful [6].

School anti-AIDS clubs (school-based, anti-HIV/AIDS education programs) were designed to reach the school youth in the campaign to fight against the epidemic of HIV/AIDS. Currently information on school anti- AIDS clubs is limited. Therefore, the study assessed the level of activity and services given by high school anti- AIDS clubs in the study area through describing the status of the program inputs, level of involvement by the stakeholders of the program and the status of program outputs based on the national guideline for implementation of the co-curricular activities (of which school-based education on HIV/AIDS is one) in Ethiopian secondary schools developed in 1996. The study tried to assess whether the service is reaching the target population (students, communities), level of involvement by the program stakeholders (teachers, school directors, governmental and non-governmental organizations) and also whether the planned services are being given by the involved individuals and stakeholders. As such the study was proposed to lay down benchmark information necessary for action (strengthening the program of high school anti-AIDS clubs) and to make possible amendments for programmers and policy makers.

2.0 Literature Review

2.1 Overview of HIV/AIDS

As in many infectious disease of public health impotence, developing countries are disproportionately affected by HIV/AIDS [1]. Ethiopia is not exception to this fact. HIV/AIDS pandemic continues, to spread around the world at an alarming rate. The spread of HIV/AIDS in the next wave countries (Nigeria, Ethiopia, Russia, India & China) will be difficult to check by 2010. Treatment of existing infections and prevention of new infections is minimal. Even if effective programs could be implemented in the coming years, practical concerns such as cost, scale and experience in the health services delivery will probably result in the omission of services to a large number of infected individuals and the burden of the disease continues to rise [2]. Vulnerable segments of the population as the young are seriously affected. In Ethiopia an overwhelming percentage of official reports of AIDS cases are among the young [3]. Globally, and especially in Africa, HIV/AIDS pandemic has caused great damage in all sectors of human development.

The percentage of sexual initiation at early age widely varies from one country to another. As reported in one finding, in many countries substantial percentage of young men & women are sexually active at early age while first marriage typically occurred at age 23 or older[12]. Widening gap between sexual debut and marriage is increasingly common in developing countries.

In Sub-Saharan African countries, Latin America and the Caribbean the youth are starting sex earlier and marrying latter (12, 13).

The length of time between sexual debut and first marriage provides a measure of the period in which young men and women are potentially most

exposed to the risks of HIV/AIDS by engaging in risky sexual practices. In one finding adolescents and young people are reported to be the most vulnerable and seriously affected segments of the population; because they are exposed to environments of risky sexual behavior for an extended period of time. For these reasons, adolescents are regarded as key in the future heterosexual transmission of HIV/AIDS [14].

2.2. HIV/AIDS, Millennium Development Goals and Education in Sub-Saharan Africa.

In sub-Saharan Africa, progress with Millennium Development Goals is slow due to the impact of HIV/AIDS. With three million deaths from HIV/AIDS alone each year, the worsening global pandemic has reversed life expectancy and economic gains in several African countries [15]. In the same region, HIV/AIDS related attrition and absenteeism among teachers, managers and pupils seriously challenge the goals of education for all by the year 2015 that was set in 2000 World Education Forum in Dakar (Senegal). It is estimated that of the 44 countries that will not attain education for all by 2015, 32 will be sub-Saharan African countries with high HIV/AIDS rates. The quality of education is also badly compromised for students who remain in schools. In a case study on Malawian educational quality, teachers' absenteeism was estimated at 20% due to HIV/AIDS related illnesses among teachers and their families. [16]

In Ethiopia, projections suggest that 10,000 teachers have been HIV positive as of 2004, and one fifth of the teacher attrition may be due to AIDS [17]. In the country, teachers' absenteeism due to family and community funerals will cause more disruption in education than teachers' deaths. Because of HIV/AIDS achieving education for all goals will require a 16% annual increase in the recruitment of teachers in the country. HIV/AIDS also affects the demand for education. Currently school places are too few to accommodate Ethiopia's school age children. AIDS related reductions in child numbers and in the numbers seeking admission will reduce the pressure on schools to admit and retain children but this gain will be at a terrible human cost [17].

2.3 Sexuality and Culture in Developing Countries

The challenges to the campaign of fighting against HIV/AIDS are multiple. They comprises of economic and local socio-cultural contexts related to youth sexuality and level of community involvement. In developing countries, the socio-cultural definitions related to youth sexuality deserves paramount attention in the prevention and control of HIV/AIDS, among the youth [14].

As a result of cultural taboos, adolescents in developing countries rarely discuss sexual matters explicitly with their parents. Most information for their limited knowledge on HIV/AIDS often comes from peers of the same sex, who may themselves be uninformed or misinformed. Lack of appropriate information and guidance can lead to early and unprotected sexual behavior

[18, 19]. Recent findings showed an increasing trend in sexual activity among adolescents in both developed and developing countries. This marked change of sexuality among teenagers is mainly caused by socio-economic changes as urbanization and modernization, effects of globalization, improved health and nutrition status resulting in low age at menarche, earlier sexual maturity, low level of knowledge concerning human reproduction and liberalization of attitudes regarding sexuality [19].

In Ethiopia, natural curiosity and widespread peer pressure about sex exists among the youth. However, cultural and societal taboos associated with open discussion about sexual matters tend to prevent information about the risks of sexual activity from reaching young people. According to an assessment made to know whether parents and young people discuss on sexual matters, 54% of the youth respondents felt that it is culturally shameful to discuss about physical and psychological changes during adolescence and 93% of the parents had a negative attitude towards youth premarital sex [18]. This indicates that the campaign against HIV/AIDS should be broadened to addressing such local socio- cultural context of communities' associated with adolescent sexuality.

2. 4. Importance of school based Sexuality Education

Sexuality Education in schools helps the young acquire better skills to care for their health and the health of their families [20, 21]. Regarding school based sexuality education there has always been concerns by parents that premature information can lead to earlier initiation of sex by their children [21], although such assumptions have been proved wrong through different studies. For example, a review of 35 studies conducted in developed and developing countries concluded that school-based sexuality education does not lead to earlier or increased sexual activity in young people. In fact, in half of the programs studied, sex education was associated with a delay in the start of sexual activity, a decrease in sexual activity, or an increase in the adoption of contraception and STD protection among sexually active adolescents [20]. Currently sexuality education is presented as part of a school curriculum for older students in many countries.

2.5. School based AIDS/STDs Education Experience in Ethiopia

Experiences of WHO/UNESCO school HIV/AIDS education pilot projects had indicated that AIDS/STD education should start at 7 th to 8th grade level (13 – 14 year olds)[21].

At that time there were concerns that it would be inappropriate in the context of Ethiopian schools as students of this age are neither sexually knowledgeable nor sexually active. For this reason a pilot project for AIDS/STDs education in Ethiopian schools held a focus group discussion with junior high school students to explore their knowledge about HIV/AIDS and STDs, their attitudes

and sexual behaviors. The findings of the project showed that students of 7th to 8th grade level were well informed about the existence of HIV/AIDS and about sexual issues (including condoms) and some students at this grade level were sexually active. The Ethiopian case pilot study further indicated that if AIDS/STDs education is included in to the general science curriculum, it can effectively be taught without influencing completion of the general science topics [21]. In Ethiopia, School based education on HIV/AIDS in high schools through anti-AIDS clubs was started by the Ministry of Education in collaboration with the Ministry of Health. The aim of the program was to raise awareness on of HIV/AIDS among the students. Currently little is known about coverage and effectiveness. One study done in Addis Ababa high schools indicated that the program of high school anti-AIDS clubs was not popular among students, largely because of cultural barriers between parents and students and between students in addition to lack of support from the Ministry of Education and participating NGOs [9].

2.6. Community involvement in fighting HIV/AIDS from the youth

Community involvement and support in fighting against HIV/AIDS is indispensable to strengthen the current global efforts made to alleviate the problems of HIV/AIDS. The community can help in problem identification as well as planning for solutions. It ensures that the solutions are relevant and culturally appropriate to the targets of the HIV/AIDS prevention programs. It also assists communities to develop sense of ownership, and enhance sustainability of programs by withstanding problem of program discontinuation due to instability of external funds. For HIV/AIDS prevention program focusing on the youth, the community helps in creating an enabling environment for adolescents' behavior change [9, 14]. In this regard the involvement of the community including religious leaders ,women's group, youth organizations ,farmers' associations ,health extension workers ,teachers ,development agents ,and non-governmental organizations significantly contribute to the fight against the epidemic among the youth [11].

3.0 Objectives

3.1. General Objective

Process evaluation of the quality of services given by the program of secondary school anti-AIDS clubs in South West Shoa zone.

3.2. Specific Objectives

3.2.1. To describe the status of the anti-AIDS club program inputs in the study area.

3.2.2 .To assess level of involvement by stakeholders of the anti-AIDS club program in the area.

3.2.3 To assess the status of the HIV/AIDS related services given by the club in the study area.

3.2.4. To identify constraints in the execution of the program of the anti-AIDS club.

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4.0 METHODS (Quantitative)

4.1 Study Area

The study was conducted in South West Shoa Zone, Ethiopia from November 2005 to January 2006. South West Shoa Zone is one of the 14 zones in Oromia Regional State. Its Capital town is Woliso, which is located at 119 K.M. south of Addis Ababa. The zone has a cosmopolitan society, and it had a population of about 1, 536,368.

4.1.1. High school level education facilities of the study area

The zone has four preparatory schools (10th to 12th grade level), six 9th to 10th grade level schools and three 9th grade level schools. The three 9th grade level schools were established recently in the year 2005/06. As of mid-January 2006 there were a total of 14,122 students with 8,052 (57 %) male and 6,073 (43%) female students in all the high schools. Based on the information obtained from the statistic unit of the zonal education office, the technical human power of the zonal high schools for the mid-January 2006 composed of 346 education personnel varying from certificate to the level of second degree education.

4.1.2. Health facilities and health human power of the study area

Data obtained from the zonal health office of the study area zone revealed that there were 55 health posts, 21 health stations, 9 health centers and one zonal hospital. As of January 2006, the zone had 449 health workers consisting of 12(2.67%) Medical Doctors, 12(2.67%) BSc level health professionals,124(27.6 %) diploma level, 168(37.4 %) certificate level, 37(8.24 %) health extension workers and 10(2.22%) other health auxiliaries.

4.2. Study Design

The study design was cross- sectional survey of the quality of services given by secondary school anti-AIDS clubs in the study area by assessing the level of activity and services given by the club based on the status of the program inputs, level of involvement by the program stakeholders and the status of program outputs.

4.3. Study Population

Study population for the quantitative survey was students from high schools in South West shoa zone (9th to 12th Grade Level) who were selected by probability sampling method proportion to the size among students of ten high schools of the zone. This method was chosen to ensure that all individuals in all the classes could have equal probability of being included in to the sample.

4.4. Sample size Determination

For the self administered questionnaire survey, sample size was calculated based on the formula with single population proportion, because there was no previous study made on level of activities and services given by secondary school anti-AIDS clubs in the study area.

$$\mathbf{n = \frac{(z_{\alpha/2})^2 (P)(1-p)}{d^2}}$$

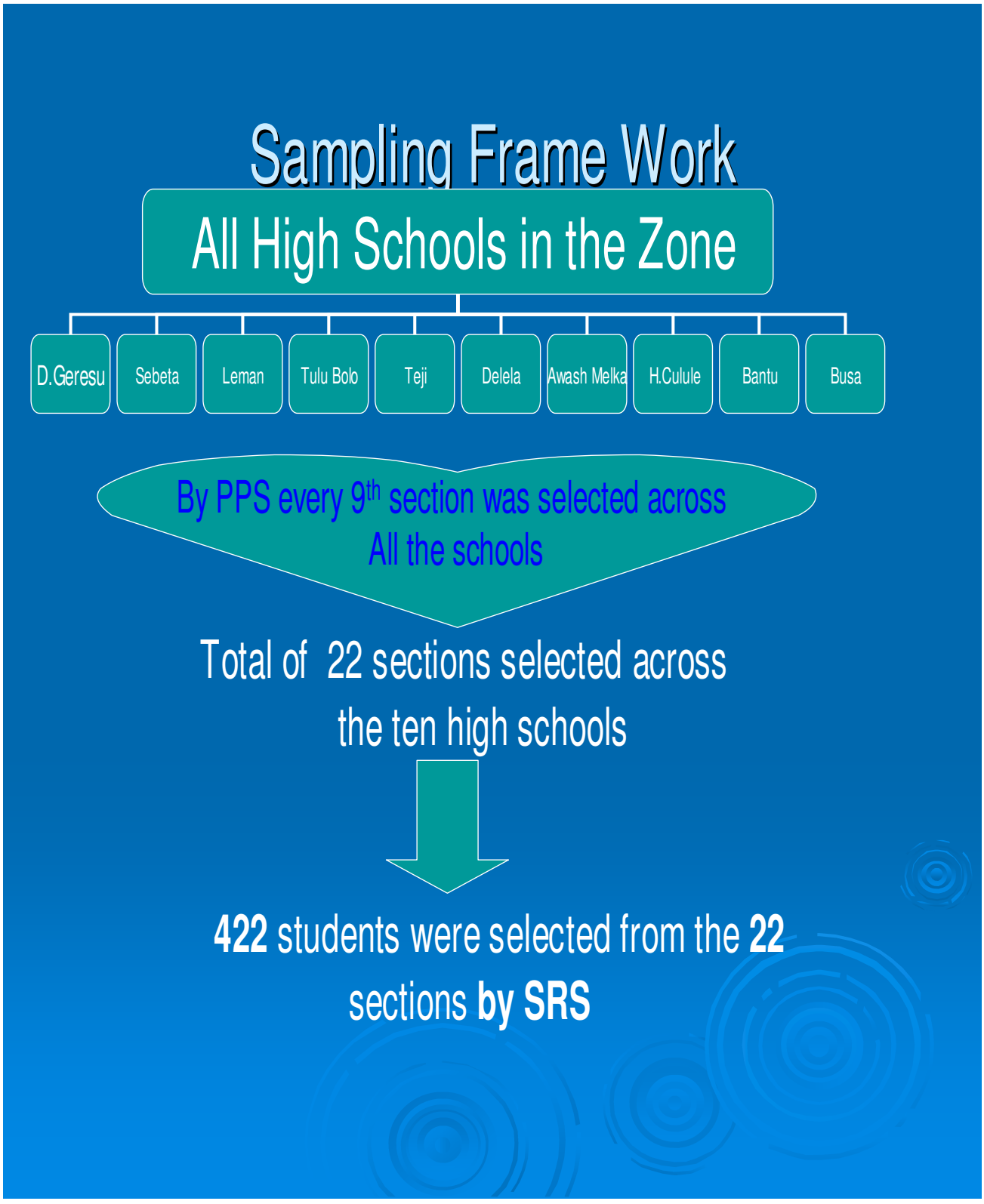
It was assumed that 50% of secondary school anti- AIDS clubs in the study area give good quality services to their target audiences (perform according to its national intervention guideline, its audiences are getting the services without payment and the program has the ability to produce the behavior and attitude changes needed onto its audiences.) It is also assumed that they have regular supply of program inputs (training, availability of teaching aids, uses interactive teaching methods such as

dramas, music and songs; there exists active involvement by stakeholders of the program and continuous and convenient service provision.)

With level of margin of error at d=0.05, assuming 95% level of confidence interval and adding 10% of the calculated sample size for the non-response, the total sample size was determined to be **422**.

4.5. Sampling procedure used:

I. All classes in the high schools were listed.
II. Students' number corresponding to each of the classes was listed.
III. The cumulative frequency of classes was calculated.
IV. At the first stage 22 classes were selected by PPS.
V. From each of the classes twenty students were selected by SRS.



4.6.0 Data collection

4.6.1. Data collection instrument

For the self-administered questionnaire survey a structured and pre-tested, questionnaire was used (Annex 5). The survey questionnaire was first prepared in English language and then translated to Amharic language (Annex 6).

4.6.2. Training of facilitators and supervisors

Three facilitators and one supervisor, who were diploma level nurses and who had some experience in data collection were recruited and trained for one day by the investigator using a training manual prepared for this purpose. On the training day explanation was made on the purpose of the study and we went through each tool designed for data collection, how to implement the data collection; potential problems that could arise & how to solve them.

4.6.3. Data Collection procedures

Selected study participants were informed by teachers (advisors of the anti-AIDS clubs) to come to the offices of the advisors at the end of learning sessions. When they arrived at the appointed places, explanation on the purpose of the study and the importance of their involvement were made for them. Participant opinions were elicited and clarification was made on ambiguities. Finally anonymous questionnaire papers (Annex 6) were

distributed to the participants, and participants were encouraged to fill out the questionnaire and return it back on the spot.

4.7. Data Quality Control

The following key strategies were used for quality control:

- All data collection tools were translated to local language.
- Training of facilitators and supervisors were made to enable them acquire basic skills necessary for facilitating and supervision.
- Pre-testing of data collection tools was made and based on the results of pre-testing; any necessary adjustment to the data collection tools was made.
- Spot check was done on the field.
- Filled questionnaires were checked daily.

4.8. Data processing and analysis methods

Collected quantitative data were edited in the field; data was coded and then entered in to EPI Info version 6. After data was entered data cleaning was made before further analysis began. Then data were transported to SPSS version 11-statistical package. Frequencies and percentages of the responses were calculated. Associations between variables were assessed by using chi-squares, Odds Ratios, 95% Confidence Intervals and p-values. Multiple logistic regression was used to adjust for possible confounding variables in predicting elements (intervention areas) related to the status of services given by the club.

4.9.0. Variables and definitions

4.9.1. Variables

These variables included socio-demographic variables (age, sex, grade level, and parents' occupation), the competencies of peer educators (knowledge, commitment) the level of involvement by students and stakeholders of the program of secondary school ani-AIDS clubs. The perceived level of quality of services given by the high school anti-AIDS clubs, while service quality measured from the point of view of the status of the program inputs (training, teaching aids and budget) level of involvement by the program stakeholders(individuals and institutions) and the status of services given by the program (continuity, conveniences).

4.9.2. Operational definitions

In-school anti-AIDS clubs -are school-based anti-AIDS programs developed as a strategy to reach school adolescents in the campaign to fight against HIV/AIDS.

Quality of services – *A*n anti-AIDS club in a school is said to give quality serves if it performs according to its national intervention guideline, if its audiences are getting adequate services without payment and if the program has the ability to produce the behavior and attitude changes onto its audiences. Regular supply of program inputs (training, availability of teaching aids, use of interactive methods of teaching, active involvement by stakeholders and continuous and convenient service provision.)

Stakeholders of secondary school AACs-are those institutions or individuals that were potentially relevant to work with or support the activities of in-school AAC programs (families, governmental and non governmental organizations).

Program inputs – includes technical, material & financial inputs of the program of high school anti-AIDS clubs.

Program outputs - The frequency, continuity and conveniences of services given by the high school AACs in the study area.

4.10. Qualitative survey

4.10.1. Study Population

For the focus group discussion study participants were students who were active participants in the activities of the anti-AIDS clubs. For the in-depth interviews high school biology or chemistry teachers who were advisors of the anti-AIDS clubs in schools, school directors and representatives of out of school governmental or non-governmental organizations those working on HIV/AIDS prevention and control activities and which had some form of work related relationship with secondary school anti-AIDS clubs. Participants were selected purposefully based on their prior knowledge and experience on secondary school anti-AIDS club's works.

4.10.2. Sample size

Interviews were made with ten individuals and a total of four focus group discussions disaggregated by sex of participants were carried out. The number of participants in each focus group discussion was eight. Thirty two (sixteen male and sixteen female students) participated in the focus group discussions. The number of participants in both the interview and the focus group discussions was determined during the field work based on the saturation of the information collected through each of the methods used.

4.10.3. Sampling procedure

During the fieldwork, the investigator contacted school directors and teachers who were advisors of secondary school anti-AIDS clubs. The contacted persons proposed the FGD participants to be students who played major roles in coordinating and implementing the works of the anti-AIDS clubs. For the in-depth interview they proposed representatives of some out of school governmental and non-governmental organizations who had at least a one time contact with the schools' anti-AIDS clubs including coordinators of out of school anti-AIDS clubs. For the FGD students were organized by advisors of the school anti-AIDS clubs and the FGD was conducted. Individuals proposed for the interview were contacted in person and they were told the purpose of the study and the importance of their involvement. As such participants were recruited to participate in the interview and the interviews were conducted.

4.10.4. Data collection instrument

For both focus group discussions and the interviews guiding topics were used (Annexes 7, 8). Both the interview and the focus group discussions were moderated by the principal investigator. One facilitator and one note taker who were trained participated in the qualitative data collection.

4.10.5. Data collection procedure

For the interview part selected individuals were contacted in person and were told the purpose of the study. Then appointments for discussion were held with them. When individuals came based on the appointment made with them, consent paper was read for participants. With those who gave their consent interview was conducted. Students who participated in the focus group discussion were organized by teachers and school directors and the discussion was conducted during out of school time.

4.10.6. Data processing and analysis methods

Participants' conversations were audio taped, transcribed verbatim and translated. Then the data were systematically coded segment by segment based on the research questions. Categories were formed and then based on the emerged relationships between the categories themes were developed and used to answer the research questions in conjunction with the data from the quantitative survey.

4.11. Ethical Considerations

Ethical clearance was obtained from the ethical clearance committee of the Department of Community Health (DCH), FM of the AAU. Likewise ethical clearance was obtained from the administration of the study area zone, from Zonal school desk and from high school administrators.

To collect data from participants, explanation on the purpose of the study was made for participants. It was explained that the study had no connection with individual affairs of respondents, the importance of their participation and true response. For the quantitative data collection an anonymous self-administered structured questionnaire was used (Annex 6). Confidentiality of all data collected was kept. All sample populations were encouraged to participate in the study while at the same time they were told their right not to participate.

5.0. Result

5.1. Socio-demographic characteristics of respondents

A total of the 422 respondents (100%) completed the self administered questionnaire survey. 249(59.0%) of them were male and 173(41.0%) of them were female students. Table 1 shows the socio-demographic characteristics of the respondents. 9 (2.1%) of the respondents were in the age group 10-14, 392(92.9%) in the age group 15-19 and 21 (5.0%) of them were 20 years and above. The mean age of respondents was 17.0 with a standard deviation of 1.7. Distribution of the respondents by religion showed that 277 (65.6%) of them were Orthodox Christians, 75(17.8%) Protestant Christians, 61 (14.5 %) Muslims and 9(2.1%) of others. 333(78.9%) of the respondents were Oromo, 51 (12.1%) Amhara, 27(6.4%) Guraghe and 11(2.6%) of other ethnic groups. Distribution of respondents by grade level showed that 140(33.2%) of them were at 9^{th} grade level, 184(43.6%) at 10^{th} grade, 56(13.3%) at 11^{th} and 42(10.0%) of them were at 12^{th} grade level. Distribution of the respondents' parental occupation showed that 195(46.2%) of them were farmers, 108(25.6%0) government employees, 103(24.4%) were merchants and 16(3.8%) others.

TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS, WOLISO, JANUARY, 2006)

Variables	No	Percent
Age Group		
1. 10-14	9	2.1
2. 15-19	392	92.9
3. 20 and above	21	5.0
Sex		
1. Male	249	59.0
2. Female	173	41.0
Ethnic group		
1. Oromo	333	78.9
2. Amara	51	12.1
3. Guraghe	27	6.4
4. Others	11	2.6
Religion		
1. Orthodox	277	65.6
2. Muslims	61	14.5
3. Protestant	75	17.8
4. Others	9	2.1
Parents' occupation		
1. Farmers	195	46.2
2. Gov't employees	108	25.6
3. Merchant	103	24.4
4. Others	16	3.8
Grade Level		
1.9th	140	33.2
2.10th	184	43.6
3.11th	56	13.3
4.12th	42	10.0

5.2. PARTICIPATION BY STUDENTS

5.2. 1. LEVEL OF PARTICIPATION BY STUDENTS

Out of the total 422(100%) of respondents 333(78.8%) reported to have ever participated on the education services given by the anti-AIDS club whereas 89(21.1%) reported not to have participated in such activities of the club during that academic year. The pattern and forms of the student participation was also investigated; and it indicated that 53(15.9%) of the students participated always, while 280(84.1%) of them participated occasionally on the activities of the club.

5.2. 2. AREAS OF PARTICIPATION BY STUDENTS

Major forms of student participation were found to be by presenting dramas 405(96.0%), preparing teaching aids 213(50.5%), through literatures 399(94.8%), and contributing money for the club184 (43.7%).

Other participation forms included educating the community on house-to-house basis 12(2.84%), educating on coffee ceremony 6(1.42%), and 9(2.13%) participating through other activities including posting slogans on HIV/AIDS at the side of the plasma television, teaching on weekly school sanitation campaigns and on flag ceremonies. Participants' opinion on participation difference by gender was also investigated. As such 179(41.4%) of the

respondents reported that participation by male was more than that by the female.

The main reasons for lower participation by females was reported to be non-approval by parents 121(68%), female students were occupied by domestic duties 136(76.0%), cultural reasons 91(50.8%) and a small proportion of the rest of combination of reasons. In the same way individual participant interest level in the services given by the club was investigated and it was found that 342(81.2%) of the participants were interested in the activities of the club while 79(18.8%) of them reported lack of interest in the services given. Major reasons identified for participants' lack of interest in the services given included that the program clashes with learning hours 49(61.3%), and no knowledge is gained from the educations given 42(52.5%) and 10(2.5%) of other reasons.

Table2: Distribution of the level and areas of students' participation in the activities of the anti-AIDS club, Woliso. January 2006.

Variables	Number	Percent
Ever participated	333	78.9
Pattern of Participation		
Always	53	15.9
Occasionally	280	84.1
Areas of participation		
Presenting dramas	405	96.0
Literatures	399	94.8
Preparing TAs	213	50.5
Contributing money	184	43.7
Educating on HH basis	12	2.8
Educating on coffee ceremony	6	1.4
PDS		
More male	179	42.4
More Female	54	12.8
Equal participation	124	29.4
Factors determining Females' participation		
1. Studying	121	68.0
2. Female students are busy	136	76.0
3. Cultural reasons	91	50.8

TAs= Teaching Aids

HH= House to House

PDS=Participation difference by sex

5.3. Educators and the health education methods used by the anti-AIDS clubs.

Table three shows distribution of the main educators and the methods of education used by the anti- AIDS clubs in the study area.

The main health education methods used by the club to educate students and other audiences included songs 264(62.6%), music 302(71.6%), dramas 398(94.3%), tales 155(36.7%) and showing films 36(8.5%). The main educators in the club as reported by the respondents were students as peer educators 383(90.8%), teachers 350(83.3%), and out of school stakeholders 315(74.6%), health workers 277(65.6%), and people living with HIV/AIDS 44(10.42 %).

TABLE 3: DISTRIBUTION OF METHODS OF EDUCATION USED BY ANTI- AIDS CLUBS IN SECONDARY SCHOOLS, SOUTH WEST SHOA ZONE, JANUARY, 2006.

Variable	No	Percent
Methods of H.E		
Songs	264	62.6
Music	302	71.6
Drama	398	94.3
Showing Films	36	8.5
Tales	155	36.7
Question & Answer	111	26.3
Counseling	270	64.0
Educators		
Peer educators	383	90.8
Teachers	350	83.3
OSOs	315	74.6
Health workers	277	65.6
PLWHA	44	10.0

OSOs= Out of school organizations

5.4 Results from focus group discussions and in-depth interviews

5.4.1 Composition of the school anti-AIDS clubs' committee

Most of the advisors of the anti-AIDS clubs who were biology or chemistry teachers and who participated in the interview mentioned that the objective of the school anti-AIDS club is to organize students who learn about HIV/AIDS and take the message to their fellow students, student families and their neighbors. Therefore students who have the interest to accomplish this primary objective of the club joined the club and the club was formed based on the national intervention guideline for extracurricular activities and the process is mediated by the school administration and the advising teachers.

Majority of students in the focus group discussion reported that the anti-AIDS clubs in secondary schools were run by students. Students were not only the founders of these clubs, but they were also the primary planners, organizers, implementers and reporters of the activities of the club. The club has a committee consisting of

five members composed of students (one chair person, a treasurer, a secretary and two members). One teacher who serves as an advisor was appointed in the club. Students who were known to be academically competent, respected, and responsible are elected and included in the committee. Election is done by all students registered in the club and the club advisor. Some students who have the self-initiative are also elected and included to the five formal committee members so that they can share responsibilities of the club members.

Discussants reported that the committee prepared plans together with the club advisor. They worked in organizing students, inviting individuals from out of school clubs and organizations to educate on HIV/AIDS.

The committee also conducts regular monthly meetings with member students. On such meetings report on the activities of the club is presented, discussions on the problems of the club and negotiations on contributing money for the club is made.

5.4.2. The extent and areas of participation by students

Students tried to educate their student fellows and the community on a variety of occasions. The different approaches and media used by these student educators were reported by most of the

participants in the focus group discussions and the in-depth interviews. Students were assigned in their respective areas to go into the community to teach the rural farmer population on community meetings such as on holidays, at Kebeles and 'mahber' meetings. Students were presenting the reports of their work to the school anti- AIDS clubs. Students presented dramas, literatures, role-plays and songs to teach both the in-school and out of school community. In the school compound, student peer educators wrote and posted reminders on HIV/AIDS in places such as on the school gate ways, students' recreation areas and in classrooms at the side of the plasma television. Currently new approaches of teaching media on HIV/AIDS, is emerging in schools such as coffee ceremony, school sanitation day and flag ceremony. Students contributed money which is used for running the activities of the anti-AIDS club (developing teaching aids and slogans on HIV/AIDS and for transport expenses). The money was obtained either directly from students' pockets or from the sale obtained by running teahouses in the schools by the club members.

"…despite the many problems that we had, we have tried to do our best…" a participant in an interview explained.

It was reported that the majority of the clubs gave education in the school through the school mini-media. Discussants in the focus

group discussion reported that male students participate on the activities of the club more than female students. They mentioned the reasons that females get less time as they are given many domestic responsibilities during their out of school time and also parents do not usually support participation of their female children on the activities of school anti-AIDS clubs.

Discussants also reported that the club carries out many out of school activities .The world HIV/AIDS Day was celebrated in most of the schools. Discussants in both the FGD and the interviews mentioned that on such days, students went out in mass to the nearby community to teach on HIV/AIDS. The discussants called it "yeshama mishit" – literary meaning 'Candle Night'. On such occasions the students held slogans on HIV/AIDS, distributed leaflets to the attending community by walking across the entire village or town. In most of the schools people living with HIV/AIDS were also invited to give education for the school community. Participants in the focus group discussions reported that the activities made by the clubs were not negligible.

A participant student in a focus group discussion mentioned, *"…we have at least made our parents know the existence of a disease problem called AIDS…"*

It was reported that in some of the schools students made visits to other schools for reasons of experience exchange with other schools.

"… I know that there are anti-AIDS clubs in our town at 'kebele' level and in schools also. The anti-AIDS club in the high school in this town has made an exemplary work that can be taken as special self initiative endeavor …," a participant from a stakeholder organization appreciated. He continued *"…simply I can say that they are bearing our burden by self interest…"*

5.5. Reported knowledge and commitment of peer educators

A substantially large proportion of the study participants reported that the commitment of the educators was adequate 270(64.0%). Despite that adequacy of the knowledge of the peer educators was reported only by 140(24.6%) of the respondents. The condition of the services given by the club at that time was assessed and 244(57.5%) of the respondents reported that the services given were moderately good and it was getting stronger compared to what it was in the previous times.

Apart from the fixed schedule that the club uses to carry out its routine activities, it has been performing different activities. These activities were reported to be celebrating world HIV/AIDS day with different HIV/AIDS focused activities 332(78.7%), education given on school Parents' Day 170(40.3%), visits made to other schools for experience exchange 79(18.7%), counseling services to students 270(64.0%), question and answer on HIV/AIDS 111(26.4%) , education on other STDS other than HIV/AIDS 225(53.4%), care and support for people living with HIV/AIDS 29(6.9%), care and support for children orphaned by the disease 34(8.1%), contributed money for the activities of the club 184(43.7%).

Table 4: Participants opinion on the competence and commitment of peer educators in teaching on HIV/AIDS, Woliso. January 2006.

Variable	Number	Percent
1. Commitment		
Adequate	270	64.0
Not adequate	98	23.2
2. Knowledge		
Adequate	104	24.6
Not adequate	277	5.6
3. Current service level		
Weak	75	17.8
Strong	329	77.9
4. Trend of service compared to previous one		
Getting weaker	44	10.4
Getting stronger	228	54.0
No change	99	23.5
5. Visits made to other schools	79	18.7
6. Counseling	270	64.0
7. Question &Answer on HIV/AIDS	111	26.4
8. Health education on other STDS	225	53.4
9. Care and support for PLWHA	29	6.9
6. Care and support for orphans	34	8.1
10. Contributed money for the anti-AIDS clubs	184	43.7

5.6. SUPPORTS GIVEN TO THE ANTI-AIDS CLUB BY ITS STAKEHOLDERS.

Table 5 depicts distribution of individuals and organizations supporting secondary school anti-AIDS clubs in the study area and their areas of support. Discussants in the study reported that the club obtained different forms of supports from individuals and organizations. The sources of support were reported to be from parents of students 211(50%), teachers 381(90.3%), and school directors 264(62.6%). Organizations supporting secondary school anti-AIDS clubs in the study area were found to be from the different governmental development sectors, non-governmental organizations working on health and health related activities and from out of school anti-AIDS clubs. The government development sectors included district health offices or health centers 195(46.2%), Woreda HIV/AIDS prevention and control office (HAPCO) 211(50.0%) and town administrators 70(16.6%). These organizations were reported to support in teaching on HIV/AIDS 315(74.6%), training of student peer educators 263(62.3%), providing teaching aids 194(46.0%), and budgeting 27(6.4%). The non-governmental organizations reported to support the clubs were out of school anti-AIDS clubs 32(7.6%), zonal office of the Family Guidance Association of Ethiopia (FGAE) 29(6.87%), Save the Children, USA 18(4.26%), and zonal office of the Red Cross Society 9(2.13%).

TABLE 5: INDIVIDUALS AND ORGANIZATIONS SUPPORTING SECONDARY SCHOOL ANTI-AIDS CLUBS AND THEIR AREAS OF SUPPORT, SOUTH WEST SHOA ZONE, January 2006.

Areas of support	**Stakeholders**		
	Teachers No (%)	School administration No (%)	Out of school Organizations No (%)
Training	316 (75.4)	249 (59.0)	263 (62.3)
Planning	374 (89.0)	279 (66.1)	NA
Reporting	338 (80.5)	NA	NA
Teaching On HIV/AIDS	350 (83.3)	NA	315 (74.6)
Teaching aids	NA	285 (67.5)	194 (46.0)
Budgeting	NA	56 (13.3)	27 (6.4)

NA= Not Applicable.

5.7. Stakeholders Involvement (qualitative result)

The majority of the club advisors in the interview mentioned that they had some form of contact with some NGOs in their vicinity. The stakeholders with whom the clubs had activity related contact were reported to include the woreda HIV/AIDS Prevention and Control Office (HAPCO), the zonal Red Cross Office, Zonal Family Guidance Association Office, and Save the children USA. Most of such contacts were mostly made as per the request made for the anti-AIDS clubs by these NGOs.

Discussants reported that the collaborative action focused on giving training on HIV/AIDS peer education skills for students who were anti-AIDS club committee members and who were teaching their fellow students (peer educators). Coordinators and members of the club committee obtained some form of short time trainings by the help of the NGOs. Some of the participants reported that the training has improved the skills of the peer educators and thereby the activities of the school anti-AIDS clubs in teaching on HIV/AIDS.

Many of the discussants in the interview and the FGD mentioned that they prepared and submitted their annual action plan (activities and budget) to organizations in their respective areas. Some of these organizations were reported that they have given the clubs some forms of help. On the other hand, the participants mentioned that, the collaboration of the majority of the stakeholder organizations didn't

surpass verbal agreement despite the clubs repeated trial to approach and convince them to work with them.

> *"… We recognized that the practical interest of some stakeholder organizations is not inviting…"* an informant mentioned bitterly. "… *these organizations have the budget, the time and the material needed that we don't have, but we have the most receptive, most vulnerable & easy to reach population (the young at school) that they don't have..".* He added, "…*and I believe that school adolescents /students who can teach their family and their neighbors are the best route for governmental and non-governmental organizations working on HIV/AIDS to reach the larger society, ".*

The discussants reported that the supports obtained from the NGOs also included, distributing teaching aids such as posters, pamphlets, and issuing T-Shirts and caps for peer educators. Yet, participants mentioned that the supports in all areas were inadequate and non continuous.

> *"I suggest that organizations working on HIV/AIDS should secure their annual operation budget with the aim to work with and strengthen the different programs established to alleviate the problem of HIV/AIDS such as school ant-AIDS clubs. Teaching on HIV/AIDS is an extra work for us but it is a mission of existence for them,"* mentioned a participant in an interview.

An informant from the zonal HIV AIDS prevention and control office (HAPCO) mentioned that the office gets a global fund for community conversation enhancement. It works with the aim of raising awareness on HIV/AIDS among the community members through community based anti AIDS clubs. These community members are families of secondary school students. The discussant reported that the office was planning to bring students and their families together using that opportunity.

5.8. Assessment of overall activity status of the club.

Assessment of student participation level on the activities of the anti-AIDS clubs in South West Shoa zone secondary Schools showed that more than three quarters of the study participants 333 (78.9%) have participated in the activities of the club while 89 (21.1%) did not participate in the activities of the club in that academic year.

The participation level of club members on the activities of the club was significantly higher than those of the non members (x^2 =47.9, $p<0.001$). Students' participation was higher where school directors give support for the anti-AIDS clubs (x^2 = 29.5, $p< 0.001$) and where teachers participated in the activities of the club in teaching and coordinating (x^2 =14.2, $p<0.001$). The presence of forum of discussion on HIV/AIDS among students was significantly associated with student participation

level (x^2 =29.3, p<0.001), and when students knew the days on which education on HIV/AIDS is given in their respective schools (x^2 =34.1, p<0.001). The students' participation was also found to be high for students whose parents were aware of the presence of anti-AIDS clubs in schools (x^2 =19.2, p< 0.001) and where parents supported participation of their children in the activities of the club (x^2 =11.7, p= 0.003).

Assessment of the level of services given by the anti-AIDS clubs in South West Shoa zone secondary Schools was made; and the majority of the respondents 329(77.9%) reported that the services rendered were adequate where as smaller proportion 75(17.8%) reported that the services given were inadequate. The reported level of services given by secondary school anti-AIDS clubs in the study area were found to be associated, among others, with frequent use of posters on HIV/AIDS (OR=4.0, 95%CI= [1.0 , 9.8]), existence of discussion forum on HIV/AIDS among students (OR=3.8, 95%CI= [1.8, 8.0]). Counseling services on HIV/AIDS given in schools to students was also found to be positively associated with the reported level of services given by the clubs OR=3.4, 95%CI= [2.0, 5.6]. The supports from teachers and directors respectively (OR=2.2, 95%CI= [1.1, 4.6]; and (OR=2.2, 95%CI= [1.1, 4.2] were found to be significantly associated with the reported level of services given by the club. Table 6 depicts relationship between service status and implementation of the components (elements) of the program of anti-AIDS club by employing logistic regression statistical model.

TABLE6: LOGISTIC REGRESSION MODEL FOR THE ASSOCIATION BETWEEN SERVICES GIVEN BY THE CLUBS AND IMPLEMENTATION OF SELECTED COMPONENTS OF THE PROGRAM, ADJUSTED FOR SERVICE COMPONENTS AND SOCIO-DEMOGRAPHIC VARIABLES, WOLISO, JANUARY 2006.

Variables	Yes (%)	No (%)	Crude	Adjusted
			OR [(95%CI]	OR [95%CI]
Discussion forum exists	220(52.1)	202(47.9)	3.8[2.0, 5.96]	2.1 [1.2,3.9]
Posters used	314(74.4)	108(25.6)	2.3 [1.3, 3.9]	1.7[1.0, 3.2]
H.E given (Out of class Times)	251(59.5)	171(40.5)	1.9[1.2, 3.1]	1.1[0.6, 1.9]
Q&A on HIV/AIDS	111(26.3)	310(73.5)	2.5 [1.3, 4.9]	1.4[0.7 2.9]
Counseling Given	270(64)	152(36)	3.4[2.0, 5.6]	2.3[1.3, 4]
Audiences interested	342(81)	79918.7)	2.6 [1.5,4.5]	0.7[0.4,1.3]
Use of Music as H.E method	302(71.6)	120(28.4)	3.9[2.3, 6.5]	0.4[0.2,0.6]
Teachers Participate	381(90.3)	41(9.7)	2.2 [1.1, 4.6]	1.3[0.6, 3.0]
Directors support	264(62.6)	158(37.4)	2.2 [1.1 , 4.2]	1.5[0.9,2.7]

Q&A = Question and answer
H.E = Health Education

5.9. Constraints of the anti-AIDS clubs in the study area

5.9.1. Unmet training needs.

The participants in the focus group discussions and the in-depth interview mentioned that the students need to have up-to-date information on HIV/AIDS. Educators should be skillful to bring about behavior change onto their audiences, which needs considering appropriate training needs of students who are peer educators. A non trained student can't cope up with changing information needs of his or her fellow students.

> *"…I belief that training is essentially important for all of us…"* a participant in an interview mentioned.

The discussants mentioned that the problem of training can get solution only when the relation between school anti-AIDS club and organizations working on HIV/AIDS is strengthened.

Discussants mentioned that students and other audiences are observed lacking the interest to participate on the HIV/AIDS based education given by the club. The participants mentioned the reasons for the audiences' lack of interest to be absence of teaching methodological mix up. Meaning, on one hand the level of implementation of the more interactive methods of teaching such as

dramas, music and role plays were limited; becase these methods needed material make ups which in turn needed adequate financial resource that the club could not afforded. Secondly, non-trained peer educators with limited information on HIV/AIDS may not cope up with information needs of their student audiences who have some form of prior information on HIV/AIDS.

"*…We should be able to update our knowledge and teaching methodologies through training to catch up with people's needs, that can help us bring about behavior change in our audiences,…" a* discussant in an FGD declared.

5.9.2. Budget

The club needs budget for running its routine activities. The financial source of the club is based on monthly contribution from students. Even though it supports the club with different materials, the school couldn't cover such financial club expenses as transport. As such students themselves cover the transport and other expenses while they go out to far areas to teach the community on HIV/AIDS. Such problem restricted the activities of school anti-AIDS clubs mostly to the school compound. Trials made by students to generate funds for the club through running tea houses in schools consumed a lot of the scarce time that the club members have; and that further complemented by the tightness of the learning time due to the plasma television program, discouraged students working in such areas. Peer educators teaching their student fellows on HIV/AIDS need to wear caps, and T-Shirts carrying messages on HIV/AIDS, but it was reported that the club couldn’t equip the peer educators with such materials due to lack of money.

6. Discussions

This study addresses that more than three quarters of the study participants 333 (78.9%) have participated in the activities of the club. The majority of the respondents 329(77.9%) reported services given by the anti-AIDS clubs in the Schools were adequate where as smaller proportion 75(17.8%) reported that the services given were not adequate. Club committee members participated more significantly on the activities of the club than those of the non committee members. Club committee members are more likely to obtain some training that might foster their self initiative interest to take responsibility and participate in the activities of the club.

Students' participation and reported service level were significantly higher where school directors give support for the anti-AIDS clubs and where teachers participated in the activities of the club in teaching and coordinating. Teachers and school directors are role models in schools. Therefore their involvement in coordinating and supporting any program carried out in the school compound might strengthen the level of student participation and level of the services given.

The presence of forum of discussion on HIV/AIDS among students was significantly associated with the services given and student participation level. Likewise in schools where there was frequent use of posters and

reminders on HIV/AIDS, participants' level of participation and reported service level was significantly higher. Forum of discussion among students of the same level might foster experience exchange and acquisition of the necessary skills related to HIV/AIDS. Discussion might also strengthen individual based negotiations with students that could have enhanced their interest and level of involvement. Posters might be more attractive tools to educate the youth in secondary schools in conveying HIV/AIDS related message than the direct method of teaching as lectures.

Presence of fixed schedules for the activities of the anti-AIDS clubs and parental awareness on the presence of anti-AIDS clubs in schools was significantly associated with level of involvement by students. As students' time is usually occupied with their major school duty, that is learning, they might forget the date and time when the activities of the club take place. Therefore, presence of schedules might help students to remember the time when to participate in the activities of the club. Parents might be decision makers in the life of their children. When parents are aware of the presence of school anti-AIDS clubs they might help by allowing participation of their children.

The results from the qualitative survey revealed that students educated the school community and also went far to the rural farmers' population and educated them on a variety of occasions. Students have used the

more interactive methods of teaching such as dramas, music, role plays and songs to give HIV/AIDS related messages to their audiences.

Even though the effectiveness of such works of the anti-AIDS clubs in the study area need a separate study to evaluate, such efforts by students through school anti-AIDS clubs whereby students take interactive massages to communities, have proved very successful in some countries of Africa such as Tanzania and Zambia.

Yet the participation of students on the activities of the club was reported to be inconsistent and occasional for most of the secondary school anti-AIDS clubs. This might be due to the absence of strong supervision and support from the school administration and out of school stakeholders. It might also be due to absence of system of encouraging students passing part of their scarce time doing the works of the club. Parental disapproval of their children's participation and tightness of the learning times due to the plasma television program reported by the participants might also be other factors for less participation by students. Students in the focus group discussions reported that their parents think that working in issues of HIV/AIDS is the work of people living with HIV/AIDS. The discussants reported that the slogan on HIV/AIDS "Begna yibka" _ a slogan said by people living with HIV/AIDS which literarily means that the spread of HIV/AIDS should be limited to them, has misled their parents. The slogan was taken by parents as a slogan said only by people living with HIV/AIDS.

This finding is consistent with the study done in Addis Ababa high schools in which it was reported that the program of school anti-AIDS clubs was not popular among students largely because of cultural barriers between parents and their children; in addition to lack of support from the ministry of education and participating NGOS.

In this study it was reported that students participated in the activities of club in need of certificate of participation; because the participation certificate is given value on some job opportunities. Although such approaches might serve as means of endorsing the participation of students in the activities of the club, it might also deactivate the program audiences' interest of participation from the point of view of the advantage they get from HIV/AIDS related information that the club gives.

In the quantitative part of the study more than three quarters of the respondents reported that the services given were adequate. On the other hand the report from discussants in the qualitative part of the study revealed that the number of program attendants on each service session was limited. Less number of audiences on each session may be related to different factors apart from the factors related to individual student (audience) affairs mentioned above. The first might be the content of the education and behavior change communication services given might not be attractive enough for participants. Discussants in the FGD and in-depth interviews mentioned that peer educators lack the necessary skills in giving adequate services as they do not have adequate training. Participation by

health professionals in teaching school students through the anti-AIDS clubs was also reported to be limited and infrequent. The use of more interactive methods of teaching such as dramas, Music, Songs, was also reported to be very limited. Therefore, repeated use of the same method of teaching on HIV/AIDS rather than using the more interactive and attractive methods of conveying HIV/AIDS messages by peer educators who lack training and the necessary skills in teaching might not be able to attract secondary school students who already have some level of prior information on HIV/AIDS.

Involvement by stakeholders (students' families, organizations) was reported to be limited and thereby the support they gave to the club. The school administration was also reported to have very limited capacity to support the anti-AIDS clubs materially and financially. Limited participation by stakeholders might be due to many factors. The first could be that even though there is policy support and intervention guideline, which advocates for collaborative action between secondary school anti-AIDS clubs and its stakeholders, no one individual or organization was given practical responsibility to implement this collaborative action between the two at lower (school or community) level. The zonal HIV/AIDS prevention and Control Office that works with the community through out of school anti-AIDS clubs could bring students working in school anti-AIDS clubs and their families to one forum where parents and their children could explicitly discuss on HIV/AIDS among themselves. That might be due to absence of

responsible body to integrate the two efforts. This particular opportunity could have enabled to tackle parental disapproval of their children's involvement in the activities of the club. It could also have helped to foster discussion on HIV/AIDS and sexuality issues between parents and their children.

Discussants in the FGD and the in-depth interview reported that the club was experiencing financial constraints to carry out its routine activities. The cause of financial problem might be due to low level of participation by stakeholders of the club and limited capacity of the schools to support the clubs. Furthermore, financial constraints might be responsible for many of the reported problems in the activities of the club. It might be responsible for the reported problem of transportation and other expenses on teaching communities out of the school compound. This might restrict the activities of the club to the school compound. It might also be responsible for the limited use of the interactive methods of teaching as dramas, songs, role plays and music as implementation of these methods might need adequate financial and material inputs.

7.0. Strengths and limitations of the study

7.1. Strength: - such place specific study on anti-AIDS clubs in secondary schools is one of the rare studies made so far in the country. The study tried to generate as rich information as possible by employing triangulation of quantitative and qualitative methods of data collection.

7.2. Limitations: - This study covered high schools of only one zone which might limit its representative ness at national level due to small sample size. Absence of literatures on the status of anti-AIDS clubs in secondary schools and any base line data made in previous time made comparisons very difficult

8. Conclusions and Recommendations

8.1 Conclusion

This study addressed that the majority of secondary school anti-AIDS clubs in the study area are rendering adequate level of services, as reported by study participants, to create awareness among the school youth population. The current new form of self initiative trials done by committee members of the clubs in some of the schools , such as educating the community on house to house basis and on community meetings are found to be fascinating endeavors beyond carrying out the routine club activities within the school compounds. The program needs to get consistent financial support, Supportive supervision, training for peer educators and club advisors from its stakeholders.

8.2. Recommendations

Based on the findings of this particular study on the functionality level of secondary school anti AIDS clubs in the study area, the following recommendations were forwarded.

1. Continuous in-service training for teachers involved in the activities of the club (advisors of the club).
2. Consistent training for peer educators on skills of information dissemination and behavior change communication.
3. Supportive supervision, material support including teaching aids.
4. Development and distribution of pamphlets, books, and magazines that can help teachers and peer educators to update their information needs on HIV-AIDS.
5. Involvement of parents and people living with HIV/AIDS in the development and implementation of HIV/AIDS based education for school youth.
6. Establishing a forum of co-function among anti-AIDS clubs of secondary schools, out of school anti-AIDS clubs and other stakeholders of the club.

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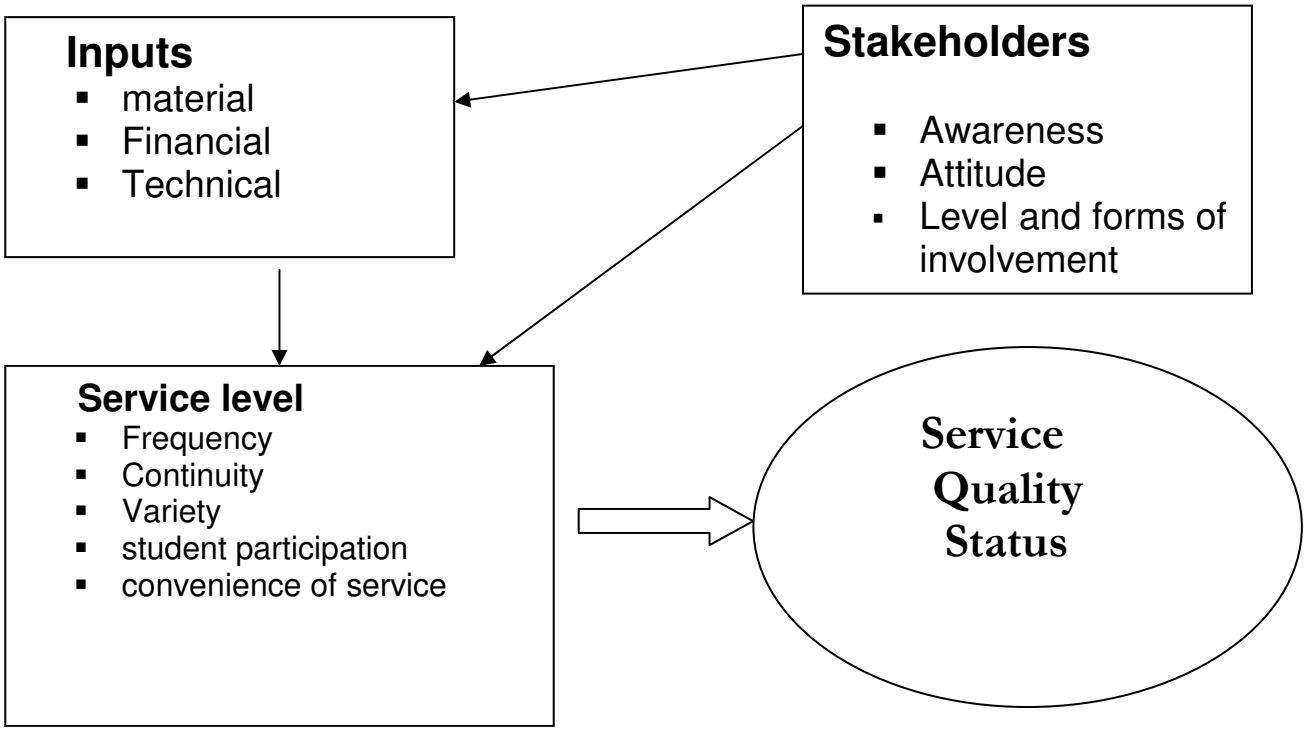
10. Annexes

Annex 1: Conceptual Framework of the study



Annex 2: **General Information For participants**

Dear Participant;

My name is Mengistu Kenea, I am a student of master of public health of Addis Ababa University. I am here to study the quality of services given by high school AACs in this Zone. The purpose of this study is to generate information necessary for strengthening the program of high school AACs and to make possible amendments for programmers and police makers. Therefore your participation and genuine response is important for the achievement of the objectives of the study.

Here; I have some questions to be responded by you. Some of the questions are personal that some people may find it difficult to answer. Your answers are completely confidential. Your name will not be written on this form and will never be used in connection with any of the information

You give .Participation by answering the questions that I am going to provide you is strictly on voluntary basis. However your honest answers are crucially important for my understanding of the status of the quality of services given by high school anti- AIDS clubs. Filling the questionnaires/ the discussions/ Interview will respectively take about 20 to 90 minutes.

Annex 3: Individual Consent Form (English)

I the undersigned, have been informed the purpose and importance of the current study on secondary school Anti AIDS clubs in our area. I have been informed that the purpose of the study is to generate information that is used to strengthen the works of the Anti AIDS clubs studied and to help inform organizations working in the area with necessary information. I have been informed that I am going to respond to the questions forwarded by the researcher on voluntary basis. I have been informed that the information I give is used only for the purpose of the study and it is kept confidential. I have also been informed that I can refuse to respond to questions in which I am not interested and also to stop participating in the study at any time in the process.

Participant agreed ----------.

Annex 4: **Individual Consent Form (Amharic)**

በደቡብ ምዕራብ ሸዋ ዞን ትምህርት መምሪያ ስር ባሉ ሁለተኛ ደረጃ ትምህርት ቤቶች ውስጥ የትምህርት ቤት ፀረ-ኤድስ ክትባትን የሥራ እንቅስቃሴ ለማጥናት የተዘጋጀ መጠይቅ::

ፈቃደኝነትና ሚስጥር መጠበቅ

ይህ መጠይቅ የተዘጋጀው በአዲስ አበባ ዩኒቨርስት የህብረተሰብ ጤና ትምህርት ክፍል የድህረ ምረቃ ፕሮግራም ማሟያ ለሚሆን ጥናት ነው:: እኔ ስሜ መንግስቱ ቀነዓ እባላለሁ:: አሁን በደቡብ ምዕራብ ሸዋ ዞን ሁለተኛ ደረጃ ት/ቤቶች ውስጥ ባሉት የፀረ-ኤድስ ክበባት አማካይነት ለተማሪዎች የሚሠጠውን የፀረ-ኤድስ ትምህርት አግልግሎት ጥራት ማጥናት እፈልጋለሁ:: የጥናቱ ዓላማ የፀረ-ኤድስ ክበባትን ሥራ ለማጠናከርና በፕሮግራሙ ዙሪያ ለሚሰሩ አካላት ለውሳኔ የሚረዳ አስፈላጊውን መረጃ ለማግኘት ነው:: የዚህ ጥናት ዓላማ ግቡን ይመታ ዘንድ የእናንተ ተሳትፎና ትክክለኛ መልስ ወሳኝ ነው:: እኔ በእናንተ የሚመለሱ ጥያቄዎች አሉኝ:: ለዚህም የእናንተ ተሳትፎና የምትሰጡኝ መረጃ ሚስጢር የተጠበቀ ነው:: ስማችሁ በመልስ መስጫው ወረቀት ላይ አይፃፍም:: ደግሞም የእናንተ ስም ከምትሰጡኝ መረጃ ጋር ተያይዞ አይነገርም (አይፃፍም):: የእናንተ ተሳትፎ በፍቃደኝነት ላይ የተመሠረተ ሆኖ የእናንተ ልባዊና ትክክለኛ መልስ የትምህርት ቤቶችን ፀረ-ኤድስ ክበባት አገልግሎት ጥራት ደረጃ ለማወቅ እጅጉን ይጠቅመኛል:: የመልስ መስጫው ጊዜ 30 ደቂቃ ያህል ይፈጃል::

በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ነህን/ነሽን?

1. አዎን ፍቃደኛ ነኝ:: ☐

2. ፈቃደኛ አይደለሁም:: ☐

ፍቃደኛ ካልሆንክ (ሽ) መጠይቁን ለሱፐርቫይዘሩ ይመልሱ::

Annex 5 Questionnaire

001 Questionnaire Identification number _____

002 Region _____

003 School/ Institution _____

Part I - Socio-demography of participants

Code	Questions	Response choices	*Skip To-- if*
101	Name of your school	(Write here)_____	
102	Age in completed years	(Write here)_____	

For the following questions choose the correct answer

103	Gender of participant	1. Male 2. Female	
104	Ethnic Group	1. Oromo 2.Amara 3.Tigre 4.Guraghe 5.Others(specify)_____	
105	Religion	1 Orthodox 2.Muslim 3. Protestant 4. Others(specify)_____	
106	Parent's/guardian's Occupation	1. Farmer 2. Gov't employee 3.Merchant 4. Others (specify)……	
107	Your current grade level	1.9th 2.10th 3.11th 412th	

Part II. Respondents' level of participation in the program of the anti-AIDS clubs:

201	Is there AAC in your school?	1. Yes 2. No	If # 2 stop here!
202	If AAC exists have you ever participated on the services given by the club?	1. Yes 2. No	If # 2 skip to 204
203	How often do you attend the program of the AAC?	1. Always 2. Most of Time 3. Some times	
204	Are you your school's AAC member?	1.Yes 2.No	
205	How do you compare participation of male and female students on the	1. Male students participate more 2. Female students participate more 3. Both participate equally 88. D.K	If # 1/3/4 skip to 20

	activities of the club?		
206	If male students participate more than the female students what factors determine females' participation?	1. Parents do not allow them 1. Yes 2. No 88. Don't Know 2. Female students are occupied by domestic duties 1. Yes 2. No 88. Don't Know 3. Cultural/ religion reasons 1. Yes 2. No 88. Don't Know 4. Others (specify)…….	
207	In which of the following forms do students participate in the program of your school's AAC?	1. Drama: 1. Yes 2. No 88. D.K 2.Developing teaching aids 1. Yes 2. No 88. Don't Know 3. Literature: 1. Yes 2. No 88. D.K 4. Others (specify) ……	
208	Are you interested in the services given by the AAC?	1. Yes 2. No	
209	If you are not interested in your clubs' programs what are the reasons?	1.No new knowledge is gained 1. Yes 2. No 2. The program clashes with learning times 1. Yes 2. No 3. Others (specify)……..	
210	Have you ever been asked to pay some money for the program of your school's AAC?	1. Yes 2. No	
211	How do you compare the information you get from the AAC with you other sources of information (television, radio ,etc) on HIV/AIDS?	1. Information from AAC is less 2. No difference b/n the two 3. Information from AAC is more 88. Do not know.	

212	Do you know the days on which your school's AAC presents its services in your school?	1. Yes 2. No	

Part III. Respondents' opinions on the services given by in-school anti-AIDS clubs :

301	How many sessions of education program on HIV/AIDS are given per week by your schools' AAC?	1. Only once 2. Twice 3. Three wise 4. Four times 5. Five times 6. Other(specify)…….	
302	Does your AAC have a session for group discussion on HIV/AIDS?	1. Yes 2.No 88.Don't know	
303	Which of the following services are currently given by your school's AAC?	1. Education on HIV/AIDS 1. Yes 2.No 2.Support & care for PLWHA 1. Yes 2.No 3.Support & care for AIDS orphans 1. Yes 2.No 4.Others (Specify)_____	
304	Do you often see posters and reminders on HIV/AIDS being posted on your schools' notice board?	1. Yes 2. No 3. 88. Don't Know	

305	Is HIV/AIDS related education given to students on flag ceremony or during brake times using the school mini-media?	1. Yes 2. No 3.	
306	In this school which of these teaching methods does the anti- AIDS club use in educating on HIV/AIIDS?	1. Songs 1. Yes 2. No 2. Music 1 .Yes 2. No 3 Drama 1 .Yes 2. No 4. Films 1 .Yes 2. No 88. 5. Peer education 1.Yes2.No 6. Story & tales1.Yes2.No 7. Others (specify)…….	
307	Does the AAC conduct a question and answer session on HIV/AIDS in your school?	1. Yes 2. No	
308	Does your school's AAC currently give counseling services on HIV/AIDS to students?	1. Yes 2. No 88.	
309	Does your schools' AAC have its own yearly HIV/AIDS day?	1. Yes 2. No 88. Don't Know	

310	Does this school celebrate World HIV/AIDS day with different activities?	1. Yes 2. No 88. Don't Know	
311	Does your school's AAC give education on other STDS other than HIV/AIDS?	1. Yes 2. No 88 Don't Know	
312	Have you seen or attended an HIV/AIDS based education being given on school parents' day?	1. Yes 2. No 88 Don't Know	
313	Have you ever gone (seen students going) to other schools/ places for HIV/AIDS related education /experience exchange or displays?	1. Yes 2. No 88 Don't Know	
314	How do you grade current performances of your school's AAC?	1 weak 2 moderate 3. Strong 88. Don't know	
315	Compared to previous years how do you assess current performance of your school's AAC?	1. Getting weaker 2.Getting stronger 3. Same 88.Do not know	
316	Does your school's AAC distribute leaflets on HIV/AIDS?	1. Yes 2. No 88. Don't know	

317	Does your school's AAC distribute condoms currently?	1. Yes 2. No 88. Don't know 99. No response	
318	Do you recommend that school AACs should distribute condoms?	1. Yes 2. No 88. Don't know 99. No response	
3 19	Do other clubs in your school (drama, red cross, sports) educate on HIV/AIDS?	1. Yes 2. No 88. Don't know	
320	How do you assess the knowledge & experience of peer educators in the AAC?	1. Adequate 2. Not adequate 88. I don't know	
321	How do you assess the commitment of peer educators in the AAC in accomplishing their responsibility?	1. Adequate 2. Not adequate 88. don't know	
322	How were the peer educators in the AAC selected?	1. By students 2. by Self interest 3. By school administration 88. D.K	
323	Whom do you recommend should give HIV/AIDS based education in your school?	1. Teachers 1. Yes 2. No 2. Trained students 1. Yes 2. No 3. Health Worker 1. Yes 2. No 4. Religious persons 1. Yes 2. No 5. Others (specify) ……	
324	Which of the following have ever given education on HIV/AIDS in your school?	1. Teachers 1. Yes 2. No 2. Trained students 1. Yes 2. No 3. Health workers 1. Yes 2. No 4. Religious persons 1. Yes 2. No 5. Others (specify) ……..	

325	On the whole, what is your opinion on the importance of your schools' AAC to educate on HIV/AIDS?	1.Necessary (important) 2.Not necessary (not important) 88. Don't Know	

Part IV. Participants' opinion on the level of involvement by stakeholders of the AAC:

401	Do your parents know the presence of AAC's in your school?	1. Yes 2. No 88. Don't know	
402	Do you openly discuss on issues of your school's HIV/AIDS education program with your families?	1. Yes 2. No	
403	How do you assess the interests of your family towards your school's AAC?	1. Encouraging 2. Discouraging 88. Don't know	
404	Do you believe that parents support their children's participation on the activities of the AAC?	1. Yes 2. No 88. Don't know	
405	If your parents do not support the participation of their children, what do you think could the reason be?	1.they want their children study 1. Yes 2. No 88. Don't know 2. They need their children help them with domestic duties at their break times 1. Yes 2. No 88. Don't know 3. They fear that their children's participation in the club leads them to early initiation of sex 1. Yes 2. No 88. Don't know 4. Others (specify)…….	
406	Do your schools' teachers participate in the AAC's program activities?	1. Yes 2.No	
407	What are the areas of participation by the teachers?	1. Training peer educators 1. Yes 2.No 2. In planning 1. Yes 2.No 3. In reporting 1.Yes 2.No 4.Teaching on HIV/AIDS 1.Yes 2.No 5. Others (specify)……..	

408	Does your schools' director give support to your school's AAC?	1. Yes 2. No 88. Don't know	
409	What is the form of support given by your school to your school's AAC?	1. Training peer educators 1. Yes 2. No 88. DK 2. Budgeting 1. Yes 2. No 88.DK 3. Supplying/supporting with teaching aids 1. Yes 2. No 88.DK 4. Planning 1. Yes 2. No 88.DK 5. Others (specify)……..	
410	Which of these organizations do you know that have ever helped your school's AAC?	1. District Health office(HC) 1. Yes 2. No 88.DK 2.Woreda administration 1. Yes 2. No 88.DK 3. HAPCO 1. Yes 2. No 88.DK 4. Others (specify)…….	
411	If the club gets any form of support from organizations listed on question number 410, what were the forms/kinds of support obtained from them?	1.Teaching on HIV/AIDS 1.Yes 2.No88.DK 2.Training student peer educators 1.Yes 2.No88.DK 3. Providing teaching aids on HIV/AIDS 1.Yes 2.No88.DK 4. Financial/budget support 1.Yes 2.No88.DK 5. Others (specify)…….	

Annex 6: Questionnaire (Amharic)

በደቡብ ምዕራብ ሸዋ ዞን ትምህርት መምሪያ ስር ባሉ ሁለተኛ ደረጃ ት/ቤቶች ውስጥ የትምህርት ቤት ፀረ- ኤድስ ክበባትን የሥራ እንቅስቄሴ ለማጥናት የተዘጋጀ መጠይቅ

<u>ክፍል 1 አጠቃላይ መረጃ</u>

101.	**የትምህርት ቤቱ ስም**_____	
102.	**ዕድሜ(በዓመት)**_____**(ቁጥሩን በተሰጠው ቦታ ጻፍ/ፊ/)**	

<u>ከዚህ በታች ላሉት ጥያቄዎች ምርጫውን በማክበብ መልስ/ሽ/</u>

103.	**ጸታ**	**1. ወንድ 2. ሴት**	
104.	**ብሔር**	**1. ኦሮሞ** **2. አማራ** **3. ትግሬ** **4.ጉራጌ 5. ሌላ/ይጠቀስ/_____**	
105.	**ሐይማኖት**	**1. ኦርቶደክስ** **2. ሙስሊም** **3. ኘሮቴስታንት** **4. ሌላ(ይጠቀስ) ___**	
106.	**የወላጅ/አሳዳጊ/ ሥራ**	**1. አርሶ አደር** **2. የመንግሥት ሠራተኛ** **3.ነጋዴ** **4. ሌላ/ይጠቀስ/_____**	
107.	**የክፍል ደረጃ**	**1. 9ኛ 2. 10ኛ**	

		3. 11ኛ 4.12ኛ	

<u>ክፍል 2</u> **<u>በፀረ ኤድስ ክበቡ ሥራ ላይ መሳተፍን በተመለከተ</u>**

201.	**በትምህርት ቤትህ /ሽ/ የፀረ ኤድስ ክበብ አለ?**	1. **አዎ** 2.**የለም**	
202.	**የፀረ ኤድስ ክበብ ካለ በፀረ-ኤድስ ክበቡ የትምህርት አገልግሎት ላይ ተሳትፈህ/ሽ/ ታውቃለህ/ሽ/?**	**1. አዎ** **2. ተሳትፌ አላውቅም**	
203.	**በፀረ-ኤድስ ክበቡ የትምህርት አገልግሎት ላይ ተሳትፈህ/ሽ/ የምታውቅ /ቂ/ ከሆነ ተሳትፎህ/ሽ/ ምን ይመስላል?**	**1. ሁልጊዜ** **2. ብዙውን ጊዜ** **3. አንዳንድ ጊዜ ብቻ**	
204.	**የፀረ-ኤድስ ክበቡ አባል ሆነህ /ሽ/ ታውቃህ/ሽ/?**	**1. አዎ** **2. ሆኘ አላዉቅም**	
205.	**በክበቡ የትምህርት አገልግለት ላይ የሴቶችና ወንዶችን ተሳትፎ ስታነፃፅር የትኛው ይበልጣል?**	1. **የወንዶች** 2. **የሴቶች** 3. **የሁለቱም ተሳትፎ እኩል ነው** 88. **አላውቅም**	

206.	በክበቡ ላይ የወንዶች ተሳትፎ የሚበልጥ ከሆነ፣ የሴቶችን ተሳትፎ የሚወስኑ ነገሮች ከሚከተሉት ምን ምን ናቸው?	1.መላጆች ሴቶች ልጆቻቸው እንዲሳተፉ አይፈቅዱም 1. አዎ 2. አይደለም 88. ላውቅም 2.ሴቶች ተማሪዎች የቤት ሥራ ይበዛባቸዋል 1. አዎ 2. አይደለም 88. አላውቅም3. 3. የባሕል /ኃይማኖት ተፅህኖ 1. አዎ 2. አይደለም 88. አላውቅም 4. ሌላ ይጥቀሱ.....	
207.	በፀረ-ኤድስ ክበቡ ላይ ተማሪዎች የሚሳተፉት ከሚከተሉት በየትኞቹ መንገዶች ነው?	1. ድራማ በመስራት፣ 1. አዎ 2. አይደለም 88. ላውቅም 2.የትምህርት መርጃ መሣሪያ በማዘጋጀት 1. አዎ 2. አይደለም	

		88. አላውቅም **3. በስነ-ጽሑፍ/ግጥም/፣** **1. አዎ** **2. አይደለም** **88. አላውቅም** 4. **ሌላ ይጥቀሱ**.....	

208.	**የፀረ-ኤድስ ክበቡ በሚሰጠው አገልግሎት ተደስተሃል/ሻል/?**	**1. አዎ** **2. አልተደሰትኩም**	
209	**በፀረ-ኤድስ ክበቡ አገልግሎት ያልተደሰትህ/ሽ/ ከሆነ ምክንያቱ ምንድን ነው?**	**1. አዲስ ዕውቀት አላገኝበትም፣** **1. አዎ 2. አይደለም** **2. ፕሮግራሙ ከትምህርት ጊዜ ጋር ይጋጫል፣** **1. አዎ** **2. አይደለም** **3. ሌላ ምክንያት/ይገለጽ/ ____**	
210	**ለፀረ-ኤድስ ክበቡ ገንዘብ እንድትከፍል/ፍይ/ ተጠይቀህ/ሽ/ ታውቃለህ/ሽ/?**	**1. አዎ** **2. ተጠይቄ አላውቅም**	
211.	**ስለ ኤች አይ ቪ ኤድስ ከክበቡ የምታገኘው መረጃ ከሌሎች የመረጃ ምንጮች/ቲቪ፣ ሬድዮ**	1. ያንሳል 2. ልዩነት የለውም 3. ይበልጣል	

	ወዘተ/ ጋር ሲነፃፀር ምን ይመስላል?	88. አላውቅም	
212.	የትምህርት ቤትህ/ሽ/ ፀረ-ኤድስ ክበብ ትምህርት የሚሰጥባቸውን ቀናት/ሰዓቶች/ ታውቃለህ/ሽ/?	1. አዎ 2. አላውቅም	

ክፍል 3 በፀረ-ኤድስ ክበቡ አገልግሎት ላይ የተሳታፊዎች አስተያየት

301	. የፀረ ኤድስ ክበቡ በሳምንት ለስንት ቀን ትምህርት ይሰጣል?	1. ለአንድ ቀን ብቻ 2. ለሁለት ቀን 3. ለሦስት ቀን 4. ለአራት ቀን 5. ለአምስት ቀን 6. ሌላ /ይጠቀስ/.....	
302.	የፀረ-ኤድስ ክበቡ ለተማሪዎች የቡድን ወይይት ጊዜ /መድረክ/ ያዘጋጃል?	1. አዎ ያዘጋጃል 2. አያዘጋጅም 88. አላውቅም	
303.	የፀረ ኤድስ ክበቡ ከሚከተሉት የትኞቹን አገልግሎቶች እየሰጠ ነው?	1. ፀረ-ኤድስ ትምህርት መስጠት 1. አዎ 2. አይደለም 2. ከኤች አይ ቪ ጋር ለሚኖሩት ድጋፍና እንክብካቤ መስጠት 1. አዎ 2. አይደለም 2. በኤድስ ወላጆቻቸውን ላጡ ልጆች ድጋፍ መስጠት 1. አዎ 2. አይደለም 4.ሌላአገልግለት ካለ/ይፎቀስ.....	

304.	ብዙውን ጊዜ ኤች አይ ቪ ኤድስን በተመለከተ ትምህርታዊ ፖስተሮች በማስታወቂያ ሠሌዳ ላይ ይለጠፋሉ?	1. አዎ ይለጠፋሉ 2. አይለጠፉም 88. አላውቅም	

305.	ጧት ሰልፍ ላይ፣ በዕረፍት ጊዜ ስለኤች አይ ቪ /ኤድስ ትምህርት ይሰጣል?	1. አዎ 2. አይሰጥም	
306.	ጁረ-ኤድስ ክበቡ ከሚከተሉት በየትኞቹ መንገዶች ትምህርት ይሰጣል?	1. በመዝሙር 1. አዎ 2. አይደለም 2. በሙዚቃ/ዘፈን/ 1.አዎ 2. አይደለም 3. በድራማ 1. አዎ 2. አይደለም 4. ፊልም በማሳየት 1. አዎ 2. አይደለም 5.በአቻ ለአቻ ትምህርት 1. አዎ 2. አይደለም 6. አፈታሪክ በመንገር 1. አዎ 2. አይደለም 7.በሌላ/ይጠቀስ/___	

307.	የፀረ-ኤድስ ክበቡ ኤች አይ ቪ /ኤድስ ላይ ያተኮረ በተማሪዎች መካከል የጥያቄና መልስ ወድድር ያካሂዳል?	1. አዎ 2. አያካሂድም	
308.	ጁረ-ኤድስ ክበቡ ኤች አይ ቪ ኤድስ ላይ የምክር አገልግሎት ይሰጣል?	1. አዎ 2. አይሰጥም	
309.	ጁረ-ኤድስ ክበቡ የተሰየመ ዓመታዊ የኤች አይ ቪ ኤድስ ቀን አለው?	1. አዎ 2. የለውም 88. አላውቅም	

310.	ፀረ-ኤድስ ክበቡ የዓለም ኤች አይ ቪ ኤድስ ቀንን በተለያዩ ዝግጅቶች ያከብራል?	1. አዎ 2. አያከብርም 88. አላውቅም	
311.	ፀረ-ኤድስ ክበቡ ከኤች አይ ቪ ኤድስ ባሻገር በሌሎች የአባለዘር በሽታዎች /ጨብጥ፣ ቂጥኝ/ ላይ ያተኮረ ትምህርት ይሰጣል?	1. አዎ 2. አይሰጥም 88. አላውቅም	
312.	ትምህርት ቤት ሲከፈት/ሲዘጋ/ ወይም በወላጆች ቀን ላይ ፀረ-ኤድስ ክበቡ ትምህርት ይሰጣል?	1. አዎ 2. አይሰጥም 88. አላውቅም	
313.	የትምህርት ቤትህ ተማሪዎች ኤች አይ ቪ ኤድስን አስመልክቶ ለትምህርታዊ ጉብኝት ወይም ለልምድ ልውውጥ ወደ ሌሎች ትምህርት ቤቶች	1. አዎ 2. ሄደው አያውቁም 88. አላውቅም	

	ሄደው ያውቃሉ?		
314	ፀረ-ኤድስ ክበቡ የሚሰጠው የትምህርት አገልግሎት ምን ይመስላል?	1. ደካማ ነው 2. መካከለኛ ነው 3. ጠንካራ ነው 88. አላውቅም	
315.	ካለፈው ጊዜ ጋር ሲነጻጸር አሁን ፀረ-ኤድስ ክበቡ የሚሰጠው የትምህርት አገልግሎት ምን ይመስላል?	1. እየደከመ ነው 2. እየጠነከረ ነው 3. ለውጥ የለውም 88. አላውቅም	

316.	ፀረ-ኤድስ ክበቡ የኤድስ ማስተማሪያ በራሪ ወረቀቶችን ለተማሪዎች ያድላል?	1. አዎ 2. አያድልም 88. አላውቅም	
317.	ፀረ-ኤድስ ክበቡ ለተማሪዎች የኮንዶም እደላ ለአገልግሎት ይሰጣል?	1. አዎ 2. አይሰጥም 88. አላውቅም	
318.	ፀረ-ኤድስ ክበቡ ለተማሪዎች የኮንዶም ዕደላ አገልግሎት መስጠት አለበት ብለህ/ሽ/ታምናለህ/ሽ/?	1.አዎ 2. አላምንም 88. አላውቅም 99. መልስ የለኝም	
319.	ከፀረ-ኤድስ ክበብ ባሻገር ሌሎች ክበቦች (የስፖርት፣ የቀይ መስቀል፣የስነ ጽሁፍ፣ ወዘተ.) ስለኤድስ ትምህርት ይሰጣሉ?	1. አዎ 2. አይሰጡም 88. አላውቅም	

320.	በአንተ/ቺ/ ግምት የፀረ-ኤድስ ክበቡ አባል ተማሪዎች ዕውቀትና የማስተማር ልምድ ምን ይመስላል?	1. በቂ ነው 2. በቂ አይደለም 88. አላውቅም	
321.	በአንተ/ቺ/ ግምት የፀረ-ኤድስ ክበቡ አባል ተማሪዎች የሥራ ትጋት ምን ይመስላል?	1. ጥሩ ነው 2. ጥሩ አይደለም 88. አላውቅም	

322.	የፀረ-ኤድስ ክበቡ አባል ተማሪዎች የሚመረጡት እንዴት ነዉ?	1. በተማሪዎች 2. በፍላጎት 3. በት/ቤቱ አስተዳደር 88. አላውቅም	
323.	አንተ/ቺ/ የኤች አይ ቪ ኤድስ ትምህርት ከሚከተሉት በነማን ቢሰጥ መልካም ነው ትላለህ/ሽ/?	1. በመምህር 1. አዎ 2. አይደለም 2. በሰለጠኑ ተማሪዎች 1. አዎ 2. አይደለም 3. በጤና ባለሙያዎች 1. አዎ 2. አይደለም	

		4. በዕምነት አባቶች 1. አዎ 2. አይደለም 5. ሌላ/ይጠቀስ/----------	
324.	ከሚከተሉት የትኞቹ በትምህርት ቤትህ/ሽ/ ኤች አይ ቪ ኤድስ ላይ ትምህርት ሰጥተው ያውቃሉ?	1. መምህር 1. አዎ 2. አይደለም 2. የሰለጠኑ ተማሪዎች 1. አዎ 2. አይደለም 3. የጤና ባለሙያዎች 1. አዎ 2. አይደለም 4. የዕምነት አባቶች 1. አዎ 2. አይደለም 5. ሌላ/ይጠቀስ/_____	

325.	በአጠቃላይ በትምህርት ቤትህ/ሽ/ ፀረ-ኤድስ ክበብ ጠቃሚነት ላይ ያለህ/ሽ/ አስተያየት ምንድን ነው?	1. ጠቃሚ ነው 2. ጠቃሚ አይደለም 88. አላውቅም	

ክፍል 4 የፀረ ኤድስ ክበቡ ተባባሪ አካላትን ተሳትፎ በተመለከተ

401.	**በትምህርት ቤትህ/ሽ/ ፀረ-ኤድስ ክበብ መኖሩን ወላጆችህ ያውቃሉ?**	**1. አዎ 2. አያውቁም** **88. አላውቅም**	
402	**በትምህርት ቤትህ ፀረ-ኤድስ ክበብ ስለሚሰጠው ትምህርት ከወላጅህ ጋር ትወያያለህ/ሽ/?**	**1. አዎ** **2. አልወያይም**	
403.	**በፀረ-ኤድስ ክበቡ ላይ የወላጆችህ አስተያየት ምን ይመስላል?**	**1. ያበረታታል** **2. አያበረታታም** **88. አላውቅም**	
404.	**ልጆቻቸው በፀረ-ኤድስ ክበብ ሥራ ላይ ሲሳተፉ ወላጆች ይደግፋሉ ትላለህ/ሽ/**	**1. አዎ** **2. አይደግፉም** **88. አላውቅም**	

405	**ወላጆች የማያበረታቱ /የማይደግፉ ከሆነ ምክንያቱ ምን ይመስልሃል /ሻል/?**	1.**ልጆቻቸው በትርፍ ጊዜያቸው እንዲያጠኑ ስለሚፈልጉ** 2. **ልጆቻቸው በትርፍ ጊዜያቸው ሥራ እንዲሠሩላቸው ስለሚፈልጉ** 3.**በክበቡ ሥራ ላይ መሣተፍ ልጆቻቸውን ለወሲባዊ ፍላጎት መጨመር ያጋልጣል ብለው ስለሚፈሩ** 4.**ሌላይጠቀስ**.....	

		88. **አላውቅም**	
406.	**መምህራን በፀረ-ኤድስ ክበቡ ሥራ ላይ ይሳተፋሉ?**	**1. አዎ** **2. አይሳተፉም**	
407.	**.የመምህራን ተሳትፎ በምን በምን ላይ ነው?**	**1. የክበቡ አባላትን በማሰልጠን** **1. አዎ** **2. አይደለም** **2. የክበቡን የሥራ ዕቅድ በማውጣት** **1. አዎ 2. አይደለም** **3.የክበቡን የሥራ ሪፖርት በማቅረብ** **1. አዎ** **2. አይደለም** **4.ፀረ-ኤድስ ትምህርት በመስጠት** **1. አዎ** **2. አይደለም** **5.ሌላ/ይጠቀስ/ _____**	
408.	**የትምህርት ቤት/ሽ/ ዳይሬክተር ለፀረ-ኤድስ ክበቡ ድጋፍ ይሰጣሉ?**	**1. አዎ** **2. አይሰጡም** **88. አላውቅም**	

409.	**ትምህርት ቤቱ ለፀረ-ኤድስ ክበቡ የሚሰጣቸው ድጋፎች ምን ምን ናቸው?**	**1. ተማሪዎችን ማሰልጠን** **1. አዎ** **2. አይደለም** **88. አላውቅም** **2. በጀት መመደብ** **1. አዎ** **2. አይደለም** **88. አላውቅም** **3. የትምህርት መርጃ መሣሪያ በመስጠት** **1. አዎ** **2. አይደለም** **88. አላውቅም** **4. የክበቡን የሥራ ዕቅድ በማውጣት** **1. አዎ** **2. አይደለም** **88. አላውቅም** **5.ሌላ/ይጠቀስ/ .....**	
410.	**ከሚከተሉት ድርጅቶች የትኞቹ ለክበቡ ድጋፍ ሰጥተው ያውቃሉ?**	1. **የወረዳው ጤና ጽ/ቤት /ጤና ጣቢያ /** 1.**አዎ** 2.**አይደለም** 88. **አላውቅም**	

		2. **የወረዳው /የከተማው/አስተዳደር** 1.**አዎ** 2.**አይደለም** 88.**አላውቅም** 3. **የወረዳው የኤድስ መከላከያና መቆጣጠሪያ ጽ/ቤት** 1.**አዎ** 2.**አይደለም** 88.**አላውቅም** 4.**ሌላ ካለ /ይጠቀስ/**____	

411.	**በጥያቄ ቁጥር 410 ከተዘረዘሩት ድርጅቶች ክበቡ ድጋፍ አግኝቶ የሚያውቅ ከሆነ የድጋፉ ዓይነት ምን ምን ነበር?**	1. **ኤች አይ ቪ /ኤድስ ላይ ትምህርት መስጠት** 1. **አዎ** 2.**አይደለም** 88.**አላውቅም** 2. **የክበብ ዓባል ተማሪዎችን ማሰልጠን** 1. **አዎ** 2.**አይደለም** 88.**አላውቅም** 3. **የ ኤች አይ ቪ /ኤድስ ትምህርት መርጃ መሣሪያ በመስጠት** 1. **አዎ** 2.**አይደለም** 88.**አላውቅም** 4. **በጀት በመስጠት** 1. **አዎ** 2.**አይደለም** 88.**አላውቅም** 5. **ሌላ /ይጠቀስ/** _	

Annex 7: Discussion Points for FGD

A. Anti-AIDS club coordinators' opinions on the program:

1. Do you (peer educators) have any training?
2. Does your club committee have a teacher as advisor?
3. Do you have terms of reference on which to base your club's activities?
4. Do you have written activity plan for your club?
5. Do you have criteria to recruit and accept new club members & to correct those who may be disobedient & is there rights and obligations for participation?
6. Do you have meeting place and fixed practice time? Do you have reporting rule? Do you make reports? Do you evaluate your performance? Who are you accountable to?
7. If there are defaulters from memberships, what are the reasons?
8. What are your mechanisms to encourage club memberships?
9. Are females more or less represented in your club, discuss factors affecting their participation.
10. What obstacles, oppositions or challenges did the program face so far in accomplishing its activities?
11. What is the source of finance for your club?
12. Do you have separate office; can you get meeting hall& furniture when you need?
13. Do other clubs in your schoolwork on HIV/AIDS?

14. Does your school's director help you in solving any obstacle you face in accomplishing your clubs activities?

B. Discussants' opinion on the services given by the club:

1. Is HIV/AIDS perceived as a problem by your school community?
2. How do you evaluate the over all performance of your school's AAC?
3. Does your school's AAC have a program on HIV/AIDS related question and answer among students?
4. Is student participation based on their interest?
5. What are forms of student participation?
6. Is the activities of your AAC presented to the students?
7. What type of feed back (good or poor) do you get from school students?
8. Do you think that the presence of your AAC had made a difference in your school?
9. Have you ever given service out- of- school to the community?
10. Do you invite professionals or PLWHA to help you in teaching on HIV/AIDS or advise?
11. Do you share experience with other AACs of other schools?
12. How do you grade your club's current performance compared to the previous time? What are reasons for improvement or deterioration?
13. Do you have relationship with organizations working on HIV/AIDS?

C. Items Related to level of participation by Stakeholders:

1. Does your club get the necessary support from your school administration / teacher?
2. Do parents or the community encourage or discourage your school's AAC?
3. What are the forms of involvement by parents/the community?
4. Who do you think are the most supportive institutions to your AAC?

5. What do you think would be the best mechanism to involve individuals, institutions or the community in the program of your school's AAC?

Annex 8. Guiding topics for discussions in K II

A. Issues related to respondents' knowledge on the AAC program:

1. Do you /your organization know the presence of AAC in nearby school?
2. Do you support the idea that in school AACs are appropriate strategies to teach school children on HIV/AIDS?
3. What impressive works do you know that was done by a nearby school's AACs so far?
4. What are the most frequently seen weaknesses or problems of school AACs?

B. Items related to supports given to in-school AACs

1. Is there any functional relationship between you/ your Institution and the anti-AIDS clubs in the nearby school?
2. Has your organization ever helped an in-school AAC?(if no skip no.4)
3. If your organization has ever helped an in-school AAC, what was the form of the support?
4. Does your organization have a plan to support in-school AACs in the future?
6. If your organization has a plan to support school AAC in the future, what can be the form of the support?

- Respondent's position in the organization_____
- Respondent's Sex _____
- Tel _____

Annex 9. Guiding topics for discussions in K II (Amharic)

<u>የአንድ ለአንድ ጥያቄ መነሻ ነጥቦች</u>

ሀ. ተሳታፊው ስለ ፀረ-ኤድስ ክበቡ ያለውን ግንዛቤ በተመለከተ

1. **እርስዎ ወይም ድርጅትዎ በአቅራቢያው ት/ቤት ውስጥ ፀረ-ኤድስ ክበብ መኖሩን ያውቃሉ?**
2. **የት/ቤት ፀረ-ኤድስ ክበባት ተማሪዎችን ስለ ኤድስ ለማስተማር ትክክለኛ ስልት ናቸው ብለህ ታምናሉ?**
3. **በአቅራቢው ባሉ የት/ቤት ፀረ-ኤድስ ክበባት ተሰርተው እርስዎ የሚያውቁት አስደሳች ሥራ አለ? ካለ ምንድን ነው?**
4. **ብዙውን ጊዜ የሚስተዋሉ የት/ቤት ፀረ-ኤድስ ክበባት ድክመቶች ምን ምን ናቸው?**

<u>ለት/ቤቱ ፀረ-ኤድስ ክበቡ የሚሰጡትን ድጋፎች በተመለከተ</u>

1. በአቅራቢያዎ ካለው የት/ቤት ፀረ-ኤድስ ክበብ ጋር የሥራ ግንኙነት አለዎት?

2. ከእርስዎ (ከድርጅትዎ) ጋር ስንት የት/ቤት ፀረ-ኤድስ ክበብ የሥራ ግንኙነት አለው?

3. እርስዎ (ድርጅትዎ) ለት/ቤት ፀረ-ኤድስ ክበብ ድጋፍ አድርገው ያውቃሉ?

4. እርስዎ (ድርጅትዎ) ለት/ቤት ፀረ-ኤድስ ክበብ ድጋፍ አድርገው የሚያውቁ ከሆነ የድጋፉ ዓይነት ምን ምን ነበር?

5. ድርጅትዎ ለወደፊት ለት/ቤት ፀረ-ኤድስ ክበብ ድጋፍ ለመስጠት ዕቅድ አለው?

6. ድርጅትዎ ለወደፊት ለት/ቤት ፀረ-ኤድስ ክበብ ድጋፍ ለመስጠት ዕቅድ ካለው የድጋፉ ዓይነት ምን ምን ሊሆን ይችላል?

- **በድርጅቱ የተሳታፊ የሥራ ድርሻ ----------**
- **የተሳታፊ ዖታ ----------**
- **-ቴሌ ----------**