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**THE STATUS OF HIV/AIDS MAINSTREAMING IN INTEGRATED
FUNCTIONAL ADULT EDUCATION: THE CASE OF LEDETA SUBCITY**

BY

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ADDIS ABABA

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This is to certify that the thesis prepared by Asnakech Zewdie Degefe, entitled: *The Status of HIV/AIDS mainstreaming in Integrated function adult education: the Case of Ledeta sub-city*, Addis Ababa and submitted in partial Fulfillment of the Requirements for the Degree of Master of Arts in Adult and Lifelong learning complies with the regulations of the University and meets the accepted standard with respect to originality and quality.

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Acronyms

ADEA =Association for Development of Education in Africa

AIDS = Acquired Immune Deficiency Syndrome

CSA = Central and Statistical Agency

DVV=Deutscher volkshochl veyb

EFA=Education For All

ESDP = Education Sector Development Program.

FDRE=Federal Democratic Republic of Ethiopia

GO= Government organization

HIV =Human Immune Virus

HSDP=Health Sector Development Program

IFAL= Integrated Functional adult literacy

NFE=Non-Formal Education

NGO= Non-government organization

STD= Sexual Transmitted Disease

TB= Tuberculosis

UNDP =United Nations Development Program

UNESCO =United Nations Educational, Scientific and Cultural Organization

UNICEF= United Nations Children's Fund

USAID =United States Agency for International Development

ABSTRACT

The purpose of the study was to assess the status of HIV/AIDS mainstreaming in IFAL program in the case of Lideta sub city. A related literature of theoretical and empirical issues was reviewed. A mixed research method was employed. A relevant data were gathered from IFAL facilitators, Adult center and IFAL coordinators, sub-city adult education experts and IFAL learners through classroom observation, questionnaires, interviews, FGD and document analysis. The data collected through questionnaires were analyzed using frequencies and percentages, and the qualitative data were analyzed in narration. In order to select sample population, random sampling was used to select the sub-city.. The findings of the study indicate that most of the adult facilitators were females (61.9 %) with 6 to 15 years of experience and Diploma holders (33.3%). The study reveals 71.4% of the HIV/AIDS education included in the integrated adult education was very relevant to adult day to day life. The study showed 61.9% of the time given to HIV/AIDS education was not enough. It also showed lack of proper monitoring and evaluation, lack of adequate time and contents, lack of adequate teaching and learning materials and lack of continuing capacity building for facilitators and other experts. However, there is HIV/AIDS education curriculum in IFAL that has relevance in meeting the local needs. Finally,. The study indicated most common factors that affect the implementation HIV/AIDS mainstreaming in IFAL education were low level of monitoring and evaluation, lack of motivation, inadequate equipment, and lack of skilled manpower and other resources •The regional education bureau needs to strengthen the monitoring and evaluation system which used to see the proper implementation of the HIV/AIDS education integration to IFAL program and how to run it

CHAPTER ONE

1. INTRODUCTION

1.1 Background of the study

HIV/AIDS has been a problem for three decades in the world. The Sub-Saharan countries are carrying 60% of the burden of HIV/AIDS in the world. Ethiopia, as one of the sub-Saharan countries, is highly affected by the HIV/AIDS epidemic (WHO 2010) the government at different times has been trying to develop many strategies and systems to mitigate the challenges of HIV/AIDS on the population. Among the many strategies, that the government has developed or adopted in some way is mainstreaming (HAPCO, 2005).

Mainstreaming HIV/AIDS is the process of analyzing how HIV/AIDS has impacts on all sectors currently and in the future, both internally and externally, to determine how each sector should respond based on its comparative advantage Yemane(2005). The specific organizational responses may include considering policies and practices that protect citizens. Mainstreaming HIV/AIDS in low prevalence settings provides additional support to the national development process. It also provides experiences on how to integrate other pressing, crosscutting and multispectral issues that affect development (Smart.R.2001).

As a national policy, nowadays, it has become more common to see many governmental sectors mainstreaming HIV in the system of their organizations. The educational sector is one of these bunches of sectors that have started applying the mainstreaming of HIV/AIDS. Again, as part of the educational sector, adult and non-formal education is not leaving the mainstreaming aside.

Adult and non-formal education is a productive human development investment. It consists of trade union education, preventive education, women education, vocational training, and health education, reproductive education like family planning and citizenship education. Thus, financing adult and non-formal education is an investment in human development that bears fruits (GTZ 2002).

On the other hand, if this sector is in danger because of different problems like the one HIV/AIDS bring, the presupposed strengths and benefits of the sector will fall in question. So protecting the safety and health of the sector from such kind of threats is very important. This must be why the sector has integrated or mainstreamed HIV/AIDS in its system. However, mainstreaming alone adds nothing if it is not implemented in a way it was planned or intended. Problems with implementations are evident in some areas. Therefore, the researcher is interested to see the status of mainstreaming of HIV in integrated functional adult education.

1.2 Statement of the problem

HIV/AIDS has challenged the achievement of the global education goal. It is increasingly challenging the achievement of gender equality in education and a **50%** improvement in levels of adult literacy by 2015 (UNESCO, 2006). In connection to this, in Ethiopia, particularly in Addis Ababa, the educational bureau has planned to give integrated functional adult education for adults who need the program. According to the census that took place in 2007, Addis Ababa had 286,259 illiterate adults and youths. By the year of 2011/2012, in the 10 sub-cities of Addis Ababa, 71,565 adult and children had started the program. This was a good task for implementation of the integrated adult education in Addis Ababa. However, due to financial problems, the program was not effective in running as expected (Regional IFAL Plan, 2011/2012, (pp 38-39)). Currently, the IFAL program is being run in the study area of Lideta sub-city which has 10 woreda and 15 IFAL centers and a total of 1154 active adult learner in all centers.

At the same time, as the HIV endemic is severely affecting many adults, it is also important to note that education, be it formal, non-formal or informal is a “social vaccine” that could contribute to the prevention of further spread of the spread of HIV/AIDS (GTZ June 2002). Both the impact of HIV/ AIDS on education and the role of education in prevention should be under systematic investigation through the lens of integrated functional adult education if appropriate responses are to be made in national policies and programs. The impacts of HIV/AIDS are not only health-related problems but they are also economic, social, physiological, medical and developmental problems.

Therefore, the integrated functional adult literacy curriculum framework was introduced to include the health package on HIV/AIDS prevention. Healthy, educated and energetic adult is an asset for the country in the sense of human resource and development of the country. The studies conducted in Ethiopia and other African countries shows that HIV/AIDS mainstreaming in different educational centers and in community education is more of children education. The other research conducted deal with factors influencing effective HIV mainstreaming in Addis Ababa educational system (Nega, 2006).

Even though certain studies have been conducted on implementation and practice of HIV/AIDS mainstreaming, no particular study has been done so far concerning the present study. It differs from the others because of its focus on adult education particularly in integrated functional Adult education program. Much attention would be given to the implementation of the program, its success, and factors affecting the implementation of the HIV/AIDS mainstreaming in IFAL program.

Adults protect themselves and their family by getting efficient and effective information, knowledge, skill and experience about the effects and problems related to HIV/AIDS. To benefit from the IFAL program, proper implementation and integration of HIV/AIDS in the program are the focus of the study. Besides, the study examined relevant and update knowledge of the facilitators, relevant teaching aids, skilled human resource, time allotment and sufficient content of HIV/AIDS in the curriculum. Based on the above rationale, the study would include the following basic questions.

1.3 Basic research questions

The study will attempt to answer the following basic questions: -

1. Is HIV/AIDS education mainstreamed in IFAL curriculum?
2. How is the actual practice of HIV/AIDS education in the integrated functional Adult education?
3. How were the major challenges in the implementation of HIV/AIDS integration in functional adult education?

1.4 Objectives of the study

The general objective of this study was to assess the status of HIV/AIDS mainstreaming in integrated functional adult education curriculum. The specific objectives of the study were:

1. To assess the framework of HIV/AIDs mainstreaming in the functional adult education curriculum.
2. To see the implementation of HIV/AIDS mainstreaming in functional adult education program.
3. To identify the factors that hinders the implementation of HIV/AIDS mainstreaming in functional adult education sector.

1.5. Significance of the study

The study would have practical significance for adult educators, adults and researchers in different ways aligned to the general objectives.

Firstly, curriculum work is dynamic process that requires continuous change and improvement within the changing world. Hence, the curriculum of the IFAL program on HIV/AIDS education would be modified.

Secondly, the study was the overall practical implementation of the mainstreaming of the HIV/AIDS education. Hence, relevant and updated information about HIV/AIDS would be made available.

Above all, along with other existing literature, by providing baseline information in the Ethiopian context, the study can serve as a stepping-stone for researchers who are interested in the area.

1.5 Delimitation of the study

Given the available time and economy, the study was delimited in five schools found in Addis Ababa, which was Lidata Selam, Ethiopia Ermija, Lideta Hidase, Ferhwat, Africa Hiberete. The time of the study was December to May. The study focused on investigating the status of HIV/AIDS mainstreaming in Integrated adult functional literacy curriculum. This area is selected by taking the familiarity of the researcher to this area into consideration. One thing that we need to bear in our mind is that the study would have been better had it cover a wider area. However, financial, technical and time-related factors would delimit the scope of the study.

1.6 Limitation of the study

The researcher faced shortages of reference materials in the area of the HIV/AIDS and integrated adult functional literacy mainstreaming. Nevertheless, she has managed all possible means to get access to relevant information from available Internet archives and libraries.

1.7. Operational definition of terms

Adult education: an educational activity that occurs outside the formal school system and is undertaken by people who are considered to be adults in their society.

Adult: a person who is 15 years old and older

Curriculum: bodies of knowledge that are classified, recorded, documented, and transmitted to the young population

Facilitator: a trained or non-trained teaching staff for the non-formal basic education

Functional adult literacy: adult learning system including the practical life experience or real life style of the learners.

Mainstreaming The process of analyzing how HIV/AIDS impacts on all sectors currently and in the future, both internally and externally to determine how each sector should respond based on its comparative advantage.

Non-formal adult education: a learning activity organized outside the established framework of the formal school system.

1.7 Organization of the study

The research report is organized into five chapters. Chapter one deals with the problem and its approach. In chapter two, the review of related literature is dealt with. Then, comes research design and methodology in chapter three followed by presentation and analysis of data in chapter four. Summary, conclusion and recommendation of the study are presented in chapter five.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Definitions of HIV/AIDS Mainstreaming

Mainstreaming HIV/AIDS can be defined as the process of analyzing how HIV / AIDS impacts on all sectors now and in the future, both internally and externally, to determine how each sector should respond based on its comparative advantage. The specific organizational response may include putting in place policies and practice that protect staff from vulnerability to infection and support staff who are living with HIV/AIDS and its impacts. It also ensures that training and recruitment takes future staff depletion rates, and future planning into consideration including the disruption caused by increased morbidity and mortality (Nega 2006).

Mainstreaming involves challenging the status quo by looking upstream to see the deep developmental causes, and downstream to appreciate the wide impacts of HIV/AIDS (UNAIDS, GTZ, Bangkok 2004). It offers an alternative approach to the challenges of planning for HIV/AIDS within sectors in a multi-sectoral response. In mainstreaming issues of comparative advantage, possible specific context interventions and their cost effectiveness, and appropriate resource distributions are taken into consideration to prevent duplication of efforts among inter-sectors, sectors and individuals. A productive mainstreaming process leads to the identification and division of clearer areas of responsibility between partners involved in multi-sect oral responses (HAPCO, FMOH, and September 2009).

2.2. Applications of Mainstreaming to HIV/AIDS

The concept of mainstreaming came into being first around the 1960s and 1970s and describes classroom where students with disabilities and others learn together. Mainstreaming evolves as educational method of handle teaching and learning process involving different kinds of student in the same classroom mainstreaming is known as inclusive because mainstreamed classrooms including all boys and girls with different mental and physical capacities (HAPCO, FMOH, September 2009).

Mainstreaming constitutes arrangements of practice and strategies for scale up of responses and addressing the developmental impacts of HIV/AIDS at different levels. Conceptually, the issue of

HIV/AIDS consider as full acceptance after it has mainstreamed and become part and partial of the program of particular agency or instruction. However, it needs a lot of advocacy and sensitization to realize mainstreaming. (HAPCO, FMOH, September 2009).

2.3 Concept of mainstreaming and its application to HIV/AIDS

Mainstreaming is a vital and powerful instrument for meaningful HIV/AIDS intervention. It enables people or institute to share and accept additional responsibility as part and partial of the main duty. When people believe in and decide to take it up as an organizational responsibility, they tend to achieve a result. Likewise, once the HIV/AIDS program is mainstreamed as an essential aspect of their original development or social objectives. Then it is a matter of time but for sure people deliver what is needed at the end of the day whatever the cost may be, the more they hear about it. The more they are sensitized and become more concerned and the stigma and discrimination gradually reduce and eventually disappear, (HAPCO, FMOH, and September 2009).

HIV/AIDS mainstreaming has its own reason or impacts. The impact of the HIV/AIDS can undermine development initiatives, diverting attention from productive activities to caring for the sick and surviving the aftermath of death. The death of key adult household members is usually accompanied by a loss of labor, skills, knowledge and assets. The disease changes the composition of urban and rural communities and the priorities of adults which contribute to country development, the area of farming factory work, teaching all the productive citizens. Understanding the dynamics of HIV/AIDS in the PLWH will enable to identify opportunities to contribute to addressing HIV/AIDS in the all sectors (HAPCO, FMOH, September 2009).

The overall objective of the HIV/AIDS mainstreaming in the non-health sectors is to identify opportunities to minimize the risk of HIV infection and vulnerability to the impacts of AIDS in communities through different activities and linking with HIV/AIDS specialist organizations. It contributes to raise awareness and increase understanding about HIV/AIDS in all sectors (Kibret 2005).

2.4. Principle of mainstreaming

The principle of mainstreaming provides compressive framework of analysis, where and when to introduce and implement HIV/AIDS mainstreaming. The characteristic of the principles of mainstreaming are highlighted as follows:-

- The entry point of mainstreaming HIV/AIDS should be clearly defined and underlined.
- Mainstreaming efforts should be located within the existing institutional structure, the frame of reference of the national policy and strategies framework because the already available management and coordination of the existing structure can be used for HIV/AIDS control program.
- It is necessary to build the implementation capacity at local level as mainstreaming does not stand on its own. Thus, mainstreaming must be accompanied by advocacy and sensitization around HIV/AIDS to demonstrate the added value of the action by all key stake holders.
- There should be distinction between internal and external dominance. Thus, it is important as starting point to develop work place prevention and care program in the internal dominance of the organization or sectors. The external component of mainstreaming deals with interventions at large area in district or regional level.
- Establishment partnership based on comparative advantage cost effectiveness and collaboration sectors have different approaches of multi-sect oral responses. These are integration and mainstreaming.

2.5, The Conceptual basis of mainstreaming HIV/AIDS in education systems

At a more general level, mainstreaming of HIV/AIDS is a process of policy change in a systemic manner in order to achieve broad social goals of controlling the spread of the epidemic and mitigating its effects. In the context of the education sector, one can conceptualize mainstreaming as a deliberate and strategic change in education policy to address the effects of HIV within the education sector. Mainstreaming HIV/AIDS in education is basically an attempt to systemically integrate HIV/AIDS issues in education policies, program, and projects in order

to have an impact on the epidemic (prevention of HIV infections and/or mitigation of the impact of AIDS on the system). It is a process of designing program and putting in place structures to deliver such program (FMOH, September 2009)..

The formulation of strategic plans and design of program are necessary but not sufficient conditions for the process of mainstreaming. There have to be structures and resources to ensure that plans and program are followed through, and delivered to target groups. Ideally, a good mainstreaming exercise should adhere to three principles, namely:

- It should be systemic. The effect of the epidemic on the education system is systemic. It affects not one but all segments of the system.
- It should be based on a good situation analysis. Without a good baseline, it is not possible to ascertain the extent to which the epidemic is affecting the sector. It is also difficult to design monitoring and evaluation tools if the situation to be changed is unknown.
- It should be dynamic. Mainstreaming should not be seen as an end in itself but an evolving process in which policies and program are adjusted according to emerging reality. This calls for constant monitoring of the epidemic and its impact, as well as monitoring and evaluation of intervention program.

2.6.HIV/AIDS mainstreaming in Education curriculum

The curriculum that indicates mainstreaming as action is an essential approach for expanding, scaling up and implementing multispectral responses to HIV/AIDS. The health sector remains key but non-health sectors are also to take action on HIV/AIDS based on one National Action Framework. This is more obvious in countries affected by a severe epidemic, but it is equally paramount in countries that have a relatively low, yet growing, HIV prevalence. Even for countries with low HIV prevalence, mainstreaming is crucial for addressing vulnerabilities to HIV infections in order to avert potential negative impacts. Early mainstreaming actions may help stem the course of HIV epidemics and reduce the likelihood that concentrated epidemics become generalized. Moreover, HIV/AIDS is closely linked with other development concerns such as poverty, gender inequality and institutional exclusion. Mainstreaming HIV and AIDS in

low prevalence settings provides additional support to the national development process. It also provides experience on how to integrate other pressing, cross-cutting and multispectral issues which affect development. In many countries, the education sector is increasingly evident in respect to the demand for education, equality of access to education, supply of education, and quality of education services (Kelly, 1999).

Africa carries over 60 percent of the global burden of HIV/AIDS. Most ministries of education are designing policies and sectoral strategic plans to deal with the problems created by AIDS in the education system. In this environment of increased awareness and acceptance of HIV/AIDS as a problem for the education sector, various programs are being implemented. HIV/AIDS mainstreaming was one of the programs started to implement. This paper was focus on the status of the mainstreaming of HIV/AIDS in IFAL program as a tools for HIV prevention and impact mitigation.

2.7.HIV/AIDS and Adult Education

Education in general and adult education in particular is taken as one of the most important instruments that can prevent the spread of HIV/AIDS in the world of work. The focus of the adult education is to impart knowledge and skill among the adults and expand and strength than its provision to rise the productively of the society by improving community health. According to UNSCO's 2006 publication entitled EFA monitoring report, 58.5% of the country population aged 15 years and above is illiterate. The role of adult education is emphasized by the world's community in the declaration of commitment on HIV/AIDS., under the title global crises global *action*.

The international guideline of HIV/AIDS and human right (2004:16) specify three components of rights which are applied in the context of HIV/AIDS.

Firstly, both children and adult have a right to receive HIV/AIDS-related education regarding prevention and care.

Secondly, the state should ensure the children, youth and adult living with HIV/AIDS do not discriminate denied access to education because of their HIV/AIDS statues.

Thirdly, the state should through education promote understanding, respect, tolerance and non-discrimination in relation to person living with HIV/AIDS (UNAIDS (2004:16). The provision of information, education and communication is the fundamental principle of the ILO code of ethics in the world of work. The code of ethics provides guidance on a variety of strategies for prevention which should be appropriately targeted to national conditions.

2.8.Challenges of IFAL in Ethiopia

Although non-formal and adult education provide for a broad vision for adult education, its current application is limited to IFAL and basic skills development and thus fails to recognize the adult education activities conducted by various ministries. Non-government organizations and private sectors faced challenges (MOE, 2010;ESDP IV) including:

- The fragmented nature of adult education provision makes efficient implementation coordination linkages between programs and monitoring difficult.
- Differences in the conceptual understanding of IFAL and of standardized parameter
- Weakness of facilitators with the required skills and knowledge base that would enable them to implement IFAL as it is intended
- Inequitable distribution of adult education
- Low level of relevance in relation to daily life situation.
- Low level of quality of adult education due to the absence or poor quality of adult education structures programs, materials and unskilled human resources ,
- Low level of human, financial and material resource allocation
- Low capacity for data collection evaluation monitoring and reporting capacities at all levels especially but not exclusively for IFAL.

Although, a structure has been developed for IFAL curriculum and syllabi still to be developed in all regions and languages (MOE, 2010; ESDP IV).

Even though the IFAL program has challenges in its implementation, there is an opportunity which is, democratic and good governance culture improved through expansion of adult education, economic development made more sustainable through quality and relevant adult and

non-formal education with a special focus on IFAL, an efficient institutional system created for adult and non formal education significant improvement in adult literacy attained

2.9 The current functional Adult literacy program policy and strategies in Ethiopia

The expansion of comprehensive adult education system is essential and central to improvements of the quality of life of every Ethiopian .To this end, in 2008,The Ministry of Education published the national adult education strategy of which an integrated approach to functional adult literacy is a major focus. The concept of integrated functional adult literacy (IFAL) has been defined in the master plan for adult education which the ministers develop with support from DVV international. In general terms, it seeks to link writing reading and numeracy skills to livelihood and skill training in the area such as agriculture, civic, cultural education and health education, like family planning and HIV/AIDS education etc. Such an approach requires delivery by various governmental and nongovernmental service providers in multiple setting and also ensures the literacy skills development is meaningful to the learners (MOE, 2010; ESDP IV).

The current national adult education strategy propose the following guiding principle for the implementation of FAL overall the country.

- Increasing coverage of by expanding adult education,
- Creating awareness on the significant of adult education,
- Allocating budget and Human power for implementation,
- Establishing quality relevant adult education system ,
- Developing need based curriculum,
- Building the capacity of the facilitators and other experts,
- Provision of adequate materials ,
- Improvement of adult education delivery strategy,
- Expanding adult education coverage equitably
- Capacitating institutions for continue adult education police strategies

Under ESPD IV, the Ministry of Education strives to fully implement the national adult education strategy through the development and implementation of the master plan in adult

education. The Ministry of Education puts forward a broader holistic and more integrated framework for quality service provision to youth and adults. It consolidates and enhances its working relationship with adult literacy learning program in Uganda and, in most African countries are largely driven by national and community development. The study tried to examine the status of HIV/AIDS mainstreaming in the program and the current national adult education strategy and the actual practice of the integrated functional adult education in the IFAL centers, *MOH (August, 2010)*.

2.10.Integrated functional adult literacy

The FDRE government has done a lot of activities to expand adult education in Ethiopia during the last two decades. The government addresses adult education in multi-sectoral approach. Various ministries are putting adult education as the center of their agenda. Especially, the Ministries of Education, Agriculture and Health are among the ministries that are vigorously involving in adult education in Ethiopia. The following are some of the major achievements attained by these ministries pertaining to the expansion of adult education/learning.

EDSP II and III put adult literacy as their major agenda. Accordingly, regional education bureaus have strived to establish low cost non-formal learning centers in which adult and non- formal education programs are carried out. The NFE centers are meant to cater education needs of out-of-school children and adults with special emphasis on women. Thousands of rural young who are high school leavers have been recruited and trained to serve as para-professional teachers (MOE, August 2010).

Apart from the efforts of the government, a number of non-governmental organizations and community-based organizations are engaged in expanding functional adult literacy programs. The Ministry of Education of the FDRE is giving maximum support in terms of creating enabling working environment. Besides, the Ministry of Education is involved in generating and testing innovative education programs. For such innovative activities, Ethiopia, won one of the 2008 UNESCO awards .*MOH (August, 2010)*

Ethiopia had faced problem of coordination among several actors. There have been several unrecognized and uncoordinated piecemeal efforts that are related to adult education in one way

or another. In order to address this problem, the Ethiopian government has taken fruitful measures such as developing a national adult education strategy and establishing GO-NGO forums at various levels.

2.10.1 Nature of integrated functional adult literacy

The life and daily activity of adults are the center point for IFAL which is a process of leading to mastery of 3RS, encouraging voluntary participation of adult; introducing new work practice/ culture for improved health as well as economic and social life; depending attitudinal change enriching knowledge and skills; and developing human and material values to overcome poverty. IFAL focuses an adult behavior and psychology using adult knowledge and skills as starting points, improves the same, enables progress to a better stage; introduces new technology inputs and procedures; and as such is part of the process of individual, local community and national development (MOE, 2010).

Integrated functional adult literacy (IFAL) is based on mutual learning teaching, not on one-way communication between learners and facilitators. Facilitators teach adults; adults teach facilitators, everybody teaches everybody else. The collective learning is used for the solution of common problems, individual knowledge and skills are pooled and coordinated to achieve the resolution of common problems. This approach to adult literacy helps adults to use in practical terms their reading and writing and communication skills to advance their life, custom traditions, experiences, strengthen environs and productivity *MOE (August, 2010)*

2.10.2. Learning-teaching integrated functional adult literacy

Integrated functional adult literacy (IFAL) makes participants read and write agreed and planed sentences reflecting their daily life and activities. In this approach, adults learn how to read, write and compute about their individuals, community and national agendas.

Adults possess a wealth of knowledge and, therefore, do not wish to be treated like children. They also participate actively and voluntarily when reading, writing and computing relevant encourage words, phrase and sentences. In their home and residential communities, adults see materials they have made meaning full changes in their lives and regrets lacking the skills to read

them in the past. Experience and research testify to wisdom of meaning with such readily accessible materials. Similarly, reading material of government development organization and those related to legal and social life are available to home and communities. Reading, thus, enhances development of the skill and opens the windows for better life. Many adults are very eager to read and understand such materials. They will be happy if such materials are available in integrated functional adult literacy (IFAL) centers. One key question here, however, is how one can proceed to reading before adults have identified alphabet or letters in the particular language. Adults are engaged reading sentences, identifying key words, and then recognizing individual letters alphabets in them. Simultaneously, they learn that identifying and reading letters is a useful skill for reading words, phrase, and sentences (MOE, 2010).

2.10.3 Benefits of Integrated Functional Adult Literacy

When functional adult literacy (FAL) is smoothly linked to development activities, it benefits learner groups (particularly the rural people) in a number of aspects. It helps adults to enjoy a better life through improvements in agriculture, the environment, health and family planning by enabling them to inquire and decide on their daily life challenges and to fight prevailing negative perceptions, attitude and harmful traditional practices. It helps them to exercise their rights and obligations. Moreover, it encourages proper children's, especially girls' education, and gender issues, and ultimately it enables the learners to actively participate in and contribute to building a democratic nation.

The functional adult literacy program (FALP) has undoubtedly made a significant contribution to national development. Adults will be encouraged to learn only if they find the program related to their life which is problem solving and brings about a change in their life style. In this regard, the rationale for recognizing literacy is a right in the set of benefits. Indeed, it is widely recognized that, in modern society, literacy skills are fundamental to informed decision making, personal empowerment, active participation in local, global, social, and community development.

2.11.HIV/AIDS Mainstreaming in Africa and its implications to Ethiopia

There is a good achievement in some sector in countries Like Uganda, Kenya, India, Israel, South Africa, Thailand, Canada, Malawi and ADEA/UNDP experience.

In Uganda commitments at all level were translated in reducing the prevalence by making the effort sustainable. In Thailand, the program benefited from strong commitment from the prime minister office and mobilization of the public, private, and NGOs sectors in the policy dialogue to fight AIDS.

The education sectors in Uganda included HIV/AIDS and sexuality into the curriculum in combination with Islamic teaching on safe sex: responsible healthy living; breaking the stigma peer counseling building positive dream; and discussing HIV/AIDS with parents. Israel introduces a comprehensive AIDS education program into the school system. It has also imitated peer education program in which medical student are trained as AIDS educators for school children and out of school youth.

Thailand multi sectorial and multi-disciplinary strategy to raise awareness was future complimented by high level coordination, the formation of extensive networks to reach every community and special budget allocation for HIV/AIDS prevention.

Activities and HIV/AIDS education were integrated into the national curriculum. Canadian school systems provide AIDS education and prevention for junior's high school students aiming at delaying sexual activity. Increasing protective measure taking by sexually active youth, creating compassion for person living, improving communication and negotiation skills.

Though these achievements are astonishing, however, they are not free of shortcomings. Some experience to date are of insufficient scale due to lack of knowledge, commitment and financial constraints to achieve the system wide effects needed to produce a sustainable impact on case and consequence of AIDS.

In south Africa, the program dose no address the social, developmental , human rights economic and infrastructural consequence of HIV/AIDS for vital sectors like labour, education, agriculture

the public service or the public center. Furthermore it was impeded by lack of informed political leadership, vision and commitment and prevention activities are portrayed as a war or moral crusade against an external threat, and people with the disease consequently fell isolated.

In India, lesson learned from the implementation of mainstreaming is necessary to sensitize the government and other stakeholders on the need to mainstreaming HIV/AIDS externally. Specific interventions are needed to create community care and support systems through development program, particularly at grassroots level. It is of great importance to create an infrastructure that concurrently develops health-care networks, education programs, improvement of the livelihoods base for marginalized people, and community participation,

ADEA and UNDP have looked into what mainstreaming HIV/AIDS means to educational sectors across Africa. In this regard, it involved an investigation for better understanding of the bi-directional impute between the HIV/AIDS epidemic and the educational system has emerged. The findings from case study suggested that within educational sector, generally, the transition from integration of HIV/AIDS to Mainstreaming has yet to be made. The central point that emerges from the ADEA/UNDP experience in education sectors focus on educational systems. Mainstreaming HIV/AIDS education sector could add value to the national response by making it a positive vehicle for social change than merely forum for awareness building, *HAPCO.FMOH*, (September2009).

The findings of the study, the impact of HIV/AIDS on education in Kenya, show that HIV/AIDS has had wide spread effects on children's Learning experiences. Children living in a world of AIDS experience many challenges. As parents, guardians and members of communities increasingly become infected by HIV/AIDS and eventually submit to diseases, children are increasingly lacking basic needs such as food, clothing, shelter, health and even education. Due to this finding. The study recommends that there should be immediate interventions in schools through guidance and counseling for infected and affected children. Mechanisms should be put in place for follow-up in the implementation of HIV/AIDS in schools. School children should be educated in life skills, peer education and counseling, *HAPCO.FMOH*, (September2009).

There is need for information and messages that are targeted at and are appropriate for children. Addressing HIV/AIDS Mainstreaming in Malawi, very few external mainstreaming programs have been evaluated and well documented. One of the exceptions is the Shire Highlands Sustainable Livelihoods Program part of the Joint Oxfam Program in Malawi. The core business of this program is to diversify and increase agricultural production, improve soil fertility through crop selection and manure production, agro-forestry, and gaining access to markets.(FMOH September2009)

2.12. The Challenge of Multispectral responses to HIV/AIDS in Ethiopia

The Ethiopian HIV/AIDS prevention and control program can learn from others and share a lot of experience to the rest of the world the experience in Burundi has demonstrated the important of High level commitment in HIV/AIDS prevention and control. The role model from the higher level serves as motivator for regional and woreda level initiatives. The Namibian experience shows that reliance on the resource available at hand is the best options and thus HIV/AIDS should be budgeted. The Uganda experience clearly demonstrates that government alone cannot meet the huge task of controlling HIV/AIDS (Kebert, 2006)

The findings revealed that the current coordination structure (HAPCO) lacks the power to coordinate a response. This coordination problem is a stumbling block to getting a better multi-sectorial response. The study also found minimal commitment by sectors heads in the Woreda. To address this, the political will of the Federal government must be used to strengthen the coordinating body, and reinforce the priority given to HIV/AIDS.

The present study assessed the HIV/AIDS mainstream in education system specifically in adult education among type of adult education and the integrated function adult literacy program in one sub city of Addis Ababa.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Design of the study

The research employed a mixed research methodology. The degree of flexibility it has in the use of different tools and its strength in the generation of rich information makes the case study design to be appropriate for this study. The purpose of this study was to examine the status of HIV/AIDS mainstreaming in integrated functional adult literacy program in Lideta sub city. It also generates numerical data to study objectively.

Sources of data

In this study, both primary and secondary sources were used to obtain adequate information about the status of HIV/AIDS mainstreaming in IFAL program.

In order to get first-hand information on the status of HIV/AIDS, primary data were gathered from IFAL adult facilitator, and IFAL center coordinator with the structured questionnaire. A sub-city adult expert was involved as primary data source with in-depth interview. A classroom observation was conducted with the help of checklist. Integrated functional adult literacy learners were also involved in generating the primary data in the focused group discussion section. Those entire sources were assumed to be the most significant agents that have better and original information about the status of the problem challenging the implementation of the program. Questionnaires were distributed for all 21 respondents and out of which 13 respondents were females. The interview was conducted with two educational experts whereas the FGD was conducted with 76 members. Secondary data were obtained from documents mainly, national adult strategy document, Adult facilitator modules, adult learner text books,. In addition, a review of related literatures was used for theoretical and empirical sources.

3.2 Sampling and Sampling techniques

Ledeta sub-city is one of the ten sub-cities in Addis Ababa City Administration. The general population of the study is Ledeta sub-city schools that run programs of IFAL education.

Out of 10 woredas of Lideta sub-city, and out of 15 IFAL centers, five IFAL centers, the researcher selected randomly 4 woredas and 5 IFAL centers for giving equal chance of being selected for each woreda and center. However, from 5 IFAL centers, the researcher selected all adult facilitators (12) and all coordinators (5) purposely to accommodate the relevant data. In five classroom observations, A six group -member FGD that involves 76 adults' learners was conducted.

Table 3.1.Distrubution of sample respondents in each stratum

	Category /stratum/	Population	Sample		
			Male	Female	Total
1	IFAL learner	382	13	63	76
2	IFAL adult facilitator	12	5	7	12
3	IFAL center coordinator	5	1	4	5
4	Wordea of IFAL cent	4	2	2	4
5	Sub city IFAL expert	2	1	1	2
6	IFAL section observation	5			5
7	FGD (Focus group discussion)	6 ---	---	--	6
	Total				99

3.3 Data Instruments

The study used different data collection instruments: questionnaire, interview, focused group discussion, checklist for observation and document analysis.

3.3.1 Questionnaire

Both open ended and close-ended Questionnaire were employed to collect data from Adult facilitators IFAL center coordinators and woreda coordinator about the status of HIV/AIDS mainstreaming in integrated Adult functional Adult literacy program in the case of Lidata sub city in Addis Ababa. These tools were employed with the assumption that they were more appropriate to secure information and opinions within short period and help respondents to express their opinion and views freely. The questioner was prepared in English. It consisted of four parts. The first was about respondents personal background; the second part was on items related to the status of the adult learning condition; and the third item related to the status of HIV/AIDS mainstreaming .The fourth was the challenge faced for implementation HIV/AIDS in integrated functional Adult literacy program.

3.3.2 Interview

Interview is one of the commonly used instruments for collecting data. In this study, this method was employed to acquire the qualitative information that is not addressed in the questionnaire and also to bear out with the other information secured from the secondary data.

3.3.3 Focus Group Discussion

The focus group discussion is an interview in which several respondents are interviewed at one time to generate information. This was used to collect qualitative information and it is important because it opens dialogue among participants and stimulates them to openly express their views on the issue raised. This technique was employed in order to acquire qualitative data on the practical implementation and challenges of HIV/AIDS mainstreaming for IFAL learner. Focus Group Discussion in the study was held to collect data from a group of adult learners, 20 % of the adult learners were participates from each selected IFAL center. The researcher selected 76

adult learner participants for focus discussion. She selected five IFAL centers and 20 % of the 382 adult learners.

Table 3.2 Adult learner participants for focus group discussion.

No	IFAL centers	No. of IFAL Adult learner			20% of the IFAL learner		
		Female	Male	Total	Female	Male	Total
1							
2	Ferhwat	46	1	47	9	1	10
3	Africa Hebert	67	0	67	13	0	13
4	Hidase lidata	70	1	71	13	1	14
5	Ethiopia Ermija	87	38	125	17	8	25
6	Lideta salaam	59	13	72	11	3	14
7	Total	329	53	382	63	13	76

Classroom Observation

The classroom observation was carried out based on the checklists. It was designed to analyze whether the facilitators used various instructional media to facilitate the instruction process.

3.3.4 Document analysis

A document analysis was made on the guidelines, learner handbooks, manuals, educational curriculums and curriculum framework. Secondary sources of data were obtained through document analysis to secure facts and figures.

3.4 Method of Data analysis

In this study, descriptive survey methods that make use of both qualitative and quantitative data analysis methods were employed ,the collective data were organized in line with the basics research questions ,to analyze the quantitative data ,some statically data analysis tools such as frequency and percentage were used. The researcher used tables to present the data.

Frist, the response of the closed ended question were tallied, counted and computed. Second, response of the open ended question and interviewed were analyzed, interpreted and described,

the result obtained from interviewed, FGD and document analysis were used to validate the data gathering through questionnaires. Frequency and percentage were used to explain the characteristic of the respondents.

3.5 Ethical considerations

In conducting the research, the researcher used different ethical principles of research. She did not force the respondents to participate in the research. The participants were fully informed about the procedures and risks involved in research and gave their consent to participate. The researcher was not in any way put participants in a situation where they might be at a risk of harm because of participation, either physically or psychologically. The participants confidentiality were assured and the information was never used other than the purpose of the research without their consent.

CHAPTER FOUR

4.1. DATA PRESENTATION, ANALYSIS AND INTEPRETION

This chapter deals with presentation and analysis of data. The first part presents the characteristics and background of the sample populations involved in the study. The second part deals with the analysis and interpretation of data obtained from the respondents on the assessment of the status of HIV/AIDS mainstreaming integrated functional adult education.

The study data were gathered from sample IFAL centers, adult facilitator, IFAL center coordinator, woreda IFAL coordinator, and sub city adult education officer through interview, focus group discussion, classroom observation and document analysis. The questionnaires were distributed to 12 adult facilitators, 5 IFAL center coordinators and 4 wordea coordinators. All the distributed questionnaires were returned. In addition, two sub city adult education officers were involved in interview and 76 adult learners involved for focus group discussion. Five classroom observations were held by the checklist. The responses from all the respondents were analyzed and interpreted. Most of the data collected were organized in table and followed by discussion.

4.1 Characteristics and background of respondents

The characteristics and background of respondents were examined in terms of sex, age, educational background and years of experiences. The respondents to this study were from Lideta Administration sub city experts, IFAL center coordinators, woreda coordinators, adult facilitator, and adult learners.

Table 4.1 Demographic information of the respondents

Variable		Frequency	Percent
Gender	Male	8	38.1%
	Female	13	61.9%
Age Group	16-20	0	0%
	21-25	2	9.5%
	26-30	7	33.3%

	31-35	10	47.7%
	36 and above	2	9.5%
Years of Experience	Less than 5 years	3	14.3%
	6-10 years	7	33.3%
	11-15 years	7	33.3%
	16-20 years	4	19.1%
	Above 20 years	0	0%
Education	10 complete	4	19%
	12 complete	4	19%
	TTI graduate	3	14.3%
	Diploma	7	33.3%
	Bachelor	3	14.3%
	Master	0	0%

As indicated in the above table 4.1 .13 (61.9%) females and 8 (38.1%) males were respondents. Regarding their age group, most of them fall between 31-35 years (47.6%). Most respondents were also diploma (33.3%) holders. Most respondents (66.6%) had 6 to 15 years of experience. This finding is also fit to the IFAL strategic guideline that emphasize the adult facility should behave minimal of 10 complete students. Hence, one can conclude that the respondents were appropriate to offer relevant information for this study.

This technique was employed into acquire qualitative data the actual implementation and challenges of HIV/AIDS mainstreaming for IFAL learner. Focus Group Discussion in the study was held to collect data from a group of adult learners; The researcher selected the adult learner participants for focus discussion. She selected five IFAL centers and 20 % of the 382 adult learners.

As shown in Table 4.2, 20 % of the adult learners from each school were selected for the study from each selected IFAL center.4 woreda and 5 IFAL centers were selected due to the researcher's familiarity and ease accessibility in time and finance.

The distribution of sample respondents in each stratum is shown in a table below

4.2 Analysis of the data

This section deal with the analysis of data from questionnaires, interviews, FGD, class room observation and document analysis.

Table 4.2 Adult learner environment

No	Item	Options	Respondents	
			No.	%
1	The learning center is well situated to the adult education.	Strongly agree	2	9.5%
		Agree	19	90.5%
		Disagree	0	0%
		Strongly disagree	0	0%
2	The schedule is convenient for Adult education.	Strongly agree	1	4.8%
		Agree	20	95.2%
		Disagree	0	0%
		Strongly disagree	0	0%
3	There are adequate classroom situation and classroom materials (chair, table).	Strongly agree	3	14.3%
		Agree	17	81%
		Disagree	1	4.8%
		Strongly disagree	0	0%
4	There is toilet near the classroom.	Strongly agree	2	9.5%
		Agree	16	76.2%
		Disagree	2	9.5%
		Strongly disagree	1	4.8%
5	Teaching aids and teaching materials are adequately available.	Strongly agree	1	4.8%
		Agree	8	38.1%
		Disagree	11	52.4%
		Strongly disagree	1	4.8%

6	There are facilitator guides, modules and adult books for adult education.	Strongly agree	0	0%
		Agree	2	9.5%
		Disagree	19	90.5%
		Strongly disagree	0	0%

As indicated in the above table, from the 21 of the respondents, most of the respondent (95.19% (90.5%) of the respondent agreed and 2 (9.5%) of the respondent strongly agreed the statement that the learning center is well situated to the adult education, convenient learning time, adequate classroom and classroom materials. Most of the respondents (52.4%) say that the materials like facilitator guidelines, teaching aids, modules hands books were not adequately available.

Table 4:3 IFAL and HIV/AIDS

No	Item(variable)	Options	Respondent	
			No.	%
1	There is curriculum which includes HIV/AIDS education in Integrated Functional Adult Literacy.	Strongly agree	7	33.3%
		agree	14	66.6%
		Disagree	0	0%
		Strongly disagree	0	0%
2	There is daily lesson plan which incorporates the HIV/AIDS education.	Strongly agree	3	14.3%
		agree	13	61.9%
		Disagree	3	14.3%
		Strongly disagree	2	8.5%
3	The curriculum has relevance of in terms of meeting the local needs.	Strongly agree	15	71.4
		agree	4	19%
		Disagree	2	8.5%
		Strongly disagree	0	0%

4	Adequate time is given to the HIV/AIDS education for Adults.	Strongly agree	0	0%
		agree	6	28.6%
		Disagree	13	61.9%
		Strongly disagree	2	8.5%
5	The HIV/AIDS issue is related to their day to day life.	Strongly agree	6	28.6%
		agree	15	71.4%
		Disagree	0	0%
		Strongly disagree	0	0%
6	The HIV/AIDS education is practically demonstrated to make it understandable	Strongly agree	1	4.8%
		agree	9	42.9%
		Disagree	10	47.6%
		Strongly disagree	1	4.8%
7	Facilitator used different teaching mechanisms to teach adults about HI/AIDS education.	Strongly agree	0	0%
		agree	7	33.3%
		Disagree	12	57.1%
		Strongly disagree	2	8.5%
8	HIV/AIDS education is given in all Level Adult education levels (Level I and II)?	Strongly agree	3	14.3%
		agree	14	66.6%
		Disagree	4	19%
		Strongly disagree	0	0%
9	Adequate training is given to the facilitator on the HIV/AIDS education.	Strongly agree	0	0%
		agree	3	14.3%
		Disagree	13	61.9%
		Strongly disagree	5	23.8%

The above data reveal that HIV/AIDS education was practically implemented in the IFAL program. According to the data, all of the respondent agreed that the HIV/AIDS education was included to IFAL program and the HIV/AIDS education was relevant to the adult day to day life and met the needs of community.

66.6% of the respondents agreed that the HIV/AIDS education was given to all levels of adult education (Level 1 and Level 2). As the researcher observed in the class and reviewed the documents level, the same result was found.

61.9% of the respondent agreed time given to HIV/AIDS education is not enough. more over 47.6% of the respondent said the education is not practical in demonstrations to make it understandable. 57.1 % of the respondents said that facilitators did not use different teaching mechanisms to teach adults about HI/AIDS education and have no adequate knowledge about HIV/AIDS education and have no trainings on HIV/AIDS education. The same result is supported by the class room observation and FGD.

61.9% the respondents said that they had daily lesson plan when they taught HIV/AIDS education but during classroom observation, all the facilitators had no daily lesson plan with them.

In general, HIV/AIDS education is mainstreamed and all adult learners, adult facilitators, IFAL coordinators, and sub city expertise witnessed that implementation of the HIV/AIDS mainstreaming in IFAL is good. The HIV/AIDS euxThe of the implementation that was mainly seen was lack of capacity building of the facilitators and other experts, and lack of provision of adequate materials.

Table 4.4 Factors that affect the implementation of HIV/AIDS mainstreaming into IFAL program

No	Item	Respondents					
		Yes		No		I do not Know	
		No.	%	No.	%	No.	%
1	Lack of skilled manpower	18	85.7%	2	9.5%	1	4.8%
2	Inadequate equipment facilitator and reference material	19	90.5%	1	4.8%	1	4.8%
3	Lack of owner ship	17	81%	4	19%	0	0%

4	Facilitators low professional commitment	71[33.3%	13	61.9%	1	4.8%
5	Inconvenient work condition	3	14.3%	16	76.2%	2	9.5%
6	Low-level reliance to day to day life	0	0%	20	95.2%	1	4.8%
7	Low level of monitoring and evaluation	21	100%	0	0%	0	0%
8	Lack of motivation	20	95.2%	1	4.8%	0	0%
9	Budget problem	15	71.4%	5	23.8%	1	4.8%

As indicated the above Table, most respondents reported that HIV/AIDS mainstreaming in IFAL education had low level of monitoring and evaluation. Most of the respondents mentioned lack of motivation, inadequate equipment, facilitator and reference material, lack of skilled manpower, lack of ownership and also budget problem. This shows that there were many factors that affect the HIV/AIDS mainstreaming to IFAL program.

Analysis of Focus group discussion

This technique was employed into acquire qualitative data the actual implementation and challenges of HIV/AIDS mainstreaming for IFAL learner. Focus Group Discussion in the study was held to collect data from a group of adult learners, 20 % of the adult learners were participates from each selected IFAL center. The researcher selected the adult learner participants for focus discussion. She selected five IFAL centers and 20 % of the 382 adult learners. The following table summarizes herein:

Table 4.5 Profile of learners in the focus group discussion

characteristic	Category	Frequency	Percent
Sex	Male	13	17.1%
	Female	63	82.9%
	Total	76	100%
Level	Level one	64	84.2%
	Level two	12	15.8%
	Total	76	100%
Age	15-24	41	53.9%
	25-34	23	30.3%
	35-44	5	6.6%
	45-54	4	5.3%
	55-64	3	3.9%
	Above 65	0	0%
	Total	76	100%

For focal group discussion, the researcher took 20% of the total of 382 IFAL 13 (17.1%) male and 63(82.9%) females from level one and 12(17.1%) from level Two 64(84.2%) adult learner was attend in FGD.

Most participants of FGD whiteness that the presence of the HIV/AIDS education by their facilitator was so relevant to their life and they are benefited from the HIV//AIDS education . In relation to this, one of the adult learners replied :

I got information from the IFAL center about HIV/AIDS counseling and testing, the place of HIV/AIDS testing information. After getting the information, I took the test and knew my HIV/AIDS status. By this time, I am happy and proud to protect myself from HIV/AIDS. This is the result of my HIV/AIDS education from IFAL center”

The above idea has to do with the ADEA/UNDP studies in other Africa country that support mainstreaming HIV/AIDS education sector could add value to the national response by making it positive vehicle for social change than merely forum for awareness building (HAPCO, FMOH, September 2009)

Analysis of Classroom observation

The researcher conducted five classroom observation. Four of the observation were at the level one adult learner classes and one of the class observation was level two adult learner classes. During classroom observation, the researcher was looking into how far the teaching learning process was going on, the classroom arrangement and how it was managed. The distribution of textbooks, the class size, the availability chair and table, adult teaching methodologies and teaching aids. HIV/AIDS topics addressed how much it is relevant to them, how was the participation of the adult in the topic of HIV/AIDS, how is the knowledge and skill of the adult facilitator. Hence, one can see that the learning and teaching was not supported with teaching materials and teaching AIDS, and the time given to HIV/AIDS education was not adequate for the buzz group and group exercise and presentation. In teaching, adults need time to explore the experience and exposure.

Analysis of Document

The researcher collected five documents that are related to IFAL program :

- Adult learner handbook level 1 (Addis Ababa Educational Bureau, 2003 E.C)
- Adult learner handbook level 2 (Addis Ababa Educational Bureau, 2004 E.C)
- Adult facilitator Guide level 1(Addis Ababa Educational Bureau, 2003 E.C)
- Adult facilitator Guidelines level 2 (Addis Ababa Educational Bureau, 2004 E.C))
- Educational sector Development IV((Addis Ababa MOE, 2010)

As the researcher reviewed critically, for most documents do not have wide coverage nor adequate time for implementation. Health professional were invited in preparing the two documents Adult learner handbook level 1 (Addis Ababa Educational Bureau, 2003 E.C) and Adult facilitator Guide level 1(Addis Ababa Educational Bureau, 2003 E.C)

The study recognized from the reviewed documents that HIV/AIDS education was mainstreamed to the integrated functional adult education program. All documents were supportive to the opportunities of the IFAL program.

CHAPTER FIVE

5. SUMMARY, CONCLUSION AND RECOMMENDSTION

This chapter summarizes the major results of the study and draws conclusion on the basis of the result. At the end recommendations were forwarded.

5.1. Summary

The main purpose of the study was to assess the status of HIV/AIDS mainstreaming in IFAL program in lidata sub city of. Selected integrated functional adult educational centers that were Ferhwoat, Africa Hebert, Hidase Lidata, Ethiopia Ermija and Lideta salaam. Hence, to find out the current status of the HIV/AIDS mainstreaming in IFAL program, descriptive survey method was employed and data were collected from adult facilitator, IFAL center coordinator, worda coordinator ,sub-city expertise, and adult learner by using instrument such as questionnaires, sem-structured interview, FGD, document analysis and observation c checklist. Furthermore, the probability and non probability sampling techniques were used to select the various respondents. Accordingly, a total of 99 respondents were participated in the survey and the data draw from different sources were analyzed by using tables with frequency and percentage.

To study the problem and to meet the objective, the study was guided by the following basic questions:

1. Is HIV/AIDS education mainstreamed in integrated functional adult education curriculum?
2. How is the actual practice of HIV/AIDS education in integrated functional adult education?
3. How were the challenges and successes (if there are any) as in implementation of HIV/AIDS integration in functional Adult Education?

The major findings of the study are summarized as follows:-

- HIV/AIDS education is mainstreamed in integrated functional adult education program
The study showed all of the respondent reported that HIV/AIDS education was given and have curriculum. Similarly the document reviewed and interview results show that HIV/AIDS education was included in the IFAL program.
- The HIV/AIDS education including in the integrated adult education was very relevant to adults' day to day life exposure and the curriculum was also relevant in terms of meeting the local needs.

- The time allotted to HIV/AIDS education is not enough and HIV/AIDS Education was not supported with different teaching methodologies and teaching AIDS.
- Most respondents reported that they used lesson plan. But during the writer class room observation there were no lesson plan seen.
- Most facilitators did not have enough training and updated information about HIV/AIDS education.
- Due to the lack of adequate trainings on HIV/AIDS the facilitator have no confidence to give good quality of HIV/AIDS education.

The study indicated most common factors that affect the implementation HIV/AIDS mainstreaming in IFAL education were low level of monitoring and evaluation, lack of motivation, inadequate equipment, and lack of skilled manpower and other resources.

The results of the data found from the classroom observation, document analysis and FGD show that the content of the HIV/AIDS education had no sufficient information for adult learners.

5.2. Conclusion

Education is a powerful tool in stopping the spread of HIV/AIDS. Education enables adult to acquire knowledge, skills and attitudes that could result in behavioral change. IFAL centers is supposed to be the most commonly cited source of HIV/AIDS information,. However, the time and content given to HIV/AIDS education is not enough and most facilitators believed that teaching HIV/AIDS education need refreshment trainings and update information. Moreover, adults have knowledge and awareness about HIV/AIDS from different informal and formal communication in their day to day life. Thus, adult facilitators need adequate knowledge, skills and experience. Adult facilitators also need better awareness on the government's policy on HIV/AIDS education and the concept of HIV/AIDS mainstreaming curriculum.

The present study empirically indicates that IFAL centers lack adequate and appropriate resources to implement HIV/AIDS education. There is also weak monitoring and evaluation from the high level program implementers.

5.1 Recommendation

Based on the findings of this study, the researcher suggests the following recommendations:

- The regional education bureau needs to strengthen the monitoring and evaluation system which used to see the proper implementation of the HIV/AIDS education integration to IFAL program and how to run it.
- To implement HIV/AIDS mainstreaming into IFAL program successfully, curricular materials such as syllabus, teaching guides, textbooks, and facilitator guide lines, teaching aids, modules and handbooks should be provided by the respective organization timely.
- Allocating budget and human power for implementing, and establishing relevant adult education system.
- Developing teaching method should focus on acquiring adult learners how to protect themselves from HIV/AIDS and how to solve community problems using systematic knowledge and skill independently and collectively.
- Both government and non-government organization should plan and conduct relevant training and workshop on HIV /AIDS education for the adult facilitators, center coordinators and woreda expertise
- The curriculum should be revised and need to consider time, relevance and content of HIV/AIDS educations. This should done in collaboration with different sectors including the health bureau.

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BIBLIOGRAPHY

- Calderon, Ricardo (1997) The HIV/AIDS prevention and control Synopsis: The HIV/AIDS Multi Dimensional Model.
- Else, H and Kutengule, P (2003) HIV/AIDS Mainstreaming: A Definition, Some Experiences and Strategies. A resource developed by HIV/AIDS focal points from government sectors and those that have been working on HIV/AIDS mainstreaming,
- Eshatu, Mamo (2012)The status and practice of Functional Adult Literacy program for Fistula victim women in Hamline Fistula Desta Mender projects, Un publish thesis AAU
- Federal Ministry of Education, (August, 2010) Education Sector Development Program IV (ESDP IV), 2010/2011 – 2014/2015, Addis Ababa ,Ethiopia
- FMOH (2004), Fifth Report AIDS in Ethiopia, Disease prevention and control Dept.Addis Ababa
- GTZ,(JUNE 2002), Main streaming HIV/AIDS :a conceptual frame work and implementing principles JSA consulting Ltd. and GTZ regional AIDS program ,Accra,Ghana,pp4-12
- HAPCO (2004), Ethiopian Strategic plan for Intensifying Multi-sectoral HIV/AIDS Response (2004 - 2008),. Addis Ababa.
- HAPCO (2004), Ethiopian Strategic plan for Intensifying Multi-sectoral HIV/AIDSResponse (2004 - 2008),. Addis Ababa
- HAPCO (2005) Ethiopian HIV/AIDS National Response 2001-2005: Consolidated, National Report of the Terminal Evaluation of IDA support for EMSAP, HAPCO, Addis Ababa.
- HAPCO&FMOH (December, 2004)Ethiopian strategic plan for intensifying multi sectoral HIV/AIDS response ,Ethiopia ,Addis Ababa,pp,13

HAPCO.(2002),Review of HIV/AIDS program achievement and the future
,Ethiopian,Nazerate.pp.24

HAPCO.FMOH, (September2009) Strategic plan for intensifying multispectral
HIV/AIDS response in Ethiopia 2009 - 2014 (spam II) , Addis Ababa,
Ethiopia

Kelly, 1999; Bad cock-Walters Sahara,Mitigating the Impact of HIV/AIDS on
Education

Kibret Shiferaw Belachew (2008) has an MA in Development Studies from
KimmageDevelopment Studies Centre, Ireland, and has a number of
years experience in working with NGOs focusing on HIV/AIDS.

Ministry of Education (2002) Workplace Manual: A Three Module Manual
Concerning the Implementation of Work place Programme, Basic Facts
on HIV/AIDS and Reporting. Ministry of Education, Ghana. With funding
from, Education, Ghana.

Mulugeta ,Mfnker (2002)The implementation of Adult literacy program in east
Gojam Zone(Amhara Regime)Unpublish thisis AAU

Oxfam (2001) Lessons Learnt in Mainstreaming HIV/AIDS: Flyers 1,2,3,4,5,6,7
and 8. Oxfam

Smart, R. (2001) Revised HIV/AIDS Toolkit for Local Government. National
Department of Health and USAID, South Africa.

Tpouzis, D and Hemrich,G (2000) Multi-Sectoral Responses to HIV/AIDS:
Constraints and opportunities for technical co-operation, Journal of
International Development, Vol.12 No.1 pp. 85 – 99

UNAIDS (2004) Support to Mainstreaming AIDS in Development: UNAIDS
Secretariat Strategy Note and Action Framework 2004-
2005,UNAIDS,Geneva.

UNAIDS /WORLD BANK. (March 2001) AIDS poverty reduction and Debt relief a toolkit for mainstreaming HIV/AIDS program into development instruments,2001,Switzerland, Geneva,pp17-23

UNAIDS/GTZ (2002) Mainstreaming HIV/AIDS: Conceptual Framework and Implementing Principle, ISA Consultants Ltd. & GTZ Regional AIDS programme,

UNDP (July 2005),A hand book for HIV/AIDSs Mainstreaming ,Ethiopia, Addis Ababa ,HAPCO/UNDP , pp17_23

World Bank (2000b) Multi-Country HIV/AIDS Programme (MAP) for Africa, World Bank

APPENDIX

Appendix A Questionnaires to be filled by IFAL center coordinator, Woreda coordinator and Adult facilitator

Addis Ababa University

School of Graduate Studies

Department of Curriculum and Teachers professional Development Studies

Adult and Life Long Learning unit

Instrument one: Questionnaire to be filled by Sub city Education Bureau Adult Education expert, The purpose of this questionnaire is to gather the relevant and appropriate data for the research regarding the status of HIV/AIDS mainstreaming in Integrated functional Adult education in Addis Ababa in the case of Lidata subcity. The success of the study depended on the honest of your response. Please answer each of the questions to the best of your knowledge. The researcher would like to assure you that your response is strictly confidential.

Notice:

- Do not write your name
- Indicate your response in the space provided by marking “√”
- Write your additional comment and suggestion on the given space.

Part I. Personal Information

1. Sex Male Female

2. Age 16-20 21-25 26-30 31-35
36- and Above

3 . Educational background

10 completed 12 complete 12+1

TVT graduate Diploma Bachelor Degree
Masters Degree

4. Field of specialization _____

5. Service year in IFAL program

Less than 5 Years 6-10 16-20
 above 20 Years

6. Job position of the respondent _____

7. Name of the organization _____

Response Ratings: 4= strongly agree 3 = Agree 2= Disagree 1 =strongly disagree

Part II. Issues Related to the IFAL and HIV/AIDS mainstreaming

1. Adult learner environment	Strongly Agree	Agree	Disagree	Strongly Disagree
1.1 The learning center is well situated to the adult education.				
1, 2. The schedule is convenient for Adult education.				
1.3. There are adequate classroom situation and classroom materials (chair, table).				
1.4. There is toilet near the classroom.				
1.5. Teaching aids and teaching materials are adequately available.				
1.6 There are facilitator guides, modules and adult books for adult education.				

2.Integrated functional Adult education and curriculum and HIV/AIDS Mainstreaming				
2.1. There is curriculum which includes HIV/AIDS education in Integrated Functional Adult Literacy.				
2.2. There is daily lesson plan which incorporates the HIV/AIDS education.				
2.3. The curriculum has relevance of in terms of meeting the local needs.				
2.4. Adequate time is given to the HIV/AIDS education for Adults.				
2.5 The HIV/AIDS issue is related to their day to day life.				
2.6. The HIV/AIDS education is practically demonstrated to make it understandable.				
2.7. Facilitator used different teaching mechanisms to teach adults about HI/AIDS education.				
2.8..HIV/AIDS education is given in all Level Adult education levels (Level I and II)?				
2.9 Adequate training is given to the facilitator on the HIV/AIDS education.				

III .Part three

3.What are the factors that affect the implementation of HIV/AIDS mainstreaming into IFAL program?	Yes	No	I do not now
3.1. lack of skilled manpower			
3.2.lack of ownership			
3.3. inadequate equipment, facilitator and reference materials			
3.4 Facilitators' low professional commitment			
3.5 Inconvenient work condition			
3.6 Low-level reliance to day to day life			
3.7 Low level of monitoring and evaluation			
3.8 lack of motivation			
3.9 Budget problem			

Part IV. The IEAL and HIV/AIDS mainstreaming

4.1 What do mean for you HIV /AIDS mainstreaming to IFAL in general?

4.2 Is there any monitoring and evaluation mechanize of the HIV/AIDS mainstreaming?

Yes No

4.3. If yes, how frequent is it? Weekly Monthly
 Quarterly Semi-Annually Annually

APPENDIX B Checklists that follow the section on observation IFAL learner

Addis Ababa University
 School of Graduate Studies
 Department of Curriculum and Teachers professional Development Studies
 Adult and Life Long Learning unit

Instrument three: checklists for classroom observation

The purpose of this checklist questionnaire is to observe the IFAL program and to gather information for the research regarding the status of HIV/AIDS mainstreaming in ;Integrated functional Adult education .

part 1: background information

sub-city _____

Woreda _____

IFAL center _____

Level _____

Class _____

No. of student _____

Part II. Issues Related to the IFAL and HIV/AIDS mainstreaming

Adult learning Environment	yes	No	Remark
2.1 Is the learning center well-located?			
2.2 Is the learning time suitable for adult?			
2.3. Is the time adequate?			
2.4. How is the class room situation			
2.5. Is their toilet near the class?			
2.6 Availability of classroom materials			
2.7 availability of facilitators' guide, adult text book, etc.			
2.8 Availability of Teaching AIDS (picture .Photo, model, chart etc			

2.9 Availability of teaching materials black board, chalk			
Part 3: IFAL curriculum and HIV/AIDS Mainstreaming			
<p>3.1 Is their daily lesson plan for HIV/AIDS education?</p> <p>3.2 Is HIV AIDS education given to the Adult?</p> <p>3.3 Is HIV /AIDS education is relevant to Adult day to day life?</p> <p>3.4 Is the HIV/AIDS Education is given by trained facilitators?</p> <p>3.5 Is there adequate time for providing the HIV/AIDS education?</p> <p>3.6 Is the education given to the Adult participatory?</p> <p>3.7 Are there mechanism to internalize HIV/AIDS education (exercise, demonstration) ?</p> <p>3.8. Do the facilitators have guides with adequate and current information about HIV/AIDS?</p>			

General observations (if any)

APPENDIX C: In-depth interview

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Department of Curriculum and Teachers professional Development Studies

Adult and Life Long Learning unit

Instrument three: In-depth interview

The purpose of this guiding questions for interview for Sub city expertise were to gather information for the research regarding the status of HIV/AIDS mainstreaming in integrated functional adult education.

1. Is HV/AIDS mainstreaming known in IFAL program?
2. How was the mainstreaming of HIV/AIDS in program implemented?
3. To what extent the HIV/AIDS education mainstreaming is implemented to IFAL program?
4. What is the objective of HIV/AIDS mainstreaming in to IFAL program?
5. What successes and problems are registered in relation to HIV/AIDS mainstreaming in IFAL program?

APPENDIX D: Guidelines for document analysis

The main objective of the assessment was to collect information for the research entitled the practice and status of HIV/ADS mainstreaming IFAL program in building capacity of the Adult.

1. Is HV/AIDS mainstreaming known in IFAL program documents (such as curriculum, manuals , guidelines, etc)?
2. How was the mainstreaming of HIV/AIDS in program documents implemented?
3. To what extent the HIV/AIDS education mainstreaming is implemented to IFAL program documents?
4. What is the objective of HIV/AIDS mainstreaming in to IFAL program documents?
5. What successes and problems are registered in relation to HIV/AIDS mainstreaming in IFAL program documents?

APPENDIX E: Focus group discussion guidelines

The main objective of the assessment was to collect information for the research entitled the practice and status of HIV/ADS mainstreaming IFAL program in building capacity of the Adult

1. Have you been delivered HIV/AIDS education?
2. What do you think the objective of HV/AIDS mainstreaming for the IFAL program?
3. How do you relate and evaluate the importance of HIV/AIDS education to community at large?
4. What did you personally benefit from the mainstreaming of HIV/AIDS education in your IFAL Program?
5. Did the HIV/AIDS take enough time and contents for you to get basic knowledge about HIV/AIDS?
6. What are challenges of HV/AIDS mainstreaming for the IFAL program?