

Care and support and people living with HIV and AIDS
at Holy water: An assessment at four selected sites in
Addis Ababa

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Abstract

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The world at large, with various social and health problems is demanding remedies that would help improve the lives of citizens. HIV/AIDS being one of the greatest challenges of this century compels nations to respond to the situation in whatever way is possible.

This assessment is done in a way to look for alternative response mechanisms to HIV/AIDS that could in the long run be complemented and integrated to the widely known bio-medical approach of HIV treatments. The selected four holy water sites could show the need to search for other cultural or alternative ways of responses being utilized by individuals to counter act the effect of the epidemic.

By applying mainly in-depth interview and other forms of interviews, the assessment tried to identify various issues such as attitude and experience of PLWHAs using the holy water and other spiritual treatments as well as anti-HIV/AIDS drugs. In addition, the various needs and problems associated with the PLWHAs and the system at the sites are assessed.

Holy water use in the form of drink and shower is the main treatment used by the PLWHAs together with other spiritual practices. And people in most cases are in need of compromising the spiritual practices together with the medical knowledge through counseling or other models, which are not available, let alone to access and utilize. At the same time due to the widespread poverty, this section of the population is also affected very much. Fulfilling basic needs is difficult to most of them. In addition the social isolation from their families relatives and friends is very common to the majority to these communities.

In addition to the above, it is found out that though people went to the holy water sites for the purpose of getting cure, there are also various reasons to be described as push and pull factors. PLWHAs have talked about observed changes on their lives while using the holy water. The knowledge, attitude and experience regarding the anti-HIV/AIDS drugs vary from individual to individual with different rationale of their own. There is also difference

**among the PLWHAs and key informants
in viewing the possibility of taking
both holy water and ART together. The
intervention made so far at the four
holy water sites is very limitede. There
is a system of recording and
documentation, which is not very
organized and at the same time not
uniform through out the sites.
Voluntary caregivers are the best
support groups among others for
PLWHAs at the sites.**

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The church's (Ethiopian Orthodox Tewahido Church) response to HIV/AIDS has been raised in various occasions as good and encouraging. But I feel a separate evaluation would be carried out to see its so far accomplishments on the fight against HIV/AIDS. The assessment had identified the gap that the church's 5 years program document on HIV/AIDS did not mention about holy water sites as potentials of treatment or as target areas of intervention whereas significant numbers of PLWHAs are heading to the places requiring various services. For instance, counseling and basic needs provisions. Actually, since the sites were not initially meant to respond to HIV/AIDS, some sort of adjustment is obviously necessary.

Generally, the assessment underlies the need to give attention to these sites following the large flow of people towards them.

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CHAPTER ONE - BACKGROUND OF THE STUDY

1.1 Introduction

There are three reasons why I chose this topic. First, while I was doing a community assessment with a group at Entoto community (Sept.2004), I found that there were a number of individuals living with HIV/AIDS coming to the holy water. There were many socio-economic problems associated with them. Working on this topic would mean working with such vulnerable groups, which is consistent with the ethics of social work. Secondly, one of the well-known coping mechanisms in the Ethiopian society during illness or disease including HIV/AIDS is going to holy water. This is an untouched topic of research with little (if any) systematic information available. Lastly, if the assessment is found to be successful it would provide significant information about what is happening at the holy water sites in relation to care and support for PLWHAs.

1.2. Background of the problem

HIV/AIDS has become one of the main agenda both at national and international forums. Its multifaceted effects (economical, social, racial etc) have made it the leading concern for countries including Ethiopia. Efforts to combat the disease since its outbreak range from formulating policy frameworks to the actual implementation of policies and programs at grass-roots level.

According to available data there were 1.5 million people in Ethiopia living with the virus in the year 2003. The number of orphans in the country as a result of HIV/AIDS was estimated to be 537,000 (Ministry of Health, 2004). This shows that a significant number of people are infected and also are affected by the epidemic. On the other hand, this implies the increasing need for care and support services related to HIV/AIDS. The National Policy on

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HIV/AIDS has recognized the need for these services and provided a policy framework for its implementation (Nation Policy on HIV/AIDS, 1998).

In order to respond to the need of PLWHAs different governmental, non-governmental, community and faith-based organizations have tried to run different programs. However, not all PLWHAs receive adequate services since the number of organizations giving these services and the numbers of individuals requiring the services do not match (FHI, 2001).

In addition, since HIV/AIDS has no vaccine or cure yet, many individuals try to cope with the disease in a spiritual way. To this effect we can see people going to faith based organizations to get treatment. There is also an attempt to treat the disease with holy water, which they believe has a therapeutic effect.

In spite of the fact that those who live with the virus go to holy water places, systematized information about this does not exist. This means it is not possible to understand clearly what occurs in these places. It would be difficult to make any kind of social work intervention in the areas without making a baseline assessment. This research explored the kinds of care and support system existing in the selected holy water sites that could be researched further.

Objectives of the study

1.3.1 General

To assess the living condition of PLWHAs and the HIV/AIDS care and support activities around four selected holy water sites.

1.3.2 Specific

1. To understand the general living condition of PLWHAs at the sites.
2. To assess the belief, attitude and experience of the PLWHAs on methods of treatment.

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3. To assess resources available on the sites for the care and support.
4. To assess the organizational and documentation system related to HIV/AIDS
5. To assess the needs of those people living with the virus
6. To evaluate the existing programs or activities of the sites on care and support in relation to the church's as well as the national HIV/AIDS policies and programs.

In relation to the objectives the following major research questions were outlined

1. What kind of people come to the holy water areas and why?
2. What is their knowledge, attitude and experience on anti-HIV/AIDS drugs?
3. What kinds of care and support activities are provided in holy water sites?
4. What kinds of support groups/networks are there? And their interaction?
5. What are the needs of the people with HIV and AIDS in the places?
6. What are the organizational structures and documentation systems in the holy water sites?
7. What is extent of the involvement of the Ethiopian Orthodox Tewahido Church in addressing the needs of the PLWHAs at the holy water sites?

1.4 Research Methodology

The study uses qualitative methods including: in-depth interview, key informant interview and observation as methods of primary data collection. In addition, secondary sources such as books, magazines, assessments and relevant documents were used.

1.4.1 Site selection

The selected sites for the assessment are as follows; Entoto St. Mary church, Entoto Kidanmihiret Church, St. Teklehaymanot Church and St. Urael Church. All are located in Addis Ababa and are considered to be 'famous' places among the faithful. Two of them

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(Entoto Mariam and Kidanmhiret) are on the periphery of the city whereas the other two (Teklehaymanot and Urael) are in the center of the city. These selections were intentional to determine whether there are any dynamics in the general situation of care and support activity out of the spatial difference.

1.4.2 Interviews

Totally, I personally completed 28 interviews. It was sometimes difficult to play the two roles of interviewing and note taking. Since many of the subjects of the study especially the PLWHAs were not willing to be recorded, I didn't use a recorder for any of the sessions. The other limiting factor was transcribing. I found it to be more time taking in addition to the given space limit. Budget constraint was another problem for not to have an assistant in the assessment.

I prepared four types of interview guides. The first one is a guide for the in-depth interview with PLWHAs. The second was for caregivers, the third was for key informants at holy water sites and the last one was for church officials used as key informants. All the tools were prepared in English and it was translated during the interview into Amharic.

1.4.2.1. In-depth interviews with PLWHAs

Seventeen in-depth interviews were carried out with PLWHAs from the four sites. Among these, six were males and the other eleven were females. The interviews occurred at different places. Bedridden interviewees were seen at their homes. Some of the interviews were at the churchyard; some others were at parks etc. (see Appendix-5). The major topics of the interview included background information, attitude and experience regarding HIV/AIDS treatments and services at the holy water sites, their needs and problems etc (see Appendix-1).

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The interview took from 45 minutes to 1:30hr depending on the situation, and they were given 25 birr each. The data collection was made from end of February 2006 to end of March 2006.

1.4.2.2. Interviews with caregivers

Five caregivers were interviewed from the four sites including two females and three males. Interviews took place on a field; churchyard and at home depending on the situation (see Appendix-5). The major questions include: what activities are they doing and why, and their work related problems (see Appendix-2). The amount of time consumed differs from place to place ranging from 1hr-1: 15hr. They were given 25 birr each (the caregiver at Kidanmihret was not willing to take money). The data collection was in March, 2006.

1.4.2.3. Key informant interviews with holy water sites officials

All of the officials are males and the interview took place at their own offices. The major issues covered include general information about the holy water, the care and support activities being offered, questions related to documentation system etc. (see Appendix-3). The duration of the interviews ranges from 40 minutes to 2 hrs. The data collection took place in April, 2006 (see Appendix-5).

1.4.2.4. Key informant interviews with higher church officials

Two officials representing the church regarding the issue were interviewed separately at their respective offices. One of the informants is the acting head of the church's Department for HIV/AIDS Prevention and Control. The other is a member of the Doctors Council of the church (Liquanet Gubaye). The major issues of the discussion include belief and teaching of the church about holy water and regarding policy and program of the church on HIV/AIDS (see Appendix-4). The data collection took place in April (see Appendix-5).

1.4.2.5. Informal (unstructured) interviews

Interviews included other PLWHAs and persons without the virus, administrators, secretaries of the parish churches and also with officials of the Addis Ababa diocese and the

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chairman of one of the Sunday schools. Issues raised during such interviews were to cross check and substantiate what have been said by others regarding the services given at the sites, the problems of the PLWHAs, on the documentation system at the holy water sites and on some figures given.

1.4.3 Observation

I visited premises of the holy water sites: the rooms, the offices, the congregations attending church services and also the queues to get holy water services. I also visited most of the homes of HIV/AIDS patients at the other three sites except that of the PLWHAs at Teklehaymanot and this helped me to better understand their living situation. As a method, it was applied during the fieldwork while trying to make the interviews with the informants and I was trying to record what I felt was important on the notebook.

1.4.4 Document Review

Available ledgers at the four holy water sites used for recording during the admission process or later on, were reviewed. Reports, magazines and other documents regarding the holy water were reviewed. The review was not actually thorough and deep, but it provides an overview. I was interested to see if records are made and whether documents that are related with HIV/AIDS are available at the sites.

1.4.5 Selection of the respondents

PLWHAs were selected in two ways. The first was by officials of the holy water site and the caregivers, since the officials and the caregivers generally know at least few of the PLWHAs coming to the area. The second way was that I applied snowball technique in which PLWHAs are recruited after being contacted by the already chosen individuals. Before conducting the interview I tried to confirm that they are really living with the virus. They all

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confirmed that they are living with the virus and I had to convince them to be part of the research voluntarily, and it was not easy to get their assent and consent easily for most of the cases. It was not convenient to ask them to bring evidence to show their positive statuses. I had to believe what they told to me. I have seen certificates of three females, an ID-card of being a PLWHA of two males, the medicines of one of the ART users. They brought this without my request. I convinced myself there is no reason that these people would lie to me that while they are not, they would say we are PLWHAs.

Caregivers are selected based on the availability. The focus of selection was based on their experience in relation with PLWHAs. At Entoto among the available caregivers, two were selected based on sex and at Kidanhirete one was selected among the caregivers in the charitable organization working around there. But the selection on the other sites was limited based on availability. The key informants both at the sites and at the patriarchate office are selected based on their positions. Totally the number of respondents is 28 and there were 28 sessions of interview. See table 1 below.

Table 1- number of respondents by site

No.	Site	PLWHAs interviewed			Caregivers interviewed			Officials at the sites		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
1	Entoto Mariam	3	2	5	1	1	2	1	-	1
2	Kidanemhired	1	3	4	1	-	1	1	-	1
3	Teklehaymanot	1	3	4	1	-	1	1	-	1
4	Urael	1	3	4	-	1	1	1	-	1
Total		6	11	17	3	2	5	4	-	4

In addition to the above, two additional key informants from the patriarch-ate office of the Ethiopian Orthodox Tewahido church were included (not shown above).

1.4.6. Ethical Consideration

The assessment became possible after the approval made by the Graduate School of Social Work. After the school reviewed the proposal, the advisor was supervising every procedures and steps.

PLWHAs were asked to give their assent and consent. All of them agreed verbally to be part of the assessment and to give information. Following the data collection, they were re-contacted to allow them to sign on the consent. Unfortunately, I couldn't find all of them (three died and one was displaced), but the rest have signed the consent form.

1.4.7. Data Processing and analysis

All the data from the interviews were collected by hand-written notes. Each rough note of the interview was converted to organized notes. The analysis was made based on these notes. To understand the situation I tried to identify coherent meaning out of each report and used the cut and paste method. But before that, themes such as reasons for going to holy water sites, services rendered needs and problems and others that could fit to the objectives and research question of the assessment were selected. While trying to organize the gathered data under each category, codes were given to each respondent's idea in order to easily identify who said what. An assistant provided secretarial services, which was reviewed by the researcher.

Findings of the research are presented under each category. While trying to present the findings from the interviews, data from field observation and again information from the document review and the unstructured discussions were incorporated.

CHAPTER TWO- LITERATURE REVIEW

This literature review mainly covered the treatments to respond to the HIV/AIDS epidemic. It also covers the role expected from religious organizations in the fight against AIDS. Since the assessment tries to look at the details of single traditional treatment i.e. holy water, the literature has tried to show various reflections on alternative treatments. It has three parts; the first part looks at the general response to the epidemic, the second part covers the various treatments in HIV/AIDS and the third part tried to show the possible responses from faith based organizations.

2.1. Responses to the HIV/AIDS epidemic

To halt and reverse the long-term impact of the HIV/AIDS epidemic the UN report (2004) suggested simultaneous and aggressive expansion of both HIV prevention and AIDS treatment in a truly comprehensive approach. The response needs the involvement and commitment of different sectors of the society, by increasing the focus on treatment, care and support. The sectors are private, non-governmental organizations and civil societies like religious organization.

However, when we compare the response with the demand, we found it to be very small. For example, the UNAIDS report (2004) shows that in sub-Saharan Africa, an estimated 4.3 million people need AIDS home based care, but only about 12% receive it (2004). But still, the same report revealed that, almost universally, relatives and friends provide up to 90% of care for people with AIDS within the home of the sick person.

The following was discovered according to an assessment made by FHI (Family Health International- Ethiopia, 2002) on 36-service provision organization on the HIV care and support service in Addis Ababa. With the exception of the one organization providing the

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entire care and support package, 35 organizations had to refer clients to other organizations for parts of the continuum of care and support services they couldn't provide (FHI, 2002). This shows the scarcity of care and support programs in the city that is providing the whole component of care and support. In addition, it shows the need for interagency referral programs or networks. On the other hand, another assessment made by FHI on the needs of PLWHA in Addis Ababa revealed that the participants felt that rehabilitation aspects of the HIV/AIDS policy had received only marginal attention. They concluded that the existing care and support services remained inadequate in the face of growing demands (FHI, 2002).

Since the number of PLWHA is increasing significantly, providing care and support by GOs and NGOs including faith based organizations to meet their medical, emotional and social needs as well as that of , their family members and caregivers has become essential. Even though the national policy was designed in a manner to consider the need for a holistic approach in the provision of care to people living with HIV/AIDS, its actual implementation is found to be different. Lack of funding, lack of coordination between stakeholders and shortage of human resources were identified as problems associated with HIV/AIDS care and support in Ethiopia (Proceeding of the National Workshop on Accelerating Access to Care and Support, 2001).

The FHI assessment identified the emotional and psychological well being among others as the most important needs of PLWHA in the city (FHI, 2002). It pointed out that associations of PLWHAs, Dawn of Hope and Mekdim Ethiopia are rendering the following services: HIV/AIDS counseling, material support, orphan care, legal support, home based care and financial assistance to cover medical costs. But as reported by the beneficiaries

(PLWHAs), inadequacy, duplication, lack of coordination, lack of clarity and transparency are observed in these services (FHI, 2002).

2.2 Treatment in HIV/AIDS

Some sources divide the medical care of people with HIV infection into two types, traditional medicines and alternative medicines. The traditional one, also called conventional biomedical model, has been used in the western world and is based on specific scientific standards. The alternative medicine has diverse forms: some borrow heavily from Eastern (Chinese, Japanese or Indian) philosophy; some use methods based on the mind-body interaction, and some are based on non-approved drugs or diets or other treatments that have no established merit when measured by the yardstick of the science of medicine (Johns Hopkins Health Book; 2001, AIDS and Complementary and Alternative Medicine; 2002).

The similarity between the two is that both sides sought and sometimes claim solutions to HIV/AIDS. The difference is, while the conventionalists invest effort and money towards to developing combinations of drugs that is empirically tested to reduce or destroy HIV in the infected person, the alternative treatment community responded to AIDS differently. Some of the alternative treatment group goes to the extent of questioning the theory that HIV causes AIDS. Usually, this community is forced to do something regarding HIV/AIDS out of the push from PLWHAs to get a miracle cure (Standish, et al, 2002). The following discusses the two treatment scenarios briefly;

2.2.1 The conventional treatments

Some years back medical treatments were providing symptom management but little impact on the virus (HIV) associated with AIDS epidemic. But as time goes, when the knowledge from researchers about HIV has grown and now includes how it infects and how it

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multiplies so, the development of the new drugs to treat HIV itself has become possible. Now, it is known that certain drugs reduce the viral load in the body similar to how antibiotics reduce other microbes that cause infections. It is also known that when the numbers of HIV go down, the immune system may respond by increasing the number of CD-4 cells (t-cells) which help fight infection (Johns Hopkins Health Book: 2001).

Traditional medicines pass through a tightly controlled system of regulations, accreditation, approval, and licenses. These drugs have been tested by a scientific method that starts with studying the drug in a test tube and may delay general use for years awaiting testing the drugs for safely and effectively. Physicians become aware of new treatments when the results of these trials are published in reputable medical journals or presented at medical meetings (Johns Hopkins Health Book, 2001).

People with HIV infection take three kinds of drugs. The first one is, drugs against the virus and these are called anti-viral or antiretroviral drugs, and are of various groups and types. The second kind is, drugs to prevent opportunistic infections, the complications of HIV, and the last type of drugs are those to relieve unpleasant symptoms (Johns Hopkins, 2001). But these useful drugs are not without their toxicities and often requires special instructions to be followed e.g. with or with out food, sufficient food in take is a major problem (UN-AIDS, 2004).

Before the development of highly active antiretroviral therapy (HAART), many people were dying of AIDS despite the efforts. But now on going treatment is increasing though the access to HAART is very much limited (Standish, et al; 2002). The problem of access to the anti-HIV/AIDS drugs is more severe in developing nations together with lack of trained health workers on the supply and control of the medicines (UNAIDS Report, 2004).

2.2.2 The Alternative treatment

Parallel to the traditional (western) medicine of HIV/AIDS, there are various alternative medicines or treatments available in different cultures. In the USA, knowing that people with HIV/AIDS are going to alternative treatments, various studies are being made to understand the relationship between these treatments and HIV/AIDS. For example, the Federal Government of the United States has established the National Centre for Complementary and Alternative Medicine to deal with the issue of approaching scientifically the validity of alternative treatments. There is a budget of \$70 million for this (Johns Hopkins, 2001). Non-western medicine has various names such as alternative medicine, natural, or holistic, or complementary. Rather than using the word 'medicine' the word treatment is considered as a better word since some of the alternatives are not medicines. In 1992 the US Office of Alternative Medicine (OAM) categorized the field of Complementary and Alternative medicine (CAM) into seven areas based on the providers (individuals), the substances and modalities used in the therapies (Standish, et al, 2002).

The Bastyr university AIDS research center in Seattle which was opened in October 1994, so far, has identified 1492 CAM (Complementary and Alternative Medicines) therapies used for HIV/AIDS (Standish, et al, 2002). This center justifies the greater support for HIV/AIDS alternative medicine research as follows. 1) There are many PLWHAs that are using these treatments but the scientific community knows very little about their the safety and efficacy 2) Some of the prescribed treatments are found to be harmful. 3) The curiosity to look for further strategies for HIV/AIDS treatment since there is no cure till now, and the desire to see the interaction of alternative medicines and conventional anti-retroviral drugs. 4) The

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demand to do research on these areas. 5) Some evidences show that a subset of alternative treatments may be effective and beneficial.

Standish, et al. (2002) argued that since antiretroviral drugs are unavailable to 97% of the world's HIV infected population (but this deficit will definitely be reduced by current interventions like for example the Global Fund and others) due to their high cost, utilization and development of traditional medicine may be the only health care AIDS patients receive in some parts of Africa and Asia.

In trying to mention options for treatment and healing in various African cultures Feirman and John (1992) have pointed out that a patient in the course of a single illness (could also be HIV/AIDS) might consult dispensary attendants, Christian or Muslim religious practitioners, medical doctors, specialists in sorcery cures, spirit-possession healers, herbalists, and others. They also indicated that the traditions of healing under each of the mentioned system evolve separately, each with its own logic and boundaries. They tried to distinguish, healing and therapy. Healing conceptions and rituals often try to address the eternal problems of the human conditions such as what is the nature of evil, of pollution, of danger, of the relationship between the living and the dead, or between people and spirit. But therapeutic practices are used, in most cases, to treat illness.

Ka'opua (1988) has tried to explain in broader sense the distinguishing characteristics of the non- western concept on disease and illness. Her explanation indicated that the non-western cultures conceptualize disease and illness from a more holistic perspective, which may include spiritual, emotional and social aspects. For example, for the traditional Hawaiians, health involves a balance of relationships between person, social system, physical environment, and the spiritual world. Being ill was not just a physical discomfort, but

moreover an imbalance of spiritual or psychological wellbeing. So the diagnosis involved discovering the cause for the loss in balance in one or more of the key relationships and in healing those relationships.

Since the AIDS problem is not over, the work of both the conventional and alternative scientific and medical community is not complete either. Some researches suggested that some of the CAM therapies are found to be effective in the treatment of several HIV related conditions (Standish, et al, 2002).

2.3. Religious Institutions and HIV/AIDS

It is undeniable that religious institutions have a major role in the battle against HIV/AIDS. However, the response rate to the multifaceted impacts of the epidemic may differ from place to place and is related to various factors. On February, 1997 a conference of African-American ministers in Boston, included a press conference to apologize for their lack to leadership in mobilizing the church against AIDS (Weatherford and Weatherford, 1999) They urged local churches to join the battle against AIDS. In addition, they also acknowledge the clergy must provide moral and spiritual leadership.

Noting some of the major consequences of AIDS such as brokenness, divisions, denial, rejection, fear and despair the above writers recommended for a theology for healing where the church be the centre. They justified their statement by saying that Jesus himself modeled a theology of healing by reaching out to the blind, lame and sick-those who had been cast out. They underlined the greater need that the church should accept PLWHAs without preconditions since many of them renew their ties to the church up on learning of their HIV status.

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Among the various approaches discussed by them that the church should employ, here only the idea regarding pastoral counseling is paraphrased. According to them pastoral counseling should work to alleviate the problems of isolation as a result of HIV/AIDS, convey love and acceptance and reconcile PLWHAs to their spiritual roots. Doing this could restore wholeness and emotional balance. They emphasized the need to talk about death in HIV/AIDS pastoral counseling. Accordingly, pastors are not only expected to counsel on how to live but how to die as well because PLWHAs need pastoral care that liberates them from the fear of death (Weatherford & Weatherford, 1999). Adding the concept of dying well Shernoff (1988) pointed out that through counseling by a skilled worker can help the client explore what it would mean for him or her to die well, and what steps need to be taken in order to promote this outcome. Furthermore, clients need to have the opportunity to speak to a sympathetic clergyperson who will not be judgmental about their having AIDS or how they may have contracted it. He recommended having a list of such clergy so that one can be called upon to visit with a client who is dying and who feels the need for religious reconciliation.

Ethiopia's policy on HIV/AIDS acknowledges the role of religious groups among others in the combat against HIV/AIDS (The National Policy on HIV/AIDS ,1998) .As one of the institutions that are fighting against HIV/AIDS the Ethiopian Orthodox Tewahido church has developed a five year program (2004/5-2008/9) to combat the epidemic. It is described in the program document that there is a huge army of committed people available for the fight against AIDS. These include priests, professionals and the youth. The 40 million followers, the 500,000 clergy the 40,000 churches and monasteries spread all over the country under the 40 dioceses are taken as the basic assumptions for the up coming success of the church in the combat against HIV/AIDS. There is department for the HIV/AIDS prevention and control.

According to the program by the end of the program 200,000 OVC (Orphan and Vulnerable Children) and 200,000 PLWHAs will be supported (EOTC five year program, 2004).

CHAPTER THREE- FINDINGS

3.1. General Information on the holy water sites

3.1.1. Historical trend

Information from the Addis Ababa Diocese of the Ethiopian Orthodox Tewahido Church shows that there are 121 parish council churches in the city. The number of churches may exceed this number since there are many parishes, which have two churches. Though exact figure is not given, the service of holy water is given in almost all of the churches. The four holy water sites of this research project are found in different sub-cities of the city. The following general descriptions are from the key informants of the respected sites and some documents from the offices.

The holy water at Entoto was identified in 1994 though historically it is believed to be there for many years. It is said that the hermit who is now responsible for the holy water administration saw a revelation and started investigating. After two years, it was discovered and it has become famous since that time. The hermit has served there at Entoto Mariam church for twenty years.

According to the office of the church, the history of the holy water at Kidanmihiret site goes back 500 years. It was discovered by a hermit called Aba Libanos. The present scene of the compound happened in the way it looks like now in the year 1990. There is a big compound that is well floored, a hall for preaching and praying, offices and rooms for the taking of the holy water shower.

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At Teklehaymanot church, it was on March 10, 1980 that the service of giving holy water started. The inauguration of the service was made in the presence of the then Patriarch of the church Abune Teklehaymanot. The holy water is an-ordinary water from the pipeline but changed into holy water by prayers. There are tankers to collect the water and everyday there is prayer.

The spring of the holy water at Urael had appeared 40 years back. But it was not famous as it is now. The area was full of dense forest. Legend has it that criminals used to hide there. Once, a man who had killed somebody washed his sword by the holy water. As a result of this, the holy water disappeared until 1975 where it was revealed again to Tsebatie Gedamu, the then administrator of the church. From that time onwards the fame is increasing and miraculous healings were experienced by those who believed in the holiness of the water. Beginning from 1992 the holy water is being pulled by a pumping machine. The existing block fence, the floors of the compound and the different rooms in the compound of the holy water were built in 1997.

3.1.2. The type of people coming to the sites

According to the key informants, various kinds of people are coming to the areas. Demographically: males, females, children, the youth, the elderly come to the place. According to informants, the predominant numbers are young females compared to others. All kinds of people from different ethnic groups and religious groups like the Moslems are coming to the sites. It was reported that the people are coming not only from Addis Ababa but also from different parts of the country including other countries. Not only Ethiopians but also non-Ethiopians come there.

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Patients are not expected to reveal their illnesses but usually it is believed to be related to evil spirits. People with different kinds of diseases and who had gone to different hospitals but could not find relief came to these places. For example, people with Asthma, TB, blood pressure, diabetic, gastric etc are the major ones among others. People living with HIV/AIDS also come to these sites but except at Entoto they usually do not disclose themselves at the other sites. Sometimes they may disclose themselves to servants at the sites to explain that they cannot wait for long on the queue.

After coming to the sites, the duration of the stay may differ from individual to individual. According to the hermit at Entoto, there are people who got cured and go back within five days. And there are people who stay for years. The other key informants have said similar things on this point. The key informant at Urael further pointed out the need to formulate a rule in the near future about the stay of patients in the rooms of the church. At present, people may stay by renting the rooms of the church from few days to years. But for the future in order to give the chance for other patients who want to take the holy water by renting rooms in the compound, that specific church is proposing a maximum stay of 3 months. However, this is not yet decided or implemented. As it was reported some people do not want to move from the place even after they got cured.

Participants Characteristics: The following table, (table 2) shows some demographic variables of the PLWHAs. As table two shows five ethnic groups are mentioned though Amhara is predominant. Only one is married and the others are divorced, widowed or single. Educationally, there are 12 completes which is the higher level and basic education attendants which is the lower level. Economically, almost all are unemployed.

Table-2 Socio-demographic information of the PLWHA(Total # is 17)

Characteristic	Categories	Number	Percent
Age	20-25	5	29.41
	26-30	5	29.41
	31-35	6	35.30
	36-40	0	0
	41-45	0	0
	46-50	0	0
	51-55	1	5.9
Gender	Male	6	35.30
	Female	11	64.70
Educational Status	None	3	17.64
	Basic	6	35.30
	Grade1	1	5.9
	Grade-6	1	5.9
	Grade-7	1	5.9
	Grade-9	2	11.8
	Grade-11	1	5.9
	Grade12&Above	2	11.8
Ethnicity	Amhara	11	64.7
	Oromo	2	11.8
	Tigrie	1	5.9
	Wolita	1	5.9
	Guraghie	2	11.8
Religion	Orthodox	17	100
Marital Status	Single	7	41.17
	Married	1	5.9
	Divorced	5	29.41
	Widowed	4	23.52
Employment	Employed	1	5.9
	Unemployed	16	94.12

3.2. Feelings during the debriefing of HIV test results

Asked about their overall situation when their HIV test result is found and they were told they were positive, the respondents expressed their feelings in various ways. Some respondents said that they felt nothing at that moment. Nevertheless, the majority had feelings of shock; despair, fear etc and as a result some concrete behavior were observed on them. Three ladies were thinking of committing suicide by hanging, slaughtering or taking medicine; many of them were weeping bitterly, one male respondent started drinking etc. There was also a fear of would be stigma and discrimination. The psychological stress as a result of knowing

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the result of the test was not limited only to the PLWHAs themselves, it was extended to siblings and other members of the family and relatives.

Opposite to the above point the other categories of the respondents said that they were not feeling much during the debriefing of their HIV test results. There are various reasons for this; some thought that they will be cured some have insufficient knowledge and others due to despair.

HIV Test- Asked whether they have been tested for HIV or not, all of them replied yes. Table 3 describes the frequency and the places of test of the PLWHAs. As we see from table-3, many of them (except the three) have tested for two times and more. The maximum is five times. We see also the majority of the testing sites are in Addis Ababa. Though not fully disclosed by them there are at least two reasons for these repeated tests. The first one is the doubt they have in the first taste (note that a person went to various testing centers). The second reason could be to check whether there is cure since they have treated themselves with holy water.

Table 3-HIV Testing Information

Lists of points	Number of tests	Number of People	Percent
Frequency of Testing	1	3	17.64
	2	7	41.17
	3	4	23.52
	4	2	11.8
	5	1	5.9
Location of test			See note below.
Centers in Addis	36	17	
Centers outside of Addis	5	4	

Note: All of the respondents had at least one test in Addis; some had additional tests in others areas.

3.3. Reasons for going to the holy water sites

The PLWHAs had various reasons for using holy water, which are listed in to the following five categories:

A) *Related with faith and belief* such as

- The belief to be cured,
- Because HIV/AIDS is not curable,
- To get confessed and die there,
- To make confession, receive the penance and die there
- To strictly follow the religion and to amend the life path and
- To solve the evil spirit problem.

B) *Non- disclosure* such as to escape the stigma and discrimination associated with being HIV positive.

C) *Encouraged by others* such as advised by people and/or pushed by friends and relatives.

D) *Hearing testimonies* such as hearing that people are being cured, hearing and reading about the miracle, hearing the fame, hearing through TV and Radio.

E) *Background experience* such as the habitual practice of resorting to holy water when one was sick.

Let's hear some of the voices of the PLWHAs: A PLWHA (male) from Entoto said the following: “

I come here because I heard that the holy water here is curing. When a lady had come to my shop and told me about this, I immediately sold all my property on the next day and came here. I got relived when I see many PLWHAs here”.

I came to the place knowing my HIV positive status. People told me that many people have got cured with the holy water. I came here believing that I will be cured after making confession, drinking holy water etc. The cure will be both in my flesh and soul (A male PLWHAs from Entoto).

It was by the push of my friends first, and I came believing that I will be cured. I left my entire job for this. I was doing photographing and earn up to birr 600.00 per week. I sold all my property for 12,000 birr and I came to Addis Ababa and started surviving by it (A male PLWHAs from Kidanmihiret).

I was coming to St. Teklehaymanot Church even before the disease but I was not strict but now due to the disease I am coming always . . . and I come here out of my will and no push from outside (A female respondent from Teklehaymanot).

God brought me the disease and He can also take it from me. If there is faith one can be cured. So I came to the holy water to get peace and heart of understanding from God. At the church it is preached that if one believes and uses the holy water with respect and love he/she could be cured (A female respondent from the same site).

3.4. Belief, attitude and experience on the holy water

All the interviewed PLWHAs are users of the holy water, mostly both the shower and the drink together. In some cases they will be forced only to drink and not get the shower, for instance, when they become bed ridden. I have encountered four cases of this kind. Asked about their belief in the holy water they spoke of its healing power. They all believe that holy water can cure them and consider it as a curative medicine or a healer. Considerable amount of the PLWHAs were able to explain the changes (symptoms get resolved) observed by utilizing the holy water. Significant numbers of the respondents have experiences of utilizing holy water in different areas other than the one they are using currently. Some of their voices are as follows.

Holy water is a healer and a medicine. I have no word more than this. Many people got cured due to the holy water. Many have witnessed this. Those cured people might go or might stay in the place till they regain strength. Many things will come out from inside of you when you drink holy water. And I believe I will be cured God willing .He is the savior and also the killer (A Female respondent at Entoto site).

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Holy water for me gave greater changes. You see the change whenever many things got out from your body. I certainly believe I will be cured one day. When I say change it means for instance, earlier I got tired easily but not now, earlier there were rashes and sores on my body but they are cured by the power of the holy water. There will be either headache or feelings of vomit if I didn't drink (A Male respondent at Kidanmhiret site).

Holy water for me is life. It is a more reliable alternative to hospital, for me. It has a life giving power. It has cured many even from HIV. With the help of God I believe I will be cured after Eastern (soon) and give a testimony about it. I have a hope to be cured (A female respondent at Urael).

The PLWHAs consider the holy water as a medicine, a special powerful thing, a healer, a curative thing from all diseases, something that benefits the flesh as well as the soul, an instrument in which God and the saints give forgiveness etc. Most of them have mentioned that others have been cured from the disease and few of them are witness to this healing power. It is based on this that they are explaining their belief and attitude about the holy water. Some have tried to describe how their own health symptoms have been relived. Considerable amount of the respondents mentioned the changes they observed by using holy water such as an appetite for food, able to fast and bow, the coming out of many dirt mostly in the form of vomit from inside, the increase in weight, the fact that sores and rushes are disappearing, feeling strong etc.

3.5. Feelings, attitudes and experience about anti-HIV/AIDS drugs

All the interviewed PLWHAS have knowledge about the existence of anti HIV/AIDS drugs. Their sources of information vary from individual to individual. Either they have heard from others or from the media or have seen people taking it or are experiencing it themselves. There are only two males among them who are taking the medicine during the time of the fieldwork. One was at Kidanemihiret and the other was at Teklehaymanot. There was a lady at Kidanemihiret who had been taking but interrupted it due to lack of re-access to it.

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From their response, I have drawn some conclusions about their feelings and attitudes towards ART. Most of them don't want to start the medicine until the end; even those who are under the treatment want to interrupt. Some others have the inclination to start but due to various factors are not in a position to do it. Some people have already known their CD-4 status and some others want to know their status.

Belief that God and the Virgin Mary will cure them so will not use ART-The following citations are voices of PLWHAs whose focus are on the holy water and as a result of this their feelings and attitudes about ART are different from others.

I don't want to use the medicine to the end. My lady Virgin Mary will cure me. I believe in her. Every day I can see many people, three to four, being cured from the disease. So this is my faith. I will not use it. I don't think of using it in the future either . . . It is God who gives life not the medicine (A female respondent at Entoto).

I came here believing my lady. Let her do what she wants either she kills me or rescues me. My endurance is with God. Who elongates or shortens age is He. It is He who gave us the disease (the epidemic) end then it is He to cure us or to kill us (A female respondent at Kidanemhired).

Holy water and medicine do not go together -All the respondents from the holy water sites have the same feeling in the sense that they have a strong focus on the holy water without involving medicine. At Teklehaymanot a lady who had known her CD-4 status said the following.

At the first time my CD-4 count was 206 and I was told that when the CD-4 starts to count below 200 I would be provided with medicines. During the second check it counted 185 and I was told to start the medicine beginning from March 1st 2006. But I left it there saying the Holy Savior and Teklehaymanot will rescue me . . . Holy water and medicine does not go together. He (the creator) can do whatever He wants to do. He had restricted my age. I don't believe the medicine will prolong life. I prefer to die here in the church's yard by drinking the holy water.

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I consider using the medicine together with the holy water as doubting or believing that the holy water will not cure. I will not go carrying two kinds of faith (a female respondent at Urael).

My association Dawn of Hope told me to start the medicine after measuring the CD-4. But since I love the holy water, I couldn't follow two beliefs at the same time. I believe the two do not go together. I don't want to take the medicine if I am told that I will die now (today) I will not take the medicine (A male respondent at Urael).

Since I am living by the power of God, I don't want to use the medicine. Since the holy water cured the serious sores on my body, I don't want to use the medicine. On the other hand in order to take the medicine you have to have food and money and also relatives to support. Even all these could be fulfilled for me I will not use the medicine, since I live in the hope of God (a female respondent at Urael).

Proclivity to the drugs-Different from the above points there are PLWHAs who have shown an inclination to the use of the medicines

If my CD-4 count goes down, I believe I would use the medicine because I have children and I want to see them grown up. But if my CD-4 count is well, I will not be away from the holy water. I am not using it now because I have a strong belief in the holy water. If I were not here at the holy water I would have used it by consulting the doctor (A male respondent at Entoto).

I don't want to take the medicine unless I reached the critical level. If I reach that level I have no choice... So I prefer the holy water . . . but if the worst comes, I don't hesitate taking the medicine (A female respondent at Entoto).

A female respondent at Teklehaymanot said the following. She hasn't been either offered or tried the medicine. She doesn't know how to get it though she wants to have it.

. . . Since the medicine costs money where do I get that money? I don't have the capacity to buy. If it is worth why don't I use it? I want the medicine because I want my son to grow up and know his relatives. But I don't know how to get the medicine. ...

Another female respondent at Tekelehaynamot reflects a similar kind of inclination but with a kind of dilemma,

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. . . CBISDO (a local NGO) is providing the medicine to people living with the virus; it is not difficult for me to take. But my belief is on the holy water. St. Teklehaymanot knows whether I will be using the medicine or not. I can't trust the medicine because I haven't taken it till now. From different people I understood that the medicine requires good amount of food. I have seen people comfortable with the medicine and I have also seen people being disturbed.

I have come across PLWHAs with positive attitude about the medicine but for various reasons are not using now. The chairman of the association at Entoto said,

I don't have hateracy towards the medicine. I have seen people being cured who had been using both the medicine and the holy water. God is gracious; he will not be jealous or sorry, if I could take the medicine together with the holy water. I see the medicine as taking food since the goal is to live.

Now, I am saying rather than using the medicine again (she was using) let me see the holy water. When I drink the holy water many things are coming out. I am drinking in faith. If the medicine could come I will use it after drinking the holy water. The medicine will help me in treating the draft and the coughing. (A female respondent at Kidanemhired)

Requiring explanations-In the minds of some respondents as they spoke out conflicting ideas are raised regarding whether it is possible to use the medicine and the holy water together or not. Though not common to all of them I found it significant among some. This issue can be pointed out as follows.

- Taking the medicine early in the morning would mean interrupting fasting. If we take the medicine in the morning we will not be able to fast and also able to drink holy water because one has to drink holy water in an empty stomach.
- Taking the medicine together with the holy water would mean not believing or having less belief in the holy water.
- If you once start using the medicine you have no hope for cure. Our knowledge is when people take the medicine they may stay for a while but later will die and has no chance of cure.
- Many people got cured with the holy water and these are people who have not started taking the medicine. Therefore, I do not want to start the medicine.

These kinds of people showed the need to get a knowledgeable person to give them explanation on the issues. Surprisingly, the two male respondents who have the experience of

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utilizing the ART have similar cases. One of these ART users is residing at Kidanemhirete. He is member of Dawn of Hope. During the interview, he was using the medicines at 10:00 AM, and I was offering him water to drink. As he explained he started the medicine because he was pushed by his half brother living in United States. He had no interest in starting medicine. He was afraid to interrupt after starting because he was informed that doing this would bring leg paralysis. He said,

My belief is on the holy water. I believe in it that it will cure me. I don't have any feeling on the medicine. I take it and swallow it simply. I once interrupted it for 15 days, but when my body started to lose weight I continued again. I had also a plan to interrupt the medicine for the lent (the great fasting period) but I couldn't decide.

The other man using ART is residing at Teklehaymanot. He is taking three kinds of medicines. The doctor following him is at Black Lion Hospital. He is bringing the medicine from there every three months, since April 2005. He said,

If the doctor could allow me, I will stop using the medicine I can't cope it. It holds me to the challenge that it inhibits me to move, especially below my waist. I am not able to walk, as I would like. For the first seven months I was very well. But now it is heavy for me. I couldn't cope with it. The doctors were telling us earlier that the medicine will hold legs and waists and would bring a taste of vomit (nausea)

Initially, the medicine was tough for him, later on for 8 months it gave him power and strength and at the moment it held his leg as he explained. The doctor advised him that he should not interrupt the medicine and rather take nutritious food. He expressed his feelings as follows,

I am in dilemma to decide. On the one hand the doctor warned me not to stop using the medicine. Even to the extent, the doctor told me that I should not fast and also use holy water. But on the other hand, I am not feeling well with the medicine . . . I ask in my mind whether taking both the medicine and the holy water would contradict. But I didn't get any answer. Now I am utilizing both. If somebody is going to tell me the truth I will tend to use only the holy water.

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Even on that time, it was due to the push from people and actually I was bed ridden that I took the medicine.

Even if his penance father told him not to stop using both, he is still planning to stop the medicine. At the moment he is using both the holy water and the medicine. First he uses the holy water then he takes the medicine on time.

Generally speaking, I found the issue of taking both the holy water and the medicine simultaneously for treating oneself to be a debatable issue and different people has different views. Asked about his attitude and feelings on the anti-retroviral medicines the hermit named Gebremedhin at the Entoto Mariam holy water site said the following,

The medicine is damaging their body but the holy water has no hurt since they take it in faith. Here the patients are using only the holy water. Whenever people come and ask me individually I don't advise them to take the medicine because first it will cost them more money, secondly it will not cure them. It actually develops (builds) their body but it will damage them internally. It will fatten people and kill. And for this I have evidence of the death of two youths. The medicine changes the face of people, it fattens the body, it seems it got well and adopted but within two years it kills. So whenever people come and ask me individually I tell them that the medicine and the holy water do not go together, they are opposite things. But I don't teach this at the crowd officially since this is not appropriate and it would mean opposing the government directly. This is given only as an advice during personal counseling when the issue is raised.

Opposite to this idea is the stance of the two officials of the church whom I interviewed as key informants. Asked about whether it is possible to take both the medicine and the holy water simultaneously Mitiku (M.D.) acting head of HIV/AIDS Prevention and Control Department of the church said the following,

It is possible to utilize the two parallel and together provided that timing is considered. We know that most of the individuals do not want to take both at the same time but we are giving advice to help them take the two together. We are making efforts to include this issue in the policy of the church on HIV/AIDS.

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In support of this idea, Seyfeselessie Yohannes (Megabie Bluye) who is a member of the Liqueant Gubie (council of scholars of the church) said the following,

There is no canon (policy) of the church that says choose only one of the two. The church believes both the medicine or the mediciner and the holy water are instruments of God for healing. So the church doesn't oppose the prescription of the medical doctor because it is giving all things to God. However, PLWHAS are expected to leave the medicine before taking Holy Communion. According to the canon of the church it is not allowed to take anything before taking Holy Communion. If they are to take Holy Communion they should interrupt the medicine for a while. But other than this the church didn't issue a canon or a policy that says you cannot take both the medicine and the holy water together. There might be priests that would oppose taking the two together. But this could be a personal view. It is a strong belief to believe that everything is that of God. The medicin-er could not bring the medicine from his own nature. It is a master belief to give everything to God. This is more than any other belief. So we don't say people should forget or throw the medicine and use only the holy water.

Though the assessment is not meant to generalize, we can see that there is a possibility of these different views in the using of the medicine and the holy water at the same time, among church servants and the faithful. The issue would some how affect the nation's scaling up campaign on ART if left un-addressed.

3.6. Organizational and documentation system

3.6.1 Organizational structures and staffing

In each of the four holy water sites the respective church assigns a head or a responsible person for the overall activity of the site. The staffing is different from place to place. At Entoto in addition to the hermit (the head), there are six priests and up to 40 men to conduct the prayers of the Psalms and for other prayers at the site. Volunteer people are also assigned to make the everyday registration at the site. At Kidanemhirete site there is the head of the site, a priest, a preacher, two receptionists as well as guards, and a priest to bless people by the cross.

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At Teklehaymanot site there is the head person that is in charge of controlling the whole activity and also the collection of money. An assistant is also there with a number of priests to provide the service. At Urael there are around 20 assigned people that includes the head and the deputy head together with priests and other supportive workers. At Urael there is a meeting of all the workers at the holy water site every 15 days. During the meeting they evaluate their service giving where as this point is not mentioned at the other three sites.

At Teklehaymanot that the holy water point is located within the compound of the church. At the other three sites the holy water point is outside of the church compound. The holy water point at Entoto is almost 20 minutes walking distance from the church whereas the other two are five minutes walk in distance from there respective churches.

At the Entoto holy water site there is a big room or hall (consumed 1,545 sheets of iron for the roof) made to serve the sprinkling of the holy water. Though there are 45 shower points (reported by the key informant), it is through sprinkling with jerry- cans that the service is being given. It is a bit tiresome. The reason given was that since the number of people coming to the holy water is very huge, counted in thousands a day, serving them with the shower is very time taking. So it couldn't be possible to serve many people in a day. They are allowing up to 500-600 people at a time to enter the hall and serve alternatively males and females through rounds. Rooms to be rented for holy water users are not far from the church.

At Kidanmharete there are two rooms for the service, one reserved for priests and the other for the faithful. Both males and females (among the faithful) get showered in the same room at different times in groups of up to 30. There are two showers for priests and another two showers for the faithful in each room. Rooms of the church to be rented for holy water users are somewhere else away from the holy water site.

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At Teklehaymanot there is only one room for the shower of the holy water. In turn males and females get the service. There is a hall for the preaching, which also serves as a waiting room. The other hall is given freely without payment for those who want to reside and follow the service strictly. Many people would like to reside there during the fasting periods. The hall is named 'Bete-hemoman' (meaning house for patients), and can accommodate up to 60 people including patients and their caregivers. It looks it is not up to the standard. It seems a bit crowded. There are also toilet rooms for males and females.

At Urale, holy water shower for the males and females are in different rooms. There are 5 showers for males and 6 showers for females. Priests are assigned independently for the two rooms. Rooms to be rented are within the compound of the holy water site.

Other than the churches' activities there are other organizations, specifically at Entoto and Kidanemhirete sites. At Entoto PLWHAs who are residing there have their own association and at Kidanmhiret there is a local association (charitable organization) working for destitute people including PLWHAs.

3.6.1.1. An association of the PLWHA at Entoto

The association of the PLWHA at Entoto is called 'Tesfa Setechingne Mariam Mahibre' (Mary Has Given Me Hope). The license was issued by the Ministry of Justice on March 1st, 2004 but it has been operational since October 2000. Out of the seven respondents at the site (including the caregivers) only two of them are not members of the association, but still are on the verge of becoming members. One of the respondents is the chairman of the association. It was reported that the association was initially established to provide a blessing through the 'Nefro woha' (water of boiled legume or grain). But later on other objectives like that of collecting donations and other points were added. Generally it focuses on the

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betterment of PLWHAs including their spiritual life. Tackling the problems of PLWHAs including solving the problem of burial when a member dies is part of the objectives.

The association has a general assembly, aboard and an executive body. The hermit (who is also the head of the holy water site) is the chairman of the board of the association together with others. An ID card is issued to those who are living with the virus and who has joined the association voluntarily. It is estimated that there are 980 people who have received ID cards from the association. But the general estimation of PLWHAs living at the site is 2,000- 2,500.

Members of the association are expected to pay two birr per month. According to the hermit the contribution will be invested to support the destitute; if members can not afford to pay they will not be forced. There was a complaint from one of the respondents regarding the monthly contributions; he said, " *We are paying two birr every month but we don't know where it goes. We know that many donations are coming but we don't know where it goes*". This shows the purpose of the contribution is not clear for all members.

If one wants to be a member, he/she has to bring certificate that show his/hers positive status. If one is not a member he/she can't participate in the sharing of donations. The advantage of becoming a member beyond getting donations is that at death one can be buried at the cemetery of the church (Entoto St. Mary church). I understood there is a big question in the mind of the PLWHAs that where will one be buried when he/she dies. This issue of death is a serious one among them. Many PLWHAs don't want to be buried by the municipality, but want to be buried at the cemetery of the church. But this is not easy because they are not living with their relatives and also members of the parish church. Members of the association are organized in three groups by the name of Teklehaymanot, Yohannes and St. Mary. This is a

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kind of coding and to make donation distribution easier. Another advantage is they will get the 'Nefro woha'.

In order for the association to get a license, the parish council of the church has written a supporting letter. Regarding working relations, the church will attend as an observer whenever there is distribution of donations. It will also facilitate things necessary for the association. Since the holy water is of the church, the church and the association are working in coalition. There is also exchange of letters between the two. The church has given a place in the compound to the establishment of an office. As it was reported, the cost of the office construction was covered by the effort of the hermit.

One of the major problems of the association is financial constraint. The efforts made to get fund from different agencies could not be realized because funding agencies consider the association as part and parcel of the church. As a result of this, funding agencies are telling the association that they could not be involved with such a religious based association. The other problem is that since members of the executives are running for their survival, the office work is not properly handled as the hermit pointed out.

The office of the association, in the church's compound, has two rooms. I observed it is not enough for them to run different activities. In one of the rooms I saw lots of items from donors to be distributed and the other room is a place for counseling and other office works.

3.6.1.2 'Yewedeke Ansu' (Raise the Fallen) Charitable Organization

This is an organization working on destitute people including the elderly and beggars. Its area of operation is around Kidanmhiret church. It has served the area for several years. At the moment, it's widening its scope by encompassing HIV/AIDS patients who are coming to

the holy water site but to those who are left with no supporters. Three of the female respondents are being admitted by the organization and getting the necessary service.

3.6.2. The admission process at the holy water sites

At Entoto and at Teklehaymanot sites people are admitted to the holy water through registration. In the other sites there is no registration except for those who want a certificate of their stay at the holy water sites. Consequently, in the former two sites everybody is expected to be registered by his name and on the other two sites there is no regular registration. Anybody can go and utilize by waiting in the queue for his turn. In short, it is based on first come first serve principle.

The admission to membership to the PLWHAs association is made through announcements. PLWHAs are told to bring their medical certificate to the office and become members of the association. The charitable organization at Kidanmhirete admits the destitute including PLWHAs based on its capacity. As it was discussed before at Teklehaymanot and at Urael sites people are admitted through payment

However, there is a different kind of registration of patients and their caregivers when they want to rent rooms of the church to stay for a while at the holy water sites. Though there are no rooms to be rented at Teklehaymanot site, there is a special registration when someone wants to reside in the hall found in the compound and which is freely provided to those who want. This registration includes full names of the patients as well as their caregivers and their addresses. But there is no registration of the illness type at Teklehaymanot. For those who want to get a justification letter, the churches write them based on the registration or admission files. There are cases where people could get holy water without being registered at Entoto since the number of people is very large.

3.6.3 Documentation

One of the observable documents at the holy water sites is the admission ledger, though it is different in its content and varies from site to site. Unfortunately, there is no statistical analysis and description made so far on the ledgers at the sites. At Entoto PLWHAs are encouraged to disclose themselves and bring their certificates and also to become members of the association. The association of PLWHAS at Entoto is collecting certificates of volunteers that show their HIV status, both positive and negative.

Those who want to be members bring their certificates that show their HIV positive status, so the certificates will be documented. The original documents are attached in a box file. PLWHAs are also encouraged to bring certificate of their tests after being cured. The number of people who got cured from HIV is issued on the yearly magazine of the church. The hermit pointed out, usually when people want to be members they bring their HIV positive certificate but after cure many of them do not bring their negative status. The reason is not clearly known.

During the fieldwork, I have made a bird's eye review on the documentation system. I have counted 20 box files at the office of the association at Entoto. The box files consists of different data such as list of names, donation distribution box file, boxes for holding certificates that show HIV statuses of the patients etc. There is no shelf to store .I saw a list of 42 people who are bed ridden. This list is given to the church since these people are considered to be at risk of death and the church can recognize ahead of time to get ready for burial. There was also a graph that shows the number of people being treated by the holy water in different years. The following data, which talks about 'cure' from HIV/AIDS, is taken from the magazines of the church that are published every year.

Table -4- No of individual believed to be cured from AIDS at Entoto

No	Years	PLWHAs under treatment	Cured PLWHAs
1	1998-99	192	135
2*	1999-2000	Unknown	36
3	2003-2004	3,680	820
4	2004-2005	Unknown	1090

*No 5 and No 6 magazines were not found, so the years are jumped

Source: - The church's annual magazines (No 1 and No 2 magazines published in the year 1997/98 do not have statistical data about HIV/AIDS cure).

The documentation system in the other three sites is not organized like that of Entoto. At Kidanmhiret there is only a ledger for patients to be registered. In this ledger name, sex, age, address (place and telephone), ID No, the type of disease (illness), the time he/she started the holy water service, the time he/she stopped/finished the service is registered. This registration is for those who want a justification letter for their stay. I have tried to see the recent ledger i.e. from October 2004 to March 2006. Accordingly, 189 individuals are written letter for different bodies they want to be addressed. There is a service charge to get this letter. Surprisingly, on the 'type of illness' column there is no single person who has entered as HIV patient.

According to the respondent from the charitable organization at Kidanmhiret, the organization prepares a life history document to each client being admitted and the same is being done to PLWHAs. But according to him many PLWHAs are not willing to reveal themselves and due to this the organization does not compel them to bring HIV positive certificates. I realized that the organization doesn't give too much attention to the certificate documentation of PLWHAs.

The tradition at the moment at Teklehaymanot is that patients including PLWHAs are not asked about evidence of their illness. In the earlier times (in the 1980s) the registration

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used to include names, addresses, the type of illness etc but now it is only names. I have seen around 60 dead ledgers of the early times in storage. These ledgers include name, address, the illness type, and the starting day of service. According to two of the caregivers, the Sunday school chairman and the key informant, two individuals are being 'cured' from the virus. The story of Medine Sahlesselassie who had been student of Mekelie University and who got cured from HIV/AIDS is written on the magazine of the church published in November 2004. I have seen the Documents of the two at the office of the Sunday school of the church. And I have interviewed the female for my pilot test of the interview guide.

At Urael, there is a ledger to register those who need to rent a room, which includes the name of the patient and that of the caregiver (family or relative) who take the responsibility, address and telephone number. There is no registration of the disease/illness type. Usually after they get cured patients may want to talk about the disease. It is also forbidden to admit patients to the rooms without their own caregivers except for bedridden people including PLWHAs who have no supporter.

Some certificates show the positive status of people, but these were not intentionally collected and are not organized. I have seen four photocopies of PLWHAs certificates that are negative. These people were taking the holy water from Urael and got cured and gave the copy to the head of the holy water. But there was no certificate that shows their positive status. Though the officials at the holy water sites try to encourage PLWHAs to bring their certificate, most are not willing to reveal themselves. I have seen a report (July, 2002 - June, 2003) that 130 people were 'cured' from HIV. The data for the report is collected either from the letters of testimonies written by the PLWHAs themselves or from special vital registrations like such

as when people come and tell in person that they got cured. There was no report prepared after this.

3.7 Care and support activities at the sites

3.7.1 The Holy Water services

All four of the sites include the services related to holy water. Patients including PLWHAs have two options of utilize the holy water. Either they drink it or take it as a form of shower or by sprinkling. In most cases they are doing both of the two options. In three of the places, i.e. Urael, Teklehaymanot and Kidanemhired holy water treatment other than drinking is in the form of taking a shower. But at Entoto Mariam as indicated earlier, it is by sprinkling the holy water. Taking the shower or sprinkle of the holy water is conducted during the morning hours. The individuals have to be necked. A priest or priests with hand crosses have to be there. Males and females are treated separately.

Payment is not required at Entoto Mariam and Kidanemhired. In principle it is mandatory to pay at Teklehaymanot and it is optional and left to the discretion of the individual at Urael. The amount of payment to take shower of the holy water at Teklehaymanot is 0.50 cents where as at Urael it is 1 birr.

The other form of utilizing the holy water is through drinking. Patients including PLWHAs can bring their container and take home or drink there around the holy water site. Normally, on fasting periods the drinking of the holy water is possible in the late afternoon (around 3 PM) but on Saturdays and Sundays and on other non-fasting periods, people can drink in the morning. The amount of holy water to be taken by an individual for a day is fixed to be 5 liters at Entoto Mariam and there is no fixed amount to the other sites. At

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Kidanemhired, during the dry season they will be forced to give people only a liter or less. For the drink there is payment of 0.50 cents both at Urael and Teklehymanot.

Before starting to get the service, there are points and procedures that one has to keep. This includes keeping oneself in chaste from sins like sexual immorality, smoking, chewing chat etc, and making confession. Keeping these and others is expected from those who want to treat themselves through holy water. One respondent at Entoto said, “*if you do not keep the instructions, there will be catastrophes.*” These procedures are displayed in a plate at Entoto Mariam and Teklehaimanot sites.

3.7.2 Other spiritual services

Penance (confession), prayers, teachings and preachings, holy oil anointment and ‘Nefro Weha’ (water of boiled legume or grain) are some of the additional spiritual services that are given at the sites. Normally, confession is the first step for everybody before treating oneself with the holy water. This is done through discussion with a priest. The priest is considered as a penance father and the service include prayers, teachings, advice and ‘counseling’ etc. After the discussion with the priest, like any other faithful, the patient might be ordered fastings, bowings, prayers and part-taking sacraments of the church (e.g. The Eucharist). The priest is also expected to visit their homes.

Attending different prayers of the church is another activity expected for the PLWHAs. This includes the mass and other prayers that are done together with the preaching program during the daytime or the night. Like others the PLWHAs attend these programs, but this differs from site to site and across individuals. For example, attending the mass would be difficult for some of the PLWHAs since it is done from 12 A.M-3 P.M in the afternoon, especially in the fasting periods. This difficulty is related with fasting and it is the order of the

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church that one should not take any food and drink when wants to attend the mass. But during Saturdays and Sundays and in non-fasting periods it is in the morning so it would not be difficult for them.

It was pointed out that the preaching and teachings given every time focuses on offering advices to PLWHAs, the incorrectness of stigma and discrimination, the importance of strengthening social ties, the need for love and tolerance etc. At Tekelehaymanot, the Sunday school students of the church mainly cover preaching at the holy water site on voluntary basis.

Though not practiced by all the PLWHAs, many of the PLWHAs are using holy oil anointment service at each site. This is a service given occasionally since it depends on the utilizers. One has to buy and bring the holy oil after that the priests anoint him/her at different bodies through prayers and with the cross. Either they have to pay 4.00 Birr (like at Teklehaymanot) or bring their own. At Teklehaymanot most of the PLWHAs reported that though they liked to have the anointment, due to the financial constraints they are not able to do it as they wish. Beyond anointing, sometimes they pour a drop of the oil in the holy water to drink. At Teklehaymanot, there is a room and assigned priests for this anointment purpose.

The other mentioned service being rendered is that of the use of 'Nefro Weha', a special service mainly at Entoto Mariam and to some extent at Teklehaymanot. The boiled legume water (legume will be boiled and the water will be drunk, after praying) is also considered as a holy water at Entoto Mariam. The PLWHAs drink this on the 12th, the 21st and the 24th of each month.

The hermit at Entoto Mariam claimed he gives counseling. I presume it is a kind of advice and giving direction. One of the female respondents at Entoto Mariam said: "*we are*

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told that if we treat ourselves with the holy water in faith, we will be cured.” As I understood from the situation, there are no professional counseling services made accessible for the PLWHAs at the sites. There is no special teaching or education thematically focused on HIV/AIDS.

One of the female respondents at Urael mentioned about ‘hemet’. This is ash of incense burnt during mass. They are given this every three days with a spoon so that they either rub it on their body or drink it by dropping a bit of it in the holy water.

The above-mentioned spiritual services are being rendered for whoever comes to the places (sites). The PLWHAs of the study tried their level best to partake in the services rendered. One of the female respondents from Entoto Mariam put this in an exclusive manner. She said *“we don’t go home easily; we come here for this purpose for the purpose of being cured. So we engaged ourselves through different spiritual deeds.”*

Discussions are held with the members of the association at Entoto Mariam every 12th day of the month. They discuss experiences, and the hermit will offer teachings, preaching. Sunday school students and members of religious associations come every week or every month to visit PLWHAs at Urael, Teklehaymanot and Entoto. With the visit, they try to fulfill some basic needs and emotional needs as it was reported.

3.7.3 Care giving

There are no formal caregivers assigned by the churches to PLWHAs at the four sites. According to the key informant of Urael, those caregivers who came to help their own relatives will do the same to those helpless patients. For instance, they wash their clothes, they share the available food etc. They are doing this help from a sense of Christian duty, and the priests and preachers have greater role here in reminding them of such duty. I have observed

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and interviewed caregivers who are rendering services based on their willingness to do so (see section 3.12).

Compared to others care giving at Entoto Mariam seems a bit more organized and it is targeted only to PLWHAs. The following activities are being done at Entoto by the caregivers especially for bed ridden PLWHAs. 1) Keeping the hygiene of the patients and heir homes. This include washing their bodies (using gloves if there are sores on the body), meeting their toilet needs 2) Massaging with Vaseline 3) Washing or ordering other people to wash the clothes of the patients. 4) Collecting water for them 5) Ordering people to bring them holy water from the point 6) Giving morale support.

The care- giving at Kidanemirete by the organization is more or less similar but the difference is that the organization covers all the basic necessities for PLWHAs. It gives the care and support after admitting the patients and feels responsible after admitting them. Identified activities other than mentioned above are 1) Changing their clothes with new ones 2) Giving them place to sleep 3) Shaving their heads 4) Providing the required food 5) Chatting or talking about the word of God 6) Talking about their life history (after a certain period of time, confidentially being there) 7) Carrying them to the holy water site and/or to the church 8) Contacting them with confession fathers etc.

The caregiver at Tekelehaymanot declared that the major thing they are doing for PLWHAs is giving advice. They tell the stories of those who are cured to those PLWHAs so that they should not be in despair and try to make them consider the disease ‘as a cough’. They also advise them not to disappear from the house of God. For those who can’t pay money for the holy water and holy oil anointment, they try to mobilize people to cover the cost.

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The caregiver at Ureal mentioned her experiences that are different which others didn't raise: 1) Preparing food 2) Making patients drink the holy water 3) Wrapping their bodies at the time of death (if they don't have relatives) 4) Collecting money from the faithful that are coming to the holy water site so that it could be invested to the care and support activity. So there are various activities to be done by the caregivers, which require some knowledge and skill, and above all tolerance to do it.

3.7.4 Donations

This issue is different at the four sites. At Entoto Mariam, there are donations as reported and as I observed two times during my fieldwork. The source of the donation is mainly the public (individuals). Among the items distributed are blankets, 'beso' (toasted barley flour), sugar, rice, soaps and seed money (birr 50). The PLWHAs can get the donation either through their association or directly from individuals.

At Kidanemhirete, three of the PLWHAs are admitted by the organization and all the basic necessities are being rendered to them. As a result, they may not need other donations while they are at the holy water site. One of them stated the following *"all the necessary basic needs are fulfilled to us by them (the organization). If they were not here to help us, we would have died earlier not by the disease but with the starvation."*

At Teklehaymanot all the PLWHAs are being supported by NGOs on a monthly basis. The support is mainly wheat, flour, food oil etc. The support is made through the 'kebele'. A similar experience is mentioned by some PLWHAs at Urael but now for various reasons the donation is interrupted to the PLWHAs at Urael.

Generally speaking, people are being preached to help and visit the helpless. From the churches' side (the case of Teklehaymanot and Ureal) free place (room) is being given but for

food and clothing, and other things, the faithful are being preached to do so. The core point of the teaching is on the sharing principle and on helping each other. So people will organize themselves ad-hoc and try to help the poor.

3.8 Needs and problems of the PLWHAs

The subjects of the study described their needs and problems, which revolve around the un-fulfillment of the basic needs as well as other psychological and socio-economic needs.

3.8.1 Basic needs

This refers to water, nutritious food and housing problems. These problems are in most cases common to all the PLWHAs at the four sites but more rampant at the Entoto.

Water-There is a great deficiency or shortage of potable water at the Entoto Mariam community. There are only very limited spots of pipeline water and spring water. Every day, there is a long queue to collect water in jerry -cans, the PLWHAs are limited to utilizing water for different purposes including for personal hygiene. In short there is a huge scarcity being the area is crowded or densely populated. It is a problem not only for the patients coming to the place but also for the residents living in the community. This problem was identified by a community assessment group of social work students in September 2004 (unpublished document). The problem was brought to the attention of the government as it was reported by the hermit. This kind of water problem is not mentioned by PLWHA's in the other three sites

Food-PLWHAs suffer from nutritional deficiencies. Many of the respondents across the four sites mentioned this as a problem. For instance, the absence of houses for the sale of fruits and vegetables at Entoto Mariam is mentioned. A female respondent at Entoto said the following.
“When I get sick, I don't eat, at that time I need to eat salad and the like. But here you always

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get the same type of food. This is difficult. I will get hurt due to not getting the food I desire to get”.

And again a female respondent at Kidanemihirete said the following,

The disease requires us to eat various kinds of food as a pregnant woman desires to have, but at this moment from where can we bring money? Therefore we need to have money. The organization [named ‘Yewedeke Ansue’] couldn’t provide us all what we need like meat, egg, milk etc. So I wish people either individually or in a group [can] support us in this regard . . .

The male respondent at Kidanemhirete who is working and earning money also raises the issue that the money he is getting is not enough to fulfill the quality food, which the disease requires.

Housing/shelter -Housing is one of the pressing problems at Entoto. In addition to it’s being expensive, in most cases there is no toilet and people are forced to use the open space for this. Most PLWHAs at the place are unable to cover the house cost. So they are forced to live together in a room, with many being squeezed together. The church has only 36 rooms to rent. But there is a greater need for houses with toilet services. Patients coming to the holy water site are renting largely from the residents of the community. In relation to this point some mentioned that it is not possible to construct new houses or rooms even though there is ample space. A restriction from the government means according to the master plan of the city, the area is reserved as a park, and not for people to settle. There is also a rumor that people who are now residing there will be displaced.

At Kidanemihirete, three of the respondents didn’t talk about housing problems since they are under the support of the organization. But the organization is complaining that house renters are increasing the money from time to time. The male respondent at Kidanemhirete has stated that there will be times during the fasting period of ‘Felsetha’ (in August) where house

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rent would be too much expensive in the area. The respondents at Teklehaymanot are residing in Kebele houses. Though it is believed to be the cheapest rent, some of them are still having a problem to cover that cost. Two of the respondents (female) at Urael have also mentioned that getting housing being their major problem. One of them was at the shelter in the churchyard during the interview time.

Lack of adequate income-Most of the respondents agree that all the problems they are facing now could be solved if one has enough amount of money. So, for them the major problem is poverty. This inadequate income restricts from fulfilling whatever they like to do. For some of them it is not a matter of adequacy, it is a question of absence or presence. Most of them are surviving by the donation of others and they are not sure about the future. Even those who had the money at hand are worrying since it is being consumed to be empty. The absence of enough income inhibits some of the PLWHAs. Specially, the males are not able to run petty trades. PLWHAS who are mothers couldn't fulfill the needs of their children with the uncertain income.

3.8.2. Other psychological and socio-economic needs

The changing course of the disease is disturbing most of the PLWHAs as they reported. At the time of their illness, they will become unsettled. Though they wanted to do some work to get income, the disease prevents them from doing so. For instance, some PLWHAs (females) at Teklehaimanot and Urael have said that the disease prevented them even from washing clothes. If they try to wash, their hands (shoulder) become painful and will make them to suffer the whole night howling and crying. This has an implication for their limited income. Though they don't want to be dependent on others and want to move from place to place to work, practically the disease is an impediment for this. This brings psychological stress on

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them. This is upsetting for some of them because while desirous to move and work, practically there is no capacity to do as a result of the disease.

In relation to this, absence of employment opportunity is one of the problems mentioned by some PLWHAs at Urael and Teklehaymanot. A female respondent at Urael explained that she doesn't want to go far from the holy water site to look for job because first and for-most she wants to be cured from the disease by strictly following the treatment at the holy water site.

The other problem is the issue of social isolation. Most of the PLWHAs across the four sites are segregated from their families and relatives. The caregivers (if any) near them are not their families or relatives. For many of them there is no communication with their family- i.e. mother, father and siblings- since they are not from Addis Ababa. So they feel stressed with this issue. On the other hand, they don't want to disclose to their families or relatives that they are PLWHAs, feeling ashamed.

A female respondent at Urael said the following regarding her social detachment, "*I have no family or helper except God. My relatives used to visit me but they are not doing it anymore. It upsets me but I have left all behind. I didn't consider this as a problem now, since God is feeding me from different directions*". As she reported she had a brother in Addis Ababa University, attending the faculty of Medicine. He is going to graduate this year. She feels sad because he hasn't visited her even once. Once he has sent her a message through a lady that he is very busy to come. The other reservation she had is that the confession father doesn't visit her regularly as per expectation that is contrary to her knowledge and experience when she was in Bahir Dar. She said, "*In locality [Bahir Dar] a priest is one that visits day*

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and night. But here he didn't ask, probably because he didn't get any benefit from me. So I do not hope and expect much."

Considerable amount of the PLWHAS are in fear of stigma and discrimination from their relatives if they are going to disclose their HIV to them. According to the caregivers and key informants at the holy water sites, most of the PLWHAs coming to the holy water sites do not want to disclose them and at the same time females are better than males at disclosing.

The issue of stigma and discrimination, though asked, is not mentioned as a problem at the sites. A caregiver (also a PLWHA) at Entoto said *"for PLWHAs here is a place of greater freedom than the town, since no one is stigmatizing or discriminating . . . the healthy people, taking the proper caution are eating and drinking with them."* The following was expressed with irritation

The people, who were friends with me, when my husband was alive, stigmatized me now. You can cover feces with a hard paper but they didn't consider and treat me even like that. One of my neighbors prohibited her child playing with my child. There is a serious stigma among my neighbors. They sweep even my footsteps. They are not comfortable to hang their clothes on the wire (rope) that my clothes were hung. I don't wish such a misery happened to people. (A female respondent at Teklehaymanot)

Absence of school to continue education, expensiveness of transportation, absence of recreational centers, the lengthy program of the holy water site (morning to noon), are some of the problems mentioned by some respondents at Entoto. The other common problem of all sites, though the degree differs, is that among the different patients who are dropped or abandoned every time, PLWHAs, have the greatest share. All these points need consideration when trying to make interventions on the sites.

3.9. Resources for help and reflection on them

Asked whether they have got help because they are HIV positive, 16 of the PLWHAs said yes and one didn't respond. Regarding the source of help, the following was reported. Medical care of hospital/clinic 15 (two individuals didn't specify), support from NGO 6 (currently), community support 4, support from the church 6 and other support 1.

Counseling-All of them have received pre-test and post-test counseling during the HIV test on the centers. Very few of them were able to get extended counseling from the PLWHAs associations Mekidem Ethiopia and Dawn of the Hope. Two males are still members of Dawn of Hope; some has reported that they have withdrawn seeing, in their view, no change and activity on the associations. The two ART users are still visiting medical doctors at Black Lion Hospital and at Alert Hospital. The numbers of sessions of counseling definitely differ from individuals to individuals. It is observed that there is no counseling at the holy water sites by a professional or a trained person. Some of them, though advised by a health officer to start taking anti HIV/AIDS medicine, refused and decided to treat themselves only with the holy water.

Relatives and members of the community -For some, relatives like siblings, uncle were sources of support in encouraging, by helping in securing employment, by covering some of the costs of living, by providing the medicine (one case) etc. Since the majority of the PLWHAs have not disclosed their HIV status to even close relatives a pattern of relationship could not be observed. Some PLWHAs are suffering from social isolation even from relatives.

The support from philanthropic individuals in the form of donation is given higher appreciation from most of the PLWHAs. The donation is both in kind and in cash. The morale encouragement and the physical help from members of the community were applauded by most of the PLWHAs at all the sites. But still cases of stigma and discrimination were raised

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by some PLWHAs .At Teklehaymanot and Urael, Sunday school students and some members of spiritual associations are considered as sources of support in the spiritual life and to some extent in fulfilling basic needs.

Support from organizations -The following organizations were mentioned as source of support for the PLWHAs at least by one respondent: Dawn of Hope, Mekidem Ethiopia, Yewedeke Ansu charitable organization, Mother Theresa Medical and Orphanage Centre, Community Based Integrated Sustainable Development Organization (CBISDO), Care-Ethiopia and another organization giving relief assistance through the Kebele for some of the PLWHAs at Teklehaymanot site.

The support differs from organization to organization. A number of PLWHAs who were being supported by Dawn of Hope are very much disappointed by the interruption of the support they used to get in cash and in kind. They are not even satisfied with the reasons given such as budget constraint and the priority issue as a result of the increasing number of PLWHAs who are becoming bed ridden. But one of the PLWHAs who is still a member there gives a greater value to the social gathering and the exchange of views among the PLWHAs in the association.

Compared to the size of their families, PLWHAs who are supported through the 'Kebele' report that the relief is insignificant though it is better than nothing. Generally speaking, it seems that PLWHAs of the study are not satisfied in the supports being rendered. One of the PLWHAs at Entoto said *"nothing is satisfactory when you compared to what is being said in the media. It is false and it is very far from truth. But individuals are doing well..."*

Resources at the sites -The priests and deacons that are giving preachings and different spiritual services at the sites, the caregivers, the penance fathers, Sunday school students and youths in different spiritual associations were indicated as resources at the sites. But the experience of each PLWHA in getting services from these resources differs very much. For instance, the involvement of Sunday school students is found to be non-existent at Entoto. The female caregiver at Entoto pointed out that there are complaints from some servants of the church on PLWHAs as if they had polluted the area. On the other hand the chairman of the association at Entoto has pointed out that the PLWHAs at the site have various experiences of work and education that are not exploited, yet.

3.10. Social Interaction of PLWHAs

The PLWHAs interaction with the relatives, with neighbors and the community at large, with servants of the church and among themselves differs from site to site. The social interaction of the PLWHAs at Entoto is different than the other sites because the number of PLWHAs at the site is very huge counted in hundreds and thousands and also everybody is disclosing himself/ herself without fearing any stigma and discrimination. As most of them explained, when someone comes, first, he/she may try to hide himself or herself but since everybody is talking about it freely up to the extent that the virus seems flu, there is no secret about it. Most of the time, the PLWHAs eat and drink together. The existence of the association has allowed them to have higher interaction. Volunteers who are also PLWHAs will visit bedridden PLWHAs. The larger community is not showing any sort of ostracism as reported. They don't discriminate or show any sort of dislike to the patients.

At the other sites, unlike Entoto, the number in the PLWHAs community is difficult even to estimate. The three PLWHAs at the organization at Kidanhmiret have the chance for

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interaction among themselves. The PLWHAs at Teklehaymanot also pointed out that they have discussion among other PLWHAs in the community who are not coming to the holy water site. A male and female respondent at Teklehaymanot have raised an issue about PLWHAs who are deliberately infecting people, and the effort they are making in changing the behavior of such people.

Disclosing one's status to the relatives, neighbors or the community is still difficult for most of the PLWHAs. One of the PLWHAs at Teklehaymanot hasn't told her status even to her penance father fearing that he wouldn't get a burial space during her death. We see that disclosing is a problem

. . . no stigma and discrimination here; everybody lives respecting each other. Everybody knows each other; there is no shyness here. If all Ethiopia has been like this the virus would have disappeared by this moment . . . but I don't want my status to be disclosed for people in my locality. If I get cured I will tell and teach them . . . if not it is difficult for me to speak out (A female respondent at Entoto)

The absence of visits from relatives is the complaint of most of the PLWHAs. There is both negative and positive response from the neighbors when we see the cases of the PLWHAs at Teklehaymanot. The manifestations of positive interaction with neighbors were the fact that they call them during coffee ceremony and the visit each other, the fact that they didn't alienate them in the social gathering, the sharing of food utensils and the giving of morale encouragement etc. So the social interaction of PLWHAs differs from site to site, more open and interactive at Entoto and a bit difficult even to disclose one self in some cases at the holy water sites in the center of the town.

3.11. Belief, policy and program of the church on HIV/AIDS and Holy water

3.11.1. The belief and teachings of the church regarding holy water

I found out from the two officials of the church that holy water is believed as a healer and the church teaches that it can cure any disease including HIV/AIDS. Seyfesslassie indicated two ways through which holy water is found. The first is through God's revelation of the site to the saints. So in this case it will be discovered by the indication of the saints and it has usually relation with a saint who has been doing spiritual deeds in that specific place. The other way is the holy water can be found by changing the ordinary water through prayers. It is also indicated that there is a special holy water, which is given during 'Quedassie' (the mass) to the people. It is for drinking purpose and not for shower. This holy water has a special aim together with the Eucharistic bread and wine.

As to the sources of the belief, teachings as well as the practice of the church about holy water, Seyfesslassie indicated and explained some biblical versions from the Old and the New Testaments, which is beyond the consumption of this assessment report.

Based on these and other sources, it has been the tradition not only in Ethiopia but also in the rest Orthodox world to use holy water for therapeutic purposes.

3.11.2. Policy and program of the church on HIV/AIDS

At the moment, the church doesn't have an official policy on HIV/AIDS. It is said that the policy is on the pipeline to be commented and ratified by the Holy Synod of the church. Since it is not yet ratified the key informants were reluctant to discuss the contents of the policy. But generally it was told to me that those issues that are ambiguous to decide and that are related with holy water, the anti-HIV medicine and the partaking in the different

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sacraments of the church are raised, and discussed. Generally, it is believed that the current ambiguities, debates and disagreements could come to settlement with the ratification of the policy.

Despite the absence of a policy document, the church has been running different programs and activities on the prevention and control of HIV/AIDS. It was explained that the church's official knowledge on the disease is complementary to the scientific knowledge. This means the church accepts and teaches that HIV/AIDS is caused by a virus and accepts the modes of transmission. But during the interview some PLWHAS were describing HIV/AIDS as the devil himself. This shows a gap between what the church officials say and what some believers perceive about it.

When we come to program implementation, at the moment the church has endorsed a five years strategic plan and program for the prevention and control of HIV/AIDS. It was stated that the focus is on the AB i.e. abstinence and be faithful methods, and it doesn't promote C or condom. The program components include but are not limited to IE/BCC (Information Education/Behavioral change and communication), advocacy and care and support. In the IE/BCC there are activities like rallies, peer education, clergy training etc. The aim is to address issues against stigma and discrimination to the public. In this program, material development like pamphlets, manuals, video-audio productions are incorporated. The care and support program consists of activities like support for PLWHAs, support for orphans, IGA (Income Generating Activities) and counseling.

According to Mitiku, the 'policy', which is on the pipeline and even the program (I have reviewed the document) that is being carried out do not include holy water treatment as

an issue. But he has stated that PLWHAs at the holy water sites will be given special emphasis since the general program is generically focusing on PLWHAs.

3.12. About Caregivers

3.12.1. General

There are no officially assigned caregivers by the churches. But at all of the four sites, there are caregivers serving being paid and there are also who are serving voluntarily. The later ones include PLWHAS, those who had been and later on got 'cured' from HIV, other volunteers and also caregivers under an organization. This group is serving especially bed-ridden patients including AIDS patients. Those who are being paid are mainly serving people who are spiritually attacked and the mentally ill people where relatives will give them the full responsibilities to these caregivers on contractual basis. Mostly the caregivers that are interviewed do not have any formal training. They are doing it out of experience.

At Entoto, around 8 individuals who are volunteers are assigned from the PLWHAs to give care and support to the bedridden ones. They do the care-giving by visiting home to home. These caregivers are given a donation whenever there is any relief assistance, since they are PLWHAs by themselves. I understood that they are not given individually names of lists of patients that they have to follow up. They discuss in a group a head of time where to visit.

Initially, the organization called 'Yewdeke Ansu' that is operating at Kidanmihirete was meant for the destitute elderly and beggars but through time it decided to incorporate vulnerable PLWHAS that are coming to the holy water site. The chairman of the organization who is also a caregiver describes the situation as follows,

We support everyone equally whether he is AIDS patient, destitute elderly, TB patient etc. we support all of them equally since they are in problem and since they are human beings. However, we don't give special attention to AIDS

patients than others because doing this is creating another problem. Many people nowadays, seeing the special support to PLWHAs, are saying “it would have been good if I were AIDS patient . . .”

There are two individuals at Teklehaymanot that are giving care and support to the patients there, voluntarily. The church is not paying them for their services but they are given a room freely to reside. For the services they are offering, families of patients are giving them money out of their will and not on the basis of contract. At Urael holy water site other than the interviewed caregiver, the key informant of the site reported the existence of other two caregivers on the basis of payment to me.

3.12.2. Reasons to be engaged on the duty

Asked about their reasons of engagement on the duty of care giving on voluntary basis they gave various reasons. The female caregiver at Entoto who is also living with the virus said,

I will be also a sick or bed ridden tomorrow. I will be also a victim tomorrow. Due to the disease all my relatives have stigmatized me. I believe that ‘man’ has to be helped since he/she is human like me. I believe that God helps you by sending a man to help you, not He himself. In addition, since all my relatives have stigmatized me . . . it is these people who can be my relatives.

The other caregiver stated three points for his engagement on the duty. The first one was the thought that he was like these people secondly, the pity and sympathy he had to them and thirdly he said that the training once he took from Pro Pride on care giving has initiated him further to pursue on the activity.

When we see the biography of the caregiver at Kidanmihirete, who is also the chairman of the organization, he was a mentally ill person and his all body was paralyzed. He was very helpless living alone but was treating himself with holy water. He said *“I prayed and promised to God in my heart that if He cures me from this situation, I will be supporting the*

poor and the destitute that have no supporter”. So, as to the reason he gave the above statement.

The caregiver at Teklehaymanot has a religious or spiritual explanation for his proclivity to this care and support deed. There was a model for him. His friend now is a monk in a certain monastery, was dedicated to such activity, and following his steps he started to involve himself in the care and support activity believing that people have to be supported.

The caregiver at Urael said,

Since I was also the victim of the disease I am doing this care giving. I guess also the mercy I got (she claims being cured from HIV/AIDS) will also be delivered to them. I believe that they must be helped since I know the problem well . . . I hope the chance of salvation (cure) will be given to them like it was given to me.

3.12.3. Challenges and Problems encountered

Asked about the problems and challenges they faced while providing the care and support service to AIDS patients, they raised various issues. The fact that the demand and supply of donations is not congruent, caregivers at Entoto are suffering from this. It was explained that the amount of donation offered by individuals and groups is not sufficient or enough to reach all needy PLWHAs. At this point, caregivers give priority to bedridden ones but a problem is created many times with this decision and action. PLWHAs who are not bedridden are complaining about it to the extent of threatening the caregivers. In connection with the first point, unemployed youth or could be beggars, are also doing the same to the caregivers. The increasing number of PLWHAs from day-to-day was also mentioned as a problem.

Different from the above points the caregiver at Kidanemhired explained the hectic work of caring for AIDS patients as follows.

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It is very hard to care for AIDS patients. Their feces smell very bad, they vomit blood and the vomit is coming again and again after you have cleaned it. You can't get sleep, they scream, their appetite will go away. They will ask for something and when you bring they test and ask for another thing. So it is a very hard job to care for AIDS patients. Especially keeping their hygiene is a tiresome and boring deed.

The caregiver at Teklehaymanot said the following two points as to the problems encountered. The main problem is that families bring the patients after they fall down where they couldn't control over their feces and urine. This situation is very hard for the caregivers it is said that sometimes families bring the patients losing hope on their survival but wanting their death to be at the church. The other problem mentioned was that they don't have enough protective materials like gloves.

The caregiver at Urael raised the following two problems. The first one is the inadequacy of the collected money through begging. The second problem is that the work is becoming a burden to her since she is the only volunteer caregiver except for few limited support from a lady and a man. It is indicated that the care-giving requires labor to carry and move the patients from place to place.

3.12.4. Confidence in their capacity to provide care

Asked about their feelings whether they have been doing the job right, except for the caregiver at Kidanmhirete the others replied that they don't feel they are doing enough. They confirmed that they are doing the care giving on their spare time and it is not enough for patients. But within the given capacity they believe that they are doing what they can do. Some of them especially those at Entoto and Teklehaymanot asked for formal training and some others if they could get permanent means of income either on this care giving or any other job.

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To conclude the caregivers are doing a huge task on voluntary basis, but their capacity differs from place to place and from individual to individual. Though they have various non-economic motivating reasons, they didn't deny the need to get some incentives in the form of money or training or other encouragements. If these things could be fulfilled to them, it is promising that they would pursue challenging /confronting the work fatigue, the burn out and other similar things that emanates from the care-giving.

CHAPTER FOUR- DISCUSSION

Since the main method of data collection was interview, obviously it would not help to make generalization to other areas based on the findings from these selected sites. However, the findings would help us to comprehend the life style (situation) of the subjects of the study in a better way. It would also show to some extent the feelings and thoughts of individuals that are treating themselves using holy water and other spiritual deeds, since the methodology allowed them to speak out their internal feelings. The following discussion is given based on the research questions.

Research question 1: - What kind of people come to the holy water areas and why?

People from various ethnic groups come to the Holy Water places. Though the subjects of the study are followers of Orthodox Christianity (one is to be re-baptized) key informants have reported that people from other religions such as Moslems are also coming to the sites for their own various reasons. We see here an open door system, which is helpful in the fight against the epidemic.

We have to ask a very important question here that is why people go to the holy water places. There are different answers to this. There is the psychological aspect such as addressing feeling loneliness, helplessness, fear etc. There is also the social aspect, such as

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relief from stigma and discrimination. There is also a healing and therapeutic factor. Most subjects of the study answered in these ways. We can understand that initially when people know they are HIV positive they may feel that it is the result of their sins, and need a solution from religious places. The respondents have expressed this indirectly. Or they may feel that stigmatization is less at these holy water sites. Some of the findings show this point clearly. Especially PLWHAs at Entoto feel comfortable because there is a PLWHAs community at the site. The other motive may be, though not mentioned by the PLWHAs, the fact that financially it is less costly. Two of the sites do not require payment, the one basically asks 0.50 cents to be paid, and the other one is not compelling people to pay but usually people are paying 0.50 cents -1:00 birr. So economically, it may not be a burden to people.

At the three holy water sites other than Entoto there is no way of knowing exactly about PLWHAs, unless they reveal themselves. There could be more suspicion by some servants of the church when seeing a thin person or a person with sores on the body etc, but this is very difficult. The key informants at the holy water sites identified two ways in which they could know that people living with the virus are coming to the sites. The first is when people who have been using the holy water give testimony. There has been the tradition of giving testimony in the church when someone got cured from disease or when something problematic in his/her life is solved due to divine intervention. HIV/AIDS is one such situation. If not appearing in person they write on a paper that they have been cured from AIDS with the holy water and put this in the box prepared for this at the church. This is especially common at Urael. It is usual to include a great amount of money with these letters. They are not known in person (physically), most of the time, except for few people. This is one way of knowing among the different patients that there are PLWHAs at the holy water.

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The other way of knowing is hearing the testimonies of cured people, other PLWHAs, come to the servants of the holy water site. By revealing themselves, they seek advice as to how they could be cured or if somehow they could be helped. These kinds of people bring their certificates that show they are positive in HIV status.

The problem with the first way of knowing is that initially these people didn't reveal themselves officially. Due to this, it would be difficult to fully rely on such sources since it opens the door for false testimonies. From my general observation and mainly with some informal talks (a PLWHA who had been at Entoto), I suspect that whenever people do not get cured after a long stay (which could be years) at the holy water sites they will be tempted to declare that they are cured, and started to turn back to their prior communities Especially at Entoto since the general living condition is expensive some of them may opt to give false justification and go back to the city. They can tell their neighbors and relatives that they are cured, not to be stigmatized and discriminated. Most probably, people can accept this claim simply considering that they have been at holy water sites. Some of them may also look for forged certificates that show negative status.

I have found that there are a number of claims of being cured from HIV/AIDS. All of the subjects of the study are hoping also to be cured from HIV/AIDS. The motivating factor for their coming to the holy water places was also the widely disseminated news of miraculous cure. There are some documents of certificate shown as evidence for the cure, especially at Entoto Mariam Church. It is important to examine this kind of claim of cure critically. The first question to be raised is whether those people who are claiming cure were really HIV positive people? This has to be ascertained properly. The other point is whether the testing centers are doing the job carefully and ethically. Since the only means of knowing one's

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HIV/status is through testing, it would be difficult if one starts to doubt the testing instruments. However, the concern or doubt that some people are raising on the testing process is not something to be overlooked.

The available documents at Entoto show both the negative and positive status of people before and after treatment with holy water. There are also claims from the PLWHAs that they have observed changes in symptoms and health status due to the holy water. This kind of information can call attention even to the need to run a scientific inquiry about it. For example, it would be possible to carry out scientific research on selected cases by employing scientific observation and cohort longitudinal study. The sample in this case, could be a number of people who are positive in HIV status and who are at the same time taking holy water. This kind of research will help us to have a better understanding on the situation. But at the same time, an argument can be raised that whether a laboratory for further scientific analysis can check the miraculous water or holy water if the claims were found to be true or valid based on empirical observation. Above all it would be a challenge to convince the PLWHAs who are expecting a miracle to become volunteer subjects for such types of study.

Generally speaking, there is confusion about holy water places, which are open for misunderstandings. Whether holy water can cure or not is a matter of belief. It is also good to know the nature of miracle. As it was said, a miracle couldn't be done for all people; so all people may not be cured by a holy water. Therefore, debate is not necessary in this regard. The important thing is to help people in the process of their attempt to give meaning for life, which is usually related to spirituality. Therefore, spirituality and healthcare are combined in this situation. The general belief of the church is that any holy water can cure any kind of illness or disease including HIV/AIDS if there is the faith. But holy water cannot be considered in the

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same way as treatments are viewed in the medical world. In the medical world it is known that there is a certain medicine to a certain illness. But we observe that the same holy water for the treatment of all diseases. The faithful can go from place to place according to their choice or test of a specific holy water site.

It is also sound to suspect that if people who went to holy water places did not get healed (cured) they may get hurt. They may feel that God has left them and may go into further frustration. If PLWHAs, who hoped to be cured by the holy water, do not get cured what will happen to them? This is a very important issue since it could lead to further complex hopelessness and meaninglessness. Some of the key informants tried to explain that it is only those people whom God wills to be cured will be cured and they further added that if people do not get cured they should not raise themselves against God and lose their spiritual life. PLWHAs who are in this situation may start to think as if God will not cure or He is not important to them. Hoping that they will be cured and if they didn't get this opportunity there will be definitely complaints, anger, higher fear and hopelessness.

So creating a system that would shape the understanding and the meaning of people would be vital. According to the explanation of the key informants it doesn't mean that those who are not cured do not have good faith. This kind of explanation is important and has to be given in the form of teachings and counseling. Such issues can be addressed properly if there would be a counseling program at the holy water sites. So an intervention is needed about the view people have regarding the treatment in holy water. There should be spiritual or pastoral counseling before or on taking the holy water. Holy water may not cure all people. Even the available data at Entoto showed that PLWHAs using the holy water for along time are not still cured.

8. *Research Question 2: - What is their knowledge, attitude and experience on anti-HIV/AIDS drugs?*

Since most of the subjects of the study are inclined to the use of holy water they are not users of ART at the moment (except two males). I saw mostly lack of appropriate information about antiretroviral regimens. All of them have heard of it but most of them lack the knowledge on how to access it, its use and side effects. In addition, there seems to be contradictions on the issue of taking both the holy water and anti-viral drugs among the faithful as well as the church fathers. A considerable number of the subjects are not sure and are in doubt whether taking the holy water together with the medicines would be morally right. The hermit at Entoto did not approve this and in his personal contact with PLWHAs he encourages them not to take the two together. On the other hand the key informants from the head office of the church expressed the possibility of taking the two together. This needs clarification and decision by the church's highest decision-making body. The emphasis here is that there is a need for an intervention to deal with such issues either through mass education or through counseling programs at the holy water sites. This has to be part of the nation's scale up program on antiretroviral treatment.

Research question 3: - What kinds of care and support activities are provided in holy water sites?

We know that the new challenge of HIV/AIDS is being responded to by various societal systems. Holy water areas being part of the larger system are also forced to respond to AIDS problem. When we talk about the response of holy water sites to the HIV/AIDS epidemic, we have to bear in mind that initially the places were not to serve HIV/AIDS

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patients. This is an important point to consider and one can study deeply the various changes observed while responding to HIV/AIDS. But for now, we should simply think in a way that they are trying to adjust themselves to deal with the challenge. PLWHAs are using the holy water sites as either alternative or complementary treatments to antiretroviral regimens.

Other than getting holy water to drink or to shower, there are other options of services such as confession, prayers, teachings and preaching, holy oil anointment, 'Nefro Woha' (boiled legume), 'hemet' (ash of burned incense) etc. being rendered to AIDS patients as well as other patients. This list can be considered as either complementary or alternative treatments. For most of the subjects of the study they are alternative treatments since they don't follow the bio-medical model to treat themselves. Some few used these treatments parallel to the bio-medical approach so that it could be considered as complementary. These alternative or complementary treatments are being offered at the four holy water sites. But the core treatment is using the holy water. At Urael and Teklehaimanot, shelter is provided to helpless patients including PLWHAs without payment, which is an encouraging thing.

The care- giving at the holy water site is given by voluntary caregivers outside of the church administration. These caregivers are doing whatever is important to the patients as per their capacity. They don't have standards to work except those caregivers at Kidanmhirete under a local organization working for the destitute. The caregivers especially at Entoto and Kidanmhirete are organized to provide palliative care. There are home-to-home visits by these caregivers. From literature it is understood that the word care includes the provision of accommodation and comfort, among others (Encyclopedia of HIV/AIDS, 2003) and when it is palliative care it means treatment to relieve pain and other distressing symptoms in people who are incurably and often terminally ill (UNAIDS report, 2004). It requires another

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assessment to evaluate whether appropriate care is being provided or not at these sites. However, generally speaking there is a good start and it has to be encouraged and supported with resources. There is a great need to increase the number of volunteers to give care and support at all the sites. At Entoto, the PLWHAs association has to work on this point by giving emphasis to it and by providing a better incentive to volunteer workers.

The supports at the sites are mainly donations from philanthropic individuals, religious associations (groups), and Sunday school students. According to the Proceeding of the National Workshop on Accelerating Access to Care and Support (2001) such groups are believed to stabilize and/or improve interpersonal, community and societal system affected by HIV/AIDS epidemic. At Entoto during my field observation there were donations given by the head office of the Ethiopian Orthodox Tewehido Church. Such an organized donation happened occasionally at Entoto but not on the other sites. The donation will be distributed through the association of PLWHAs at Entoto. The association feels that the donation given by the church is very small and it is expecting more in the future believing that the church has the capacity. It seems a legitimate idea in the sense that the church has to focus on such holy water sites.

The organization at Kidanhmiret, is providing the necessary services to the limited number of PLWHAs as per its program. No organized intervention is mentioned to me that have been taken so far to help the PLWHAs at Urael, Teklehaymanot and Kidanmhiret. On the other hand, there is a problem of recording and documenting what has been done so far regarding individual or group donations.

Research question 4: - What kinds of support groups/networks are there? And their interaction?

Caregivers, as discussed earlier are the main support groups for the PLWHAs. When we say support groups or networks it means that caregivers are considered to be groups/networks that are giving emotional and psychological encouragement and confidence (Encyclopedia of HIV/AIDS, 2003). Beyond the voluntary caregivers, patients among themselves and relatives or families of patients may help another patient in the same room who does not have any support. Washing (cleaning) bodies and clothes, preparing the available food, etc. are among the caring activities. The spiritual and psychological support from priests, preachers, youths in Sunday school and different religious associations ('Tswa Mahiberat') are more valuable in the eyes of the PLWHAs. These support networks were mentioned in all the sites but with different degree of importance differing from individual to individual.

One of the most important social groups of PLWHAs at Entoto is the association established by PLWHAs themselves some years back. It had tried to create a forum to have discussion among PLWHAs at the holy water site. Through this association, donations are distributed. PLWHAs at the holy water site are encouraged to be members and this helps them to disclose themselves easily. Out of the estimated 2,500 PLWHAs at the site, there are about 980 members in the association. When PLWHAs join the association they are given an ID card, which makes them to feel belongingness to the group. From the above figure we can understand that there are people who still do not want to disclose themselves by becoming member of the association. However, there is no clear information on some members as to why they are contributing birr 2.00 that shows the need for transparency. The issue of death is

given high value among some patients and they are worried where they will be buried and it is for this reason that they become members of the association.

Special to Kidanmhiret holy water site is the existence of a local association organized and dedicated to help destitute patients coming to the place. A number of HIV/AIDS patients are also being supported there. I had made organizational assessment on the organization in the year 2004. The finding of the assessment showed that in addition to the destitute elderly people, the organization was starting to extend the care and support services to patients (mostly HIV/AIDS) who are abandoned or neglected, and coming to the Kidanhmirete area for holy water. It was indicated in the assessment that since AIDS patients reach there after they become weak, they do not last long in the organization (Zena Berhanu, 2004)¹.

9. Research question 5: - What are the needs of the people with HIV and AIDS in the places?

AIDS and its treatment are seen within a social, political economic and cultural context. The assessment has shown that due to the disease many of them are victimized socially in the sense that the social ties with families, friends, relatives and neighbors are broken. Economically also, these people are described as the poor of the poorest in almost all cases (there is one employed and salaried person). Culturally due to their religious background and other issues, these people are treating themselves with holy water and other spiritual treatments, which they believe, could have therapeutic effect. Due to various unknown reasons these groups are not visited by organizations from the government and other local and

¹ In accordance with Ethiopian custom, the first name or given name is substituted for the surname and the father's name is spelled out in full.

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international NGOs. There is no single designed program even by the church except treating them with holy water as per the traditional way.

Problems related to basic needs such as potable water, nutritious food, and shelter is very rampant at Entoto. Other PLWHAs on the other three sites have also risen about the housing and the food problems. These things call for a reaction to change the situation. Especially, the community at Entoto is suffering from the problem of getting enough potable water (ordinary water to drink). The problem is that it is not adequate to serve many people and people will be forced to wait for many hours to get it. The problem becomes severe during dry seasons. In addition, only one spot, located near Entoto Mariam church, provides the water.

At Entoto the water problem could only be solved probably if the government could intervene on it since it requires a huge investment due to the topography. The problem of housing is still a challenge for patients. Patients want to have houses that are cheaper. It would not be easy to solve the housing problem by an external intervention or even by the church since the local community benefits from the house rent (Zena Berhanu, et al; 2004)². A project on the issue might mean affecting the income of the local people. This is interesting because we see here the intention of solving a problem by creating another problem.

There are psychological, sociological and economic factors affecting the PLWHAs at the sites, such as the impact of the disease on their physical or biological condition, the inability to move and work, as they like. An unemployment problem is mentioned by some. The fact that they are being isolated from families, relatives and friends is another pressing problem of most of the PLWHAs.

² In accordance with Ethiopian custom, the first name or given name is substituted for the surname and the father's name is spelled out in full.

Research Question 6: What are the organizational structures and documentation systems in the holy water sites?

The organization at Kidanmhiret is widening its goal to incorporate people with HIV/AIDS whenever they become abandoned and helpless. This is a good intervention with fulfilling minimum provision of basic needs with the necessary manpower. At on the other sites this is not observed. This initiation has to be further supported and strengthened since it is the only organized intervention at that holy water site.

Since there is no daily registration on the two sites (Kidanmhiret and Urael) and also the registration on the other two sites (Entoto and Teklehaymanot) is not well organized; it will be difficult to know exactly how many people have been served at each site. Different demographic information could be produced if there was regular and uniform registration system. Even the existing documents do not show the illness (disease) type of individuals, which is actually difficult to know. But people could be asked why they are treating themselves with holy water or to treat what? In addition, we don't know very much about the issue of being cured based on empirical evidence or controlled research. So, for the sake of research purposes if systematic follow up is to be made it will enhance our knowledge. For instance, the attempt to document certificates that show both positive and negative status of a single person like it is being done at Entoto is a good start and has to be encouraged and be further strengthened.

Generally speaking, there is a need to review in detail the available documentation at holy water sites to have clear picture of what is going on and to develop a standardized and uniform documentation system. This would help in providing data for those who want to make research on the sites. The admission process as well as the discharging (if any) process has to

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be recorded for this purpose. Some attempts of recording were there at Teklehaymanot but probably due to technical capacity on the registration it failed to be sustained.

Research Question 7: What is extent of the involvement of the Ethiopian Orthodox Tewahido Church in addressing the needs of the PLWHAs at the holy water sites?

The church believes and teaches cure from any disease including HIV/AIDS by treating with holy water, in faith. But at the same time holy water sites are not mentioned as target areas for HIV/AIDS prevention and control program of the church to be run for the next five years. The Program document didn't raise an issue regarding holy water that it can be considered as an alternative or complementary treatment though it is known that there are thousands of PLWHAs going to these places to some sort of solution. The reason why the issue is not included in the document is not clearly known.

One can raise a question here why there hasn't been attention to holy water places by the church it self. Some of the possible responses may lie on the following points. 1) Donors with influence in the church did not want to affiliate to the issue officially 2) There is a know-how problem in terms of how to run project on these areas or there is a lack of technical capacity in designing what things or activities could be run there.3) There could be financial problems. 4) Since care and support programs are high cost and require intensive labor it seems that there is less interest nationwide (both government and NGOs) to run such programs. The assessment report from FHI (2002) is similar to this hypothesis.

Even if there is no policy document of the church regarding HIV/AIDS until now, the presence of a program to run various components and activities including care and support for PLWHAs is encouraging and it believed to be helpful in the war declared against HIV/AIDS.

Some PLWHAs at the interview expressed HIV/AIDS, as a devil, which is contradictory to the idea of the church's' key informants that said the cause of the disease, is a virus called HIV, which is complementary to the scientific knowledge. This kind of specific but decisive issue may also need a specific intervention.

CHAPTER FIVE-CONCLUSIONS AND RECOMMENDATIONS

5.1. Conclusions

Holy water sites as destiny points for PLWHAs

Large numbers of people with HIV/AIDS are leaving home (original places) and are heading to holy water areas to live out their final days [in their words] there by exercising spirituality. The response given from the holy water sites to those people with HIV/AIDS is evidence that religious institutions have opened their doors and their hearts to them. But the details of each site whether services are given accordingly have to be seen independently. At the four sites the common service given by church administrations is holy water, and PLWHAs according to their ability and proclivity are engaging themselves in various spiritual deeds as discussed in the report. But all in all, people at the care and support system at holy water sites can be considered as partners for the fight against HIV/AIDS.

It seems that some people with HIV/AIDS prefer to get care and support from unknown people. They may travel long distances to get their care elsewhere. The findings of the assessment show this in most cases. This might be from the fear that stigma and discrimination or social isolation would come from relatives, neighbors and families upon disclosing themselves. But when they become more ill things become increasingly complicated to them. This is because they may not get enough care and support from volunteer caregivers or others at the holy water sites. Most of the subjects of the study are people who

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are economically disadvantaged and need assistance starting from basic needs. There are food, clothing, health, psychological and other problems for PLWHAs at the holy water sites. The degrees of the problems vary from place to place and from individual to individual

Limited interventions

According to the national care and support standard (Family Health International, 2002) there are missing components at holy water sites. At the holy water sites there are no organized bodies to offer financial, educational, medical and counseling support. There are limited activities to fulfill or address some of the basic needs at rudimentary level. The spiritual dimension of PLWHAs is believed to be addressed in a better way at the sites. Since this is the ultimate goal of the PLWHAs, in almost all cases, they expressed their happiness. Some complaints were also expressed like the lengthy time at Entoto to give the service.

In short, there are things that they get as to the policy and there are things that they don't get. Addressing the spiritual dimension is not included in the national policy as part of the comprehensive care and support. Perhaps the issue might have been considered together with the psychological aspect. Holy water areas are good places to address the neglected dimension of the self, which is the spiritual one. Psychological and spiritual support can go together. Holy water places give patients spiritual and psychological support in the sense that it creates feeling of acceptance to them by God and by other people.

To alleviate/mitigate their problems, the interventions made so far are very much limited as the PLWHAs themselves explained. At Entoto, philanthropic individuals give the major donation. Recently a donation from the patriarchate office of the church was given. But it is complained that generally the donation are relief support such as food and clothing that are to be consumed immediately and do not last long. Furthermore, the size of the donation is very

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small compared to the number of PLWHAs to be supported. As a result, there will be quarrels and disagreements in the redistribution process.

The involvement of NGOs in donation through Kebeles, some religious associations and Sunday school students, the PLWHAs association called Dawn of hope and Mekdiem Ethiopia are few of the interventions made to help the subjects of the study at Teklehaymanot, Urael and Kidanmiheret. From the holy water sites, free residing places are given to patients including PLWHAs at Urael and Teklehaymanot. The organization at Kidanmihirete is providing the necessary needs to the three PLWHAs of the study.

The general care and support system at holy water sites can be described as follows.

1) Though we cannot say there is no care and support activity at the sites, it is not organized. 2) Since it is not organized planning is hardly possible and everybody is running on its own direction for donations. 3) There is problem in management For instance the existing caregivers at all the sites are showing interest to continue on the activity if they could get some income out of it to sustain their own life. Attention has to be given to these scarce persons. It would not be easy to find such kind of people once they are lost. 4) Since activities made (mostly by individuals or groups of individuals) are not registered, we don't know who is doing what. Generally speaking, no report is made on what is happening there from the sites even to the Addis Ababa diocese.

Potential target Areas for HIV/AIDS intervention

Holy water use for the treatment of illness in Ethiopia can be taken as one of the traditional healing therapies that are marshaled to comfort diseases. There could be various ways of treating the epidemic, as there are various cultural practices in Ethiopia. But this is a mere guess and has to be explored. Knowing or studying the traditional coping mechanisms would

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be important to catalyze the declared combat against HIV/AIDS. Especially Sub-Saharan countries like Ethiopia, where the challenge of HIV/AIDS is more severe, assessing the existing traditional coping mechanisms at depth will help to integrate the various responses to the epidemic. Even though the study is not meant to generalize, I believe that Holy water sites are worth visiting to see the practical problem that HIV/AIDS is bringing in the lives of individuals which is cumulatively the picture of the nation as well as the world. We can understand through the visit that AIDS is practically very serious epidemic.

There are various groups at the holy water sites that can be taken as resources; these include caregivers, priests, other servants of the church, the PLWHAs, Sunday school students, youth in various religious associations. The other potential is that there is a possibility of money collection for care and support. And this has been common in most of the sites though the amount is small.

Holy water sites are places where well-designed programs of care and support for PLWHAs can be run. Therefore, they may be seen as potential areas for social work practice. For instance, since each one of the 17 PLWHAs has future plans to accomplish hoping that they will be cured; there is a greater need of support from the society in responding to their aspirations. This implies the importance of employing case work and at the same time case management at these holy water sites, which is directly related to social work intervention. By doing this, it would be possible to change the bleak prospects of some PLWHAs who are in despair. And it is the role of social workers to work with such people suffering from AIDS and their families.

Finally, I would like to reflect the following regarding the assessment. The assessment gave me a greater experience in understanding the PLWHAs at holy water sites. Almost all of

them were willing to share their life experience according to the lists of questions although claiming that all the information given by them is frank and candid is difficult. The assessment would contribute in the attempt to understand the PLWHAs problem and living situation. Since thousands of people are going to such places, I feel a due attention by researchers and human service giving organizations has to be given

5.2. Recommendation

Concerning research and policy

1. Sharper analysis is needed in the situation of holy water therapies that may lead to development of policies and programs at least by the church and later on at the state level. This would have a paramount significance in the process of social change i.e. realization of the prevention and control of HIV/AIDS. A thorough assessment on this therapeutic tradition is important including cultural, social, political and economic contexts. This could be part of a nationwide program that tries to document full range of therapies and health maintaining strategies that used in different cultures of Ethiopia.

We need to have information about how HIV infected people treat themselves at the holy water areas. There is currently comparatively little information about self-treatment. Further research and assessment are needed to boost our knowledge on healings, treatments and therapies. For example, knowledge, attitude and practices of people on holy water use has to be studied further by using a survey method at a large scale, making analysis in the available documents at the sites is something to be dealt.

2. Since there is no standard and continuous registration it would not be possible to know whether the number of people coming to the sites is increasing or decreasing. So launching

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a regular and uniform registration would be helpful. This would allow comparisons among holy water sites, and also with some data from hospitals.

3. As a policy, there should be counseling program to people around holy water areas since there are extensive emotional and psychological problem as mentioned earlier.

Concerning programs and projects

1. The following interventions are needed at the holy water sites: training for priests and other church servants in guidance, counseling and nurturing skills; economic support e.g. regular monthly support for very destitute PLWHAs.
2. Some of the able PLWHAs want to get a job shows an interest to generate income, based on this part of their strength we should look for a way that they could get employment opportunity. Income generating activities can be introduced at Entoto holy water site since it is a bit far from the city and since the PLWHAs community residing there needs many things. But a thorough assessment on the market and other issues has to be made. The PLWHAs association at Entoto could work on this point since there are various educated and experienced people at Entoto
3. Establishing a feeding center (soup Kitchen) at Entoto would be demanding since many issues are related to lack of balanced diet and since the number of PLWHAs who need this is very huge. The experience of Tekelehaymanot church, which is run by the Sunday school students every Friday for destitute beggars, can be shared for this purpose.
4. The association of PLWHAs at Entoto is not functioning well ,as expected. At the moment, it focuses only on distribution of relief assistance and spiritual teaching. Many things are expected, for instance mobilizing members, designing projects to benefit members, looking for funding agencies, etc. The organization at Kidanemhired, though is in a better

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position, in order to realize its ambition of establishing a shelter home to patients coming to the holy water site, has to work very hard and has to be supported by individuals, local and international NGOs, religious based organizations, community based organizations and associations and different sectors of the government. If the capacity is enhanced well, it could in the long run open its own hospice care program.

5. Due to the care and support given so far, many people are feeling strength and vitality; it has to be further strengthened with necessary support. Volunteers at the holy water sites, especially those at Entoto have to be encouraged with the necessary incentives and training. There is a need for AIDS education and training to local caregivers at holy water areas. The HIV/AIDS Prevention and Control Department of the church could do these things. Together with this, there is a need to mobilize further the philanthropic individuals and others, which are supporting the PLWHAs through different means.
6. As the healing of the social fabric is necessary in HIV themes that address social isolation, discrimination and stigma can still be addressed using the holy water sites.
7. As some of the caregivers suggested it would have a paramount importance if programs were arranged to have experience sharing among the caregivers at the different holy water sites and also the same program among officials of the sites.

Concerning social work education

1. Case management can be applied to holy water areas, because the people coming there have many needs that have to be addressed. Some want to be tested for CD-4 count, some want to start the medicine, some want to test their HIV status again, many of them do not get enough basic needs, some others have TB problem, some want to continue education, some want to get married, some want to get job and many of them want to get seed money

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etc. So by doing further assessments on each site and by developing a care plan for each individual or groups of individuals, linking the clients to potential service giving organization is a necessary social work duty. Monitoring and advocacy can be done in relation with this case management. In order to accomplish this, however, standardized case management assessment instruments and program structures have to be prepared at least by the church.

2. We can advocate for support services that take seriously the needs of those people with HIV/AIDS and their supporters (caregivers) around holy water places. For this, the type of help given at holy water places has to be recognized and documented. It has to be advocated and may be lessons can be taken from these areas.

Appendix 1 – Questions for PLWHA

Research site _____

Date _____

Time _____

A. Demographic information

Name _____ Code _____

1. Sex Male Female
2. Age _____
3. Religion _____
4. ethnicity _____
5. Educational Status _____
6. work position _____
7. From where did you come? (Location and Region) _____
8. Marital Status _____
9. No of children _____
10. Birth place _____

B. Basic Information Related to HIV/AIDS

1. Have you been tested
Yes No
2. If yes where and when _____

3. What did you feel and thought when you know you are HIV positive?

4. Have you ever gotten help when you are HIV positive?
Yes No

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5. Indicate the source of help

Medical care at hospital /clinic Community support

Support from NGO Support from church

Other _____

6. Describe in short the kind of support or what did you get out of that?

7. Were you satisfied or not? Please explain? _____

8. Do you know about HIV medicines and retroviral Treatment?

Yes No

9. Have you ever been offered ART?

Yes No

10. If yes, did you try it?

Yes No

11. Are you now on ART?

Yes No

12. If not, why not? _____

13. Tell me your feelings and attitudes about ART? _____

C. Experience at the Holy Water

1. When did you come here? How long you have been treating your HIV/AIDS with holy water?

2. Why did you come to this holy water site? What makes you to come here?

3. What is the process to be admitted here? How do you get here?

4. What is your belief and attitude about holy water? What does it mean to you?

5. Do you believe you can treat/cure HIV through this holy water?

Yes No don't know

Other _____

6. What are the services that you are obtaining from this place? Please describe the things that you are getting?

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7. What resources /support (manpower and other) can you identify from the site and the surrounding?
8. What are your problems or needs (basic and other) that are not addressed? Or what problems do you see here?
9. What do you think are the causes of the problems?
10. Were there any interventions made to mitigate the problems?
11. What do you think are the solutions?
12. What is your social interaction with patients (PLWHAs and other) and with servants of the church including care givers.
13. What is your future plan? How long will you stay here (treat yourself) with holy water ?

Appendix 2. Questions for Caregivers

Name _____

Age _____

Sex _____

Length of time as Caregiver _____

On what basis

Volunteer family

Part of organization paid

Church servant other _____

1. What are your activities (deeds) here with PLWHAs?
2. How and why do you get into these activities?
3. What problems and needs you observed on PLWHAs?
4. What problems and challenges you faced so far while providing the care and support?
5. What should be done to alleviate the problems?
6. Do you feel you have the capacity to provide care and support? Explain?
7. What is your future plan regarding this care and support?

Appendix 3. Questions for Key Informants on the Four Sites

Name _____

Position _____

General: - historical information

1. What types of people are coming here?
2. What kinds of care and support activities are made for HIV/AIDS patients in the holy water sites?
3. Who are involving in the care and support activities (priests , deacons Sunday school students and others).
4. What are the need and problems of PLWHAs?
5. What problems do you face while trying to give care and support to PLWHAs?
6. Were there any interventions made by external bodies?
7. What are your plans in the care and support activity?
8. How is the process of admission and registration at the site? Pleas explain?
9. Explain about the documentation system?
10. What is the trend in the number and demographic characteristics of people coming to the place?
11. How you identify that people are living with the virus and how you follow up them.
12. How much do they stay here?
13. Are there people cured of HIV/AIDS in your record? What percent?
14. How you have checked that?

Cured

Leave before cure

Do not respond

others_____

Appendix 4. Questions for Key Informants i.e. Officials of the Church

Name _____

Position _____

1. What is the belief and teaching of the church regarding holy water in the treatment of HIV/AIDS? What are the sources for its teaching and practice?
2. What is the general condition of HIV/AIDS treatment in holy water sites specifically in Addis Ababa?
3. What does the policy and program of the church say about HIV/AIDS?
4. Does the church's HIV/AIDS prevention policy and program include holy water treatment? Whether yes or no way?
5. Is there any supervision and control on the holy water sites especially in relations to HIV/AIDS care and support?
6. What has been done to handle the need of PLWHAs in the holy water areas?
7. What is the plan of the church on the areas?
8. How do you see utilization HIV medicines and holy water parallel by an individual? Do they go together? Please explain?

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Appendix-5- Spatial and temporal description of the interviews

No	Informants code	Site	Date of interview	Time	Venue
1	EA1-F	Entoto	24 Feb; 2006	12:30Am-1: 40 PM	Cafeteria
2	EG2-M	Entoto	16 Mar; 2006	4:25pm-5: 35 Pm	Churchyard
3	EG3-M	Entoto	16 Mar; 2006	5:55-pm -6:55Pm	His home
4	EG4-F	Entoto	18 Mar; 2006	2:25-Pm9: 35Pm	Her friend's home
5	Ew5-M	Entoto	20 Mar, 2006	5:20Pm-6: 20 Pm	Church yard
6	TH1-F	Teklehaymanot	6Mar, 2006	4:30Pm-5: 50Pm	Public Park
7	TW2-F	Teklehaymanot	7 Mar, 2006	4:30Pm-5: 30Pm	Public Park
8	TH3-M	Teklehaymanot	8 Mar, 2006	4:15Pm-5: 25Pm	Public Park
9	TW4-F	Teklehaymanot	10 Mar, 2006	4:40Pm-6:00Pm	Public Park
10	Ky1-F	Kidanmhiret	10 Mar, 2006	9:00Am-9: 45Am	Home
11	KW2-F	Kidanmhiret	10 Mar, 2006	9:50Am-10: 50 Am	Home
12	KE3-F	Kidanmhiret	10 Mar, 2006	11:00Am-11: 45Am	Churchyard
13	KS4-M	Kidanmihret	14 Mar, 2006	9:25Am-10: 10AM	Public Park
14	UW1-F	Urael	7 Mar, 2006	10:35 AM-11: 20 AM	Churchyard
15	UW2-F	Urael	20 Mar, 2006	12:15Am-1: 15Pm	Her home
16	UW3-M	Urael	21 Mar, 2006	9:30Am-10: 20Am	Youth Center
17	UA4-F	Urael	21 Mar, 2006	10:45Am-11: 25Am	Churchyard
18	EBF-C	Entoto	18 Mar, 2006	4:15Pm-5: 15PM	On the field
19	EMM-C	Entoto	21 Mar, 2006	5:25Pm-6: 25Pm	Home
20	KSM-C	Kidanmihret	23 Mar, 2006	2:30Pm-3: 20Pm	On the field
21	THM-C	Teklehaymanot	3 Apr, 2006	10:55Am-11: 55AM	Churchyard
22	UTF-C	Urael	20 Mar, 2006	11:25Am-11: 55AM	Churchyard
23	E-K	Entoto	31 Mar, 2006	1:10Pm-3:00PM	Churchyard and office
24	K-K	Kidanmhiret	31 Mar-2006	9:50Am-10: 35Am	Office
25	T-K	Teklehaymanot	31Mar, 2006	9:55Am-10: 30 Am	Churchyard and office
26	U-k	Urael	30 Mar, 2006	10:30Am-5: 50 AM	Office
27	D-K	Patriaricate Office	22 Mar, 2006	2:10Pm-2: 35 Pm	Office
28	P-K	Patriaricate Office	20Apr, 2006	12:10Am-1: 35Pm	Office

Appendix –6- Consent form

A consent form

Prepared for PLWHAs and caregivers

I, who put my signatre below fully, agree to be part of the research of Zena Berhanu by giving information through interview. I also agree that my christening name could be mentioned on the report. I also approve that I have taken birr 25.00 (twenty five) for the time spent on the interview.

Holy water site _____

Name _____

Signature _____

Date _____