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IDENTIFYING MOST-AT-RISK POPULATIONS AND HIV/AIDS REFERRAL SERVICES: BASELINE ASSESSMENT FOR MOBILE HIV COUNSELING AND TESTING PROGRAM IN TIGRAY NATIONAL REGIONAL STATE OF ETHIOPIA

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ACRONYMS

ACS	Adigrat Catholic Secretariat
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
BCC	Behavior change communication
CSW	Commercial sex worker
FGAE	Family Guidance Association of Ethiopia
FGD	Focus group discussion
FSW	Female sex worker
HAPCO	HIV/AIDS Prevention and Control Office
HBC	Home-based care
HCT	HIV counseling and testing
HIV	Human immunodeficiency virus
IPPF	International Planned Parenthood Federation
KII	Key informant interview
LHD	Le Monde Health and Development Consultancy
MARP	Most at-risk population
MSF	Medicins Sans Frontières
MSH	Management Sciences for Health
NGO	Nongovernmental organization
OI	Opportunistic infection
OPD	Outpatient department
OSSA	Organization for Social Services for AIDS
OVC	Orphans and vulnerable children
PHSP	Private Health Sector Program
PLHIV	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
REST	Relief Society of Tigray
RHB	Regional Health Bureau
STI	Sexually transmitted infection
TB	Tuberculosis
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO	World Health Organization

DEFINITION OF TERMS

Adolescent: Young people in the age group of 10-19 years (WHO and IPPF)

Areki: Local drink with an alcohol content of approximately 75 percent.

Consistent condom use: Use of condom during all sexual encounters.

Cross-generational sex: When a woman age 15-24 has non-marital intercourse with a man who is 10 or more years older than she.

Female sex worker (FSW): Females who sell/exchange sex for money/goods at their home, bars, hotels, restaurants, streets, or local brew houses.

Iddir: A community-based organization established by residents of the community. Its primary aim is to help members cope with the loss of family members. Also referred to as funeral insurance, *iddirs* provide physical, emotional, and financial support during the burial ceremony. Elders who have the respect of the community are usually elected as leaders.

Kebele: The smallest administrative unit of the Ethiopian government (urban and rural), equivalent to a neighborhood association. *Kebeles* are accountable to the *woreda* (district), city, or subcity administration.

Kimit: Kimit is the situation in which a man has many sex partners located in different places in town and/or rural areas where the man works and/or lives but only one legal wife; it shows that the man has “many family belongings.”

Region: Ethiopia is divided into nine ethnically-based regional states and two federal city administrations (Addis Ababa and Dire Dawa), each with its own government directly accountable to the Federal Government.

Risky sex: Unprotected sex (without a condom) with a non-regular partner.

Shisha: Tobacco mixed with molasses and fruit flavors and smoked in a hookah (water pipe).

Substances: For the purposes of this study, stimulants other than alcohol. These include *khat* (*Catha edulis*), shisha, and *hashish* (marijuana).

Tella: Locally brewed drink with an alcohol content of 5 to 10 percent.

Tej: A locally brewed drink made from honey and fermented green leaf with an alcoholic content more than 10 percent

Town: Often the capital of a *woreda* administration with its own local government.

Transactional sex: The exchange of sex for money or goods.

Woreda: An administrative division of a zone managed by a local government, equivalent to a district. *Woredas* are key political and administrative units with legal recognition and authority, including the delivery of services such as education, health, budget allocation, and management.

Young People: Men and women in the age group 10 – 24 years (WHO and IPPF)

Zone: A subdivision of a region with varying political and legal recognition as well as authority. A zone is divided into *woredas*.

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EXECUTIVE SUMMARY

The United States Agency for International Development (USAID)-funded Private Health Sector Program (PHSP)-Ethiopia conducted this HIV counseling and testing (HCT) assessment in collaboration with the Tigray Regional Health Bureau in 15 towns of the region to inform the design of mobile HCT services. PHSP, led by Abt Associates Inc., is expanding access to HCT services in Ethiopia through mobile service delivery approaches.

The assessment was conducted in Adigrat, Wukro, Mekele, Adigudem, Maichew, Alamata, Korem, Mehoni, Adwa, Axum, Dansha, Enticho, Humera, Maytsebri, and Shire Towns of Tigray Regional State. These towns are believed to have a large number of most-at-risk population (MARPs) groups, including students, youth, female sex workers (FSWs), truck drivers, and uniformed/military men. This assessment aims to identify the magnitude and concentration of MARPs in these towns and develop recommendations to design effective mobile HCT services that target them.

The assessment utilized both quantitative and qualitative methods. Interviews with informants and service mapping were conducted in each town. Focus group discussions with FSWs, youth, day laborers, and adult women were conducted in the towns. The information solicited from these sources was triangulated to determine MARP knowledge level and attitudes about HIV preventive methods, especially HCT and the use of condoms.

This assessment found that youths, both in-school and out-of-school, divorced and widowed women, day laborers including construction workers, truck drivers, unmarried couples, *Bajaj* drivers, informal traders, and uniformed/military personnel were identified as the most-at-risk groups in their communities. Transactional and cross-generational sex practices are common among the MARP groups. The youths, college students, day laborers, uniformed personnel, and informal traders are clients of FSWs. Young women engage in unsafe sex practices in exchange for money to cover their living expenses, using social networks in the towns. These networks are usually composed of peers, those at-risk groups mentioned above, victims of cross-generational sexual encounters, and perpetrators of such transactional sex in towns. Extramarital affairs and inconsistent condom use were also identified as major causes for the increased vulnerability of these groups to HIV.

The study shows that poverty and destitution have led women and young girls to work in bars and hotels. There has been an increase in the number of local drinking houses (*areki, tella, tej bets*), use of alcohol and substance abuse, consumption of *khat* and *shisha*, fear of stigma and not disclosing HIV status, and misconceptions about the virus. Supply of condoms is not consistent. Young people lack recreational facilities.

In all the study towns, there is at least one hospital, one health center, or a private clinic that provides comprehensive HIV/AIDS services. These facilities commonly provide HCT, sexually transmitted infection (STI) diagnosis and treatment, treatment of opportunistic infections, prevention-of-mother-to-child transmission of HIV, and tuberculosis diagnosis and treatment. Some of them even provide comprehensive care on HIV and antiretroviral therapy (ART). UNICEF, Human Beings of Brotherhood, Save the Children USA, Mission for Charity, Management Sciences for Health (MSH), IntraHealth International, World Vision International, Operations Rescue, Medicines Sans Frontieres (MSF), and Action Aid are working on HIV/AIDS treatment, care, and support services and income-generation schemes for people living with HIV/AIDS (PLHIV) and orphans and vulnerable children (OVC). Similarly, there are also local organizations like Mums for Mums, Organization for Social Services for AIDS

(OSSA), Weledo Adhin, Family Guidance Association of Ethiopia (FGAE), Relief Society of Tigray (REST), Vision in Action, and anti-AIDS clubs working on care and support services for PLHIV and OVC.

The demand for HCT is very high in all the study towns. HCT is being provided, mainly by the public health centers and hospitals. Involvement of the private for-profit sector is limited. However, public services are sporadic either due to overloaded outpatient departments or erratic supplies. In addition, stigma and discrimination in the public health facilities are major concerns for MARPs and discourage them from accessing these facilities. These groups prefer to go to private for-profit facilities, even to private drugstores and pharmacies to seek HIV and STI services. Privacy and confidentiality of test results associated with service providers at the public health facilities, commonly residents of the same towns, are apparently a major bottleneck for reaching at-risk groups. Mobile HCT and outreach services are welcome by the study subjects as an alternative to reach MARPs.

Based on the findings of this assessment, the following seven recommendations are made for the implementation of mobile HCT for MARPs in the region. First, appropriate awareness-creation fora should be organized in each town before the actual start-up of HCT services, using community conversations, coffee ceremonies, peer-to-peer education, select printed materials, audio and video shows, and other MARP-specific behavior change communication approaches. Second, woreda and town health offices and the HIV/AIDS Prevention and Control Office should take the lead in developing an HIV awareness intervention using the existing mass education mechanisms to educate the public about HIV, STIs, and condom use. Third, proper selection of key areas or sites should be done together with key stakeholders and implementing partners in each town. Fourth, referral services should be identified in advance for further counseling services, family planning, and other reproductive health services in the static facilities for continuum of care. Fifth, involvement of gatekeepers and local associations is crucial to reach MARPs as some of the MARP groups such as FSWs, truck drivers, day laborers, informal traders, and civil servants are hard to reach even through mobile service provision. Sixth, service providers should be from towns other than towns of the clients to ensure the effective implementation, and HCT service centers should be conveniently available, maintaining privacy, unlike public sites, which may contribute to the fear of stigma associated with HCT services. Lastly, PHSP should consider the timing of service provision to address the different MARP in each town, such as providing services in the early morning hours (before work time), lunch times, evenings, Saturdays and Sundays, holidays, end of public forums, and market days.

I. BACKGROUND

According to the single point estimate, Ethiopia's national adult HIV prevalence is estimated to be 2.4 percent in 2010 with a total of 1,216,908 people living with HIV (PLHIV), giving the country of the largest HIV-infected populations in the world.

Available data and other evidence indicate that the epidemic is generalized and more heterogeneous with marked variations across regions. It seems to have stabilized or even declined in most of the major urban centers while increasing in small towns. However, there are significant variations in the epidemic among geographic areas and population groups requiring targeting and tailoring HIV prevention interventions accordingly.

Across the country, females are more affected than males and urban areas more than rural ones. The urban HIV prevalence is estimated to be 7.7 percent in 2010, accounting for 62 percent of the total PLHIV in the country, while rural HIV prevalence is 0.9 percent in the same year, accounting for 38 percent of the total PLHIV population in the nation. Female HIV prevalence is estimated to be 2.9 percent while male HIV prevalence is 1.9 percent.

There are variations in HIV prevalence among regions both by urban and rural settings. The urban HIV prevalence is 2.4 percent in Somali Region, 10.8 percent in Afar Region, 6.1 percent in Oromia Region, 7.2 percent in Southern Nation's Nationalities and Peoples Region, 9.9 percent in Amhara Region, and 10.7 percent in Tigray Region.

In the Strategic Plan for Intensifying a Multi-sectoral HIV and AIDS Response in Ethiopia (SPM II), the most-at-risk populations (MARPs), such as female sex workers (FSWs), uniformed forces, long-distance drivers, never-married sexually active females, discordant couples, migrant laborers, cross-border populations, and in-school youth particularly at tertiary-level educational institutions, are increasingly at risk of HIV infection. However, there is a data gap to accurately measure the recent spread of HIV in these groups and their potential role in further spreading the epidemic to the general population.

Determinant factors that drive the epidemic and sexual behaviors of MARPs and other vulnerable groups have not been adequately explored but the few studies conducted and anecdotal evidence indicate that the drivers of the epidemic include the following: inadequate knowledge about HIV and AIDS and the perceived risk and threat of HIV and AIDS; increasing mobility of the population; high prevalence of unprotected sex with multiple, concurrent partners; intergenerational and transactional sex; high prevalence of sexually transmitted infections (STIs); substance abuse (of locally brewed alcoholic drinks like *areki*, *tella*, and *tej*, of shisha, and of *khat*); gender inequality; and poverty.

With respect to identified hot spots for the HIV epidemic, infrastructure development is very essential in designing the prevention strategies. Due to an accelerated economic expansion, these hot spots include large-scale commercial farms and infrastructure developments such as road construction sites, hydroelectric power stations, factories, trade routes, and new industrial zones.

The Private Health Sector Program (PHSP) in Ethiopia is a five-year project targeting MARPs in urban areas and other hot spots. It will be implemented in the private health sector with the goal of enabling the Federal Ministry of Health and Regional Health Bureaus (RHB) to effectively partner with the private health providers in delivering public health services. The project aims at increasing availability and use of HIV prevention information and commodities; increasing access to STI treatment including HIV counseling, testing, treatment, and care for adults and youth who are involved in transactional sex; and improving networking and capacity building for sustainable HIV prevention programming.

PSHP has been implementing mobile HIV counseling and testing (HCT) services in various towns in the country to provide hard-to-reach MARPs better access HCT services. This rapid mobile HCT assessment is, therefore, aimed at identifying the size and distribution of populations most at risk for HIV in 15 towns of Tigray Regional State. Assessment findings will help in designing mobile HCT services that are effectively linked to ongoing community- and facility-based HIV continuum of care, as well as in developing feasible strategies for increasing the demand for and access to mobile HCT services by MARPs in the assessment towns.

2. OBJECTIVES

The overall objective of this assessment was to collect and analyze data for developing recommendations and designing effective mobile HCT services targeting MARPs in the study towns. The study's specific objectives were to:

- Identify the MARPs in the study sites (east and southeast Tigray Regional State) and determine their distribution, estimate the density of MARPs, and pinpoint specific localities where these target population subgroups reside;
- Identify and map the health facilities and organizations providing HIV/AIDS-related services in each town, including facility-based services as well as community care and support services, to establish a referral network for mobile HCT follow-up;
- Identify the behaviors of MARPs, particularly HIV risk behaviors and barriers of HCT service utilization;
- Collect information to design and plan mobile HCT services for each town, including the acceptability of services to target populations and local stakeholders, recommended hours for operation, site locations, and potential partners to assist with implementation.

3. METHODOLOGY

3.1 STUDY DESIGN

This assessment employed a cross-sectional design that utilized both qualitative and quantitative methods, including key informant interviews (KIIs), focus group discussions (FGDs), and institutional mapping of MARPs. Twenty-eight KIIs were conducted in 15 towns with representatives from woreda health offices, HIV/AIDS prevention and control offices (HAPCOs), nongovernmental organizations (NGOs), community-based and faith-based organizations, and development associations. Similarly, a total of 15 FGDs were conducted (one in each of the study towns).

3.2 STUDY AREAS AND PERIOD

The assessment was conducted in 15 towns of Tigray Regional State: Adigrat, Adigudem, Adwa, Alamata, Axum, Dansha, Enticho, Humera, Korem, Maichew, Mehoni, Mekele, Mitsebri, Shire, and Wukro. The study was conducted in these towns from February 28 to March 18, 2011. These towns have large populations and some are seats of zonal administrations. Almost all of the towns have either high schools or preparatory schools/colleges. Many have tertiary-level colleges with a high number of students. The colleges are a mix of government and private institutions. Most of the towns have a population of day migrant workers, FSWs, and uniformed/military personnel. All the towns have numerous bars and hotels. The location of the study towns are summarized in Table 1.

TABLE 1: DESCRIPTION OF THE STUDY TOWNS IN TIGRAY NATIONAL REGIONAL STATE, MARCH 2011

Town's Name	Region and Location	Distance from Addis Ababa (kilometers)
Adigrat	Eastern Tigray Zone	898
Adigudem	Southern Tigray Zone	748
Adwa	Central Tigray Zone	1,033
Alamata	Southern Tigray Zone	580
Axum	Central Tigray Zone	1,012
Dansha	Western Tigray Zone	870
Enticho	Central Tigray Zone	993
Humera	Western Tigray Zone	1,457
Korem	Southern Tigray Zone	600
Maichew	Southern Tigray Zone	641
Mehoni	Southern Tigray Zone	618
Mekele	Southern Tigray Zone	786
Mitsebri	Western Tigray Zone	1,187
Shire	Western Tigray Zone	1,080
Wukro	Eastern Tigray Zone	802

3.3 SAMPLING AND SAMPLING STRATEGY

Study towns/woredas were selected purposively by the client and was based on PHSP's implementation priority areas in Tigray Region. The number of FSWs, FGDs, and KII was based on PHSP's prior experience doing similar baseline assessments. Group homogeneity was maintained in all FGDs. KIIs

were conducted for all relevant stakeholders and institutions in each town/woreda. FGD respondents and FSWs were selected using snowball or chain sampling with the help of local organizations (HAPCO, Women's Affairs, and Woreda Health Offices). Because of the nature of the group, FSWs were identified beginning with a first contact, who then helped identify another FSW to join the group, and this continued until the required number of FSWs in each town/woreda was reached. Group homogeneity was maintained in the case of FGDs as stipulated by the terms of reference.

3.4 DATA COLLECTION, MANAGEMENT, AND ANALYSIS

In this study, qualitative data were collected from informants using pre-tested and semi-structured questionnaires and guides. The questionnaires and FGD guides included questions about the status of HIV/AIDS in the community, factors that contribute to the spread of HIV/AIDS, identification of the MARPs at risk for HIV, condom use, availability of HIV/AIDS services, and recommendations to improve HIV/AIDS services. All of the data collection tools were adapted from PHSP and reviewed by the Le Monde Health and Development Consultancy team.

In the 15 towns, FGDs were conducted with youths, women (married, divorced or widowed), and day laborers/construction workers. Twenty-eight KIs were conducted with FSWs, informants from the Woreda Health Offices, and the woreda HAPCO, NGOs, community-based organizations, and faith-based organizations across all the towns.

Quantitative data were mapped using a structured questionnaire to gather availability of HIV/AIDS services in the towns. This questionnaire facilitated collecting the necessary number of MARPs in the towns by subgroup and the availability of health services and implementing partners in the localities.

Two teams of data collectors, each team composed of three professionals who received an intensive two-day training, were deployed to collect the qualitative and quantitative data. The training had practical sessions including pre-testing of data collection instruments. PHSP and the Le Monde lead consultant supervised the overall data collection process.

The data collectors transcribed the qualitative information immediately after the interviews. The principal investigator reviewed the transcribed data and, if needed, followed up promptly with the data collectors for clarification. The final transcription was used to identify and develop categories and themes for data analysis. Finally, the data were interpreted and presented, also supplemented by using some of the respondents' own words as illustrations. The quantitative data were analyzed using Microsoft Excel and are presented in tables throughout this report.

3.5 ETHICAL CONSIDERATIONS

PHSP and the Tigray RHB jointly agreed to conduct this mobile HCT assessment in the selected towns prior to data collection. The RHB and PHSP wrote letters to the study towns requesting support before the assessment took place.

The data collectors were trained on the principles of confidentiality. No person's name was recorded on any of the questionnaires except that of the data collector; contact addresses were those of organizations implementing HIV/AIDS-related activities in the towns. The data collectors explained the objective of the assessment and obtained verbal consent from participants before proceeding with the interviews.

3.6 LIMITATIONS OF THE STUDY

The study towns were selected by PHSP in consultation with the RHB. The selection criteria focused on HIV prevalence and anecdotal evidence of MARP concentration in these towns. However, the

distribution of MARPs may not reflect the true nature of the burden of HIV and its related consequences in the region.

Incomplete data regarding out-of-school youth and uniformed men reduced the comprehensiveness of this assessment. The FGD and interviews did not include truck drivers or informal traders who are key MARP groups. Hence, behavioral characteristics of these groups were not included in this study.

4. RESULTS

Fifteen towns (eight towns in eastern and southern zones and seven in the central and western zones of Tigray Regional State) were assessed. The results of the assessment for each town are described below. The distribution and size of selected MARPs in each town is described in Figures 1 & 4.

FIGURE 1: DISTRIBUTION OF SIZE OF FSWS IN 15 TOWNS OF TIGRAY REGIONAL STATE, MARCH 2011

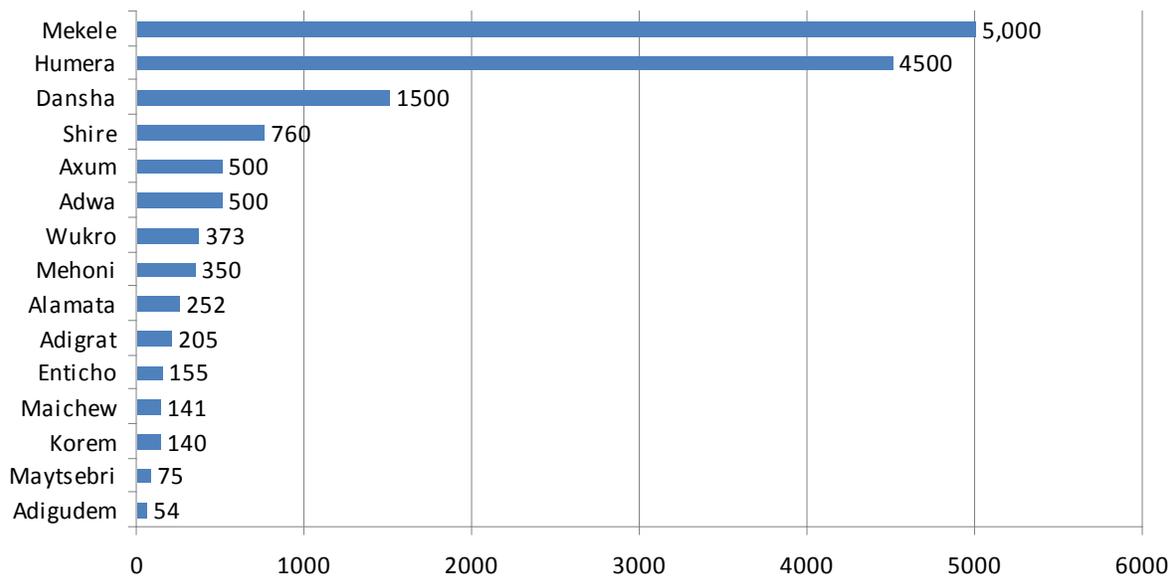


FIGURE 2: DISTRIBUTION OF SIZE OF INFORMAL TRADERS IN 12 TOWNS OF TIGRAY REGIONAL STATE, MARCH 2011

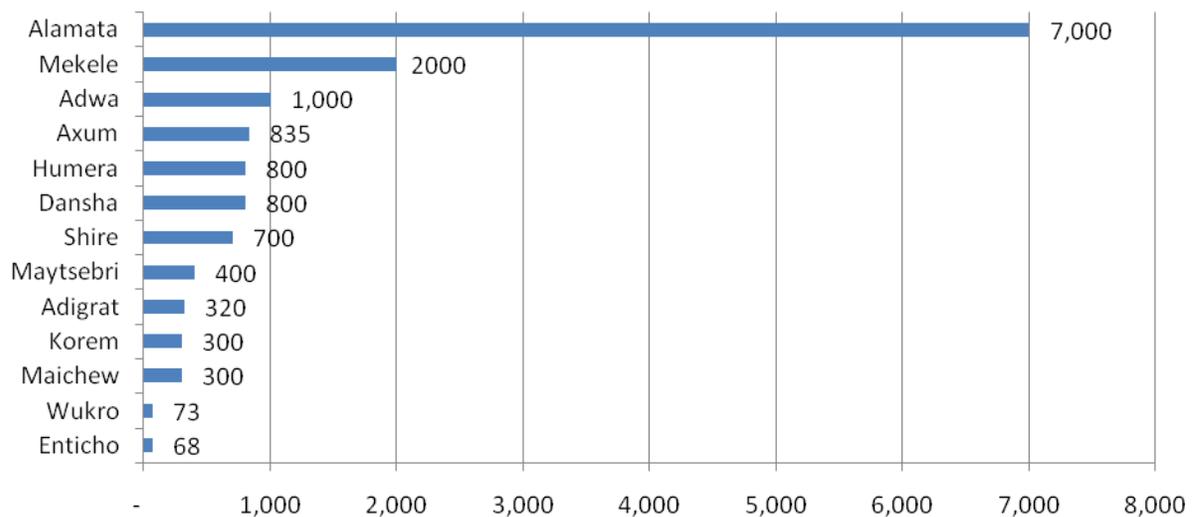


FIGURE 3: DISTRIBUTION OF SIZE OF DAILY LABORERS IN 10 TOWNS OF TIGRAY REGIONAL STATE, MARCH 2011

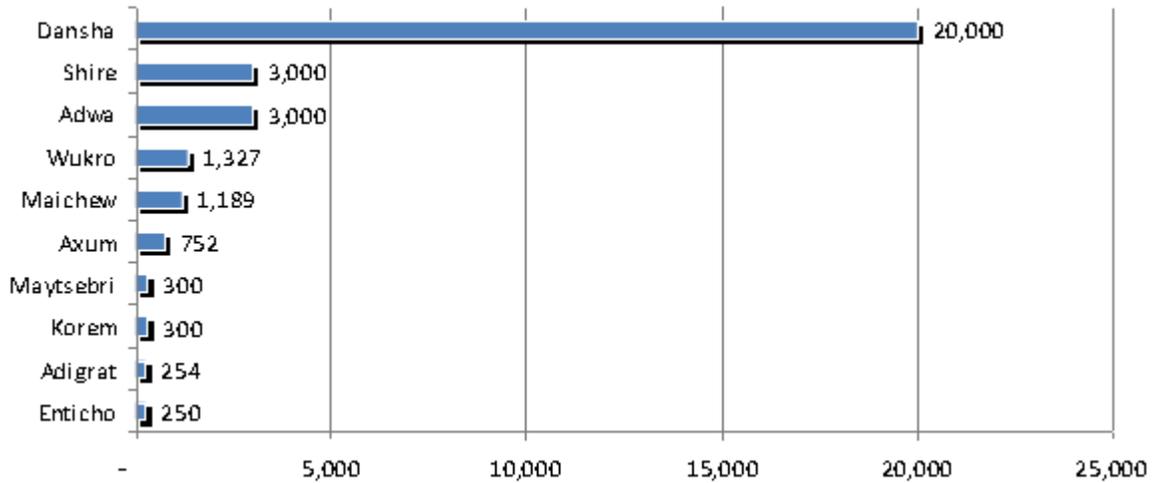
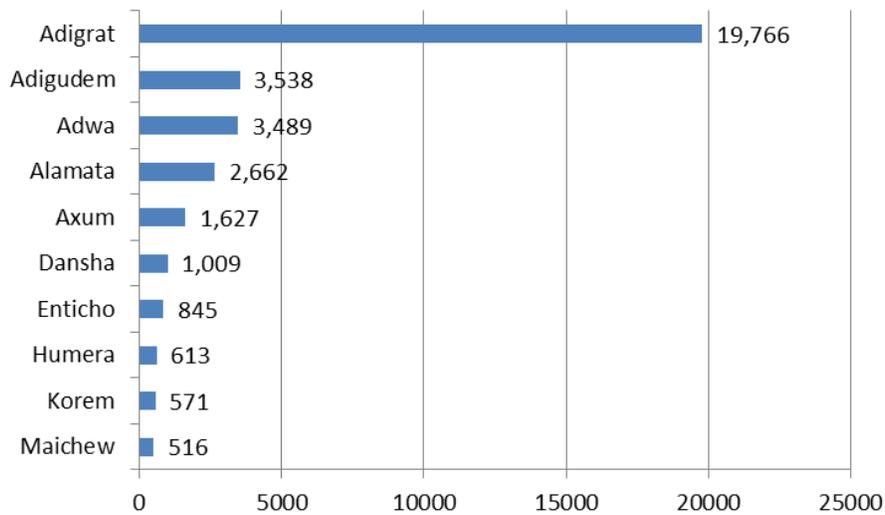


FIGURE 4: DISTRIBUTION OF SIZE OF COLLEGE STUDENTS IN 10 TOWNS OF TIGRAY REGIONAL STATE, MARCH 2011



As shown in the figures, Mekele has the highest number of FSWs, followed by Humera. The highest number of informal traders was found in Alamata. Dansha has the highest number of day laborers; Adwa and Shire are in second place, with similar numbers. Mekele has the largest number of college students, followed by Adwa.

4.1 ADIGRAT

4.1.1 BACKGROUND

Adigrat, the administrative seat of the Eastern Zone of Tigray Regional State, is located 898 kilometers north of Addis Ababa. It is a border town with Eritrea and has a population of 69,509 (31,394 males and 38,115 females). It has 10 primary schools, four secondary schools, two preparatory schools and one college, as well as one hospital, one health center, two private clinics, and five drug vendors. According to the service mapping, due to the Ethio-Eritrea conflicts in the 1999, there are more than 26,000 uniformed and military personnel residing in the town. According to the informants, HIV/AIDS is one of the major public health problems there.

4.1.2 RISK FACTORS

Evidence from KIs and service mapping indicated that HIV is a major public health problem that is fueled by widespread unsafe and commercial sex practices in the town. There are a number of local drinking houses (areki and tella bets) and khat and shisha houses that are known to be where youth go to drink, become inebriated, initiate sex (often at a very young age), and practice unsafe sex. Poverty resulting from a long war has left many people destitute, and border conflicts might also be factors that affect young girls and adolescents in being forced into commercial sex as a mechanism for economic survival. The service mapping showed that about 5,000 displaced people reside in the town.

According to the information from FGDs and key informants, little awareness about HIV/AIDS and its burden contribute to an increased HIV vulnerability among young people (ages 10 – 24 years of age) and adolescents (10 – 19 years of age). Informants explained that the majority of FSWs in the town migrated from the rural areas and town suburbs. Most are uneducated and have little knowledge of safe sex practices. In addition, peer pressure is common among young people; it encourages them to consume substances (drugs, liquor, and shisha) that impair judgement and lead to risky behaviors. FSWs are often pressured by their clients to engage in sex without condoms, for which the clients offer more money. The cumulative effect of knowledge gaps, peer and client pressures, widespread substance abuse, and inaccessibility of care and support services due to stigma exacerbates the town's HIV burden.

4.1.3 MARPS IN ADIGRAT TOWN

FGD and key informants identified the following populations as most-at-risk in Adigrat Town: FSWs, rural young women, out-of-school youth, and mobile people (construction workers, day laborers, informal traders, and truck drivers). As mentioned by key informants, government workers and soldiers are also key victims and are at a higher risk for contracting HIV because of their sexual behaviors (such as having transactional sex and multiple sex partners). In addition, these groups are prone to substance abuse (alcohol, khat, and shisha) and inconsistent condom use. Stigma also remains a problem. A FSW said, *“Misconception is still high; our clients believe in physical appearances of their sex partners, i.e., if a person looks healthy, this person does not carry HIV.”*

TABLE 1: NUMBER OF MARPS IN ADIGRAT, MARCH 2011

Target Group	Estimated Population		
	Male	Female	Total
Migrant day laborers during harvest season	201	53	254
Farm/plantation workers	*	*	600
Construction workers	1,089	262	1,351
Uniformed government employees (customs, police, immigration, defense forces, etc.)	43	6	49
In-school youth (excluding college students)	9,050	9,828	18,878
College students (private and public)	558	287	845
Informal traders	120	200	320
Truck drivers	12	-	12
Female sex workers	-	205	205
Displaced populations	3,000	2,000	5,000
Total	18,940	19,524	39,064

* Data on the male/female breakdown of plantation workers were not available.

A. Female Sex Workers

About 205 hotel-based and informal FSWs (120 permanent and 85 transient) are estimated to live in Adigrat. The informal FSWs operate in small, rented local drinking houses called *areki bets* that are situated along the main roads around the central town plaza (*Piassa*) – Kebeles 02 and 03, around Lucy Hotel-Kebele 05, and Florida Hotel-Kebele 06. According to key informants and FGD participants, mobile workers such as day laborers, construction workers, informal traders, and soldiers frequently visit FSWs. Anecdotal information also suggests that hotel-based FSWs use condoms more frequently than other FSWs. Informal FSWs often receive extra money from their clients to have sex without using a condom. Barriers to condom use by FSWs include excessive use of alcohol and khat by their clients, shortage of condoms, and lack of awareness on how to correctly use condoms. One FSW said, “*There is a shortage of condoms in general. Some of our clients use two condoms at the same time.*” Men who have *Kimit*¹ are reluctant to using condoms.

TABLE 2: LOCATIONS IN ADIGRAT WHERE FSWs OPERATE, MARCH 2011

Category	Name and Location
Hotels and bars	<ul style="list-style-type: none"> • Lucy Hotel, Kebele 05 • Piassa Kebeles 02 and 03 • Folorida Hotel, Kebele 06
Streets	<ul style="list-style-type: none"> • Around Piassa • Along the main road of the town
Areki, tella, and shisha bets	<ul style="list-style-type: none"> • Along the main road • Kebeles 02 and 06

¹ Kimit is the situation in which a man has many sex partners located in different places in town and/or rural areas where the man works and/or lives; it shows that the man has “many family belongings.”

B. Informal Traders and Market Sellers

About 320 informal traders operate small-scale businesses in Adigrat. Informal traders operate in open markets in the center of the Piassa (Kebeles 02 and 03) and Kebele 05 (the bus station), Menaheria (Kebele 06), and sidewalks along the main road in the town. The Endatikim Tella Bet, Meda Agame, Edaga Berey, Edaga Hamusse, and Nebar Edaga are also places where informal traders operate. Based on key informants, many of the informal traders are young girls and boys who practice unsafe sex. Young female traders are also engaged in sex with construction workers and uniformed men.

C. Truck Drivers and Intercity Bus Drivers

Ten to 15 trucks and intercity buses travel to or through Adigrat each day. About 10 trucks and buses usually park overnight in the bus station and along the main road of the town. FGD participants said that truck drivers frequently visit hotels and bars to consume alcohol and engage hotel-based FSWs. Information gathered from interviews indicates that truck drivers use condoms consistently with hotel-based FSWs, but not with young girls, whom they perceive as being HIV-free.

TABLE 3: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES STAYING OR PASSING THROUGH ADIGRAT, MARCH 2011

Selected information	Details
Times	<ul style="list-style-type: none">• Morning (3)• Mid-day (3)• Night (12)• Staying overnight (12)
Overnight parking locations	<ul style="list-style-type: none">• Along the main road and bus station
Bars, clubs, and hotels visited	<ul style="list-style-type: none">• Axum Hotel, Kebele 06• Shewit Hotel, Kebele 03• Hohoma Hotel, Kebele 03• Agame Hotel, Kebele 03
Truck and bus companies	<ul style="list-style-type: none">• Data not available

D. Migrant Day Laborers

According to the service mapping survey, an estimated 254 migrant day laborers are found in Adigrat. Like other MARPs, migrant laborers visit bars, hotels, and areki and tella bets. These bars and local drinking houses are located in Kebeles 05 and 06. Evangadi, D' Afrique, Gezagerlas, and Hohoma Hotels and tella and areki bets in and around Kebeles 05 and 06 are the main sites for the day laborers. According to key informants and FGD participants, migrant day laborers usually spend the night consuming alcohol and drugs. This often leads them to practice unsafe sex with the local FSWs. Inconsistent use of condoms plus lack of knowledge about the disease exacerbate the impact of HIV in these segments of the community. Both key informants and FGD participants described the spread of HIV among these groups as high, and the groups usually do not access services available at the health facilities due to associated stigma.

E. Adolescents and Youth

In Adigrat, there are 19,723 in-school students registered including college students 9,608 males and 10,115 females). Of the total students, 3,173 students (45 percent female) are in tertiary-level education and 8,658 students (54 percent female) are in secondary schools. In addition to the service mapping data, key informants reported that youth engage in risky sexual behaviors that expose them to HIV. Anecdotal evidence shows that sexual debut of young people starts at an early age. The findings from key informants also support this argument. Students, particularly in secondary and tertiary schools, are

identified as at-risk groups; they do not use condoms frequently and consistently. Adolescents also engage in sex with civil servants and uniformed men.

TABLE 4: DISTRIBUTION OF IN-SCHOOL YOUTH IN ADIGRAT, MARCH 2011

School Level	Number of Schools by Type			Student Enrollment			
	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 1–8)	-	8	2	-	6,635	1,263	7,898
Secondary (grades 9–10)	-	4	-	-	8,652	-	8,652
Tertiary (preparatory, college and higher)	-	3	-	-	3,173	-	3,173
Total	-	15	2	-	18,460	1,263	19,723

4.1.4 HEALTH SERVICES

Two health institutions in Adigrat (a hospital and a health center) provide comprehensive HIV/AIDS services. The two private clinics in the town provide HCT, STI diagnosis and treatment, and opportunistic infection (OI) and tuberculosis (TB) diagnosis and treatment services. In addition, there are also five drugstores in town. As evidenced by informants, people seek STI services at the health center, paying 15 to 20 Ethiopian Birr. The cost of similar treatment at a private clinic is three times higher.

TABLE 5: AVAILABILITY OF HEALTH SERVICES IN ADIGRAT, MARCH 2011

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
Adigrat Hospital	Public	√	√	√	√	√	√
Tekelesewa Health Center	Public	√	√	√	√	√	√
Kidus Higer Clinic	Private	√	√	-	√	-	-
Selam Higher Clinic	Private	√	√	-	√	-	-

Note: ART=antiretroviral therapy, PMTCT=prevention-of-mother-to-child transmission (of HIV/AIDS)

4.1.5 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

Only three local NGOs provide HIV/AIDS care and support services in Adigrat. These are Adigrat Catholic Secretariat (ACS), the Organization for Social Services for AIDS (OSSA), and Fana Adigrat. Moreover, there are six local community associations (*Iddir*) that implement HIV/AIDS care and support activities in the town. The list of these NGOs and local associations are presented in the Annex 3.

4.1.6 HIV COUNSELING AND TESTING SERVICES

According to interview results from two informant sessions, a few local NGOs and associations provide intermittent HCT services in the town. The OSSA has provided mobile HCT services for more than 2,000 people in the first round offered and over 900 people got tested in the second round. In addition, ACS, Operation Rescue, and Mums for Mums provide care and support services. However, these services are limited and do not cover the affected population in the town due to lack of capacity. An informant from the health office mentioned that, “There is a high demand for HCT services, however, MARPs like young people, women, FSWs, soldiers, and civil servants do not go to nearby health facilities due to being recognized and being stigmatized. Most fear the lack of confidentiality regarding their test results as the service providers are locals too. If the providers are coming from different places other than Adigrat, more people will likely use these locally available HCT services.”

Similarly, information collected from different sources showed that many people desire to be counseled and tested. People do not want to go to a health facility, however, citing the poor quality of services, long waits, and the lack of trained staff. Interviewees welcomed the idea of mobile HCT services.

FSWs and key informants suggested that the mobile services be offered in marketplaces and the bus station to attract clients. Service provision at *kebele* locations is also recommended by these informants. Kebele 03 is the preferred area for HCT services. Informants did emphasize that social mobilization through coffee ceremonies, peer-to-peer communication, community conversations, and other awareness-creation fora need also be in place.

4.2 WUKRO

4.2.1 BACKGROUND

Wukro, a town in the Eastern Zone of Tigray Regional State, is located 829 kilometers north of Addis Ababa. It has a population of 34,149 (15,875 males and 18,274 females). There are five primary schools, one secondary school, one preparatory school and one college in Wukro. It has a hospital, a health center, and three drug shops/vendors. There are an estimated 9,000 displaced people and 1,327 day laborers/construction workers in the town. There is also a military camp, which is home for uniformed men. The service mapping indicated that HIV/AIDS is the major public health problem in the town.

4.2.2 RISK FACTORS

Like Adigrat, there is high population of displaced persons and construction workers who are often at risk for HIV due to their behavioral practices resulting from their low economic status. Evidence from KIIs showed that widowed people, particularly women and young girls, are vulnerable to forced and unsafe sex that often leaves them at risk for HIV transmission. Informants also reported that young people are addicted to drugs and liquor, increasing their involvement in unsafe sex practices. Availability of *areki* and *tella*, and *khat* and *shisha*, could also be fueling the spread of HIV in the town.

Both KIIs and FGDs with construction workers indicated that people have little awareness of the HIV/AIDS burden. This knowledge gap could contribute to increased vulnerability of young people and adolescents in behaviors that put them at risk for HIV. Informants noted that the majority of FSWs in the town had migrated from rural areas and suburbs. Most are uneducated and have little knowledge of safe sex practices. In addition, peer pressure often persuades young people to engage in the use of drugs, liquor, and shisha. According to key informants, FSWs usually face pressure from their clients to have sex without using condoms. As indicated by an informant from the Wukro Social Development Association, *“A FSW who is eight months pregnant has had sexual contact with her client just for her economic livelihood. There is no way out once young girls are engaged in this.”* The same informant also mentioned that *“Nowadays, it is common to see young people and students engaging in sexual practices, mostly without taking proper cautions.”* Knowledge gaps, peer and client pressures, widespread unsafe sex practices, unemployment, and economic destitution are the major causes of practicing behaviors conducive to contracting HIV.

4.2.3 MARPS IN WUKRO TOWN

According to FGD participants and key informants, FSWs, young women and men, unemployed youth, street children, day laborers, soldiers, and truck drivers were identified as most-at-risk segments of the population. Unemployment and high prevalence of commercial sex aggravates the spread of HIV in the town. There is inconsistent use of condoms and lack of abstinence before marriage, particularly among young people, which also fuels HIV transmission. Substance abuse (alcohol, khat, and shisha) is a major cause for the unsafe sex practices of these MARP groups. Many women are war widows and most are

poor. Means of subsistence and livelihood also present challenges for these women. At any given time, they are exposed to unsafe sex practices as they struggle in their fight against poverty.

Table 6: Number of MARPs in Wukro, March 2011

Target Group	Estimated Population		
	Male	Female	Total
Migrant day laborers during harvest season	747	580	1,327
Construction workers	37	35	72
Uniformed government employees (customs, police, immigration, defense forces, etc.)	50	13	63
In-school youth (excluding college students)	5,516	6,002	11,518
College students (private and public)	238	333	571
Informal traders	40	33	73
Female sex workers	-	373	373
Displaced people	8,550	1,317	9,867
Total	15178	8,686	23,864

A. Female Sex Workers

Wukro is home for many FSWs whose daily livelihoods depend on sex work. An estimated 373 hotel-based and informal FSWs (340 permanent and 30 transient) live in Wukro. These FSWs operate in small, rented local drinking houses (areki and tella bets) that are situated along the main road. FSWs work at the Bar Kalkidan, Bar Elsa, Bar Asadi Raya, and Bar Negash in Kebeles Dedebit, Agazi, Hailame, and Riga Chaechete, respectively. FGD participants reported that day laborers, construction workers, soldiers, and civil servants are the main clients of FSWs. Anecdotal information suggests that hotel-based FSWs use condoms more frequently than informal FSWs. Informal FSWs often receive extra money from their clients to have sex without using a condom. Barriers to condom use by FSWs include excessive use of alcohol and khat by their clients, shortage of condoms, and lack of awareness on how to use condoms. Key informants and FGD participants confirmed this information.

TABLE 7: LOCATIONS IN WUKRO WHERE FSWS OPERATE, MARCH 2011

Category	Name and Location
Hotels and bars	<ul style="list-style-type: none"> • Bar Kalkidan • Bar Elsa, Kebele Dedebit • Bar Asadi Raya, Kebele Dedebit • Bar Negash, Kebele Dedebit
Streets	<ul style="list-style-type: none"> • Kebele Dedebit • Kebele Agazi • Kebele Hailame • Riga Cheta
Areki, tella, and shisha bets	<ul style="list-style-type: none"> • Kebele Hailame • Riga Cheacheta

B. Informal Traders and Market Sellers

An estimated 73 informal traders operate small-scale businesses in Wukro. Informal traders operate in open markets along side the main road to Adigrat. Edaga Seni, Edaga Hamuse, and Edaga Beeray in

Kebele Dedebit, around Freedom Café in Hailom Kebele and Hailemariam Kebele are the main areas where informal traders operate. Based on the information from a key informant, many of the informal traders are young people and widowed women who practice unsafe sex. Young female informal traders are also engaged in sex with adult men who are much older, i.e., cross-generational sex.

C. Truck Drivers and Intercity Bus Drivers

Eight to 10 trucks and buses travel to and stay in Wukro each day. They usually park overnight in the bus station and along the main road of the town. Truck drivers frequently visit hotels and bars to consume alcohol and meet hotel-based FSWs. Information gathered from KII indicates that truck drivers use condoms consistently with hotel-based FSWs, but not with young girls, whom they perceive as HIV-free.

TABLE 8: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES STAYING OR PASSING THROUGH WUKRO, MARCH 2011

Selected Information	Details
Times	<ul style="list-style-type: none"> • Morning (3) • Mid-day (5) • Night (10) • Staying overnight (10)
Overnight parking locations	<ul style="list-style-type: none"> • Hailemariam Street • Kebele Dedebit • Gas stations
Bars, clubs, and hotels visited	<ul style="list-style-type: none"> • Kebele Hailom • Kebele Dedebit • Halefom Hotel • Fre Selam Hotel
Truck and bus companies	<ul style="list-style-type: none"> • Data not available

D. Migrant Day Laborers

Approximately 1,327 migrant day laborers were registered at the time of the assessment. Like other MARPs, migrant laborers visit bars, hotels, and local tella and areki bets. These bars and local drinking houses are located in Kebele Riga Cheta and Kebele Dedebit. Key informants explained that migrant day laborers usually consume alcohol and drugs after their workday. This eventually exposes them to situations where they engage in unsafe sex with FSWs. Inconsistent use of condoms and knowledge gaps about HIV exacerbate the impact of HIV on these segments of the community. In addition, key informants affirmed that the spread of HIV among these groups is high. This group does not access health facilities due to the fear of stigma associated with HCT and HIV.

C. Adolescents and Youth

There are 12,089 in-school youth registered (5,754 males and 6,335 females) with 1,901 (53 percent female) in tertiary education and 3,807 (52 percent female) in secondary schools. Young people ages 15–24 usually engage in risky sexual behaviors that expose them to HIV. Informants indicated that young people at schools and colleges initiate sexual activity at an early age. Students, particularly in secondary and tertiary schools, are identified as at-risk groups. In most cases, they do not use condoms frequently or consistently. According to a woman informant, engaging in unsafe sex among young people is common: *“It has become normal to see girls being involved in risky behaviors and yet, families and neighbors have never complained about the issue.”*

TABLE 9: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN WUKRO, MARCH 2011

School Level	Number of Schools by Type			Student Enrollment			
	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 1–8)	-	4	-	392	5,989	-	6,381
Secondary (grades 9–10)	-	1	-	-	3,807	-	3,807
Tertiary (preparatory, college and higher)	-	2	-	-	1,901	-	1,901
Total	-	7	-	392	11,697	-	12,089

4.2.4 HEALTH SERVICES

Wukro Town has one hospital and one health center that provide comprehensive HIV/AIDS services. In addition, there are three drugstores in the town. For STI treatment, people seek care at the health center and hospital, paying 10 to 70 Ethiopian Birr. As indicated by informants, construction and other mobile workers cannot afford to pay for HIV and STI services. Even though the services are available in these two health facilities for those who can afford to pay for services, it has become difficult to get the services due to an overload of patients. Apparently, demand is more than the supply side can handle. The construction and other mobile workers' health seeking behavior remains an issue due to the lack of education and awareness. However, an informant indicated that there are periodic HCT services in the town.

TABLE 10: AVAILABILITY OF HEALTH SERVICES IN WUKRO, MARCH 2011

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
Wukro Hospital	Public	√	√	√	√	√	√
Wukro Health Center	Public	√	√	√	√	√	√

4.2.5 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

Two international NGOs, Save the Children USA and World Vision International, are working on HIV/AIDS care and support services and income-generation schemes for orphans and vulnerable children (OVC). Similarly, two local organizations, Mums for Mums and the Wukro Social Development Program, focus on OVC care and support services.

4.2.6 HIV COUNSELING AND TESTING SERVICES

According to interview results, there are intermittent HCT services provided by a few local and international NGOs. Save the Children USA, World Vision International, and Mums for Mums implement care and support services in the town. According to an informant from Wukro Social Development Program, her organization has been providing HIV prevention, care and support services to affected groups. They also support the provision of ART services for PLHIV. However, the services are limited and do not cover all the infected and affected populations in the town. Most of the services are provided in the health facilities, but in most cases, are unreachable for at-risk groups. These at-risk groups expressed the need for outreach and mobile services close to their residential areas. They believe that this would also help to address their fear about maintaining confidentiality of their test results. Most service providers are locals.

Migrant day laborers and key informants suggested that the mobile services be offered in marketplaces, around the gates of construction sites (e.g., *Tabia Kullfe*), and along the main roads in the town. Informants recommended that service hours be early morning (6:00–7:00 am) and during lunch time (12:00–1:00pm). Social mobilization through coffee ceremonies, peer-to-peer communication, and community conversations were also cited as strategies for mobile at-risk groups.

4.3 MEKELE

4.3.1 BACKGROUND

Mekele is the administrative seat of Tigray Regional State. It is located in the Eastern Zone of the state, 786 kilometers north of Addis Ababa. It has a population of 215,546 (104,758 males and 110,788 females). Mekele has 70 primary schools, 19 secondary schools, and 10 universities/colleges. It has five hospitals (two public and three private), five health centers (all public), twenty-six private clinics, 3 NGO clinics, and about 31 drug shops/pharmacies. There are an estimated 5,000 FSWs in Mekele.

4.3.2 RISK FACTORS

Evidence from three key informants and service mapping indicated that HIV is a major public health problem, which is fueled by unsafe sex practices, primarily from the commercial sex activities in the town. Poverty and life styles of young people and adults are driving factors for those who engage in unsafe sex. All of the informants reported that there are a number of local drinking houses (*areki* and *tella bets*), and *khat* and *shisha* houses that are commonly known as sites where unsafe sex occurs. Young people have initiated sexual activity quite early and are prone to engage in unsafe sex practices. Cross-generational and transactional sex is common. Due to changes in life styles (peer pressure and wanting money to buy clothes, cosmetics, and other luxuries), young girls increasingly practice unsafe sex. There are sexual networks and brokers who arrange contacts for the students and young girls with older men, who become the girls' "sugar daddies." Such sexual networking systems encourage young girls and adolescents to sell sex in exchange for money or goods.

Adolescents lack awareness and knowledge about HIV and its burden, increasing their vulnerability to behaviors that increase their risk of contracting the disease. Informants noted that even people who are educated (civil servants, students, and military personnel) have multiple sex partners. They are aware of HIV transmission and prevention mechanisms but lack in-depth knowledge. Misconceptions about the virus are a serious problem. For example, many people believe that the "*young girls in schools are HIV-free*." In addition, peer pressure often pushes young people to engage in drug use, drink liquor, and smoke *shisha*. FSWs are usually pressured by their clients, who offer to pay more if the FSW agrees to have sex without using a condom. The cumulative effect of the knowledge gaps, peer and client pressures, widespread consumption of alcohol and *khat*, and poverty exacerbates the burden of HIV.

4.3.3 MARPS IN MEKELE TOWN

FSWs, college and university students, out-of-school youth, and mobile people such as construction workers, day laborers, informal traders, and drivers are identified as at-risk groups. According to key informants, young girls engaged in transactional and cross-generational sex are also key victims and are at a higher risk for contracting HIV because of their sexual behavior. In addition, substance abuse (alcohol, *khat*, and *shisha*) and inconsistent condom use are unsafe sex practices of these MARP groups. Stigma remains an issue. An informant from one NGO explained that, "*People prefer to go to international NGOs, private pharmacies, and drugstores to get HIV-related services because of stigma and confidentiality issues at the public facilities.*"

TABLE 11: NUMBER OF MARPS IN MEKELE, MARCH 2011

Target Group	Estimated Population		
	Male	Female	Total
Migrant day laborers during harvest season	*	*	2,000
In-school youth (excluding college students)	33,458	36,452	69,910
College students (private and public)	13,393	6,383	19,776
Out-of-school youth (total)	-	-	2,000
Female sex workers	NA	5,000	5,000
Informal traders	*	*	2,000
Displaced population	18,688	29,496	48,184
Total	65,539	77,331	14,8870

* Data on the male/female breakdown of migrant day laborers and out-of-school youth were not available.

A. Female Sex Workers

Approximately 5,000 hotel-based and informal FSWs (4,500 permanent and 500 transient) are estimated to live in Mekele. The informal FSWs operate in small, rented local drinking houses (areki and tella bets) that are situated around the bus station, bars in Kebeles 16 and 14, and the central town plaza (*Piassa*). College and university students, mobile workers like day laborers, construction workers, informal traders, and uniformed men frequently visit these FSWs. Anecdotal evidence reported hotel-based FSWs use condoms more frequently than informal FSWs. Based on informants' remarks, informal FSWs often receive extra money from their clients to have sex without using a condom. Similarly, young students are forced to have transactional and cross-generational sex, often through hidden sexual networks. Barriers to condom use by FSWs include excessive use of alcohol, khat and shisha by their clients, shortage of condoms, and lack of awareness.

TABLE 12: LOCATIONS IN MEKELE WHERE FSWs OPERATE, MARCH 2011

Category	Name and Location	
Hotels and bars	<ul style="list-style-type: none"> • Family • Marathon • Mocanbo • Landmark • Lucy 	<ul style="list-style-type: none"> • Bahit Tana • Bar Sami • Amozone • Empero • Debrezeit
Streets	<ul style="list-style-type: none"> • Jumroke area • Around Enda Mariam 	
Areki, tella, and shisha bets	<ul style="list-style-type: none"> • Kebeles 14, 15, 16 	

B. Informal Traders and Market Sellers

An estimated 2,000 informal traders run small-scale businesses in Mekele. Informal traders operate in open markets in the center of the *Piassa*, around the bus station, *Menaheria*, and marketplaces. Ayder and Kedmaye Weynae are places where informal traders operate. Many of the informal traders are young girls and boys who are engaged in selling low-profile commodities. Young girls are often exposed to sexual abuse from other groups in the community. They are forced to practice unsafe sex with their sex partners. According to one informant from the regional HAPCO, “*Young girls who engaged in informal trading are struggling for their livelihoods and need more money to satisfy their daily needs. Poverty and*

hopelessness are driving forces for them to be exposed to cross-generational sex, mostly from older men, drivers, merchants/traders, uniformed men, and even from civil servants.”

C. Truck Drivers and Intercity Bus Drivers

Thirty to 70 trucks and intercity buses stop in Mekele each day. About 75 trucks and buses usually park overnight in the bus station, along the road to Adigrat and at gas stations. Truck drivers frequently visit hotels and bars to drink alcohol and meet hotel-based FSWs. Information gathered from KIs indicated that truck drivers use condoms, but there is no proof of consistent condom use at every sexual encounter. Truck drivers are known for their consumption of khat even while driving and when they stay in towns. They also drink alcohol. These stimulants expose them to unsafe sexual encounters.

TABLE 13: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES STAYING OR PASSING THROUGH MEKELE, MARCH 2011

Selected Information	Details	
Times	<ul style="list-style-type: none"> • Morning (30) • Mid-day (35) • Night (70) • Staying overnight (75) 	
Overnight parking locations	<ul style="list-style-type: none"> • Along the road to Adigrat • Bus stations • Gas stations 	
Bars, clubs, and hotels visited	<ul style="list-style-type: none"> • Family • Marathon • Mocanbo • Landmark • Lucy 	<ul style="list-style-type: none"> • Bahit Tana • Bar Sami • Amozone • Empero • Debrezeit
Truck and bus companies	<ul style="list-style-type: none"> • Data not available 	

D. Migrant Day Laborers

Two thousand migrant day laborers were estimated to live in Mekele at the time of the survey. Key informants reported that migrant laborers, like other MARP groups, visit bars, hotels, and local areki and tella bets. These bars and local drinking houses are located in Kebeles 14, 15, and 16 and in the Jumroke and Enda Mariam areas. Migrant day laborers usually spend the night consuming the local alcohol. This eventually contributes to their engaging in unsafe sex with FSWs. Inconsistent use of condoms plus knowledge gaps regarding the disease exacerbate the impact of HIV in these segments of the community. The spread of HIV among these groups is high, and they are usually far from accessing health facilities due to the associated stigma.

E. Adolescents and Youth

An estimated 89,686 in-school youth registered (46,851 males and 42,835 females) in Mekele. Of the total number, 13,393 males and 6,383 females are in tertiary education and 14,254 are in secondary schools. Evidence from key informants shows that sexual debut among young people starts at an early age. Students, particularly at the secondary and tertiary level, are identified as at-risk groups. In most cases, they use condoms infrequently and inconsistently. They are often forced to have transactional and cross-generational sex and subsequently are at greater risk of contracting HIV and other STIs. Clients of young girls and adolescents (older men, traders, civil servants, and uniformed men) do not use condoms consistently, due to their belief that their partners “are virus-free.”

TABLE 14: DISTRIBUTION OF IN-SCHOOL YOUTH IN MEKELE, MARCH 2011

School Level	Number of Schools by Type			Student Enrollment			
	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 1–8)	28	35	5	9,063	31,703	3,112	43,878
Secondary (grades 9–10)	12	7	--	6,232	19,800	--	26,032
Tertiary (preparatory, college and higher)	7	2	1	5,672	13,864	240	19,776
Total	47	44	6	20,967	65,367	3,352	89,686

4.3.4 HEALTH SERVICES

There are five hospitals (two government and three private) and five health centers (all government) in Mekele. All hospitals and health centers, except one private hospital designated for eye care, provide comprehensive HIV/AIDS medical care and services. Twenty-six private clinics and three NGO clinics provide at least HCT and STI diagnosis and treatment. In addition, there are 31 drugstores/pharmacies in the town.

TABLE 15: AVAILABILITY OF HEALTH SERVICES IN MEKELE, MARCH 2011

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
Mekele Hospital	Public	√	√	√	√	√	√
Meskerem Hospital	Private	√	√	√	√	√	√
Markos General Hospital	Private	√	√	√	√	√	√
Fitsum Birhan Eye Hospital	Private	√	√	√	√	√	√
Mekele Health Center	Public	√	√	√	√	√	√
Adeha Health Center	Public	√	√	√	√	√	√
Adishu Endune Health Center	Public	√	√	√	√	√	√
Kassech Health Center	Public	√	√	√	√	√	√
Emanuel Clinic	Private				-	-	-
Beza Higher Clinic	Private	√	√	-	-	-	-
Marie Stopes Clinic	NGO	√	√	-	-	-	-
Romant Higher Clinic	Private	√	√	-	√	-	√
Betelehem Higher Clinic	Private	√	√	-	√	-	-
Semhale Higher Clinic	Private	√	√	-	-	-	√
Telhun Kiros Eye Clinic	Private	-		-	-	-	-
Meskerem Clinic	Private	-	√	-	√	-	-
Faris Higher Clinic	Private	√	√	-	-	-	-
Dr. Mekonen Higher Clinic	Private	√	√	-	-	-	-
SOS Clinic	NGO	√	√	-	-	-	-
Kalkidan Higher Clinic	Private	√	√	-	-	-	-

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
Dr. Tesfalem Higher Clinic	Private	-	-	-	-	-	-
Ayemen Dental Clinic	Private	-	-	-	-	-	-
Yohannes Medium Clinic	Private	√	√	-	-	-	-
Aman Medium Clinic	Private	√	√	-	-	-	-
Mekele Family Guidance Association of Ethiopia (FGAE) Clinic	NGO	√	√	-	-	-	-
Kidus Medical Center	Private	√	√	-	-	-	-
Haben Higher Clinic	Private	√	√	-	-	-	-
Ayder Referral Hospital	Public	√	√	√	√	√	√
Mekele Dental Clinic	Private	-	-	-	-	-	-
Semen Health Center	Public	√	√	√	√	√	√
Robel Medium Clinic	Private	√	√	-	-	-	-
Simeret Higher Clinic	Private	√	√	-	-	-	-
Family Lower Clinic	Private	-	-	-	-	-	-
Don Dental Clinic	Private	-	-	-	-	-	-
Hiwot Higher Clinic	Private	√	√	-	-	-	-
Josi Dental Clinic	Private	-	-	-	-	-	-

4.3.5 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

Eight international and local NGOs provide HIV/AIDS care and support services in Mekele: OSSA, Vision in Action, Mums for Mums, Human Beings of Brotherhood, IntraHealth International, Family Health International, Management Sciences for Health (MSH), and Operation Rescue. These organizations focus on HIV prevention, home-based care (HBC), income-generation schemes, and family planning and reproductive health services for OVC, youth, women, and PLHIV.

4.3.6 HIV COUNSELING AND TESTING SERVICES

According to findings from two key informant sessions, HCT services are provided sporadically by a few local NGOs and associations in the town. OSSA provided mobile HCT services for more than 2,000 people in the first round and over 900 in the second round in 2010. In addition, ACS, Operation Rescue, and Mums for Mums implement care and support services in the town. However, the services are limited and do not cover all affected persons given their limited capacity. An informant from the health office mentioned that, “There is high demand for HCT services, however, MARPs, such as young people, women, FSWs, soldiers, and civil servants, are far from health facilities due to stigma.”

Key informants also claimed that many people want HCT but eschew going to a health facility, citing the poor quality of services, long waits, and the lack of trained staff. Interviewees welcomed the idea of mobile HCT services.

FSWs and key informants suggested that, to attract clients, the mobile services should be offered in marketplaces and bus stations. They also recommended service provision through kebeles. Kebele 03 is the preferred area for HCT services. Informants also suggested that good mechanisms for social mobilization include coffee ceremonies, peer-to-peer communication, community conversations, and awareness-creation fora.

4.4 ADIGUEDEM

4.4.1 BACKGROUND

Adigudem, a town in the Southern Zone of Tigray Regional State, is located 748 kilometers north of Addis Ababa. It is a border town with Eritrea, with a population of 164,804 (81,452 males and 83,352 females). Adigudem has three primary schools, one secondary school, and one preparatory school. It has one hospital, one health center, and three private clinics.

4.4.2 RISK FACTORS

Evidence from KIIs indicated that HIV is a major public health problem. Truck drivers, young people, informal traders, FSWs, unemployed women, and women selling areki and tella are identified as groups at risk of contracting HIV. Day laborers and students are also at risk because of their unsafe sex practices. Young girls who come from the surrounding areas usually rent small houses and sell sex in exchange for money because they can't find jobs. There is also a number of local drinking houses that are commonly known for sexual activity. Due to lack of awareness, youths, day laborers, and women of all ages often have multiple sexual contacts. Knowledge gaps about HIV plus the fact that many of these groups live in poverty exacerbate the burden of HIV in the town.

Women informants in the FGDs mentioned that the majority of FSWs in Adigudem are migrants from the rural areas and suburbs of the town. Most are uneducated and have little knowledge about safe sex practices. In addition, peer pressure encourages young people to use drugs, consume liquor, and smoke shisha. FSWs are often are pressured by their clients to engage in sex without using condoms in return for more money.

4.4.3 MARPS IN ADIGUEDEM TOWN

FSWs, young men and women, informal traders, unemployed women, women selling areki and tella, and truck drivers were identified as segments of the population who are at high risk of acquiring HIV. Both key informants and FGD participants revealed that transactional and cross-generational sex with young women is a common practice in the town. In addition, substance abuse (areki and tella) and inconsistent condom use are major contributors to engaging in unsafe sex practices by these MARP groups. Stigma and discrimination remain issues in the town. A widowed woman reported that misconceptions about the condom remain widespread: *“Many people believe that a condom may remain in the uterus of a woman after sexual encounters.”*

TABLE 16: NUMBER OF MARPS IN ADIGUEDEM, MARCH 2011

Target Group	Estimated Population		
	Male	Female	Total
Migrant day laborers during harvest season	350	-	350
Uniformed government employees (customs, police, immigration, defense forces, etc.)	36	9	45
In-school youth (excluding college students)	2,733	2,560	5,293
Out-of-school youth (total)	156	130	286
College students	-	-	-
Female sex workers	-	54	54
Total	3,275	2,573	6,028

A. Female Sex Workers

Fifty-four hotel-based and informal FSWs (28 permanent and 26 transient) are estimated to live in Adigudem Town. Informal FSWs operate in areki and tella bets that are situated along the main roads and central places. Areas around the telecommunication office and Saint Michael and Tsigereda Hotels are the main centers where FSWs operate. All informants reported that day laborers, construction workers, informal traders, and soldiers frequently visit these FSWs. According to informants, day laborers, truck drivers, and other civil servants who live in the town are the major clients of FSWs.

TABLE 17: LOCATIONS IN ADIGUDEM WHERE FSWS OPERATE, MARCH 2011

Category	Name and Location
Hotels and bars	<ul style="list-style-type: none"> • Around Saint Michael Church • Tsigereda Hotel
Streets	<ul style="list-style-type: none"> • Around Arena school • Along the main road to Addis Ababa • Around Saint Michael and Tsigereda Hotels • Around the telecommunication office
Areki, tella, and shisha bets	<ul style="list-style-type: none"> • Around the main road to Addis Ababa • Around the telecommunication office

B. Informal Traders and Market Sellers

The number of informal traders operating in Adigudem was not known. However, the specific areas where they operate are in open markets located along the main roads and the center of town. Major locations include the surroundings of Edaga Kedame (Ketena 01), Saint Michael Church, and Tsigereda Hotel. According to the key informants and FGDs participants, many of the informal traders are young girls and boys who come from surrounding rural areas and suburbs. Young girls in particular often do not find jobs when they arrive in the town and end up selling areki and tella in small rented houses. This type of job exposes them to unsafe sex with the clients. Young men and adults also visit FSWs after drinking alcohol in those houses.

C. Truck Drivers and Intercity Bus Drivers

An estimated six to 10 trucks and intercity buses stop in Adigudem each day. Eleven trucks and buses usually park overnight in the bus station and along the main road of the town. Information gathered from interviews indicated that truck drivers are one of the at-risk groups in the community. They visit FSWs and practice unsafe sex whenever they pass through this town.

TABLE 18: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES STAYING OR PASSING THROUGH ADIGUDEM, MARCH 2011

Selected Information	Details
Times	<ul style="list-style-type: none"> • Morning (6) • Mid-day (10) • Night (11) • Staying overnight (11)
Overnight parking locations	<ul style="list-style-type: none"> • Around Saint Michael Church • Around Tsigereda Hotel • By the side of the main road in the town
Bars, clubs, and hotels visited	<ul style="list-style-type: none"> • Tsigereda Hotel
Truck and bus companies	<ul style="list-style-type: none"> • Waliya • Trans Ethiopia

D. Migrant Day Laborers

An estimated 350 migrant day laborers were registered at the time of the survey. Like other MARPs, they visit bars, hotels, and local tella and areki bets. These bars and local drinking houses are located in the town slums, around Edaga and the telecommunication office. The day laborers also seek out sex partners there and, having been drinking, often engage in unsafe sex. Inconsistent use of condoms and knowledge gaps regarding HIV exacerbate the impact of the disease in this group.

E. Adolescents and Youth

An estimated 5,293 in-school youth are believed to be registered (2,733 males and 2,560 females) in Adigudem. Of the total number, 726 (47 percent females) are in tertiary education and 1,913 (44 percent females) in secondary schools. Like other towns in Tigray Regional State, the youth in Adigudem engage in risky sexual behaviors that put them at a high risk for HIV. Based on anecdotal evidence and information from informants, the sexual debut of young people starts at early ages.

TABLE 19: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN ADIGUDEM, MARCH 2011

School Level	Number of Schools by Type			Student Enrollment			
	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 1–8)	-	3	-	-	2,654	-	2,654
Secondary (grades 9–10)	-	1	-	-	1,913	-	1,913
Tertiary (preparatory, college and higher)	-	1	-	-	726	-	726
Total	-	5	-	-	5,293	-	5,293

4.4.4 HEALTH SERVICES

Only one health center that provides comprehensive HIV/AIDS services in Adigudem. In addition, there are two drug shops/pharmacies in the town. Informants indicated that condoms and HIV services are provided in the town. However, access to comprehensive HIV services is limited.

TABLE 20: AVAILABILITY OF HEALTH SERVICES IN ADIGUDEM, MARCH 2011

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
Adigudem Health Center	Public	√	√	√	√	√	√

4.4.5 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

MSH provides comprehensive HIV/AIDS prevention, care, and support services including ART. The only local organization providing HIV prevention services is the Arena Anti-AIDS Club. The services are related to HIV prevention through social mobilization (behavior change communication [BCC], community conversations, and drama). Informants also said that Save the Children, OSSA, and other organizations provide HIV prevention, care, and support services.

4.4.6 HIV COUNSELING AND TESTING SERVICES

Key informants and women FGD participants reported that there are erratic HCT services provided by local NGOs, such as OSSA and the anti-AIDS clubs. Even though HIV prevention, care, and support

services are provided by a few government and local organizations, the demand is high. Condoms are likely to be found in hotels and bars, but there are still misconceptions about them. An informant from the Town Health Office mentioned that *“Some people fear that a condom may remain in the uterus and others feel that condom reduces sexual physical pleasure.”*

Similarly, information collected from different sources showed that many people want HCT. People do not want to go to a health facility, however, citing the poor quality of services, long waits, and the lack of trained staff. Informants welcomed the idea of mobile HCT services.

Widowed women and key informants suggested that the mobile services be offered in marketplaces, the center of the town, around the Arena school, and the main road. Provision of mobile HCT services outside of the formal health system may be helpful in addressing MARPs as well as avoid a client’s confidentiality concerns. These informants also recommended the need for more service provision and recommended that good mechanisms for social mobilization would be through drama, community conversations, and awareness-creation fora.

4.5 MAICHEW

4.5.1 BACKGROUND

Maichew, a town in the Southern Zone of Tigray Regional State, is located 662 kilometers north of Addis Ababa. It has a population of 23,484 (11,057 males and 12,427 females). Maichew has eight primary schools, one secondary school, one preparatory and six colleges. It has one hospital, two health centers, three private clinics and six drug shops/vendors. The town has more than 9,000 military personnel and an estimated 1,189 day laborers/construction workers. Like the rest of the towns surveyed in Tigray, HIV/AIDS is the major public health problem.

4.5.2 RISK FACTORS

Maichew has a high population of uniformed/military personnel and day laborers/construction workers. Evidence from KIs showed that young people, particularly young girls and women who are from rural areas and surrounding suburbs, often engage in unprotected sexual activities. Poverty, even destitution, exist and are major driving forces of the young girls who migrate from rural areas and then become engaged in high-risk sexual practices, often in exchange for some type of payment. Informants also reported that these young people operate small houses for selling areki and tella, where clients indulge in drinking alcohol, followed by engaging in unsafe sex. Respondents also reported that the police, military personnel, day laborers, and civil servants are clients of FSWs and women selling areki and tella.

Little awareness about HIV and its burden also increase the vulnerability of young people and adolescents to becoming infected. Informants described that the majority of FSWs who migrated from the rural areas and suburbs are uneducated and have little knowledge about safe sex practices. An informant from the Maichew Health Office said, *“When a new woman/young girl comes to the town selling sex, clients believe that these women are HIV-free.”* Another informant said, *“There is a habit that males aged 15 or more drink alcohol after they accomplish their daily activities. This practice usually ends up with them chatting with those selling areki and tella and sometimes making contact with other young girls through the local socio-sexual networks. Such contacts and communication are usually accompanied by unprotected sex, thinking that these young women who are part of an informal network are believed to be HIV-free.”*

4.5.3 MARPS IN MAICHEW TOWN

According to the service mapping and informants, FSWs, young women and men, unemployed youths, police/uniformed men, day laborers, civil servants, and drivers were identified as most-at-risk segments of the population. Unemployment and high prevalence of commercial sex has aggravated the spread of

HIV in the town. The cumulative effect of a knowledge gap, unprotected sexual practices due to consuming too much liquor, peer and client pressures, unemployment, and destitution help to create an environment ripe for engaging in behavior conducive to contracting HIV. Women are most at risk. The burden of illness also is worse for women because they also have household responsibilities: child care, managing the house, feeding the family, and often having to earn additional income for the family.

TABLE 21: NUMBER OF MARPS IN MAICHEW, MARCH 2011

Target Group	Estimated Population		
	Male	Female	Total
Migrant day laborers during harvest season	510	679	1,189
Construction workers	39	6	45
Uniformed government employees (customs, police, immigration, defense forces, etc.)	4,934	4,543	9,477
In-school youth (excluding college students)	4,377	4,057	8,434
College students (private and public)	1,263	1,399	2,662
Informal traders	10	290	300
Truck drivers	15	0	15
Female sex workers	0	141	141
Displaced population	33	29	62
Total	11,181	11,144	22,325

A. Female Sex Workers

The service mapping of Maichew Town indicates that there are approximately 163 (141 permanent and 22 transient) hotel-based and informal FSWs identified. These FSWs operate in small, rented local drinking houses that are situated along the main road. FSWs work around Ahadu and Shewit Hotels in Kebeles 01 and 04, and Bar Selam, Mokanbo, and Hafte in Kebele 02. Key informants and FGD participants identified day laborers, construction workers, police/uniformed men, and civil servants as the main clients of FSWs. It was reported anecdotally that informal FSWs often receive extra money from their clients to have sex without a condom.

TABLE 22: LOCATIONS IN MAICHEW WHERE FSWS OPERATE, MARCH 2011

Category	Name and Location
Hotels and bars	<ul style="list-style-type: none"> • Bar Selam • Bar Mokanbo • Bar Hafte • Ahadu Hotel • Shewit Hotel
Streets	<ul style="list-style-type: none"> • Kebeles 01, 02 and 04
Areki, tella, and shisha bets	<ul style="list-style-type: none"> • Main roads of the town • Center of the town

B. Informal Traders and Market Sellers

Approximately 300 informal traders operate small-scale businesses in Maichew, in open markets and along the main roads and the marketplaces of Edaga Seluce and Edaga Kedame in Kebeles 01 and 04. Informal traders visit areki and tella houses in these areas to meet liquor sellers and FSWs. Women

FGD participants affirmed that most of the informal traders are young people and widows who often have cross-generational and transactional sex with much older adult men. They practice unsafe sex to earn more money than is the case when using condoms.

C. Truck Drivers and Intercity Bus Drivers

Two to four trucks and buses stop in Maichew each day. About 20 trucks and buses usually park overnight along the main road of the town.

TABLE 23: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES STAYING OR PASSING THROUGH MAICHEW, MARCH 2011

Selected information	Details
Times	<ul style="list-style-type: none"> • Morning (4) • Mid-day (2) • Night (20) • Staying overnight (20)
Overnight parking locations	<ul style="list-style-type: none"> • Main road of the town
Bars, clubs, and hotels visited	<ul style="list-style-type: none"> • Kebele 02 • Ahadu and Yekatit Hotels • Bar Hafte and Mokaambo
Truck and bus companies	<ul style="list-style-type: none"> • Data not available

D. Migrant Day Laborers

Approximately 1,189 migrant day laborers were registered at the time of the survey. Like other MARPs, migrant laborers visit bars, hotels, and local tella and areki bets. These bars and local drinking houses are located in Kebeles 01 and 04. According to key informants, day laborers visit these establishments after their work day. This eventually exposes them to engaging in unsafe sex with FSWs. Inconsistent use of condoms plus a knowledge gap regarding HIV exacerbate the impact of the disease in these segments of the community.

E. Adolescents and Youth

There are approximately 11,096 in-school youth (5,640 males and 5,456 females) are enrolled in Maichew schools. Of the total students, 3,216 (51 percent females) are enrolled in tertiary educational institutions and 2,819 (50 percent females) in secondary schools. Students, particularly in secondary and tertiary schools, are identified as at-risk groups. Their sexual debuts take place at an early age, and most use condoms infrequently. According to a woman informant, “*young people practice unsafe sex due to misconceptions regarding condoms. They believe that condoms do not protect them from HIV infection.*”

TABLE 24: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN MAICHEW, MARCH 2011

School Level	Number of Schools by Type			Student Enrollment			
	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 1–8)	1	7	-	96	4,965	-	5,061
Secondary (grades 9–10)	-	1	-	-	2,819	-	2,819
Tertiary (preparatory, college and higher) tertiary (college and higher)	3	4	-	595	2,621	-	3,216
Total	4	12	-	691	10,405	-	11,096

4.5.4 HEALTH SERVICES

Two health centers and one hospital provide comprehensive HIV/AIDS services in Maichew. There are also three private clinics that provide HCT and STI services, and six drugstores. Condoms, STI treatment, and HIV/AIDS-related services are provided by the government and NGO health facilities. According to key informants, young people in particular have heard about HIV/AIDS/STIs, but they lack in-depth knowledge about the infections. Organizations like the David and Lucile Packard Foundation and OSSA support awareness-creation activities in Maichew. The challenge is for young people and adults to have access to confidential HIV services close to their localities. Targeting MARPs like FSWs, young people, students, women, military personnel, day laborers, and civil servants is crucial and needs to be addressed through mobile HCT services.

TABLE 25: AVAILABILITY OF HEALTH SERVICES IN MAICHEW, MARCH 2011

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
Lemelem Hospital	Public	√	√	√	√	√	√
Maichew Health Center	Public	√	√	√	√	√	√
Semere Meles Health Center	Public	√	√	-	-	√	√
Ethiopian Higher Clinic	Private	√	√	-	-	-	-
Dr Ashenfi Kiros Clinic	Private	√	√	-	-	-	-
Arsema Higher Clinic	Private	√	√	-	-	-	-

4.5.5 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

Two international NGOs (IntraHealth International and MSH) and three local organizations (Mums for Mums, OSSA, and Family Guidance Association of Ethiopia [FGAE]) offer STI services and, for PLHIV, PMTCT, ART, and care and support services, including HBC.

4.5.6 HIV COUNSELING AND TESTING SERVICES

Results from key informants and FGD participants indicated that there are sporadic HCT services provided by a few local and international NGOs in the town. OSSA, IntraHealth International, Mums for Mums, and local organizations provide youth-friendly services and HIV care and support. In addition, OSSA has been providing mobile HCT services every three months. However, services are not adequate to cover the town and its surrounding areas. Similarly, government health facilities provide HIV/AIDS/STI services, but the facilities are already overloaded with outpatient-department (OPD) cases. Also, stigma and confidentiality of test results are client concerns. Most of the informants suggested that HIV-related services should be provided in a convenient location, with service providers located outside of Maichew and with confidentiality maintained.

Key informants and young people in the town suggested that mobile services be offered in the marketplaces, *Adebabay* near Hashenge College and Kebele 04 along the road to Mehoni. Informants also recommended that services be offered during semester breaks for students; on Saturdays, which are market days for rural and urban residents; and, in November and December, as these months are the time for harvesting and local festivals. Social mobilization at coffee ceremonies, peer-to-peer communication, and community conversations were cited as strategies to mobilize at-risk groups in the town.

4.6 MEHONI

4.6.1 BACKGROUND

Mehoni, a town in the Southern Zone of Tigray Regional State, is located 618 kilometers north of Addis Ababa. It has a population of 16,056 (7,626 males and 8,430 females). Mehoni has two primary and one secondary school. There is no tertiary school or college in the town. It has a district hospital and one private clinic.

4.6.2 RISK FACTORS

Key informants reported that HIV is a major public health problem, as it is for any other town in the region. Evidence from KIIs indicated that young people, particularly young girls and women who migrate from rural areas and surrounding suburbs, turn to sex and become engaged in unsafe sex practices due to lack of any other employment options. Poverty and destitution are major driving forces for the young girls, creating an environment that exposes them to high-risk sex. Informants also noted that risky sex practices happen during the crop harvesting season. Rural people sell their crops and drink the local areki and tella, which often leads them to engage in unsafe sex. Young girls, women, FSWs, day laborers, and farmers are identified as high-risk groups. Some out-of-school youth who have multiple sex partners also practiced unsafe sex. In-school girls are another at-risk group. Most of the FSWs in the town are young girls who feared early marriage, may be divorced, or are widowed and have migrated from the rural areas, seeking jobs. In most cases, these women end up being forced to exchange sex for money or goods to survive.

Little awareness about HIV and its disease burden increases the vulnerability of adolescents to contract HIV. Informants explained that farmers and day laborers are among the clients of FSWs. The majority of them do not have in-depth knowledge of the virus and its consequences.

4.6.3 MARPS IN MEHONI TOWN

According to both key informants and FGD participants, FSWs, young men and women, day laborers, divorced and widowed women, women selling areki and tella, and farmers were identified as some of the population segments who are at-risk for HIV. Transactional and cross-generational sex with young women is a common practice in the town. In addition, substance abuse (areki and tella) and inconsistent condom use have led to unsafe sex practices of these MARP groups. Stigma and discrimination remain issues. An in-school young girl said that for many young men, behaving and controlling themselves during sexual encounters are problems: *“There is an attitudinal problem among young men regarding using a condom for every sexual encounter as a result of a knowledge gap.”*

TABLE 26: NUMBER OF MARPS IN MEHONI, MARCH 2011

Target Group	Estimated Population		
	Male	Female	Total
Migrant day laborers during harvest season	-	-	800
Construction workers	450	100	550
In-school youth (excluding college students)	2,369	2,319	4,688
Out-of-school youth (total)	300	200	500
Female sex workers		350	350
Displaced population	50	150	200
Total	3,169	3,119	7,088

A. Female Sex Workers

Three hundred and fifty hotel-based and informal FSWs (300 permanent and 50 transient) live in Mehoni. The informal FSWs operate in areki and tella/tej bets situated along the main roads and central places in the town. The main locations are around Tinsae Hotel, along the road to Maichew, Shuferoch Hotel along the road to Alamata, Adey Tadelech Tej Bet, Temesgen Amlake Tej Bet, and around Sengatera. According to informants, day laborers, farmers, and young men who reside in the town are the major clients of FSWs. Barriers to using condoms by the clients of FSWs include excessive use of alcohol and khat and lack of in-depth knowledge about the virus.

TABLE 27: LOCATIONS IN MEHONI WHERE FSWs OPERATE, MARCH 2011

Category	Name and Location
Hotels and bars	<ul style="list-style-type: none">• Tensae Hotel,• Shuferoch Hotel
Streets	<ul style="list-style-type: none">• Around Sengatera area• Road to Maichew• Road to Alamata
Areki, tella, and shisha bets	<ul style="list-style-type: none">• Adey Tadelech Tej bet• Temesgen Amlake Tej bet

B. Informal Traders and Market Sellers

The number of informal traders operating in Mehoni was not known. However, the specific areas where they operate are in open markets and along the main roads including the center of the town, the road to Maichew, the road to Alamata, around Tinsaye Hotel, around the Shuferoch Hotel, and around local tej and areki houses. Many of the informal traders are young girls and boys who come from surrounding rural areas and suburbs. Anecdotal evidence shows that young girls in particular often do not find jobs when they arrive in the town. In this case, they end up selling goods as informal traders or sell areki and tella in rented business houses. This type of job usually exposes them to unsafe sexual situations with clients. Young men, day laborers, and farmers also visit FSWs after consuming alcohol in these establishments.

C. Truck Drivers and Intercity Bus Drivers

An estimated six to 17 trucks and intercity buses stop in Mehoni each day. About 25 trucks and buses usually park overnight in the bus station and along the main road. Three trucking companies operate along the Mehoni route: Trans Ethiopia, Tikur Abay Transport, and Yared Transport. Information gathered from interviews indicates that truck drivers frequently visit hotels and bars to drink alcohol and meet hotel-based FSWs.

TABLE 28: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES STAYING OR PASSING THROUGH MEHONI, MARCH 2011

Selected Information	Details
Times	<ul style="list-style-type: none"> • Morning (6) • Mid-day (8) • Night (17) • Staying overnight (25)
Overnight parking locations	<ul style="list-style-type: none"> • Road to Maichew • Road to Alamata
Bars, clubs, and hotels visited	<ul style="list-style-type: none"> • Tinsae Hotel • Shuferoch Hotel • Abunearagawi Hotel • Hard Rock Bar
Truck and bus companies	<ul style="list-style-type: none"> • Tikur Abay • Trans Ethiopia • Yared Transport

D. Migrant Day Laborers

There are approximately 800 migrant day laborers including construction workers registered at the time of the survey. Most of these day laborers are engaged in road construction. Migrant laborers visit bars, hotels, and local drinking houses. These establishments are located in the slums, i.e., around Endamariam Church, Sengatera, and the Hossaena Tej Bet. Day laborers spend their time here drinking liquor and visiting their sexual partners who sell areki and tella. This eventually exposes them to engaging in unsafe sex practices. Information from key informants revealed that day laborers in Mehoni are mostly farmers that migrated from the surrounding area including the neighboring Amhara Region. They are uneducated and work for their daily subsistence. Due to knowledge gaps, these groups do not use condoms consistently when they have sex.

E. Adolescents and Youth

An estimated 4,688 in-school youth are registered (2,369 males and 2,319 females) in Mehoni, with 2,335 of the students (47 percent females) in secondary schools. There is no tertiary level or college in Mehoni. Like other towns in Tigray Regional State, young people engage in risky sexual behaviors that put them at a high risk for contracting HIV. Based on anecdotal evidence and national reports on young people's behavior, sexual debut among this group starts at an early age.

TABLE 29: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN MEHONI

School Level	Number of Schools by Type			Student Enrollment			
	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 1–8)	-	2	-	-	2,353	-	2,353
Secondary (grades 9–10)	-	2	-	-	2,335	-	2,335
Tertiary (preparatory, college and higher)	-	-	-	-	-	-	-
Total	-	4	-	-	4,688	-	4,688

4.6.4 HEALTH SERVICES

Mehoni Town has only one district hospital and one private clinic. The hospital provides comprehensive HIV/AIDS services, while the clinic provides STI services. In addition, there are four drug shops including the hospital's pharmacy. As indicated by informants, condoms and HIV services are provided in the town; however, there is shortage of health facilities that provide comprehensive HIV services.

According to the informants, condoms are available in a variety of shops and health facilities. However, there are misconceptions about condoms affecting utilization. Young people do not use condoms consistently. They feel that the condom reduces their physical pleasure. Inconsistent condom use exposes young people and adults to HIV and STIs. Getting treatment for STIs is also a challenge: As informants pointed out, *Medicins Sans Frontières* (Doctors Without Borders, MSF) provides free STI drugs in the facilities they support, but no STI drugs are available in other facilities. Clients are forced to buy such drugs from pharmacies and drug shops, and pay up to 80 Ethiopian Birr. Stigma about HIV and STIs is also another issue, as is the lack of confidentiality of test results for young people and adults that prevent these groups from accessing government health facilities.

TABLE 30: AVAILABILITY OF HEALTH SERVICES IN MEHONI, MARCH 2011

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
Mehoni District Hospital	Public	√	√	√	√	√	√
Mariam Debresina Clinic	Private	-	√	-	-	-	-

4.6.5 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

Two international organizations (UNICEF and MSH) and five local NGOs (OSSA, Relief Society of Tigray, FGAE, Ethiopian Orthodox Church, Human Beings of Brotherhood) work on HIV prevention, care, and support, and income-generation schemes for young people and OVC who are affected and infected by HIV. In addition, there are several local associations focusing on PLHIV, youth, women, the elderly, farmers, and the disabled, that provide HIV/AIDS care and prevention activities for their members. They focus on awareness creation through BCC and community conversations. They also provide care and support for those affected and infected by HIV.

4.6.6 HIV COUNSELING AND TESTING SERVICES

Local NGOs like OSSA provide mobile HCT. However, these services are infrequent and do not cover the population in need of HIV-related services. An informant from the Town Health Office mentioned, *"We have seen that OSSA conducted mobile HCT services two times in the town. No such services since then. The demand is high and we hope that some other NGOs including OSSA will do more in the future."*

Similarly, both FGD members and key informants reported that many people want HCT, but do not want to go to the health facility, due to the poor quality of services, long waits, and lack of trained staff. Young FGD participants suggested that the mobile services be offered in marketplaces and the center of town, and along the main roads to Maichew and Alamata. They also emphasized the importance of social mobilization through drama, community conversations, and awareness-creation fora as effective channels for communication to increase use of services. Thursday markets, and Saturdays and Sundays were identified as preferred times for the mobile HCT services.

4.7 KOREM

4.7.1 BACKGROUND

Korem, a town in the Southern Zone of Tigray Regional State, is located 600 kilometers north of Addis Ababa. It has a population of 19,466 (8,699 males and 10,767 females). There are four primary, one secondary school and two tertiary education institutions (one college and one Technical and Vocational Education and Training school). All the schools are owned by government. Korem has only one health center and one drug shop. The health center is the only facility in the town that provides comprehensive HIV/AIDS services. Korem is known for its locally brewed liquor called *korefe*.²

4.7.2 RISK FACTORS

Informants in Korem identified HIV as a major public health problem. Young people such as the unemployed and school drop-outs, FSWs, farmers, divorced and widowed women who sell *korefe*, *tella*, and *areki* are reported as at-risk groups in the community. Due to lack of youth-friendly recreational activities, young people usually drink liquor and chew khat, which leads them to engage in risky behaviors. Watching pornographic movies is also another influence, and perhaps contributes to young people engaging in unsafe sex practices. Poverty and destitution are the major driving forces for women to migrate from rural areas to towns where they end up exposed to high-risk sexual behaviors. Sugar daddies search for young girls and students through sexual networks. These adult men engage in cross-generational sex with young girls and often practice unsafe sex.

Informants explained that farmers and day laborers are also clients of FSWs. The majority of them do not have in-depth knowledge of the HIV virus and its consequences.

4.7.3 MARPS IN KOREM TOWN

FSWs, young men and women, day laborers, divorced and widowed women, women selling *areki* and *tella*, and farmers were some segments of the population who are at-risk of HIV. Transactional and cross-generational sex with these groups is common. In addition, substance abuse, i.e., consuming *areki*, *tella*, *korefe*, and khat, is a major factor leading to engaging in unsafe sex practices of these MARP groups. Stigma and discrimination remain an issue. Inconsistent condom use and engagement with multiple sex partners are other common risky behaviors of these groups.

² A type of *tella*, made from fermented sorghum and water.

TABLE 31: NUMBER OF MARPS IN KOREM, MARCH 2011

Target Group	Estimated Population		
	Male	Female	Total
Migrant day laborers during harvest season	200	100	300
Construction workers	25	15	40
Uniformed government employees (customs, police, immigration, defense forces, etc.)	31	07	38
In-school youth (excluding college students)	3,216	2,967	6,183
College students (private and public)	283	233	516
Out-of-school youth (total)	193	217	410
Informal traders	60	240	300
Truck drivers	05	-	05
Female sex workers	-	140	140
Total	4,013	3,919	7,792

A. Female Sex Workers

There are 140 permanent hotel-based FSWs in Korem town. FSWs operate in areki and tella/korefe bets that are situated along the main roads and central places in the town. Specific areas are in Kebeles 01 and 03. According to informants, day laborers, construction workers, informal traders, and farmers frequently visit these FSWs. A female informant described, “*Young women coming from rural areas usually have no means to generate income and hence, rent small houses to sell alcohol. Adult men who visit these houses become clients of these women (for sex, presumably).*” There are barriers to using condoms by clients resulting from excessive consumption of alcohol and khat and lack of in-depth knowledge of the virus.

TABLE 32: LOCATIONS IN KOREM WHERE FSWs OPERATE, MARCH 2011

Category	Name and Location
Hotels and bars	<ul style="list-style-type: none"> • No specific hotels • Areki, tella, and korefe houses
Streets	<ul style="list-style-type: none"> • Kebele 01 • Kebele 02
Areki, tella, and shisha bets	<ul style="list-style-type: none"> • Kebele 01 • Kebele 02

B. Informal Traders and Market Sellers

Korem has approximately 300 informal traders. Informal traders operate in open markets and along the main roads of the town, which are around Kebele 01, Edaga Hamus-market area, and the Piassa. Many of the informal traders are young girls and boys who come from surrounding rural areas and suburbs. Young girls in particular often do not get jobs when they arrive in the town and end up selling goods and local liquor as informal traders, renting small business houses. This type of job usually exposes them to unsafe sex activities with clients. Young men, day laborers, and farmers also visit FSWs after consuming alcohol in these establishments.

C. Truck Drivers and Intercity Bus Drivers

Trucks and intercity buses do not stop in Korem. They use the Mehoney route instead. No truck or bus companies operate in the town.

D. Migrant Day Laborers

Three hundred migrant day laborers, including construction workers, are estimated to live in Korem town. Most of these day laborers are engaged in construction activities. Migrant day laborers, after they completed their work day, visit local drinking houses. These places are located around the market, *Edaga Hamuse*, in Kebeles 01 and 03. According to key informants, young girls, and divorced and widowed women who sell local alcohol are the sex partners of these day laborers. Both the day laborers and their sex partners, in most cases, are uneducated and have little knowledge about the HIV virus and its consequences. Informants also confirmed the existence of this knowledge gap in the town. Lack of in-depth knowledge about the virus and lack of condom use increases the vulnerability of day laborers to HIV.

E. Adolescents and Youth

Korem is home to 6,699 students. Of the total number, 2,153 (46 percent females) are in secondary schools and 946 (40 percent females) are in tertiary schools/colleges. As indicated by informants, young men initiate sex early, with unsafe sexual encounters with young girls while they are in school. An informant from Korem Town Health Office affirmed, *“Young men provoked by their peers, start having sexual contact with young girls. Once they start having sex, they continue having sexual encounters with others, including unsafe practices with FSWs. This is really a disaster given how HIV spreads among young people in the town. Often times, unsafe sex practices among young people are aggravated by consuming too much alcohol and khat.”*

TABLE 33: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN KOREM, MARCH 2011

School Level	Number of Schools by Type			Student Enrollment			
	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 1–8)	-	4	-	-	3,570	-	3,570
Secondary (grades 9–10)	-	1	-	-	2,153	-	2,153
Tertiary (preparatory, college and higher)	-	2	-	-	946	-	946
Total	-	7	-	-	6,669	-	6,669

4.7.4 HEALTH SERVICES

There is only one health center and one drug vendor in Korem. The health center provides comprehensive HIV/AIDS services. However, it is usually overloaded with general OPD patients. As described by informants, condom provision and other HIV-related services are provided at the health center intermittently. A shortage of health facilities in the town is reported as a major bottleneck in the fight against HIV.

TABLE 34: AVAILABILITY OF HEALTH SERVICES IN KOREM, MARCH 2011

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
Korem Health Center	Public	√	√	√	√	√	√

4.7.5 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

There are only two organizations (Ethiopian Orthodox Church and Action AID) that provide HIV/AIDS-related services in the town. Both the NGOs are working on HIV prevention, care, and support and income-generation schemes for young people and OVC who are affected and infected by HIV. In addition, there are two local associations (Mahbere Wello and Hashenge Youth Association) that work on HIV/AIDS prevention activities for their members. OSSA has provided mobile HCT services for some time.

4.7.6 HIV COUNSELING AND TESTING SERVICES

Availability of HCT services in Korem is erratic. They are provided by local NGOs like OSSA. Coverage of HIV/AIDS prevention, care, and support services is low. A female informant mentioned that she has never heard about STIs and HIV services: *“Although I have seen that OSSA has conducted mobile HCT services for a week in town and these are key to the community, I know that neighbors and relatives are traveling to Maichew and Alamata in need of such services. The demand is high and we hope that the government and NGOs will address our problems.”* Another informant said, *“Due to overloading of the town health center, the rural community is suffering to gain access to health care. I suggest that health professionals should mobilize the community and reach rural areas through outreach and mobile services.”*

Women informants welcomed the idea of mobile HCT services as a few have seen OSSA’s mobile HCT services in action. These informants suggested that the mobile services be offered in marketplaces and close to the farmers’ association. Services should be available during public meetings and market days. Social mobilization through community conversations, coffee ceremonies, religious leaders, and public forums are also recommended by informants.

4.8 ALAMATA

4.8.1 BACKGROUND

Alamata, a town in the Southern Zone of Tigray Regional State, is located 580 kilometers north of Addis Ababa. It has a population of 40,535 (19,695 males and 20,840 females). There are eight primary schools, one secondary school, one preparatory school and two colleges in Alamata. Except for one private college, schools and colleges are state owned. The town has one hospital, one health center, three private clinics, and nine drug shops/vendors. Alamata has a higher number of FSWs (250) working in hotels, bars, areki and tella houses. Like the rest of the surveyed towns in Tigray, HIV/AIDS is a major public health problem.

4.8.2 RISK FACTORS

Evidence from key HAPCO and NGO informants showed that young people, particularly young girls and women who migrate from different parts of other Tigray and Amhara towns, rural areas and surrounding suburbs are exposed to risky sexual practices. Most of these groups are uneducated and lack in-depth knowledge about HIV. They frequently engage in selling areki and tella in small rented houses and live in groups as they cannot afford to pay rent individually. Most of them sell sex in

exchange for money for survival purposes and practice unsafe sex if their clients offer more money for such services. Day laborers, students from colleges and secondary schools, truck drivers, and ex-prisoners are their clients.

Lack of knowledge about HIV and its consequences and poverty in general are major contributing factors for increased vulnerability of these groups to HIV. All of the informants affirmed that there is a high HIV prevalence in the town. All of the FSW informants indicated that they were HIV positive and still actively selling sex in exchange for money. During field team observations, Kebele 03 was identified as a slum area having a high concentration of FSWs.

4.8.3 MARPS IN ALAMATA TOWN

FSWs, young women and men, students from colleges and secondary schools, day laborers, truck drivers, and prisoners were identified as the MARPs. According to FGD and key informants, unemployment and a high prevalence of commercial sex exacerbates the spread of HIV in the town. The cumulative effect of knowledge gaps, unprotected sexual practices due to consumption of drugs and alcohol, peer and client pressures, unemployment, and destitution contribute to the practice of behaviors that can result in contracting HIV. Women and young girls are the most vulnerable groups. Early marriage practices, poverty, stigma, and discrimination associated with anyone having HIV have also contributed to increasing the burden of HIV.

TABLE 35: NUMBER OF MARPS IN ALAMATA, MARCH 2011

Target Group	Estimated Population		
	Male	Female	Total
Migrant day laborers during harvest season (time of the harvest season)	*	*	500
Uniformed government employees (customs, police, immigration, defense forces, etc.)	46	6	52
In-school youth (excluding college students)	6,084	5,573	11,657
College students (private and public)	497	512	1009
Informal traders	-	-	80
Female sex workers	-	252	252
Total	6,627	6,343	13,550

* Data on the male/female breakdown of migrant day laborers were not available.

A. Female Sex Workers

There are an estimated 252 hotel-based and informal FSWs (172 permanent and 80 transient) who sell sex in exchange for money or goods in Alamata. These FSWs operate in small, rented local drinking houses located in the slum area, Kebele 03. The service mapping indicated that day laborers, students, drivers, and uniformed men are FSWs' main clients. Informants indicated that informal FSWs (such as young girls and students) often receive extra money from their clients to have sex without using a condom. Barriers to using condoms by these clients include excessive consumption of alcohol and khat.

TABLE 36: LOCATIONS IN ALAMATA WHERE FSWS OPERATE, MARCH 2011

Category	Name and Location
Hotels and bars	<ul style="list-style-type: none"> • Obama, Near Jeri Café, Kebele 01 • Hard rock, Near Anuar shop, Kebele 03 • Midre genet, Near Shell, Kebele 02 • Dane, Kebele 02 • Global, Kebele 02 • Raya, Kebele 02
Streets	<ul style="list-style-type: none"> • Kebeles 01, 02 and 03
Areki, tella, and shisha bets	<ul style="list-style-type: none"> • Main road to Addis Ababa, Korem, Mehoni, • Wenze, Kebele 03

B. Informal Traders and Market Sellers

Eighty informal traders operate small-scale businesses in Alamata Town. Informal traders operate in open markets and along the main road in town and marketplaces, i.e., in Kebeles 01, 02, and 03. They are located around the Selam, Raya, Ethiopia, Ketena I, Momina, and Birhane Hagezom Hotels and at the Alamata Shade Market. After they finish their work day, they often visit areki and tella houses in these areas to drink and meet FSWS. Many of the informal traders are young boys and widowed women who often are exposed to cross-generational and transactional sex with much older adult men. They tend to practice unsafe sex, not using condoms, to earn extra money.

C. Truck Drivers and Intercity Bus Drivers

On average, two to 10 trucks and buses stop in Alamata each day. Fifteen trucks and buses usually park overnight along the main road of the town. As discussed previously, truck drivers are also one of the at-risk groups of the community. According to informants, truck drivers frequently visit hotels and bars to consume alcohol and eventually engage with the hotel-based FSWS. Azeb, Roha, and Mesi Bars along the road to Mehoni are the main places that truck drivers spend their time drinking alcohol and meeting with the hotel-based FSWS.

TABLE 37: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES STAYING OR PASSING THROUGH ALAMATA, MARCH 2011

Selected Information	Details
Times	<ul style="list-style-type: none"> • Morning (2) • Mid-day (10) • Night (15) • Staying overnight (15)
Overnight parking locations	<ul style="list-style-type: none"> • Main road of the town • Road to Mehoni
Bars, clubs, and hotels visited	<ul style="list-style-type: none"> • Selam Restaurant • Nigus Restaurant • Theodros Hotel • Azeb, Roha, and Mesi bars
Truck and bus companies	<ul style="list-style-type: none"> • Trans Ethiopia • Tikur Abay Transport • Yared Transport

D. Migrant Day Laborers

About 500 migrant day laborers were estimated to live in Alamata. They come to Alamata from the surrounding woredas, usually in the dry season for construction work. Like other MARPs, migrant laborers visit local drinking houses. These drinking houses are located in and around Momina, Birhan Hagezom, and Aynaddis Hotels in Kebeles 01, 02, and 03.

E. Adolescents and Youth

There are an estimated 12,666 in-school youth registered (6,581 males and 6,085 females). Of the total students, 1,769 (45 percent females) are in tertiary education and 3,063 (45 percent females) in secondary schools. According to informants, young people at schools and colleges initiate sex at an early age. Students, particularly in secondary and tertiary schools, are identified as at-risk groups. In most cases, they do not use condoms frequently and consistently. According to an informant from one NGO, young people practice unsafe sex due to peer pressure and misconceptions regarding condoms.

TABLE 38: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN ALAMATA, MARCH 2011

School Level	Number of Schools by Type			Student Enrollment			
	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 1–8)	-	8	-	-	7,834	-	7,834
Secondary (grades 9–10)	-	1	-	-	3,063	-	3,063
Tertiary (preparatory, college and higher)	1	2	-	186	1,583	-	1,769
Total	1	11	-	186	12,480	-	12,666

4.8.4 HEALTH SERVICES

Alamata has one hospital and one health center that provide comprehensive HIV/AIDS services. There are also three private clinics that provide services related to STIs or OIs. Nine drugstores also operate in the town. According to the informants, young people have heard about HIV/AIDS/STIs; however, they haven't changed their attitude regarding practicing safer sex. MSH, World Vision, OSSA, and Mission for Charity provide awareness-creation and HIV prevention, care, and support services in the town. Income-generation schemes and HBC are other components of the integrated HIV/AIDS care and support services implemented by these organizations. Targeting MARPs like FSWs, young people, students, women, day laborers, and truck drivers is suggested as crucial to prevent HIV and needs to be addressed through mobile HCT services.

TABLE 39: AVAILABILITY OF HEALTH SERVICES IN ALAMATA, MARCH 2011

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
Almata District Hospital	Public	√	√	√	√	√	√
Almata Health Center	Public	√	√	√	√	√	√
Dr Kumenegre	Private	-	√	-	-	-	-
Beza Polyclinic	Private	-	√	-	√	-	-
K.giorgis Diagnostic	Private	-	-	-	-	-	-

4.8.5 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

Both international and local NGOs like MSH, World Vision, OSSA, and Mission for Charity provide awareness-creation and HIV prevention, care, and support services in the town. Income-generation schemes and HBC are other components of the integrated HIV/AIDS care and support services implemented by these organizations.

4.8.6 HIV COUNSELING AND TESTING SERVICES

According to informants from the woreda, other than HAPCO and Human Beings of Brotherhood, only a few NGOs such as Save the Children USA and OSSA have provided HCT services. Services like mobile HCT were sporadic. Those HIV- and STI-related services provided by the government facilities appeared to contribute to clients being stigmatized by the community. FGD and key informants suggested that HIV-related services should be provided in a convenient location, with service providers who would come from outside of the town (not be local), to better ensure that confidentiality is maintained. Marketplaces, Kebele 03, and near the center of the town (Raya and Theodros Hotels) were identified and suggested as preferred places to provide mobile HCT services targeted for MARPs. Informants recommended that a good mobilization strategy to reach MARPs would be to work through anti-AIDS clubs, peers, neighbors, and administrative structures at the kebele level: identifying community agents, schools, and students; conducting door-to-door visits; and using audio cassettes for drivers.

4.9 ADWA

4.9.1 BACKGROUND

Adwa is one of the biggest towns in the Central Zone of Tigray Region. It is 1,033 kilometers from Addis Ababa. The total population is 47,707 (23,377 males and 24,330 females). Adwa Hospital and one health center provide basic public services. There are many primary and secondary schools.

HAPCO has activities that reach MARPs, undertaking peer education for FSWs and day laborers. Tigray Youth Association, Mums for Mums, OSSA, MSH, and IntraHealth are also working with MARPs.

4.9.2 RISK FACTORS

HIV/AIDS and malaria were reported to be the most common health problems in Adwa Town. Upper respiratory track infections, skin diseases and diarrhea are also common. Multi-partner sexual contact, heavy drinking, drug addiction, and unemployment contribute to risk-taking behaviors and practices. The sexual relationships of FSWs with day laborers, traders, civil servants, and military personnel are considered as common practices, making them vulnerable to HIV infection. HAPCO also categorized FSWs, day laborers and small three-wheeled motorbike taxi drivers locally called *Bajaj*, as the most at risk groups in the town.

The small movie houses that show pornographic films and are patronized by both young people and adults may contribute to youth engaging in sex at an early age, as well as to unsafe sex practices among this group. Mostly elderly men have a tendency to establish sexual contact with teenage girls (in- and out-of-school), exposing the girls to HIV infection. Many young people also believe that establishing multi-partner sexual contacts is a good thing, and they use this behavior to improve their reputation among their peers. Low socio-economic status and lack of awareness about HIV are also major factors fuelling HIV/AIDS among MARPs.

4.9.3 MARPS IN ADWA TOWN

Youth in general are categorized as the most at-risk group for HIV/AIDS. Other MARP groups include long-distance truck drivers, day laborers, small-scale industry workers, PLHIV, and FSWs and girls (at night clubs, hotels and khat houses, tella and areki houses, coffee houses, and waiters).

TABLE 40: NUMBER OF MARPS IN ADWA, MARCH 2011

Target Group	Estimated Population		
	Male	Female	Total
Migrant day laborers during harvest season	2,000	1,000	3,000
Construction workers	1,600	1,500	3,100
In-school youth (excluding college students)	7,320	8,906	16,226
Out-of-school youth (total)	1,187	1,741	2,928
Out-of-school youth in employment	423	908	1,331
College students (private and public)	1,934	1,604	3,538
Informal traders	300	700	1,000
Truck drivers	300	-	300
Female sex workers	-	790	790
Total	15,064	17,149	32,213

A. Female Sex Workers

There are approximately 790 FSWs (640 permanent and 150 transient) operating in Adwa. Most of the permanent ones are residing in Adiabun, Kebeles 08 and 09. Day laborers, students, traders, civil servants, and the military are the major clients of the FSWs. FSWs believe that they are engaged in risky business. Their partner's behavior determines their risk circumstances. They reported that there are partners who refuse to use a condom and even when a FSW insists they do so, the clients tend to bite them with their teeth. FSWs claim to get free health services or at least health services at a fair price. They also demanded to form an association where they feel they can benefit through being better organized.

TABLE 41: LOCATIONS IN ADWA WHERE FSWS OPERATE, MARCH 2011

Selected Information	Details
Hotels and bars	<ul style="list-style-type: none"> • Africa Hotel • Andinet Hotel • Tekeze Hotel • Military Hotel
Streets	<ul style="list-style-type: none"> • Adiabun 08 and 09 (Rama and Axum Road) Meneharia Street • Rega Eniyiny Sefer
	<ul style="list-style-type: none"> •
Areki, tella, and shisha bets	<ul style="list-style-type: none"> • Damedhanialem Tella and Areki Sefer

B. Informal Traders and Market Sellers

The town administration Trade and Industry Office reported that there are around 1,000 informal traders (700 in Adwa and 300 in Adiabun Market). The diverse types of informal traders include those small traders who carry some items by themselves and sell them locally. They include lottery sales boys, and unregistered street traders. Most of these groups are mobile and their low economic status makes them highly vulnerable to actions leading to contracting HIV.

C. Truck Drivers and Intercity Bus Drivers

Drivers for the several trucking companies (Trans-Ethiopia, Africa, Abyssinia, and Nib) either pass through or spend a day and/or night in Adwa. This group was reported as the most at risk and makes up the major clientele of FSWs.

TABLE 42: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES STAYING OR PASSING THROUGH ADWA, MARCH 2011

Selected Information	Details
Times	<ul style="list-style-type: none"> • Day 1 (2) Morning – 68 (54) • Day 1 (2) Midday – 80 (72) • Day 1 (2) Afternoon – 25 (20)
Trucks parking overnight	<ul style="list-style-type: none"> • Day 1 → 151 • Day 2 → 145
Overnight parking location	<ul style="list-style-type: none"> • Turist Hotel Adua, Kebele 06 • Weyni Hotel Adiabun, Kebele 09 • Semayata Hotel Adiabun, Kebele 08 • Selam Bar Adua Degadig, Kebele 06
Hotels/bars/night clubs/tella or areki bets visited	<ul style="list-style-type: none"> • Simen Hotel (Kebele 07, Adua Adamedhanialem sefer) • Amazone Hotel (Kebele 06, Meneharia sefer) • Tekeze Hotel (Kebele 09, Adiabun) • Adua Hotel
Night clubs where long-distance truck drivers find FSWs	<ul style="list-style-type: none"> • Andinet Hotel Adiabun, Kebele 08 • Netsanet Hotel Adiabun, Kebele 08

D. Migrant Day Laborers

Approximately 3,000 migrant day laborers live in the town and work at various construction sites and farms. Their low socio-economic status and low awareness of HIV are the main reasons that this group engages in risky sexual practices. They also have sexual contact with each other. There are two road projects, run by China and the Ethiopian Road Authority, which employed around 200 people last year. The town administration regards their workers as a MARP group. The recreation places frequented by these road workers include the Africa Hotel, Netsanet Hotel, Andinet Hotel, Amazone Hotel, and Rut Bar. Adiabun, Kebele 08, is the kebele where most of the hotels are located.

E. Adolescents and Youth

Adwa has a large proportion of students at the primary, secondary, and tertiary levels. Currently, 19,764 students are enrolled the schools. The number of students at the seven tertiary-level schools is 5,655. Approximately 1,331 out-of-school youth are estimated to live in the town.

Youths in general are regarded as a MARP group, according to town key informants. In most cases, they are involved in heavy alcohol drinking, visit hotels and bars regularly, chew khat, and initiate having sex

at an early age. They practice multi-partner sexual contacts due to peer pressure, placing them at increased risk for HIV/AIDS. School-age girls also practice sex with older men, which contributes to the area's high HIV transmission.

TABLE 43: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN ADWA, MARCH 2011

School Level	Number of Schools by Type			Student Enrollment			
	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 1–8)	-	8	1	-	7,443	526	7,969
Secondary (grades 9–10)	-	4	1	-	6,024	62	6,086
Tertiary (preparatory, college and higher)	3	3	1	994	4,296	419	5,709
Total				994	17,763	1,007	19,764

4.9.4 HEALTH SERVICES

Adwa town has two government health facilities, one hospital, and one health center. There are also six private clinics.

Previously, HIV-related activities to reach MARPs were not available but these days, there is peer education among FSWs and day laborers. Different USAID-funded projects implemented by various organizations, e.g., Mums for Mums, MSH, and IntraHealth, as well as by OSSA and the Tigray Youth Association, have interventions that focus on MARPs. FSWs in Adwa reported that they were trained to start an HIV prevention program but it is not operational yet.

TABLE 44: AVAILABILITY OF HEALTH SERVICES IN ADWA, MARCH 2011

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
Adwa Hospital	Public	√	√	√	√	√	√
Adwa Health Center	Public	√	√	√	√	√	√
Atsedamariam Health Center	Private	-	-	-	-	-	-
Daniel Medium Clinic	Private	-	-	-	-	-	-
St. Mary Clinic	Private	-	-	-	-	-	-
Senay Higher Clinic	Private	-	-	-	-	-	-
International Higher Clinic	Private	-	-	-	-	-	-
Teklehaymanot Clinic	Private	-	-	-	-	-	-

4.9.5 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

Three NGOs are working on HIV/AIDS in Adwa: OSSA, Mums for Mums, and MSH. Adwa college students, the police force, and PLHIV are their main target groups.

4.9.6 HIV COUNSELING AND TESTING SERVICES

Adwa residents usually get tested for HIV and know their status. The key informants stated that clients most often chose private clinics for HCT services because they believe that confidentiality is maintained. Informants from the Woreda Health Office reported that there are outreach services for factory workers, college and high school students, and FSWs. Key informants also recommended that these

services be offered at places where MARPs are available in a greater numbers. Respondents from Adwa said that they have mobile HCT services in factories and schools but not on regular basis.

4.10 AXUM

4.10.1 BACKGROUND

Axum is the administrative seat of the Central Zone and Laelay Maychew Woreda of Tigray Region. It is a well-known historical place in the northern part of Ethiopia, located 1,012 kilometers north of Addis Ababa. It has a total population of 49,263 (24,139 males and 25,124 females) according to the Woreda Health Office. Other than HIV/AIDS, commonly reported diseases include respiratory track infections, malnutrition, STIs, TB, diarrhea, and skin diseases.

4.10.2 RISK FACTORS

According to key informants, groups who actively engaged in risky sexual activity are FSWs, unmarried couples, university students, youth, construction workers, tour guides, Bajaj drivers, tella and areki sellers, day laborers, and wealthy people over the age of 45 years.

Behaviors like consuming too much alcohol, chewing khat, and other drug addictions increase the vulnerability of these at-risk groups. Youth aged 15–24 years, construction workers, and day laborers are found in higher concentrations and are among the MARP groups. With massive construction going on in and around Axum, the town is crowded with young male and female construction workers.

According to key informants, many waitresses in hotels and bars, tella and areki sellers, women who have migrated from rural kebeles, and female university students are involved in sex work in some way, to meet their economic needs. Day laborers, youths, and construction workers are the major clients of FSWs at smaller bars, hotels, and tella or areki bets because they can only afford FSWs who charge the minimum. Key informants also noted that, since Axum is a very religious town, usually FSWs do not openly engage in their work; this makes prevention efforts more difficult.

It is not only the girls who become involved in unsafe sex. Young boys also have multi-partner sexual contacts. The usual motives for this are economics and peer pressure. Many young people start sexual activity at the age of 15 to 17 and usually do it with their peers, schoolmates, tourists, rich people, and FSWs. Informal traders and some rich people also have the habit of engaging in sex with more than one partner.

Female students who were observed to be pregnant most likely had unprotected sexual contact, which increased their risk to HIV and other infections. The increase in use of modern contraceptives among students and the unmarried group may implies that condom use is low, increasing the risk of HIV. University students engage in a form of transactional sex where they benefit economically. Students reported that they are engaged in love affairs by choosing the man who suits them best economically. Among students, knowledge gaps about HIV still exist. They only know HIV is one type of STI but don't about other the STIs.

4.10.3 MARPS IN AXUM TOWN

The assessment revealed that FSWs, unmarried couples, university students, youth, construction workers, tour guides, Bajaj drivers, tella and areki sellers, day laborers, and wealthy people above the age of 45 are the major groups who are at risk. The peculiar characteristics of some of the groups are presented below.

TABLE 45: NUMBER OF MARPS IN AXUM, MARCH 2011

Target Group	Estimated Population		
	Male	Female	Total
Migrant day laborers during harvest season	750	2	752
Farm/plantation workers	32	28	60
Construction workers	*	*	4,300
Uniformed government employees (customs, police, immigration, defense forces, etc.)	1,900	100	2,000
In-school youth (excluding college students)	7,087	7,644	14,731
Out-of-school youth (total)	1,504	2,141	3,645
Out-of-school youth in employment	56	64	120
College students (private and public)	1,651	1,838	3,489
Informal traders	335	500	835
Female sex workers	-	610	610
Total	13,291	12,951	30,542

* Data on the male/female breakdown of construction workers were not available.

A. Female Sex Workers

An estimated 610 FSWs (185 permanent and 425 transient) operate in Axum in different hotels, night clubs, areki bets, and on the streets. Most of the permanent ones reside in Kebele 02 Kindeya Village and the transient ones reside around the university. The main clients of FSWs are construction workers, drivers, guides, day laborers, and military. Places like the Piassa, around the fuel station, and Daero Piassa are the main areas where FSWs meet their clients. According to the information from HAPCO, the specific areas where FSWs operate are in Kebele 02, Kindeya Village, and Kebeles 03 and 04 (around Meneharia, Z-Arc Hotel, and the Africa Hotel).

TABLE 46: LOCATIONS IN AXUM WHERE FSWs OPERATE, MARCH 2011

Selected Information	Details
Bars, clubs, hotels, streets, kebeles, tella or araki bets where FSWs operate around Kebele 02, Kindeya Sefer	<ul style="list-style-type: none"> • Shebelle Bar • Martreza Bar • Z-max Bar • Atlanta Bar

B. Informal Traders and Market Sellers

About 835 informal traders operate small-scale businesses in Axum. These traders operate near Hawelti Market, Miebaale Tabia, and in other parts of the town.

C. Truck Drivers and Intercity Bus Drivers

Trans Ethiopia is the trucking company that operates in Axum. On average, 130 long-distance trucks (including Isuzu) park in and around the town during the day time. Overnight around 55 park in the truck park. Dezdemonna, Martrezza, and the Mask night clubs are known for their high concentration of FSWs, and the truck drivers usually visit these clubs.

TABLE 47: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES STAYING OR PASSING THROUGH AXUM, MARCH 2011

Selected Information	Details	
Times	<ul style="list-style-type: none"> • Day 1 (2) Morning – 45 (55) • Day 1 (2) Mid-day – 55 (85) • Day 1 (2) Afternoon – 65 (85) 	
Trucks parking overnight	<ul style="list-style-type: none"> • Day 1 → 45 • Day 2 → 65 	
Places where long-distance truck drivers park at night places	<ul style="list-style-type: none"> • Center of Piassa • Around NOK 	<ul style="list-style-type: none"> • Daero Piassa • Around Menaharia
Hotels/bars/night clubs/tella or araki bets visited	<ul style="list-style-type: none"> • Winta Hotel • Aseb Hotel • Abe Restaurant • Ambassador Hotel 	<ul style="list-style-type: none"> • Nigiste Saba Hotel • Desdemona bar • Martreza bar • The Mask
Night clubs where long-distance truck drivers find sex workers	<ul style="list-style-type: none"> • Desdemona Night Club • Mariaterezza Night Club • The Mask Night Club 	

D. Migrant Day Laborers

Axum hosts 752 migrant day laborers working in various construction sites and farms. These groups frequently visit areki and tella sellers in Kebeles 02 and 03 (Kindeya Sefer) and meet sex workers there. An estimated 4,300 road construction workers work for three construction companies (Sur Construction, Highway, and a Chinese company) in the town. These groups frequently visit Martreza, Dezdemona and Mask night clubs, areki and tella houses, and places in Kindeya Kebele 02 (near the town municipality office) to drink alcohol and meet sex workers.

E. Adolescents and Youth

In almost all of the interviews carried out in Axum, the youth group was mentioned as the most at risk. It was noted that they tend to start sexual activity at an early age and become involved in multi-partner sexual contact. Low socio-economic status and lack of awareness about HIV were the main reasons given for such behaviors.

The total school enrollment rate for primary, secondary, and tertiary levels combined is estimated to be 18,220, a major share of the town's overall population. There are 3,645 out-of-school youth in Axum. The youth vulnerability to HIV/AIDS is provoked by too much alcohol drinking, visits to hotels/bars and meeting sex workers, and drug addiction (*khat*). Students also believe that there is no program which gives special attention to students.

TABLE 48: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN AXUM, MARCH 2011

School Level	Number of Schools by Type			Student Enrollment			
	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 1–8)	1	8	1	219	8,405	213	8,837
Secondary (grades 9–10)	-	2	-	-	4,653	-	4,653
Tertiary (preparatory, college and higher)ary (college and higher)	-	4	-	-	4,730	-	4,730
Total	15	14	2	219	17,788	213	18,220

4.10.4 HEALTH SERVICES

Three government facilities, one hospital and two health centers, provide health services for town residents. There are also six private clinics. HAPCO has been providing some activities for the MARPs in the town. In collaboration with Save the Children and the Timret Lehiwot Association, HAPCO implements various activities: BCC, door-to-door voluntary counseling and testing (VCT), awareness creation and peer education. The outreach programs for the MARPs are mpt regular. The outreach programs are usually conducted on holidays.

TABLE 49: AVAILABILITY OF HEALTH SERVICES IN AXUM, MARCH 2011

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
Axum Hospital	Public	√	√	√	√	√	√
Axum Health Center	Public	√	√	√	√	√	√
Miniliniem Health Center	Public	√	√	√	√	√	√
FGAE Clinic	NGO	√	√	-	√	√	√
Kudus Gebriel Polyclinic	Private	√	√	-	-	-	-
Bazane Higher Clinic	Private	√	√	√	√	√	√
Tsion Higher Clinic	Private	√	√	-	-	-	-
Arsema MCH Clinic	Private	-	-	-	-	-	-
Kidistmariam Higher Clinic	Private	-	-	-	-	-	-

4.10.5 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

There are several local and international NGOs that provide HIV/AIDS-related services, i.e., HBC, HCT, mobile VCT, ART, and care and support. Orphans, women, FSWs, and PLHIV are the major target groups. There are also other NGOs, various associations, and formal and informal community organizations in the town. However, only Axum cooperatives, with 2,330 estimated members, conduct activities on HIV/AIDS awareness creation.

HIV programs are easily accessible at health facilities. Some students feel that there are no STI services for students, however. ART services are used by the poor. Rich people prefer to go to Addis Ababa and other big towns to get medication because of the fear of stigma associated with being infected with HIV.

Condom use among students and local drink sellers is minimal. These individuals are afraid to go to a shop to buy condoms. One of the big challenges in condom use is related to religious beliefs and that the belief that their religion condemns the use of condoms. Spiritual leaders often condemn use of condoms and advocate abstinence instead. Shortages of condoms is another major challenge.

4.10.6 HIV COUNSELING AND TESTING SERVICES

Key informants reported that client-initiated VCT is one of the prevention mechanisms available. There is a youth-friendly center that provides for STI, VCT, and family planning services. Informants also recommended that it would be very easy for those who need HCT services to also get these at a youth-friendly center. Establishing regular and routine mobile HCT sites at different places was also suggested since many MARPs prefer to use them. Small-scale industry workers were identified as possible targets for mobile HCT services. HCT services are available at health centers but students complain that they are not allowed to use these because of their age, i.e., most of the students are under 18 years of age. Health facilities also provide ART services, STI treatment, condom distribution, and counseling. Respondents said that they prefer private clinics over public facilities because they fear stigma if they go to public facilities.

School students would prefer there to be a regular education program offered by health professionals and the education sessions to be free from medical jargon. Students also feel that NGOs and government are focusing heavily on the kebele level and other communities; they claim that if the NGOs would work with schools and students to educate and mobilize them, that the students themselves can serve as advocates of HIV prevention.

In Axum there is a mobile HCT during Hidar Tsion Celebration (Orthodox Christian festival held in November). Students also would like HCT services to be available to those less than 18 years of age. Also there needs to be an awareness-creation program before thinking about increasing services.

4.11 DANSHA

4.11.1 BACKGROUND

Dansha, a town in the Western Zone of Tigray Region, is located 870 kilometres away from Addis Ababa. It has a population of 18,605 (9,487 males and 9,118 females). Dansha is known for hosting many plantation workers and day laborers, particularly during the harvest season when there are 20,000 of these workers in town.

4.11.2 RISK FACTORS

Malaria and HIV/AIDS were reported as the most prevalent public health problems in the woreda. Acute diarrheal disease and intestinal parasites are health problems and are usually associated with personal hygiene, environmental sanitation, improper use of toilets, open defecation, and lack of safe water.

The town is known for its high transactional sex activity, and the assessment revealed that the youth are highly involved in this. The unsafe sex practices are aggravated by substance abuse, consuming shisha and khat, watching pornographic films, and heavy alcohol intake. Poverty was also reported as a major trigger for the women to become involved in transactional sex.

The groups in this town that are most at risk of contracting HIV include women of reproductive age. These women are vulnerable because of different harmful traditional practices directly practiced on them, such as female circumcision.

Construction workers on road and building projects and truck drivers are also found to be at-risk groups, because they visit FSWs to fulfill their sexual urges. Since most of the MARPs establish sexual relationships with FSWs, the FSWs become one of the highest at-risk groups.

In Dansha, sex work is very common. Sex workers are available in hotels, bars, tella bets, areki bets, and shisha and khat houses, and along the streets. Construction workers, truck drivers, the military, and mobile workers have been reported as the main clients of the sex workers. There is also the local cultural behavior practice of kimit, which is the main reason for men to have multi-partner sexual contacts.

4.11.3 MARPS IN DANSHA TOWN

Due to the big farms and many construction projects in and around the woreda, Dansha hosts more than 100,000 migrant day laborers, plantation and construction workers. Consequently the town hosts many FSWs and has many hotels, bars, night clubs, tella and areki bets beyond the town's capacity. The locations and number of the MARPs is presented below.

TABLE 50: NUMBER OF MARPS IN DANSHA, MARCH 2011

Target Group	Estimated Population		
	Male	Female	Total
Migrant day laborers during harvest season	19,000	1,000	20,000
Farm/plantation workers	70,000	30,000	100,000
Construction workers	2,700	300	3,000
Uniformed government employees (customs, police, immigration, defense forces, etc.)	3,048	2	3,050
In-school youth (excluding college students)	910	767	1,677
Out-of-school youth (total)	3,000	2,000	5,000
Out-of-school youth in employment	900	600	1,500
Informal traders	300	500	800
Truck drivers	100	-	100
Female sex workers	-	1,500	1,500
Displaced population	350	150	500
Total	100,308	36,819	137,127

A. Female Sex Workers

About 1,500 FSWs (600 permanent and 900 transient) reside in Dansha, most of them concentrated around Ketenas 1, 2, 3, Armachiho, and Abyssinia Sefer.

TABLE 51: LOCATIONS IN DANSHA WHERE FSWS OPERATE, MARCH 2011

Selected Information	Details
Hotels/bars/night clubs/tella or areki bets	<ul style="list-style-type: none"> • Ethiopia Hotel - Dansha Ketene 2 • Hiwot Hotel • Abissnia Hotel - Dansha Ketene 3 • Hibret Hotel
Names of streets, kebeles, sefer	<ul style="list-style-type: none"> • Micheal Sefer • Tsgereda Street • Gonder Street • Armichiho Street
Clients of FSWs	<ul style="list-style-type: none"> • Farmers or peasant • Migrants, military, youth, driver, trader around Dansha Ketenas 1, 2, 3

B. Informal Traders and Market Sellers

An estimated 800 informal traders operate small-scale businesses in Dansha. They operate in Ketenas 1, 2, and 3, near Hawelti Market, and Miebale Tabia, and in other parts of the town.

C. Truck Drivers and Intercity Bus Drivers

Drivers from trucking companies, specifically Trans-Ethiopia, Bedele Beer, and other private companies, usually pass through the town. Most of the drivers also spend the day and night in the town. This group was reported as a MARP and the major clients of FSWs.

TABLE 52: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES STAYING OR PASSING THROUGH DANSHA, MARCH 2011

Selected Information	Details
Times	Day 1 (Day 2) Morning – 50 (55) Day 1 (Day 2) Mid-day – 20 (23) Day 1 (Day 2) Afternoon – 40 (43)
Overnight parking location	Dansha Kebele 01 ketena 3, Dansha Kebele 01 ketenas 1 & 2, Ethiopia Hotel Hiwot Hotel Bar Green
Hotels/bars/night clubs/tella or areki bets visited	Dansha Pension (Dansha ketena 3) Midregenet Hotel (Dansha ketena 3) Abissinia Hotel (Dansha ketene 3)
Names of places and locations	Dansha ketena 2 – Armicho Sefer Dansha ketene 1 – Michail Sefer Dansha ketene 3 – Tsgereda Street

D. Migrant Day Laborers

Informants noted that there are more than 20,000 migrant day laborers living in Dansha working mainly on farms. Armicho Tela and Areki Bet in Ketena 1 is a famous one that usually is visited by the migrant workers. They also visit Micheal Sefer, Armicho Ketena 2, Tsigereda and Abyssinia hotels and Ketena 3 to drink alcohol and meet with sex workers. During harvesting seasons more than 100,000 plantation workers are present in and around Dansha. They usually practice unsafe sex especially with those sex workers in tella and areki bets.

More than 2,200 road construction workers are employed by the Chinese road construction company and Ethiopia's government-owned company. Road projects last two to three years. The workers usually establish risky sexual contacts with the FSWs residing around Armicho Ketena 3 and Micheal Sefer Ketena 1.

E. Adolescents and Youth

Dansha has two primary schools and one secondary school, enrolling a total of 1,677 students. A similar number of out-of-school youth is estimated to live in the town. The youth in Dansha differ from youths in other study towns in that they live in a cash crop area where they can easily make money. As a result, they start to practice sex at an early age, mainly with FSWs.

TABLE 53: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN DANSHA, MARCH 2011

School Level	Number of Schools by Type			Student Enrollment			
	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 1–8)	-	2	-	-	1,264	-	1,264
Secondary (grades 9–10)	-	1	-	-	413	-	413
Tertiary (preparatory, college and higher)	-	0	-	-	0	-	-
Total	-	3	-	-	1,677	-	1,677

4.11.4 HEALTH SERVICES

Dansha has only one government health center and seven private clinics. There are also two drug vendors and two drugstores.

No other organization other than HAPCO and the Woreda Health Office has activities that address the MARPs. The health center head reported that outreach and any type of mobile HCT for the MARPs are weak and inconsistently available.

Mobile workers feel that services at the public health facility are not easily accessible. They also complain that professionals at the public health facility are overburdened. The providers are not even able to meet the need of their catchment population, let alone adding another population group. There should be a program to target mobile workers and other MARPs.

TABLE 54: AVAILABILITY OF HEALTH SERVICES IN DANSHA, MARCH 2011

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
Dansha health center	Public	√	√	√	√	√	√
Kudus Gabriel clinic	Public	-	√	-	-	-	-
Kudus Yared clinic	Public	-	√	-	-	-	-
Tnsaie clinic	NGO	-	√	-	-	-	-
Amanuel clinic	Private	-	√	-	-	-	-
Seamy clinic	Private	-	√	-	-	-	-
Kidist Arsema clinic	Private	-	√	-	-	-	-
Kudus Michael clinic	Private	-	√	--	-	-	-

4.11.5 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

An expert from the Woreda Labor and Social Affairs Office noted that the only NGO working on HIV/AIDS is Weledo Adhin. This organization offers mainly care and support services for PLHIV. Of the formal and informal community organizations existing in the town, the Dansha Youth Club is the only one that works on HIV-related issues, mainly the promotion of condom use.

Some respondents reported that HCT and ART services are easy to access. But for people on ART, getting supplemental food is difficult. They reported that they have observed that ART is provided free-of-charge in health centers and hospitals. Some still complain that the health professionals are not ready to assist clients coming for help. The providers don't want to provide education and advice; they don't have a positive attitude toward their clients.

Health facilities are not providing education on HIV prevention. Respondents said that they acquire knowledge about HIV from the radio and TV. The availability of services at public health facilities is not known by the public. Condoms are not available at public health facilities.

4.11.6 HIV COUNSELING AND TESTING SERVICES

According to informants, there are no mobile or outreach HCT services in the woreda due to transportation shortages required to carry out outreach services. Even if the outreach program is not strong, the HCT services in the health center are relatively good. Premarital testing is the major motive for most of the HCT clients who go to the health center. Respondents suggested that services need to extend services out to the community, i.e., community outreach, in order to increase service uptake.

4.12 ENTICHO

4.12.1 BACKGROUND

Enticho Town is located in Ahferom Woreda of the Central Zone in Tigray Region and has a total population of 19,338 (9,477 males and 9,861 females). The town has one government-owned health center, one private clinic, and two drugstores. The only NGO functioning in the town is the Relief Society of Tigray (REST). It provides HBC and orphan support.

4.12.2 RISK FACTORS

The key informants reported that HIV/AIDS, malaria, and diarrheal diseases are the most common health problems in the town. HAPCO reported that sexual activities occur among students, young people, FSWs, and married couples with other partners. Practicing sex before marriage is also common for most of the youth. Excessive alcohol intake and multi-partner sexual relationships contribute to the high transmission of HIV. Sex is practiced with FSWs and waitresses in hotels/bars by the truck drivers, day laborers, and military personnel, exposing all these groups to the risk of HIV infection.

Rural-to-urban migration is high in the woreda with many day laborers. This in turn has attracted many FSWs to the town with whom the laborers engage in unsafe sex. The local liquor sellers are also significant in number.

The waitresses in bars and hotels, tella/areki sellers, and female college drop-outs are those who usually work as sex workers. Military personnel, civil servants, traders, and drivers are their major clients. Most sex work takes place in Kebele 02. The sexual relationships between the day laborers and FSWs are considered the most risky, contributing the most to STI/HIV transmission in the town.

Respondents reported that the predominant reasons that aggravate HIV transmission and risk in their locality were low socio-economic status which drives women to engage in commercial sex, fear of stigma and not disclosing HIV status, khat and shisha addiction, increasing numbers of bars and hotels with FSWs, female genital mutilation, lack of free condoms, condom distribution centers not youth-friendly, and no recreational alternatives for for youth.

4.12.3 MARPS IN ENTICHO TOWN

The study managed to gather information on different MARPs in the town. The assessment findings indicated that the age group of 15-24 years was regarded as the most risky group for HIV/AIDS. In addition to youth, long-distance truck drivers, day laborers, small-scale industry workers, and PLHIV are also MARPs, as well as girls working at night clubs, hotels, khat houses, tella and areki houses, coffee houses, and as recreational waitresses.

TABLE 55: NUMBER OF MARPS IN ENTICHO, MARCH 2011

Target Group	Estimated Population		
	Male	Female	Total
Migrant day laborers	220	30	250
Construction workers	280	40	320
In-school youth (excluding college students)	4,134	4,039	8,173
College students (private and public)	285	328	613
Out-of-school youth (total)	285	328	613
Informal traders	34	34	68
Truck drivers	22	0	22
Female sex workers	0	155	155
Total	5,260	4,954	10,214

A. Female Sex Workers

Approximately 155 FSWs (100 permanent and 55 transient) are estimated to operate in Enticho Town. Kebele 02 is reported to be where most of the FSWs work. Key informants reported that the military, civil servants, and day laborers are their major clients. The main road that runs to Adigrat and Adwa is believed to be the place where sex workers operate.

TABLE 56: LOCATIONS IN ENTICHO WHERE FSWS OPERATE, MARCH 2011

Selected information	Details
Hotels/pubs and tella or areki bets where sex workers	<ul style="list-style-type: none"> • Lemlem Hotel • Original Hotel • Haney Pub • Kokihi Areki-tella Bet (All located in Kebele 02)

B. Informal Traders and Market Sellers

The Woreda Trade and Industry Office report that 68 informal traders are involved in small-scale businesses in Enticho. They mainly operate near Kebeles 01, 02 and 03 which are in areas where the Saturday Market occurs and along the Enticho main road.

C. Truck Drivers and Intercity Bus Drivers

The Ethio-Trans trucks pass through the town. No information was available on the number and parking places of the long-distance trucks. The same also applies to the hotels/bars/nightclubs/tella or areki houses, which are usually frequented by long-distance truck drivers and where sex workers work.

D. Migrant Day Laborers

Nearly 500 low-paid day laborers (250) and construction workers (320) work on farms and construction sites in and around Enticho. The laborers usually visit the local drinking houses to drink alcohol and meet sex workers.

E. Adolescents and Youth

The in-school youth population makes up approximately 30 percent of the overall town population. Three primary, one secondary, and two tertiary schools enroll these students. There are approximately 613 out-of-school youth in the town.

The average age of sexual debut is reported to be 15 years of age. Usually this age group has their first sexual encounter with their peers as well as some of them visit FSWs. Alcohol drinking is a key factor that stimulates most youth to practice sex at this early age.

TABLE 57: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN ENTICHO, MARCH 2011

School Level	Number of Schools by Type			Student Enrollment			
	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 1–8)	-	3	-	-	3,884	-	3,884
Secondary (grades 9–10)	-	1	-	-	3,106	-	3,106
Tertiary (preparatory, college and higher)	-	2	-	-	1,796	-	1,796
Total	-	6	-	-	8,786	-	8,786

4.12.4 HEALTH SERVICES

The town has one government health center and two private clinics. There are also two private drugstores.

The services identified for HIV-affected and infected people in Enticho include care and support, income-generation schemes, capacity building of community leaders, and peer education. HAPCO stressed that outreach and mobile services to the MARP groups are its main strategy to combat the HIV/AIDS epidemic. The interviews held with the Woreda Health Office and HAPCO strongly recommend establishing information centers for the MARPs and awareness-creation activities for these groups. According to key informants, MSH was one of the major HAPCO and Woreda Health Office partners in working on various HIV/AIDS prevention and treatment efforts.

TABLE 58: AVAILABILITY OF HEALTH SERVICES IN ENTICHO , MARCH 2011

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
Enticho health center	Public	√	√	√	√	√	√
Ethiopia clinic	Public	-	√	-	-	-	-
Samson clinic	Public	-	√	-	-	-	-

4.12.5 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

REST is the only local NGO working on HIV-related activities in the town, particularly on care and support and HBC. Orphans are their major target group. Even if they do not have activities on HIV/AIDS specifically, there is the teachers' association with 521 estimated members and the public health association with 168 members. A number of *iddirs* were identified in the town but their involvement in HIV/AIDS-related activities is minimal.

The community believes that HIV prevention practices among urban dwellers is fairly good but in rural areas and in illiterate communities, there is still much to be done. Some cultural norms and misconceptions exist that hinder HIV prevention: students are shy about buying condoms, and some also believe that persons on ART will not transmit HIV.

4.12.6 HIV COUNSELING AND TESTING SERVICES

Besides being faithful and using condoms, different community groups in Enticho also use HCT services as a prevention method. Even if most community members are visiting a government health institution, there were suggestions to strengthen mobile or outreach VCT and private sector HCT services. The assessment also showed that HCT service uptake has improved over time.

Most report that HCT services are not conducted in a confidential manner. Some testing campaigns do counseling in an open field, where clients can see each other. They also question the ethics of health professionals as related to confidentiality. Some people prefer HCT to be done in a private clinic and sites other than the public health facilities to ensure strict confidentiality.

4.13 HUMERA

4.13.1 BACKGROUND

Humera is known for its large cotton and sesame plantations. The town is located in the western part of Tigray Region, 1,475 kilometers from Addis Ababa. According to the 2007 census, the town has a total population of 21,745 (11,432 males and 10,313 females). About 80 percent of the population belongs to the orthodox Christian religion, with Muslims, Protestants, Catholics, and others making up the remaining 20 percent.

Various professional associations, including those for teachers, health workers, and formal and informal community organizations, are found in the town but most of them do not actively engage in HIV/AIDS-related activities. The local PLHIV association, Hiwot Association, Forum Community and Giltinet Anti HIV Club have interventions on HBC and awareness creation.

Because the Humera area has very large plantations, the town hosts 500,000 migrant day laborers and more than 4,000 FSWs during harvest season. Two government health facilities and four private clinics serve the town residents as well as the migrants. Different local and international NGOs work in the area of health and development.

4.13.2 RISK FACTORS

The Town Health Office and HAPCO representatives noted that malaria, typhoid fever, HIV/AIDS, and TB are the most prevalent health problems. These problems are aggravated from over-the-border migration from time to time, since Humera is a border town with Sudan and Eritrea. Previously, kala-azar (leishmaniasis) was a major killer in the woreda.

Unsafe sex practices are predominant problems among all age groups in Humera because the town hosts a large number of migrant laborers from all over Ethiopia and neighboring Sudan. These groups can easily make money and their only means of recreation is drinking alcohol and having sex with FSWs. The day laborers are not the only ones who practice unsafe sex with FSWs – investors from Ethiopia and Sudan also do so. The HAPCO informant noted that the investors are one of most vulnerable groups to HIV/AIDS since they can afford to drink more alcohol and buy more sex from different FSWs. Even if it is not common, a few investors pay up to 10,000 Ethiopian Birr for a sex worker for a night. Female students are also attracted by the huge amount of money the investors show them and become involved in unsafe sex practices. Sometimes the investors pay more to buy sex from the students if they do not use a condom.

The assessment revealed that FSWs are the primary at-risk group. Sex workers in Humera work at hotels, as waitresses, and as areki and tella sellers. There are also red light areas where FSWs hang out. Seasonal workers, migrants, and military personnel are the major clients. Youths (15–35-year age group), the military, seasonal migrant workers (from Ethiopia and Sudan), merchants, and long-distance truck drivers were reported as MARPs in the town.

Informants explained that various factors cause students to become involved in unsafe sex, such as watching pornographic films, chewing khat, and smoking (cigarettes and/or shisha). Usually the youth initially become involved in risky behaviors before they celebrate their 18th birthday. Most young people start to practice sex between ages 15 and 17 years.

Poor awareness, shortage of condoms, and the Sudanese migrant workers' preference not to use condoms are some of the factors that fuel the problem in this town. Poor economic status of females force them to become involved in practicing unsafe sex, such as not using condoms, to earn more money.

Humera is a high-risk town for HIV because there are so many migrant workers in the area. In addition, it is a border town with Eritrea, with many military personnel and many students coming from the neighboring rural kebeles. This combination increases the HIV transmission risk because all these groups are sexually active and do not have regular partners.

4.13.3 MARPS IN HUMERA TOWN

More than 500,000 migrant day laborers reside in and around Humera during the harvesting seasons. Humera also hosts around 4500 FSWs, 1,600 uniformed persons, and 800 informal traders.

TABLE 59: NUMBER OF MARPS IN HUMERA, MARCH 2011

Target Group	Estimated Population		
	Male	Female	Total
Migrant day laborers during harvest season	500,000	300	500,300
Farm/plantation workers	145	60	205
Construction workers	301	50	357
Uniformed government employees (customs, police, immigration, defense forces, etc.)	1,595	5	1600
In-school youth (excluding college students)	2,894	2,598	5,492
Out-of-school youth (total)	3,375	4,586	7,961
Out-of-school youth in employment	2,865	3,613	6,478
College students (private and public)	NA	NA	NA
Informal traders	500	300	800
Truck drivers	825	-	825
Female sex workers	-	4500	4500
Displaced population	30	70	100
Total	512,530	16,082	528,618

A. Female Sex Workers

Roughly 4,500 FSWs are believed to live in Humera and most of them, around 4,000, are permanent sex workers. They are concentrated around Kebeles 01 and 02.

TABLE 60: LOCATIONS IN HUMERA WHERE FSWS OPERATE, MARCH 2011

Selected Information	Details
Hotels and tella or areki bets where sex workers operate and their area of concentration	<ul style="list-style-type: none"> • Tekeze Tej Hause Area (Kebele 02) • Setit Humera (Kebele 01) • Genet Hotel (Kebele 01) • Semen Hotel (Kebele 01)
Streets, kebeles, sefer where sex workers meet clients	<ul style="list-style-type: none"> • Recent Meneharia • Kebele 01 • Kebele 02 Ketena I
Clients of FSWs along the route	<ul style="list-style-type: none"> • Investor (Bereket Sefer) • Migrant day laborers (Meneharia Sefer) • Truck drivers (Meneharia Sefer) • Traders from Sudan (Meneharia Sefer) • Military (Bereket Sefer) • Youth (Kebele 01)

B. Informal Traders and Market Sellers

Approximately 800 informal traders operate small-scale businesses near Kudar, Kebeles 01 and 02, and Meneharia. They also operate in Ketenas 1, 2, and 3, near Hawelti Market, Miebale Tabia, and in other parts of the town.

C. Truck Drivers and Intercity Bus Drivers

Guna, Hiwot Farm, and Selam Dry Transport are the trucking companies that operate trucks that pass through Humera. Other private trucks also pass through and/or park in Humera. On average, 100 long-distance trucks park during the daytime and 70 trucks park overnight. The hotels in Kebele 01 are the major ones where long-distance truck drivers frequently visit.

TABLE 61: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES STAYING OR PASSING THROUGH HUMERA, MARCH 2011

Selected Information	Details
Estimated number of long-distance trucks (including Isuzu) parking during the day during two random days	<ul style="list-style-type: none"> • Day 1 (Day 2) Morning – 20 (16) • Day 1 (Day 2) Mid-day – 80 (75) • Day 1 (Day 2) Afternoon – 65 (60)
Trucks parking overnight	<ul style="list-style-type: none"> • Day 1 → 95 • Day 2 → 50
Places where long-distance truck drivers park at night	<ul style="list-style-type: none"> • Meneharia Kebele 01 • Meskel Adebabay Kebele 01 • Shire Street
Hotels/bars/nightclubs/tella or areki bets frequented by long-distance truck drivers	<ul style="list-style-type: none"> • Hotels in Kebele 01 • Hilton Hotel • Semen Hotel • Milano Hotel

Selected Information	Details
Names of places and locations where long-distance truck drivers find sex workers	<ul style="list-style-type: none"> • Africa Hotel • Bereket Sefer • Meneharia Sefer • Kebele 02

D. Migrant Day Laborers

Informants from the Labour and Social Affairs Office and the town administration noted that there are an estimated 500,000 migrant day laborers who work on large farms and construction projects during the harvest season. The small bars around Meneharia and Kebele 01 are the usual places where the migrant day laborers frequently go to drink alcohol and meet FSWs. Hiwot Ersha and other farms owned by different investors recruited around 100,000 temporary plantation workers. Banat and Kebabo sites and other places on the way to Dansha are reported as places where the plantation workers frequently go to drink and meet sex workers.

The only road project is a five-year Chinese road construction project with 500 employees. The employees of the company frequently visit Lugdi and Semen Hotels Setit Humera, Kebele 01, to meet workers.

E. Adolescents and Youth

The total school enrollment rate of the town is 5492 and out of these 3475 of them are in primary schools and the rest are in secondary and preparatory schools. There are also an estimated 6,478 out-of-school young people.

Youths were noted to be one of the MARP groups according to the town's key informants. Because most of them are involved in heavy alcohol drinking, visit hotels and bars regularly, are addicted to khat, patronize FSWs, begin sex at an early age, and have multi-sex partners, they are at high risk for contracting HIV.

TABLE 62: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN HUMERA, MARCH 2011

School Level	Number of Schools by Type			Student Enrollment			
	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 1–8)	-	4	-	-	3,457	-	3,457
Secondary (grades 9–10)	-	1	-	-	1,711	-	1,711
Tertiary (preparatory, college and higher)	-	1	-	-	324	-	324
Total	-	6	-	-	5,492	-	5,492

4.13.4 HEALTH SERVICES

Kahsay Abera Hospital and Humera Health Center are the two government-owned health facilities in the town. Selam Higher Clinic, Rewina Higher Clinic, Welkayit Medium Clinic, and Africa Medium Clinic are privately owned facilities that serve a large proportion of the community. There are seven drugstores and four drug vendors, which are privately owned.

Although it is not up to the required level, HAPCO and health office officials reported that OSSA, International Training and Education Center for Health, Jhpiego, MSH, Mums form Mums, and other

NGOs are supporting HIV/AIDS activities. The health center also has outreach programs to address some MARP groups. The informant from HAPCO noted that their office supports activities for FSWs, through the coffee ceremony and peer-education programs for youths. Moreover, these programs help to initiate discussion and help the youth learn from one another. Efforts to organize special outreach activities were not as strong.

TABLE 63: AVAILABILITY OF HEALTH SERVICES IN MYTSEBRI, MARCH 2011

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
Kahsay Abera Hospital	Public	√	√	√	√	√	√
Humera health center	Public	√	√	√	√	√	√
Selam higher clinic	NGO	√	√	-	-	-	-
Rewina higher clinic	Private	√	√	-	-	-	-
Welkayit medium clinic	Private	√	√	-	-	-	-
Africa medium clinic	Private	√	√	-	-	-	-

4.13.5 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

Many international and local NGOs are carrying out various HIV-related activities. These organizations support the government’s HIV/AIDS activities on ART, maternal and child health, immunization, care and support, HBC, and VCT. The major beneficiaries of the initiatives were PLHIV and the youth.

Mobile workers around Humera complained that health institutions are not convenient for them to use. They said that the mobile HCT center, which they observed once near to their workplace, was a good option.

Condom use is increasing; most use is to prevent HIV and/or pregnancy. Still, there are people who believe that a condom cannot prevent HIV and people who don’t want to use condoms, believing that this reduces sexual pleasure and satisfaction.

Most persons use condoms when they have contact with FSWs. However the use of condoms with a casual non-CSW partner is less frequent.

4.13.6 HIV COUNSELING AND TESTING SERVICES

It was reported that utilizing VCT services is very common in Humera but those from well-to-do groups prefer to use services from Addis Ababa for confidentiality and because they believe that facilities in the capital offer better services. The health center and hospital are not located in places of easy access. As a result of the facilities’ locations and perceived lack of confidentiality, the community prefers to seek services in other places. Key informants also reported a shortage of VCT sites as a challenge. HAPCO mentioned that organizing VCT campaigns for farmers during harvesting periods as a very good option.

Respondents want HCT services located at bus stations, schools, churches, and marketplaces. Participants from Humera have suggested specific places that are best for mobile services, such as as Ketero Sefer, Truye, and Maykara.

4.14 MAYTSEBRI

4.14.1 BACKGROUND

Maytsebri is located in the Western Zone of Tigray region, 1,187 kilometers from Addis Ababa. The woreda is divided into rural and urban areas; most residents live in rural areas. The total population of the woreda is 153,241 out of which only 7,726 (3,776 males and 3,950 females) is urban. Maytsebri Health Center is the only health facility in the town. There are also two drugstores and six drug vendors. There is no NGO based in the town that supports the government's health activities.

Maytsebri Teachers Association and the Health Workers Association are two professional associations that support anti-AIDS clubs and carry out workplace HIV/AIDS interventions. There are eight formal and informal community organizations (associations and cooperatives), but only one, Embada Cooperative, has HIV/AIDS-related activities.

4.14.2 RISK FACTORS

Malaria, HIV/AIDS, and TB were reported as the most serious health problems in the town. Transactional sex is not practiced openly but women who have financial problems usually have sex with military personnel.

Most of the FSWS here work in bars, hotels, or tella or areki houses. The FSWS clients are from the refugee camp, the military and farmers. If the clients pay more, they can have sex without using a condom. According to the informants, FSWS, the youth, and drivers are the MARP groups.

The youths are exposed to unsafe sex, reportedly due to being joblessness. Unemployment leads to frustration, excessive alcohol consumption, and engaging in unsafe sex. Early sexual debut is not widely practiced or seen in this woreda. Sex before age 18 years is common only for those female students who come from the rural area and live in rented houses by themselves. Low economic status contributes to women's vulnerability to HIV. Alcohol and substance abuse were also reported as contributing to MARPS becoming involved in unsafe sex.

Some of the merchants are also categorized in the MARP group. Multi-partner sexual contact is a major risky behavior practice for most of the groups, especially for the rural farmers.

4.14.3 MARPS IN MAYTSEBRI TOWN

The number of in-school youth is the highest of the different MARPs in Maytsebri. The other groups found to be most at risk include truck drivers, day laborers, construction workers, informal traders, and college students.

TABLE 64: NUMBER OF MARPS IN MAYTSEBRI, MARCH 2011

Target Group	Estimated Population		
	Male	Female	Total
Migrant day laborers during harvest season	180	120	300
Construction workers	210	20	230
Uniformed government employees (customs, police, immigration, defense forces, etc.)	50	6	56
In-school youth (excluding college students)	1,771	1,818	3,589
Informal traders	50	350	400
Truck drivers	4		4
Female sex workers		75	75
Displaced population	150	50	200
Total	2,415	2,439	4,854

A. Female Sex Workers

HAPCO reported that there are 75 FSWs (50 permanent and 25 transient) in the town. They are concentrated in Laelai Ketema, Tsegab Abay, and Miayni Sefer.

TABLE 65: LOCATIONS IN MAYTSEBRI WHERE FSWS OPERATE, MARCH 2011

Selected Information	Details
Hotels where sex workers operate and meet their clients	<ul style="list-style-type: none"> • Winta Hotel (Hadush Ketema Ketena 5) • Selam Hotel (Hadush Ketema Ketena 5) • Roads to Adiarkay and Nwuhdet (Laelay Ketema Ketenas 2 and 3)
Clients of FSWs along the route	<ul style="list-style-type: none"> • Eritrean migrants • Farmers • Day laborers • Construction workers

B. Informal Traders and Market Sellers

About 400 informal traders operate small-scale businesses in Maytsebri around the Hadush and Laelay Ketema. Informal traders operate in open markets around Edaga Kedam (Hadush Ketema Hayelom Sefer) and Mitsebri Edaga Tsania (Laelay Ketema Kushet Negash Sefer).

C. Truck Drivers and Intercity Bus Drivers

No information was found on the trucking companies that in the town. On average, 10 trucks park during the day but at night, this number decreased to six to eight.

TABLE 66: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES STAYING OR PASSING THROUGH MAYTSEBRI, MARCH 2011

Selected Information	Details
Estimated number of long-distance trucks (including Isuzu) parking during the day during two random days of the assessment	<ul style="list-style-type: none"> • Day 1 (Day 2) Morning – 10 (11) • Day 1 (Day 2) Mid-day – 5 (6) • Day 1 (Day 2) Afternoon – 13 (14)
Trucks parking overnight	<ul style="list-style-type: none"> • Day 1 → 6 • Day 2 → 8
Places where long-distance truck drivers park at night	<ul style="list-style-type: none"> • Mitsebri Main Road (Hadush Ketema) • Semen Hotel (Hadush Ketema) • Laelay Ketema around police station
Hotels/bars/nightclubs/tella or areki bets frequented by long-distance truck drivers	<ul style="list-style-type: none"> • Zinash Hotel (Laelay Ketema Ketema 1) • Tselmti Hotel (Laelay Ketema Ketema 1) • Mulate Resturant (Hadush Ketema Menehareia) • Selam Hotel (Hadush Ketema Araund Meneharia) • Kahsu Resturant (Hadush Ketema) • Seti Hotel (Hadush Ketema)
Names of places and locations where long-distance truck drivers find sex workers	<ul style="list-style-type: none"> • Zinash Hotel Laelay Ketema Ketema 01 • Semen Hotel Hadush Ketema • Alem Hotel Hadush Ketema

D. Migrant Day Laborers

According to the town Labor and Social Affairs Office, more than 300 low-paid day laborers work on farms and road construction in Maytsebri. Hadush Ketema is the place where the migrant day laborers find sex workers.

The assessment identified 230 road construction workers employed on two road construction projects. The construction workers usually visit Hadush Ketema and Laelay Ketema to find sex workers. Mobile workers also complain that there is no health service that targets them. Most respondents said that the counseling service at the existing health institution is not supportive.

E. Adolescents and Youth

The current enrollment rate in the two primary schools is 2,435; 989 students are enrolled in the one secondary school and 165 students are enrolled at the tertiary level. No data were collected on out-of-school youth.

The key informants noted that joblessness and lack of a future vision makes the youth population vulnerable to abusing alcohol, engaging in unsafe sex, and consequently, being at higher risk for HIV. Low socio-economic status contributes to women's vulnerability to HIV.

TABLE 67: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN MAYTSEBRI, MARCH 2011

School Level	Number of Schools by Type			Student Enrollment			
	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 1–8)	-	2	-	-	2,435	-	2,435
Secondary (grades 9–10)	-	1	-	-	989	-	989
Tertiary (preparatory, college and higher)	-	1	-	-	165	-	165
Total	-	6	-	-	3,589	-	3,589

4.14.4 HEALTH SERVICES

Maytsebri has only one government-owned health center, two drugstores, and six drug vendors. All the HIV-related services are available in the health center.

Currently there is no NGO working on MARPs. The informants from Maytsebri noted that most of the MARP groups don't use condoms properly and do not visit health centers to get HIV- and STI-related services. The PLHIV association in the town, Menor Yichalal, is involved in organizing coffee and tea ceremonies where they educate their members about HIV. Outreach activities are not strong due to lack of funding from the government offices.

TABLE 68: AVAILABILITY OF HEALTH SERVICES IN MYTSEBRI, MARCH 2011

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
	Public	√	√	√	√	√	√
	Public	√	√	√	√	√	√
	NGO	-	-	-	-	-	-
	Private	-	-	-	-	-	-
	Private	-	-	-	-	-	-
	Private	-	-	-	-	-	-
	Private	-	-	-	-	-	-
	Private	-	-	-	-	-	-
	Private	-	-	-	-	-	-
	Private	-	-	-	-	-	-

4.14.5 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

There are no NGOs with offices in the woreda working on HIV/AIDS.

4.14.6 HIV COUNSELING AND TESTING SERVICES

Previously HAPCO and the PLHIV association reported that HCT services were not strong but this has improved somewhat. The community's interest in being tested and to learn their HIV status has improved. Many prefer to access HCT services at the health facility but there are also some groups who still fear that these facilities fail to keep their records confidential.

4.15 SHIRE

4.15.1 BACKGROUND

One of the larger towns in the western part of Tigray Region is Shire, with a total population of 51,197 (25,087 males and 26,110 females). Shire is located 1,080 kilometers from Addis Ababa and 300 kilometers from the regional capital Mekele. Shire has a few government-owned health facilities and many private clinics, drugstores, and drug vendors. Seventy percent of the population is orthodox Ethiopian Christians and 20 percent are Muslim. Protestants and Catholics make up the remaining.

Various formal and informal community organizations are functioning in Shire. There are 29 *iddirs* with an estimated number of 11,800 members. The town has traders' and teachers' associations, Etan Axion Mahiber Micro Finance and Dedebit Micro Finance.

4.15.2 RISK FACTORS

Respiratory tract infections, malaria, intestinal parasites, gastrointestinal infections, and diarrheal diseases are the major health problems identified in this town. HIV infection is of increasing concern.

Transactional sex is common, particularly among the youth group and investors. The factors contributing to their engaging in unsafe sex include addiction to chewing khat and shisha, watching pornographic films, and drinking alcohol. Low socio-economic status also contributes to engaging in unsafe sex for girls who have sex with rich men for money.

The different MARP groups identified by the key informants in the town include women who lack knowledge about HIV prevention, FSWs, mobile workers, traders, construction workers, married couples having multiple partners, and long-distance truck drivers. Because most long-distance truck drivers who pass through Shire also spend time there, they often engage in unsafe sex with FSWs.

Multiple-partner sexual relationships are another key high-risk behavior. Those partners include FSWs, students, and other married women. Young migrant workers, who repeatedly move from place to place in search of work, become sexually involved with different groups of people wherever they work.

Divorced women and young girls from Gondar Town who have had disagreements with their families are often those who engage in sex work in Shire. Most of them work in bars or hotels, or in their own small-scale coffee houses, where they sell a few beers along with the main objective of engaging in sex work.

Military personnel, rich people, construction workers, mobile workers, day laborers, and juvenile delinquents were also noted to be clients of the FSWs. In addition, there is a group of women involved in commercial sex, but their work is less visible.

4.15.3 MARPS IN SHIRE TOWN

Approximately 20,000 out-of-school youth live in the town. This is a MARP group, along with 3,000 migrant day laborers. In-school youth, FSWs, and construction workers are reported as MARP groups.

TABLE 69: NUMBER OF MARPS IN SHIRE, MARCH 2011

Target Group	Estimated Population		
	Male	Female	Total
Migrant day laborers during harvest season	2,000	1,000	3,000
Farm/plantation workers	93	58	151
Construction workers	1,200	300	1,500
In-school youth (excluding college students)	7,154	7560	14,714
Out-of-school youth (total)	11,423	8197	19,620
Out-of-school youth in employment	800	400	1,200
College students (private and public)	976	651	1,627
Informal traders	300	400	700
Female sex workers	0	760	760
Total	23,946	19,326	43,272

A. Female Sex Workers

Kebeles 03, 04, and 05, known as Aguadu, are known as the sites where the sex workers are located. According to the informants, there are about 760 FSWs (500 permanent and 260 transient) in the town, most of them operating in the Florida and Tigray hotels. Military personnel, truck drivers and their assistants, migrant day workers, and even some married men are their major clients.

TABLE 70: LOCATIONS IN SHIRE WHERE FSWS OPERATE, MARCH 2011

Category	Name and Location
Hotels and bars	<ul style="list-style-type: none"> • Florida Hotel • Tigray Hotel
Streets	<ul style="list-style-type: none"> • Kebeles 03, 04, 05

B. Informal Traders and Market Sellers

According to the town Trade and Industry Office, there are 600 informal traders or market sellers which include “Suq Bederetes,” lottery sales boys and unregistered street traders. Shire Edaga Kedam (Kebele 02) and Shire Edaga Tsaliya (Kebele 04) are the known marketplaces where these traders operate.

C. Truck Drivers and Intercity Bus Drivers

Selam, Nib, Walya Ibex, and Africa are the major trucking companies whose trucks drive through Shire. On average around 75 trucks park during the day time and around 100 park at night.

TABLE 71: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES STAYING OR PASSING THROUGH SHIRE, MARCH 2011

Selected Information	Details
Times	<ul style="list-style-type: none"> • Day 1 (Day 2) Morning – 100 (95) • Day 1 (Day 2) Mid-day – 60 (70) • Day 1 (Day 2) Afternoon – 50 (80)
Trucks parking overnight	<ul style="list-style-type: none"> • Day 1 → 110 • Day 2 → 120
Overnight parking location	<ul style="list-style-type: none"> • Kebele 04 • Kebele 05 (Mender 1, 2) • Kebele 03 Aguado
Hotels/bars/nightclubs/tella or areki bets visited	<ul style="list-style-type: none"> • Hotels (Mender 1, 3) • Bars (Mender 1,2 and 07, Kebele 05)

D. Migrant Day Laborers

The town Labor and Social Affairs and Administration Office reported that there are 3,000 migrant day laborers living in the town. These groups are mainly engaged in construction and farming. Approximately 1,100 road construction workers are believed to be working on three different road projects in and around the town. The projects' duration is from two years up to three years. Kebeles 02, 03, and 04 are reported as the places where the road construction workers visit to find sex workers.

E. Adolescents and Youth

Shire has a large proportion of young students at the primary, secondary, and tertiary levels. The current total school enrollment of the town is 16,341. Around 20,000 out-of-school youth are believed to live in Shire.

Sexual relationships are very common among these youth groups. They usually start sex early, often at 15 years and even at 14 years for girls. Most of their partners are their peers. There are also hidden sexual relationships between students and adults, primarily as an income-generating activity for the females. The reasons for unsafe sex practices that put the youth at risk of HIV were reported to be viewing illegal pornographic films, substance abuse, low socio-economic status, and alcohol consumption. Rape was also mentioned as an HIV risk factor.

TABLE 72: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN SHIRE, MARCH 2011

School Level	Number of Schools by Type			Student Enrollment			
	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 1–8)	3	6	-	994	8,454	-	9,448
Secondary (grades 9–10)	-	1	-	-	4,048	-	4,048
Tertiary (preparatory, college and higher)	-	4	-	-	2,845	-	2,845
Total	3	11	-	994	15,347	-	16,341

4.15.4 HEALTH SERVICES

Sihul Hospital and Umer Health Center are the two government-owned health facilities in the town; there are also five private clinics. The service mapping assessment showed that all HIV/AIDS services are available in Sihul Hospital but no information was collected for the other facilities regarding the types of services they offer. The clinics owned by the police and prison also provide health services. The REST maternal and child health clinic and the Agusina Clinic are run and owned by NGOs and serve the community. Two government health facilities (Sihul and Umer) are known for providing comprehensive HIV/AIDS-related services. There are also 13 drugstores and four drug vendors that are fulfilling supplying drugs to the community.

The Woreda Health Office is conducting a study to identify the different strategies to address the MARPs. FGAE is the major partner supporting the effort. Awareness-creation and peer-education activities for the FSWs, youth, and long-distance drivers are the main activities focusing on the MARPs. Pregnant women get PMTCT. Youth-friendly services were also established to increase service uptake and deliver services in a comfortable manner. There are no outreach or mobile services addressing MARPs. Informants recommended establishing services for MARPs in and around schools and bus stations where FSWs concentrate (bars and hotels), in the villages and military camps in the town.

TABLE 73 : AVAILABILITY OF HEALTH SERVICES IN SHIRE, MARCH 2011

Name of Facility	Type of Facility	Services Provided					
		HCT	STIs	ART	OI	PMTCT	TB
Sihul Hospital	Public	√	√	√	√	√	√
Umer health center	Public	√	√	√	√	√	√
REST MCH clinic	NGO	-	-	-	-	-	-
Agusina clinic	Private	-	-	-	-	-	-
Police clinic	Private	-	-	-	-	-	-
06 clinic(prison)	Private	-	-	-	-	-	-
Mider genet clinic	Private	-	-	-	-	-	-
Shire clinic	Private	-	-	-	-	-	-
Hibret clinic	Private	-	-	-	-	-	-
St Merry clinic	Private	-	-	-	-	-	-

4.15.5 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

Mahiber Weledo and Rae Betegbar are the two major NGOs working on HIV/AIDS, specifically on HBC and BCC. PLHIV and youth are their main target groups.

4.15.6 HIV COUNSELING AND TESTING SERVICES

Even if some of the community groups are using the existing health institutions to receive HIV and STI services, there are also groups who are not comfortable going to these facilities because the facilities are very distant and the groups do not trust that staff can maintain confidentiality. The Woreda Health Office reported that the VCT services in health institutions is up to standard and open to anyone. However, mobile VCT services are not regular. They need to be strengthened and expanded to address more MARPs.

The informants noted that providing services in nearby sites will increase the service uptake. Shire government health office representatives recommended that other partners' involvement in the sector is very crucial to reach all the MARP groups.

5. DISCUSSION AND CONCLUSION

This study mapped a wide range of at-risk population groups in each of the 15 study towns (Alamata, Adigrat, Meholi, Maichew, Wukro, Adi-Gudem, Korem, Mekele, Adwa, Shire, Axum, Dansha, Humera, Enticho, and Maytsebri) in Tigray Regional State. Identification of the socio-cultural barriers, sexual behaviors, and service preferences were some of the qualitative aspects that the study captured.

All study towns have large numbers of PLHIV as well as transient population groups that are at high risk of contracting HIV: young people (particularly girls), both secondary/college students and out-of-school youths; divorced and widowed women; day laborers including road and other construction workers; truck and bus drivers who stop in the town for a few hours or overnight; unmarried couples; Bajaj drivers; informal traders; and uniformed/military personnel; and farmers and migrant workers. More specifically:

- All study towns have high schools and/or preparatory schools/colleges. A majority of the towns have tertiary colleges with a high student enrollment. This means that the towns have large populations of adolescents and young adults, many of them sexually active.
- Current informants, as well as earlier studies, report that Ethiopia has a social crisis due to early marriage, poverty, stigma, and discrimination, all of which are driving girls and women to migrate from rural areas and suburbs of towns into towns. Most of them are uneducated and cannot find jobs. Out of desperation, they become FSWs, selling sex in exchange for money or goods to survive. In- and out-of-school youths, day laborers, truck and bus drivers, informal traders, uniformed personnel, and even civil servants all are clients of FSWs.
- Some FSWs are hotel based and higher priced, and practice condom use, but many others open or work in small, lower-cost drinking houses that cater to the large numbers of town visitors and sell areki, tella, korefe, shisha, and khat. As this report has shown, consumption of these substances often leads to the adoption of unsafe sexual behaviors, such as failure to use condoms. [2-4]
- Older, adult men hunt female students and other young girls and through sexual networks, enticing the girls to have sex in exchange for living expenses and gifts [2-4, 8-10, 12]. These cross-generational sugar daddies often practice unsafe sex, i.e., do not use condoms.
- Farmers are also cited as at risk in towns such as Korem. They come to town to sell their crops and afterwards visit local drinking houses. Consumption of the local brews usually impairs their judgement and contributes to their engaging in unsafe sex practices.
- In the larger towns like Mekele and Alamata, out-of-school youth, locally known as “*findata*” (these are young men, who usually seek sex from young girls).
- Many study informants (other than FSWs, who always consider themselves as at risk), while listing the aforementioned members of the community as at risk, perceive themselves to be risk free, whereas most of them actually fall in the categories of MARPs they identified. Misconceptions about HIV and risk factors are apparent even among these groups. Evidence also supports that these groups of people are at higher risk of contracting HIV/AIDS than they perceive. [2-5]

As alluded to above, inconsistent use of condoms is pervasive among these groups. [4, 8-10] Excessive use of alcohol in hotels, bars, and local drinking houses, substance abuse, misconceptions about condoms and HIV, and partner trust issues are common barriers to consistent condoms use. Young men, secondary school and college students, farmers, day laborers, informal traders, truck drivers, uniformed men, and even civil servants – who are believed to be better informed about HIV – often avoid using them. The 2005 Ethiopian Behavior Surveillance Survey showed that informal FSWs are less likely to insist that their partners use a condom; for example, only 41 percent of sexually active youth had used condoms with non-commercial sex partners. [2] Similar findings have emerged from other country studies and previous HCT assessments. [2-4, 8-10]

Availability of condoms also is a huge concern, voiced by all informants. Supply of condoms is erratic in all the study towns. Cultural issues also discourage condom use – even if condoms are available, young people, particularly students, civil servants, military and other uniformed personnel, and informal traders, are afraid to buy condoms from shops due to being stigmatized an adulterer.

This study found demand for HCT is very high in all the towns; MARPs want to be counseled and tested, which is consistent with previous HCT assessments. [4, 8-10] In each of the study towns, at least one public health institution provides comprehensive HIV/AIDS care and treatment services. However, in these facilities, overloaded OPDs and supply stock-outs mean services are available only sporadically. In almost all towns, there is also at least one NGO that offers community-based HIV/AIDS services. Involvement of the private for-profit sector is limited.

Stigma and discrimination also contribute to low coverage of HIV/AIDS and STI services. Many MARPs prefer to go to private for-profit facilities, even to private drugstores and pharmacies, to seek HIV and STI services. This preference stems from concerns about privacy and confidentiality of test results in public facilities – service providers are, in most cases, residents of the towns from where the clients come. This implies that, providers know their clients by name and address. Similar studies also support this fact in the country. [2-4, 8-12]

In all towns, study informants (including health offices, HAPCO, NGOs, and local associations) welcomed the idea of mobile HCT services because they believe that mobile services would help close the gap in need for HCT, especially among high-risk groups. They also suggested that mobile HCT would avoid the issues – inconsistent service quality, inconvenient schedules, perceived lack of confidentiality, and fear of stigma and discrimination – that discourage MARPs from accessing public or other static facilities.

Informants also emphasized that for mobile HCT to be successful, strong mobilization must be done through community conversations, coffee ceremonies, peer-to-peer education, and audio and video communication. Raising awareness of mobile HCT services should be aimed at the MARP groups. These activities could be conducted through organizations and groups with which MARPs affiliate, such as anti-AIDS clubs, public forums, secondary schools, colleges, and local stakeholder companies. [4, 8-10]

Informants also suggested that mobile services should be offered in marketplaces and bus stations, along the main roads and in centers of towns, and around government offices up to kushet (kebele or got) levels, construction sites (e.g., Tabia Kullfe), and hotels/bars and local drinking houses where there is a high concentration of MARPs. Informants also recommended that service hours be early morning (before work time), lunch times, market days, Sundays and Saturdays, and during public holidays and public forums.

6. RECOMMENDATION

Based on the findings from this assessment, the following actions are recommended for PHSP's supported mobile HCT services:

6.1 TARGETING MARPS

- This study identifies MARPs and highlights specific areas whereby MARPs reside or spend time in each town. However, final targeting of the type and concentration of MARPs and of mobile HCT site selection should be done in collaboration with key stakeholders and implementing partners in each town;
- Appropriate and effective planning should be done to target MARPs on prevention activities like demonstrating how to use condoms, and to identify places to refer them for further counselling, family planning, and other reproductive health services, to ensure a continuum of care;
- Use of gatekeepers and local associations is crucial to reach MARPs as some of the MARP groups are hard to reach even in normal circumstances, for instance, FSWs, truck drivers, day laborers, informal traders, and civil servants.

6.2 COMMUNITY MOBILIZATION

- Develop and implement a targeted approach to create awareness and generate demand for mobile HCT services among key at-risk populations. Activities should be conducted prior to service start-up and during the times when services are available using proven effective communication channels identified in the study, including community conversations, coffee ceremonies, peer-to-peer education, audio and video shows, and print materials.
 - Example: Use public media and local radio to inform local communities about the dates of HCT services in each town. Messages should be expressed in the appropriate language spoken in the town and be supplemented by leaflets and posters with messages about HCT to address people with varying degrees of education and literacy.
- In collaboration with Woreda and town health offices and HAPCO, develop and implement a strategy to complement awareness-creation activities with targeted BCC efforts among MARPs to increase condom use, prevent HIV and STIs, and reduce stigma associated with issues such as condom use and seeking HCT services.
 - Example: Use existing social networks to carry out activities and engage a variety of communication channels to influence change. Health facilities, anti-AIDS clubs in schools, media networks, study groups, peer groups and other community fora can be used to reach MARPs and implement activities.
- Facilitate local stakeholder ownership in each town through involvement and collaboration on awareness-creation and behavior-change activities.

6.3 ACTIVITIES TO IMPLEMENT

- Appropriate collaborative efforts should be undertaken with stakeholders before implementing HIV-related services in each town. To facilitate this collaboration, proper documentation and mapping of local partners should be done;
- MARPs' and other vulnerable groups' fears and concerns should be addressed in the planning and site selection process to enhance convenience and prevent stigma, for example:
 - Service providers should be from towns other than where the MARPs are residing.
 - HCT services should be conveniently available (in terms of location, days, and times). As identified by informants, PHSP should consider scheduling of service provision to address different groups of MARPs in each town, e.g., early morning hours (before work time) and lunch times (for day laborers and migrant workers), evenings (for FSWs and truck drivers), market days (for farmers and informal traders), semester breaks and summer time vacation (for students), military off-hours, as well as Saturdays and Sundays, holidays, end of public fora, etc.
 - Site selection should be done carefully, to maintain privacy of the MARPs. It should avoid public areas (schools, universities, marketplaces, main roads, bus stations, military compounds) as easy visibility of service clients will allow other people to identify them, possibly resulting in stigma..

ANNEXES

ANNEX I: LIST OF HEALTH FACILITIES IN 15 TOWNS, MARCH 2011

ADAWA

SN	Name and Type of Health Facility	Contact Person	Private Gov/ NGO	HIV Related Services					
				HCT	STI	ART	OI	PMTCT	TB
1	Adwa Hospital	Goitom Gigar	Gov	√	√	√	√	√	√
2	Adwa Health Center	Haile G/slasie	Gov	√	√	√	√	√	√
3	Atsedamariam Health Center	K/emariam Abera	Private	-	-	-	-	-	-
4	Daniel Medium Clinic	Daniel Berhe	Private	-	-	-	-	-	-
5	St.Mary Clinic	H/slassie Estifano	Private	-	-	-	-	-	-
6	Senay Higher Clinic	Dr ataklti	Private	-	-	-	-	-	-
7	International Higher Clinic	Dr Kiflom	Private	-	-	-	-	-	-
8	Teklehaymanot Clinic	Beyene	Private	-	-	-	-	-	-

AXUM

SN	Name and Type of Health Facility	Contact Person	Pvt Gov/ NGO	Tel.	Physical Address	HIV Related Services					
						HCT	STI	ART	OI	PMTCT	TB
1	Axum Hospital	Hagos Godefay	Gov	0914707866	02 kebele	√	√	√	√	√	√
2	Axum Health Center	Helen	Gov	03447753651	01 kebele	√	√	√	√	√	√
3	Miniliniem Health Center	G/slassie	Gov		Miebale	√	√	√	√	√	√
4	FGAE clinic	Asfaw	NGO		Kindeya	√	√	√	√	√	√
5	Kudus Gebriel polyclinic	Birhane	Private		Miebale	√	√	-	√	√	√
6	Bazane higher clinic	Dr Tedros-Haile	Private		Kindeya	√	√	-	-	-	-
7	Tsion higher clinic	Dr mesfin	Private		Kindeya	√	√	√	√	√	√
8	Arsema MCH clinic	workinesh	Private		Kindeya	√	√	-	-	-	-
9	Kidistmariam higher clinic	Dr Tsegazeab	Private		miebale	-	-	-	-	-	-

DANSHA

SN	Name and Type of Health Facility	Contact Person	Priv/ Gov/ NGO	Tel.	Mobile	HIV related services					
						HCT	STI	ART	OI	PMTCT	TB
1	Dansha Health Center	Fissha-shiferaw	Gov	0344360136	0914770340	√	√	√	√	√	√
2	Kudusgebriel clinic	Luel-G/hair	Private	0344360052	0914770257	√	√	√	√	√	√
3	Kudus yared clinic	Mebratom-kinfe	-	-	0914770235	-	√	-	-	-	-
4	Tnsaie clinic	Mesele-Tiku	-	0344360214	-	-	√	-	-	-	-
5	Amanuel clinic	Hawlti-Taye	-	-	0911535973	-	√	-	-	-	-
6	Seamy clinic	Yitbarek-Teferi	-	0344360437	0914249203	-	√	-	-	-	-
7	Kidist Arsema clinic	Tesfay-Mulesa	-	0344360078	0918736111	-	√	-	-	-	-
8	Kudus Michiel clinic	Tedla-kasahun	-	-	0914770227	-	√	-	-	-	-

ENTICHO

SN	Name and Type of Health Facility	Contact Person	Priv/ Gov/ NGO	Tel.	Physical Address	HIV related services					
						HCT	STIs	ART	OI	PMTCT	TB
1	Enticho Health Center	G/gabhir H/slassie	Gov	0344490443	-	√	√	√	√	√	√
2	Ethiopia clinic	-	Priv	-	-	-	√	-	-	-	-
3	Samson clinic	Samson Eyasu	Priv	-	-	-	√	-	-	-	-

SHIRE

SN	Name and Type of Health Facility	Contact Person	Priv/ Gov/ NGO	Tel.	Mobile	Physical Address	HIV related services					
							HCT	STI	ART	OI	PMTCT	TB
1	Sihul Hospital	Dr Amsalu Bitew	Gov	0344256166	-	-	√	√	√	√	√	
2	Umer HC	Solomon H/marim	Gov.	0344250420	-	-	√	√	√	√	√	
3	REST MCH clinic	G/hiwot G/marim	NGO	0344252212	-	-	-	√	-	-	-	
4	Agusina clinic	Sr conzatya	NGO	0344250597	-	-	-	√	-	-	-	
5	Police clinic	Kibrom Berhe	Gov.	0344252226	-	-	√	√	√	√	√	
6	06 clinic (prison)	-	Govt.	-	-	-	-	√	-	-	-	
7	Mider genet clinic	Dr Amsalu Bitew	Private	0344250923	-	-	-	√	-	-	-	
8	Shire clinic	Dr Tsegay Yibrah	Private	0344253020	-	-	-	√	-	-	-	
9	Hibret clinic	Negasi Haile	Private	0344252632	-	-	-	√	-	-	-	
10	St Merry clinic	Tadesse Leake	Private	0344250053	-	-	-	√	-	-	-	
11	St Silassie Dental clinic	Binyam Tesfahun	Private	-	0911694659	-	-	-	-	-	-	

HUMERA

SN	Name and Type of Health Facility	Contact Person	Priv/ Gov/ NGO	Tel.	Physical Address	HIV Related Services					
						HCT	STI	ART	OI	PMTCT	TB
1	Kahsay Abera Hospital	Dr Zewdu	Gov	0344480010/	K 01	√	√	√	√	√	√
2	Humera health center	Fruta Alebe	Gov	0344481064	K 02	√	√	√	√	√	√
3	Selam Higher clinic	Dr zewdu	Private	0344481942	K 03	√	√	-	-	-	-
4	Rewina Higher clinic	Dr shanko	Private	0344481961	K 01	√	√	-	-	-	-
5	Welkayit Medium clinic	Dr dejena	Private	0344480105	K 02	√	√	-	-	-	-
6	Africa medium clinic	Kesete birhane	Private	0344480503	K 01	√	√	-	-	-	-

MAYTSEBRI

SN	Name and Type of Health Facility	Contact Person	Priv/ Gov/ NGO	Tel.	Mobile	Physical Address	HIV Related Services					
							HCT	STI	ART	OI	PMTCT	TB
1	Maytsebri Health center	Solomon	Gov	0344620289		Hadush K	√	√	√	√	√	√

ADIGRAT

SN	Name and Type of Health Facility	Contact Person	Priv/ Gov/ NGO	Office Tele	Mobile	Physical Address	HIV related services					
							HCT	STIs	ART	OI	PMTCT	TB
1	Adigrat hospital	Ato zemnfese	Govt	0344450347	-	K 01	√	√	√	√	√	√
2	Tekelesewa health	Birhane Hameni	"	0344450220	0914207744	K 03	√	√	√	√	√	√
3	Kidus higer clinic	Dr Mulugeta	private	0344454863	0911936900	K 03	√	√	-	√	-	-
4	Selam higher clinic	Dr Tewoderos Fesseha	"	-	0911545106	K 03	√	√	-	√	-	-

MACHIEW

SN	Name and Type of Health Facility	Contact Person	Private/ Gov NGO	Office Telephone	Mobile	Physical Address	HIV related services					
							HCT	STIs	ART	OI	PMTCT	TB
1	Mcihew HC	Sr. Tesehay	GOV	-	0914735378	K 01	√	√	√	√	√	√
2	Semre Melse HC	-	GOV	-	-	K 02	√	√	√	√	√	√
3	Lemelem Hospital	-	Gov	0347770842	-	K 01	√	√	-	-	√	√
4	Ethiopian higher clinic	Dr Aklilu	Private	-	0914214343	K 01	√	√	-	-	-	-
5	Dr Asenfi kiros clinic	-	Private	-	0914240340	K 03	√	√	-	-	-	-
6	Aresema higher clinic	Dr Tesfaye	Private	-	0914378383	K 01	√	√	-	-	-	-

KOREM

SN	Name and Type of Health Facility	Contact Person	Private/ Gov NGO	Office Tel	Mob	Physical Address	HIV related services					
							HCT	STIs	ART	OI	PMTCT	TB
1	Korem health centre	Thehdros grimay	-	0345510719	0914411439	K 01	√	√	√	√	√	√

ADEGUDUM

SN	Name and Type of Health Facility	Contact Person	Private Gov NGO	Office Tele	Mob	Physical Address	HIV related services					
							HCT	STI	ART	OI	PMTCT	TB
1	Adegudum HC	Mekone Negusse	Gov.	034447038	0914731712	K 02	√	√	√	√	√	√

MEKELE

SN	Name and Type of Health Facility	Contact Person	Private/ Gov/ NGO	Office Tele	Mob	Physical Address	HIV related services					
							HCT	STI	ART	OI	PMTCT	TB
1	Kassech health center	Kidane megnsitu	Gov	0344406908	-	K 18	√	√	√	√	√	√
2	Emanuel clinic	Dr. Amanuel	private		-	K17	√	√	-	-	-	-
3	Markos General Hospital	Dr Markos Gesses	“	0344409220	-	K16	√	√	-	-	-	-
4	Beza higher clinic	Dr. T/Himanot	“	0344406488	-	K 18	√	√	-	-	-	-
5	Mari Stopes clinic	Sr. Almaz alem	“	0344406488	-	K 18	√	√	-	-	-	-
6	Fisum Birhn Eye Hospital	Dr fisum bekele	“	0344408000	-	K18	-	-	-	-	-	-
7	Meskerem hospital	Dr kidane estfifonos	“	0344417407	-	K 18	√	√	√	√	√	√
8	Romant higher clinic	Dr Melaku aberah	“	0344403348	-	K 02,11k	√	√	-	-	-	-
9	Betelehem higher clinic	Dr fitah negeste	‘	0344405130	-	K 02				-	-	-
10	Semhale higher clinic	Dr grimay hagos	“	0344402312	-	K 02	√	√	-	-	-	-
11	Telhun kiros eye clinic	Dr tilhun kiros	“	0344400304	-	K 02	-	-	-	-	-	-
12	Adeha Health center	Yirgalem tadesse	Gov	0348400255	-	-	√	√	-	√	-	√
13	Adishu Endune Heath center		Gov		-	-	√	√	-	√	-	-
14	Mekele Hospital				-	-	√	√	-	-	-	√
15	Meskerem clinic	Dr mulu tadess	private	0344409944	-	-	-	√	-	-	-	-
18	Mekele Health center		Gov		-	Kebele 16	-	√	-	√	-	-

MEHONI

SN	Name and Type of Health Facility	Contact Person	Priv/ Gov/ NGO	Off Tel	Mob	Physical Address	HIV related services					
							HCT	STI	ART	OI	PMTCT	TB
1	Mehoni Hospital	Berhanu Neguese	Gov.	-	0914730186	K 01	-	√	√	-	√	√
2	Mariam Deber Sina Clinic	MERESA BERHE	Private	-	0914168107	K 02	-	√	√	-	-	-

ALAMATA

SN	Name and Type of Health Facility	Contact Person	Priv/ Gov NGO	Office Tele	Mob	Physical Address	HIV related services					
							HCT	STI	ART	OI	PMTCT	TB
1	Almata Hospital	Negusse belew	Gov	0347740293	-	K 01	√	√	√	√	√	√
2	Dr. kumenegre Clinic	Dr kumenegree	Private	-	-	K 03	√	√	√	√	√	√
3	Beza poly clinic	Mulgeta Demmese	Private	-	0913271869	K 02	-	√	-	-	-	-
4	Almata HC	-	Gov	-	-	K 01	-	√	-	√	-	-
5	St. George Diagnostic	Halfom Adhene	Private	-	0914169543	K 03	-	-	-	-	-	-

WEKURO

SN	Name and Type of Health Facility	Contact Person	Private/ Gov NGO	Office Telephone	Mob	Physical Address	HIV related services					
							HCT	STI	ART	OI	PMTCT	TB
1	Wekuro HC	Kiros demoze	Gov.	0344430966	-	Hailom keb	√	√	√	√	√	√
2	Wekuro Hospital	Dr kalealu mersea	Gov.	0914130404	-	Dedbit kebel	√	√	√	√	√	√

PRIVATE PHARMACY/DRUG VENDORS/DRUG STORES

Name	Type 1. Pharmacy 2. Drug Store 3. Drug Vendor	Location (Kebele, Sefer Name, Telephone, Contact Person)
I. Adwa		
Teklab Pharmacy	Pharmacy	Teklab-W/aregay 08 kebele – 0914745186
Yiabsera drug shop	Drug store	Meaza-Girmay Abnet sefer - 0914763418(08 kebele0
Yordanos drug shop	Drug store	Yordanos TesfayAbnet sefer 08 - 0914024009
Semhal drug shop	Drug store	Halefom w/giorgis Meabale - Sefer 06 kebele - 0347712497
St. merry Drug shop	Drug store	Amanuel yebyo - Meabale sefer - 0914748889
Meskel drug shop	Drug store	Natnaiel-Yifter(debrichi - Sefer 05 kebele - 0914763499
Selam Drug vendor	Drug vendor	Beyene w/gebrel(meabale - Sefer) 06 kebele - 0347714450
Birhan Drug vendor	Drug vendor	Tesfay-W/gebriel(meabale - Sefer)06 kebele - 0910033498
Adwa drug vendor	Drug vendor	Aregay-G/mariam(Debrichi - Sefer)05 kebele - 0914195965
Kidus Michale drug vendor	Drug vendor	Abrha K/mariam(Alula sefer - 01 kebele - 0914174867
Medhanialem drug vendor	Drug vendor	Teshome-Gebre - Alula sefer - 0914744747
2. Axum		
Thion Drug store	Drug store	Milugeta G/sillasie – 0914212925
Kudusgebriel Drug store	Drug store	Ato birhanu Desta -0347753603
Selam Drug store	Drug store	Ato Zelalem Aregay – 0914743548
Bazen Drug Store	Drug store	Ato zero G/tsadik – 0914743942
Axumawit Drug store	Drug store	Ato kalayu Abraha – 0911567079
Medhanialem Drug store	Drug store	W/o Aberash Kahsay – 0914035375
Kudus Micheal Drug store	Drug store	Ato birhanu G/her – 0914258787
Kulubi gebriel Drug store	Drug store	W/0 rishan Araya – 0914190201
Red cross Drug store	Drug store	Ato Mekonen W/giorgis – 0914785849
St merry Drug store	Pharmacy	Ato Goitom Tizazu – 0914743966
Kidanemihret Drug store	Drug store	Ato Misgina T/mariam – 0914744221
Hiwot Drug store	Drug store	w/t Hiwot Tesfay
Bet Abraham drug store	Drug store	Ato Abrham Godefa
Africa drug store	Drug store	Ato Beyene T/birhan -
Tsilat drug vender	Drug vendor	Ato Tsegaye W/aregay -
Abyssinya drug store	Drug store	Ato Negash Hadera -09144104435
Dansha	Drug store	
Selam Drug store	Drug store	Dansha ketena 2 – Welay – 0344360126
Bilal Drug store	Drug store	Mehamed Ahmed - Dansha ketena I
Tinsae drug vendor	Drug vendor	Dansha ketena I - Mesele Tiku - 0344360214
Eyorsalem drug vendor	Drug vendor	Dansha ketena I – 0914022005
3. Shire		
Shire Drug Store	Drug store	Alganesh G/medhin – 0914148571
Endasslassie Drug Stor	Drug store	Tesfay-Haile - 0344442632
Thion Drug Store	Drug store	Brkti Alebachew – 0914769390
Mihret Drug Store	Drug store	Abrhaley G/zhair -
Berhe Hakim Store	Drug store	Alem Tesfay0344440700
Selam drug store	Drug store	Tesfay G/Meskel -0914732161
Tesfa Drug store	Drug store	Tewelde – 0914040762
TAM Africa drug Store	Drug store	Amanuel Teklu
Amanuel Drug Store	Drug store	Helen Zeru – 0913517806
Midregenat Drug Store	Drug store	Helen Zeru – 0913517806
Kudis Micheal Drug store	Drug store	Mulubrhan
Ethiopia Medhanit Drug Store	Drug store	Biniam Belay – 0344443172

Name	Type 1. Pharmacy 2. Drug Store 3. Drug Vendor	Location (Kebele, Sefer Name, Telephone, Contact Person)
Selam Drug Vender	Drug vendor	Girmay Biru – 0344440970
Shire Beteseb Drug Vender	Drug vendor	H/sillasie Berhe – 0344440051
Medhanialem Drug Vender	Drug vendor	Desta - 0344442225
Tigray Drug Vender	Drug vendor	Tesfay W/gebriel – 0344442245

4. Humera

St Gebriel Drug store	Drug store	Tsega Meles kebele 01 -0344481961
Selam Drug store	Drug store	Abduselam (kebele 01)
Welkayit Drug store	Drug store	H/mariam – 0344480105
Humera Drug store	Drug store	Abebe Hagos =
St merry Drug store	Drug store	Zeray Teklay -0344480190
Danit Drug store	Drug store	Haile Berhe -
Setit humera Drug store	Drug store	Gezai-W/abezgi (kebele 01)
Hiyab Drug vendor	Drug vendor	
Raya Drug vendor	Drug vendor	
Meseret Drug vendor	Drug vendor	
St yared drg vendor	Drug vendor	G/hiwot-Abay – 0344480098

5. Maytsebri

Africa Drug Store	Drug store	Tahtay Ketema Ketena 5 – Alamin - 0914750164
Tsegay Drug store	Drug store	Tahtay Ketema ketena 5 - Areya Asefa Ketena – 0914017752
Medhanialem Drug vendor	Drug vendor	Tahtay Ketema Ketena 5 - Dawit ataklti - 0914482155
Tselemti Drug Vendor	Drug vendor	Hadush Ketema Ketena 5 - Michale Beyene - 0914782458
Kidus Teklehaymanot Drug Vendor	Drug vendor	Hadush Ketema Ketena 5 - Tilahun Mekinnen - 0914225400
KidusTeklehaymanot Drug Vendor	Drug vendor	Hadush Ketema ketena 5 - Mulu Ayele - 0914775988
Amnearegawi Drug Vendor	Drug vendor	Laelay Ketema Ketena I- Mulu W/gebriel
Brawasay Drug vendor	Drug vendor	Laelay Ketema Ketena I- Alebel Teshale - 0914017752

6. Adigrat

Meten drug shop	Drug store	Roman Gebru , 09 14 72 3246/
Feleg drug shop	Drug store	Mulugeta , 09147545 78
St Mariam drug vendor	Drug vendor	Mulegata Asegom 0914723393
Tesfaber drug shop	Drug store	Tesafye Berhe ,0914723111
Hadase drug shop	Drug store	Amin G/sellasse 0914732909

7. Maichew

Raya drug store	Drug store	Etsahy derbu 03 477729 k 03
Arsema drug store	Drug store	Aberah seyum 0914785419 kebele 03
Tsebelu druggist	Pharmacy	Ganzebu kalelu 0914768378 k 03
Mahari	Rural drug vendor	Aster assefa 0914723438 k03
Aregawi	Rural drug vendor	g/medhin 0347770035 k 04
Hiwot	Rural drug vendor	Neguse 0914723498 k 04

8. Korem

St Michael drug vendor	Drug Vendor	Damtew alemu ,kebele ,0914786331
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9. Adigudom

Tesfa drug shop	Drug store	Ketene 03 Alebachew 0914751239
Abune aregwi	Drug vendor	Ketene 04 Awetash Teka 0344370060

10. Mekele

Romanate	Pharmacy	Godna dejen
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Name	Type	Location
	1. Pharmacy 2. Drug Store 3. Drug Vendor	(Kebele, Sefer Name, Telephone, Contact Person)
Abeab	Pharmacy	0344401124 / Godna Dejen
Milliumim	Drug store	0914701611/ Godna Dejen
Ethiopia	Pharmacy	0344404644/ Godna selame
Kenema	Drug store	034440011/ Godna Dejen
Brihu	Drug store	0344417220/ Godna Dejen
Hadush	Drug store	0344400313/ Godna Selame
Africa	Drug store	/ Godna dejene
Red cross	Drug store	0344402532/ Godna Dejen
St giogrigis	Drug store	0344408263/ Godna Dejen
Lukas	Drug store	0344407430/ Godna selame
Semhale	Drug store	0914734983/ Godna Dejen
Medhin	Drug store	0344410777/ Godna Dejen
R-emanluela	Drug store	0914726804/ Godna Dejen
Akeleshia	Drug store	Godna dejen
Mekele	Drug store	0344409770/ Godna Dejen
Pawlos	Drug store	0914726507/ Godna Dejen
Aron	Drug store	0914723605/ Godna Dejen
Abyisinia	Drug store	0914701115/ Godna Alula
Hiwot	Drug store	0914730658/ Godna Alula
Mekleete	Drug store	Adebabaye hwezen
International	Drug store	0914746630/ Godna Alula
Ema	Drug store	Adebabaeye hwzen
Tinsaye	Pharmacy	
Miherte	Drug store	0914723514/ road to dejene
Meskel	Drug store	0914701115/ kbele 07
Laliblea	Drug store	0914707353/ kebele 12
Metene	Drug store	0344415141/ kbele 07
Hawlitey	Drug store	Adi aki k ketema
welwalo	Drug store	0344749119/ Adi shun dehun
Mkenaye	Drug store	0914 72 68 81/Ayidir, kebel 03

11. Mehoni

Birhan drug store	Drug store	Weyne tera , Haftu 09 14 72 13 94
Raya drug store	Drug store	SENGATERA , SEYUM , 0914025794
Mehoni hospital pharmacy	pharmacy	Berhanu negusse, 0914730186
Selam drug vendor	Drug vendor	Yossef 0914 16 71 43

12. Alamata

Tsion	Drug store	Birhane 04 kebele 0347740697
Semure	Drug store	Gidey Abadi 091410664
Selame	Drug store	Asemu demeke 0914044674
Kal kidane	Drug store	Dr kumenegre 0911180110
fewse	Drug store	Aberha 0914785749
Hosanna	Drug store	Mebrhit 0920861459
Aberha	Drug store	03 kebele
Sehule	Drug store	01 kebele
Betelehem	Rural drug vendor	Aberha 347740288

13. Wekuro

Nigisty drug shop	Drug store	Agazi kebele G/egzabhaer- 0914729370
Awlalo drug shop	Drug store	Mr k/mariam readahe 0914724161

Name	Type 1. Pharmacy 2. Drug Store 3. Drug Vendor	Location (Kebele, Sefer Name, Telephone, Contact Person)
St gearges drug vendor	Drug vendor	Almetshaye hagose - 0914044969/Dedibt kebele

14. Dansha

Selam Drug store	Drug store	Dansha ketena 2 Welay 0344360126
Bilal Drug store	Drug store	Mehamed Ahmed Dansha ketena I
Tinsae drug vendor	Drug vendor	Dansha ketena I Mesele Tiku 0344360214
Eyorsalem drug vendor	Drug vendor	Dansha ketena I 0914022005

15. Enticho

Kudsmichaile Drug store	Drug store	Mulubirhan (02 kebele) 0914763248(mobile) 0344490019(Home)
Samson drug store	Drug store	Samson Eyasu(01 kebele) 0914764067(Mobile)

ANNEX 2: LIST OF SCHOOLS IN 15 TOWNS, MARCH 2011

Name	Level	Ownership (Govt, Private, NGO)	Males	Female	Total
1. Adwa					
Tsion Elementary school	Primary	Gov	520	620	1140
Mytsadir Elementary school	»	»	555	699	1254
Adwa Elementary School	»	»	435	586	1021
Alekamedhin Elementary School	»	»	209	286	495
Adi mehleka Elementary School	»	»	490	498	988
Soloda Elementary School	»	»	420	448	868
Adi Abeto Elementary School	»	»	300	394	694
My-gua-gua Elementary School	»	»	466	517	983
Kidanemhret Elementary School	»	NGO	152	374	526
Nigste Saba No1 secondary school	Secondary	Gov	1333	1598	2931
Nigste saba No 2 secondary school	»	»	503	541	1044
Tadelech Hailu secondary school	»	»	616	796	1412
Dr Tsegaye Berhe secondary school	»	»	286	351	637
Kidanemehret secondary school	»	NGO	21	41	62
Nigiste saba preparatory school	Tertiary	Gov	1014	1157	2171
Nigiste saba TVET school	»	»	414	553	967
Adua teaching college school	»	»	544	614	1158
Soloda TVET	»	Private	200	161	361
Denbosco TVET	»	NGO	376	43	419
Admas college	»	Private	200	110	310
Sheba college	»	Private	200	123	323
2. Axum					
Megabit 18 primary school	Primary	Gov	862	868	1730
Werie primary school	»	»	474	493	967
Kindeya primary school	»	»	725	774	1499
Axum primery primary school	»	»	631	713	1344
Hawlti primary school	»	»	239	266	505
Bazenprimary school	»	»	312	279	591
Abrha weathbiha primary school	»	»	804	845	1649
Bethintset primary school	»	»	118	2	120

Name	Level	Ownership (Govt, Private, NGO)	Males	Female	Total
Tesfahiwot primary school	»	Private	113	106	219
Sunshine primary school	»	NGO	99	114	213
Kaleb Secondary school	Secondary	Gov	1114	1310	2424
Axum secondary school	Secondary	Gov	1031	1198	2229
Axum preparatory school	Tertiary	Gov	541	700	1241
Axum Health science college	»	»	650	839	1489
Axum business college	»	Gov	575	321	896
Axum TVET	»	»	426	678	1104
3. Dansha					
Dansha No 1 Primary school	Primary	Gov	320	270	590
Dansha No 2 primary school	»	»	390	284	674
Dansha secondary school	Secondary	Gov	200	213	413
-	Tertiary	-	-	-	-
4. Enticho					
Segalu primary school	Primary	Gov	824	852	1676
Enticho primary school	»	»	1039	1020	2059
Ferekersi primary school	»	»	70	79	149
Enticho secondary school	Secondary	Gov	1554	1552	3106
Enticho preparatory school	Tertiary	Gov	647	536	1183
Enticho TVET	»	Gov	285	328	613
5. Humera					
Hawzen primary school	Primary	Gov	541	493	1034
Afewerki primary school	»	»	424	471	895
Mearnnet primary school	»	»	421	461	882
Hamle-5 primary school	»	»	325	321	646
Humera Secondary school	Secondary	Gov	1005	706	1711
Humera preparatory school	Tertiary	Gov	178	146	324
6. MayTsebri					
Mitsebri primary school	Primary	Gov	516	559	1075
Hadush ketema primary	»	»	612	748	1360
Mitsebri secondary school	Secondary	Gov	540	449	989
Maytsebry preparatory school	Tertiary	Gov	103	62	165
7. Shire					
Tsehaye primary school	Primary	Gov	1066	1199	2265
Embadanso primary school	»	»	1073	1187	2260
Adkentibay primary school	»	»	556	578	1134
Taba Wayane Tsinat primary school	»	»	510	565	1075

Name	Level	Ownership (Govt, Private, NGO)	Males	Female	Total
Hibret primary school	»	»	761	742	1503
Bet Hintset primary school	»	»	214	3	217
My Baby primary school	»	Private	128	137	265
Betel primary school	»	»	212	226	438
Danbosko primary school	»	»	147	144	291
Hafeshawi Secondary School	Secondary	Gov	1870	2178	4048
Shire Preparatory school	Tertiary/	Gov	617	601	1218
Axum University, Shire campaus	»	»	400	200	600
Shire Agricultural TVT	»	»	289	204	493
Shire Small scale	»	»	287	247	534

8. Adigrat

Ethio image primary school	Primary	Gov	87	105	192
Azeb primary school	»	“	64	65	129
Agazi kedmaiy Berki primary school	»	“	1113	1201	2314
Welwalo primary school	»	“	580	569	1149
Baity primary school	»	“	633	623	1256
St Angelea primary school	»	NGO	535	523	1058
Bet Hinset primary school	»	Gov	158	7	165
Yemane G/meskel primary school	»	Gov	301	266	567
Cheanadu primary school	»	Gov	301	562	863
St yakob primary school	»	NGO	106	99	205
Fire beirhan secondary school	Secondary	Gov	1945	2317	4262
Yalem berhan secondary school	»	Gov	947	1145	2092
Agazi secondary school	»	Gov	727	867	1594
Tsenseset secondary school	»	Gov	370	334	704
Agazi preparatory school	Tertiary	Gov	870	872	1742
Tsenseset preparatory school	»	Gov	313	273	586
Industrial college	»	Gov	558	287	845

9. Maichew

Zealealm desta primary school	Primary	Gov	360	364	724
Wefri selam primary school	»	Gov	563	513	1076
Alme primary school	»	Gov	722	704	1426
Almaz alemu primary school	»	Gov	556	553	1109
Menetsenot primary school	»	Gov	186	3	189
Adis Alem primary school	»	Gov	127	109	236
Adissiki primary school	»	Gov	115	90	205
Abdi baribakera primary school	»	Private	44	52	96
Telahun Yigzaw primary school	Secondary	Gov	1403	1416	2819

Name	Level	Ownership (Govt, Private, NGO)	Males	Female	Total
Machiwe Preparatory school	Tertiary	Gov	301	253	554
Machiwe TVT school	»	Gov	447	554	1001
Mchiwe technical college	»	Gov	385	187	572
Miachew Agricultural college	»	Gov	237	257	494
Hasenge college	»	Private	66	148	214
Dymnaic college	»	Private	28	53	81
Sheba college	»	Private	100	200	300

10. Korem

Harnbegna L/G/hailu primary school	Primary	Gov	552	570	1122
Zikere sewate co e, sc primary school	»	Gov	289	350	639
Meskote berihane primary school	»	Gov	500	498	968
Muse selam co.el primary school	»	Gov	437	404	841
Korem secondary school	Secondary	Gov	1156	997	2153
Bruhe tesfa preparatory school	Tertiary	Gov	282	148	430
Korem TVET	»	Gov	283	233	516

11. Adigudum

Adigudum elementary school	Primary	Gov	370	411	781
Arena primary school	»	Gov	590	654	1244
Hawatsu el primary school	»	Gov	295	334	629
Adigudum secondary school	Secondary	Gov	1075	838	1913
Adigudum preparatory school	Tertiary	Gov	403	323	726

12. Mekele

Alabi primary school	Primary	Gov	171	163	334
Mamona primary school	»	»	124	123	247
Harinet primary school	»	»	193	211	404
Hawlti primary school	»	»	397	420	817
Frie sleam primary school	»	»	83	88	171
Adi Hawasi primary school	»	»	285	318	603
Adishuwan primary school	»	»	208	193	401
Keduye primary school	»	»	191	197	388
Leulem dauro primary school	»	»	174	190	364
K 17meskel primary school	»	»	181	177	358
Mereha primary school	»	»	192	26	218
Meswyet primary school	»	»	42	29	71
Kuhia primary school	»	»	622	711	1333
Illala primary school	»	»	511	645	1156
Aynalem primary school	»	»	540	543	1083
Ayder primary school	»	»	631	678	1309

Name	Level	Ownership (Govt, Private, NGO)	Males	Female	Total
Enseti primary school	»	»	383	112	495
Lachi primary school	»	»	687	644	1331
Genbelu primary school	»	»	268	285	553
Mekele primary school	»	»	769	815	1584
Mai woyanie primary school	»	»	646	713	1359
Kesawlfo primary school	»	»	520	597	1117
Adiaki primary school	»	»	848	888	1736
Ayelom primary school	»	»	659	794	1453
Atse Yohannes primary school	»	»	788	873	1661
Kiros geseye primary school	»	»	708	770	1478
G/sedo primary school	»	»	809	1008	1817
Frie shewit primary school	»	»	304	260	564
Maylawi primary school	»	»	320	351	671
Adis Alem primary school	»	»	567	471	1038
Felege Hiwot primary school	»	»	572	735	1307
Zeker sewul primary school	»	»	509	588	1097
Yekatit 11 primary school	»	»	395	446	841
Yekatit 23 primary school	»	»	743	772	1515
Ethio primary school	»	»	428	401	829
Dahero primary school	»	Private	145	114	259
Abadi primary school	»	»	31	29	60
Folowbial primary school	»	»	67	47	114
Tsely biru primary school	»	»	32	19	51
Kali primary school	»	»	296	267	563
Rehawi primary school	»	»	43	36	79
Axum primary school	»	»	281	298	579
Siwit primary school	»	»	169	180	349
Ekrem primary school	»	»	124	102	226
Mekanyesus primary school	»	NGO	251	256	507
Elshay primary school	»	Private	291	128	419
Roha primary school	»	»	31	31	62
D.arus primary school	»	»	76	81	157
Rewan primary school	»	»	395	378	773
Aseli primary school	»	»	143	149	292
RasAlula primary school	»	»	78	82	160
Adventist primary school	»	NGO	178	181	359
Kassel primary school	»	NGO	331	362	693
Aba G. primary school	»	NGO	434	476	910

Name	Level	Ownership (Govt, Private, NGO)	Males	Female	Total
Tekezie primary school	»	Private	90	120	210
Mebu primary school	»	»	182	184	366
Mars primary school	»	»	690	694	1384
Magic carpet primary school	»	»	226	161	387
SOS primary school	»	NGO	314	329	643
Yohannes primary school	»	Private	164	148	312
Ocliy primary school	»	»	139	167	306
Yiklos primary school	»	»	233	243	476
New Millennium	»	»	87	67	154
Marta primary school	»	»	126	129	255
Selam primary school	»	»	24	36	60
Vissi primary school	»	»	18	16	34
Mersi primary school	»	»	143	152	295
K.Maria primary school	»	»	83	71	154
Sheba primary school	»	»	250	220	470
Tita primary school	»	»	47	10	57
Mesebo secondary school	Secondary	Gov	847	1150	1997
Adi aki secondary school	»	Gov	2214	2616	4830
F/abiot secondary school	»	Gov	2334	2722	5056
Hinset secondary school	»	Gov	370	20	390
Ayder secondary school	»	Gov	1271	2336	3607
Welde neguse secondary school	»	Gov	1210	1566	2776
Adiha secondary school	»	Gov	494	650	1144
Kelamino secondary school	»	Private	198	190	388
SOS secondary school	»	Private	164	154	318
Adventist secondary school	»	Private	124	162	286
Kesate Birhan secondary school	»	Private	820	1026	1846
Aba g/Micheal secondary school	»	Private	242	234	476
Tekeze secondary school	»	Private	128	102	230
Merha tibebe secondary school	»	Private	80	70	150
Mercy secondary school	»	Private	410	418	828
Majic carpet secondary school	»	Private	210	214	424
Nazerawi secondary school	»	Private	202	246	448
Kalebe secondary school	»	Private	348	290	638
Anere academy	»	Private	112	88	200
Mekele university	Tertiary	GOV	9264	4170	13434
Mekele institute of technology	»	Gov	400	30	430
New millennium	»	Private	399	933	1332

Name	Level	Ownership (Govt, Private, NGO)	Males	Female	Total
Poly institute technology	»	Private	361	41	402
Donbossco	»	NGO	223	17	240
Open business water technology	»	Private	360	90	450
Mars college	»	Private	988	144	1132
Micro-link	»	Private	278	398	676
Hasenge college	»	Private	97	125	222
Sheba college	»	Private	1023	435	1458

13. Mehoni

Degole primary school	Primary	Government	852	960	1812
Hayelom primary school	»		291	250	541
Mehoni secondary school	Secondary	Gov	963	862	1825
Churhcure secondary school	»	churhcure	263	247	510

14. Alamata

Edegete fana primary school	Primary	Gov	686	688	1374
Fere kalsi primary school	»	“	200	184	384
Berhu tesfa primary school	»	“	600	634	1234
Medre genet primary school	»	“	140	160	300
Mebrak primary school	»	“	637	664	1301
Kokeb Tsebahe primary school	»	“	837	943	1780
Kuseri hade primary school	»	“	599	628	1227
Bête hensete primary school	»	“	233	1	234
Tadagewa Ethiopia secondary school	Secondary	GOV	1678	1385	3063
TVET Almata	Tertiary	Gov	413	410	823
Sheba college	»	Private	84	102	186
Hidasse preparatory	»	Gov	474	286	760

15. Wekuro

Megabit three primary school	Primary	Gov	591	661	1252
Selam primary school	»	“	968	1102	2070
Millinium primary school	»	“	196	215	411
Kesananet primary school	»	“	1076	1180	2256
St :Yossef primary school	»	Private	191	201	392
Wekuro secondary school	Secondary	Gov	1814	1993	3807
Wekuro preparatory school	Tertiary	Gov	680	650	1330
Wekuro TVET	»	Gov	238	333	571

*Primary Schools (1-8 Grade)

* Secondary Schools (9-10 Grade)

* Preparatory schools (11-12)

* Colleges/TVET/Universities

ANNEX 3: LIST OF NGOS, COMMUNITY-BASED ORGANIZATIONS, AND FAITH- BASED ORGANIZATIONS WITH HIV INTERVENTION IN 15 TOWNS, MARCH 2011

Name of NGO	Main HIV/AIDS Services (HCT, ART, HBC, STIs, IGA, OVC support, Other)	Main Target Groups	Contact Person And Telephone
1. Adwa			
OSSA	OVC,HCT	Adwa college, police	Ashenafi
MUMS for MUMS	HBC, Care & Support	PLHIV	Asqual
MSH	ART, Care& Support	PLHIV	Shishay
2. Axum			
Mums for Mums	HBC,HCT		Shishay Gidey
Timret local	Mobile VCT	Commercial sex worker	Meresa Tilahun
TransAction	STI, Support	=	Seble
FGAE	STI	Women	Asfaw
MSH	ART,HCT	Hospital & PLWA	
Religious	HCT, Support&care	Orpphan	G/slassie
Kalkidan	Support	Orphan	Kiros G/thadkan
3. Dansha			
Weledo Adhin	Support& care	PLHIV	
4. Enticho			
Rest local NGO	Support,HBC	ORPHANS	Walta/0344490010
5. Humera			
I-TEEC	ART	PLHIV	
UNICEF	MCH,EPI	Children	
OSSA	Care &Support		
HAPCO	IGA,CC,OVC	Youth,Old Age	

Name of NGO	Main HIV/AIDS Services (HCT, ART, HBC, STIs, IGA, OVC support, Other)	Main Target Groups	Contact Person And Telephone
Land of lay	IGA	PLHIV	
Mums for Mums	HBC	PLHIV	
MSH	HBC	PLHIV	
Family Health	VCT (Mobile)	Community	
6. Maytsebri			
No NGO			
7. Shire			
Mahiber Weledo	HBC	PLHIV	
Rae Betegbar	IEC/BCC	Youth	
8. Adigrat			
ADCS (catholic)	Care and support	PLWHA,	0344452197/Kefelom Ataklti
OSSA	HCT, care and support	General population	0344452310/ Helen
Fana Adigrat	Care and support	PIWHA, elderly	0914745457/Mesfin
I.3.9 Machiew			
MSH	Art	G,population	Mohamed Jemale
Intra health	PMTCT	Mother and children	0914113442
Mums for mums	HBC	Women	Zemame 0347771116
OSSA		G.population	0914709497
Youth friendly service	VCT , STI	10-24	Goitome Mebrahtu .0914165727
9. Korem			
Orthodox church	OVC support	OVC	Fantahun kebede, 0914717344
Action aid	IGA	Plwha ,OVC	Adugna gessew 0914785843
10. Adigudom			
NO NGO			
11. Mekele			
Vision in action	IGA, HBC	PLWHA, OVC	Sofinos ,0344402316
Mums for mums	IGA, HBC	Women, ovc , PLWHA	Ashenfi, 0344410263
OSSA	IGA, HBC, GBV, Prevention	Youth , G population	Yirga, 0914701935
HAB	OSSA	Youth , women ,OVC	Fikere ,09147010577
Intera health	Health service t	HC users	Yayinshet
Family planning	RH, prevention	Youth , general public	Asede,0914701718
MCH	HBC,		Tsegazebe 0914706781
Operation rescue	OVC CARE	OVC CARE	Getahew
12. Mehoni			
Human beings brother	IGA	OVC	Jone /0914709600
UNCIEF	IGA	OVC	

Name of NGO	Main HIV/AIDS Services (HCT, ART, HBC, STIs, IGA, OVC support, Other)	Main Target Groups	Contact Person And Telephone
13. Alamata			
World vision	IGA,ovc, HBC, ART	Ovc & families	Negusse 0347740347
MSH	HBC/ART	Clients coming to health center	Moges 0347740225
Missionary of charity	Care and support	Destitute mother s, OVC, Disabled , TB	S/R Mirkisa 0347740225
OSSA	VCT /IGA/Awareness	General population Women and oVC	Yirga g/egizihabhere 0914703917
Human beings association of brotherhood	IGA	OVC & Destitute mothers	Mesleu bedasa 0912966070
14. Weruro			
Wekuro social development (WSDP)	Care /support	OVC	Mr Petros 0344430166
World vision	IGA	OVC	Mr Tassew 0913953515
Mums for mums	HBC , OVC support	General population, PLWHA	MR Argeawy g/Mariam 0914021707
Save the children	Care and support	OVC	MR Getenet Areahya 0914759644
15. Maichew			
MSH	Art	G,population	Mohamed Jemale
Intra health	PMTCT	Mother and children	0914113442
Mums for mums	HBC	Women	Zemame 0347771116
OSSA		G,population	0914709497
Youth friendly service	VCT , STI	10-24	Goitome Mebrahtu .0914165727

ANNEX 4: REFERENCES

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