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IDENTIFYING MOST-AT-RISK POPULATIONS AND HIV/AIDS REFERRAL SERVICES:

BASELINE ASSESSMENT FOR MOBILE COUNSELING AND TESTING PROGRAM IN THE SOUTHERN NATIONS, NATIONALITIES AND PEOPLES REGIONAL STATE OF ETHIOPIA

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ECX	Ethiopian Commodity Exchange
FGAE	Family Guidance Association of Ethiopia
FGD	Focus Group Discussion
FMOH	Federal Ministry of Health
FSW	Female Sex Worker
HAPCO	HIV/AIDS Prevention and Control Office
HBC	Home-based Care
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
IGA	Income-generating Activity
KII	Key Informant Interview
LHD	Le Monde Health and Development Consultancy
MARP	Most-at-Risk Population
MPH	Masters in Public Health
NGO	Nongovernmental Organization
OI	Opportunistic Infection
OSSA	Organization for Social Services for AIDS
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PHSP	Private Health Sector Program
PICT	Provider-initiated Counseling and Testing
PLHIV	People living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
RHB	Regional Health Bureau
SNNPR	Southern Nations, Nationalities and Peoples' Region
SPM	Strategic Plan for Intensifying Multi-sectoral HIV/AIDS Response
STI	Sexually Transmitted Infection
TB	Tuberculosis
TVET	Technical and Vocational Education and Training
USAID	United States Agency for International Development

DEFINITION OF TERMS

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 1524 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.

Kolo: Fried beans, peas or wheat.

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 grean 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.

Wushima/kimete: Permanent sex partner of a male other than his wife; not a legal status.

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

A cross-sectional study was conducted from February 27 to March 12, 2011 in six towns of Southern Nation's Nationalities and Peoples (SNNP) regional state: Hosanna in Hadiya zone, Butajira and Wolkite in Guragie zone, Bonga in Kaffa zone, Mizan-Aman in Benji-Maji zone, and Tepi in Sheka zone.

Both qualitative and quantitative data collection techniques were used. Data were collected through key informant interviews (KIIs), focus group discussions (FGDs), and mapping of available services through review of records and interviews of officials. The following number of KIIs and FGDs were conducted for the assessment: six key informant interviews with town health office personnel, three KIIs with representatives of nongovernmental organizations (NGOs), two KIIs with zone health office personnel, and seven FGDs with various community groups.

The assessment towns are located along trade routes and in areas of cash crop production, which see the movement of large numbers of people. Sexual activity is rampant, and starting sex at an early age is common. This movement of people, coupled with the widespread practice of commercial sex in bars, hotels, local drinking houses (araki and tella bets), and khat and shisha places, are the main factors fueling the spread of HIV. Open discussions on HIV/AIDS issues were found to be rare, because of the stigma and discrimination associated with HIV.

Female sex workers, truck drivers and drivers' assistants, daily laborers (migrant workers), waitresses, traders, youth (including students), informal traders, housemaids, married individuals, and people living with HIV are the most-at-risk populations identified. Among students, female college students were found to be most at risk. Those population groups at the lower economic status were more vulnerable and at risk in the towns.

NGOs working on HIV were found to be concentrated in towns close to the center of country. As one travels further away from the capital of Addis Ababa, NGOs become almost nonexistent; in SNNP, this is seen in Bonga, Mizan, and Tepi. Four of the six towns, Bonga, Butajira, Hosanna, and Mizan-Aman, have government hospitals and health centers. Wolkite and Tepi have government health centers. Both the hospitals and health centers provide comprehensive HIV/AIDS services including HIV counseling and testing (HCT), treatment of sexually transmitted infections and opportunistic infections, antiretroviral therapy, prevention of mother-to-child transmission services, and tuberculosis services.

People's demand for HCT services is very high. Facility-based HCT is available in all government health facilities and some private clinics. Mobile/outreach HCT services are available occasionally, such as during World's AIDS Day and other major events. Most people prefer mobile/outreach HCT services for reasons of accessibility, privacy, and confidentiality.

1. BACKGROUND

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

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

Across the country, females are more affected than males and urban areas more than rural areas. 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, accounting for 38 percent of the total PLHIV population. Female HIV prevalence is estimated to be 2.9 percent and male HIV prevalence 1.9 percent.

There are variations in HIV prevalence among regions both by urban and rural settings. The urban HIV prevalence ranges from 2.4 percent in Somali Region to 10.8 percent in Afar Region; it is 6.1 percent in Oromia, 7.2 percent in Southern Nations, Nationalities and Peoples (SNNP), 9.9 percent in Amhara, and 10.7 percent in Tigray.

The Strategic Plan for Intensifying a Multi-sectoral HIV and AIDS Response in Ethiopia (SPM II) (FHAPCO 2009) mentions that 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, people passing through small towns, cross-border populations, and in-school youths, 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 among 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 lack of comprehensive knowledge about HIV/AIDS and perceived risk and threat of the conditions; increased population migration; high prevalence of unprotected sex through concurrent multiple partnerships and intergenerational and transactional sex; high prevalence of sexually transmitted infections (STIs); alcohol abuse and khat chewing; gender inequality; and poverty.

With economic expansion, areas where infrastructure development is taking place have been "hot spots" for the HIV transmission, and therefore it is essential that these sites be included in design of HIV prevention strategies. These hot spots include large-scale commercial farms, 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 and will be implemented in the private health sector with a goal of enabling the Federal Ministry of Health (FMOH) and regional health bureaus (RHBs) to effectively partner with

the private health providers to deliver 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 and testing (HCT), 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 HCT services in various towns in the country to increase access to these services for the hard-to-reach MARPs. This rapid mobile HCT assessment is therefore aimed at identifying the size and distribution of populations most at risk for HIV in six towns of the SNNP Region. 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 to 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 selected study towns. The study's specific objectives were to:

- Identify areas in each town that are suited to reaching the MARP populations outlined above as well as any other high-risk groups identified by local or regional health authorities and key informants;
- Document the specific locations where public, private, and nongovernmental organization (NGO) providers are delivering HCT or antiretroviral treatment (ART) services, identify a contact person and telephone number for each facility, and describe the services available and working hours;
- Identify and document the organizations providing other services in the HIV continuum of care and support.

3. METHODOLOGY

3.1 STUDY AREA AND PERIOD

This assessment team visited the six towns in five zones of SNNP Region between February 27 and March 12, 2011. Table 1 shows the locations of the study towns.

TABLE 1: DESCRIPTION OF THE STUDY TOWNS IN SNNP, APRIL 2011

Town's Name	Route	Zone	Distance from Addis Ababa (km)
Hosanna	Addis Abba to Woliyita	Hadiya	232
Butajira	Addis Ababa to Arbamicnh	Guragie	132
Wolkite	Addis to Jimma	Guragie	155
Bonga	Addis Ababa to Tepi	Kaffa	449
Mizan-Aman	Addis Ababa to Tepi	Benchi-Maji	561
Tepi	Addis Ababa to Tepi	Sheka	570

3.2 STUDY DESIGN

A cross-sectional study design that utilized both qualitative and quantitative data collection was designed. The data were collected through key informant interviews (KIIs), focus group discussions (FGDs), and mapping of available services through review of records and interviewing officials. Six KIIs were conducted with town health office personnel, in most cases with multi-sectoral HIV/AIDS response process owners. KIIs were also conducted with representatives of NGOs that have projects targeting MARPs. Accordingly, three KIIs were conducted with representatives of NGOs in Butajira, Hosaena, and Wolkitie. An additional two KIIs were conducted at zone level, with Hadiya and Kaffa Zone Health Office personnel.

Seven FGDs were held with community groups that were considered most at risk: two FGDs were held with FSWs in Hosanna and Tepi, one with married women in Bonga, one with widowed women in Butajira, one with in-school youth in Mizan-Aman, one with out-of-school youth in Wolkite, and one with migrant workers in Tepi.

Service mapping of available HIV/AIDS-related services and identified MARPs was done in each study town. These were conducted through record reviews and interviewing officials from sector offices including health offices, education offices, town administrations, and trade and industry offices.

3.3 SAMPLING AND SAMPLING STRATEGY

Study towns/woredas were selected purposively by PHSP based on PHSP's implementation priority areas in SNNP Region. The number of FGDs and KIIs was determined based on PHSP's prior experience with similar baseline assessments. KIIs were conducted for all relevant stakeholders and institutions in each town/woreda. However, respondents of the FGDs were identified using snow-ball or chain sampling with the help of local organizations (Women's Affairs and Woreda Health Offices). Group homogeneity was maintained in all FGDs.

3.4 DATA COLLECTION, MANAGEMENT, AND ANALYSIS

A team of three professionals (one team leader and two data collectors) participated in the data collection. The team members had a minimum first degree (one MPH and two BSc) with hands-on experience in conducting both quantitative and qualitative studies. Prior to the assignment, a two-day training was given to data collectors. The training had practical sessions including pre-testing of data collection instruments. PHSP staff and Le Monde Health and Development (LHD) lead consultants conducted field-level supervision during the entire data collection process.

Checklists and guides prepared by Abt/PHSP and reviewed by LHD consultants were used for the data collection. On average, two days were spent for data collection in each town. The collected data were checked daily for completeness and accuracy before the team left the study area.

KIIs and FGDs were audio-recorded and transcriptions were made by data collectors, usually immediately after the interviews/FGDs to make sure ideas were grasped correctly and completely. The transcribed qualitative data were finally analyzed using qualitative data analysis techniques and are presented in the report.

3.5 ETHICAL CONSIDERATIONS

PHSP and the SNNP RHB jointly identified sites where this mobile HCT assessment would be conducted. They wrote letters to the study towns requesting support before arrival.

Before beginning an interview, the data collectors explained the objective of the assessment to and obtained verbal consent from the interviewee. 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 and contact addresses of organizations that are implementing HIV/AIDS activities in the towns.

3.6 LIMITATIONS OF THE STUDY

As noted, the study towns were selected by PHSP in consultation with the RHB. The selection criteria focused on HIV prevalence and anecdotal evidence of MARP groups' concentration in these towns. However, the distribution of MARPs in these towns may not have reflected 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 FGDs and interviews did not include truck drivers and informal traders who are key MARP groups. Hence, behavioral characteristics of these groups were not included in the study.

4. FINDINGS

This chapter describes the assessment findings for MARPs in each of the six towns. As shown in Figures 1–3, Hosanna had the largest number of FSWs and Mizan-Aman the largest number of college students. Tepi town had the largest number of migrant daily laborers and informal traders.

FIGURE 1: NUMBERS AND DISTRIBUTION OF FSWS IN SIX TOWNS OF SNNP REGIONAL STATE, MARCH 2011

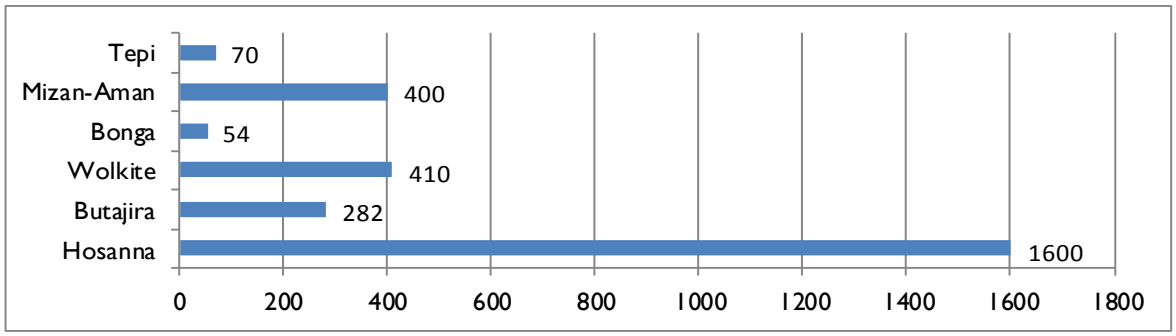


FIGURE 2: NUMBERS AND DISTRIBUTION OF INFORMAL TRADERS IN SIX TOWNS OF SNNP REGIONAL STATE, MARCH 2011

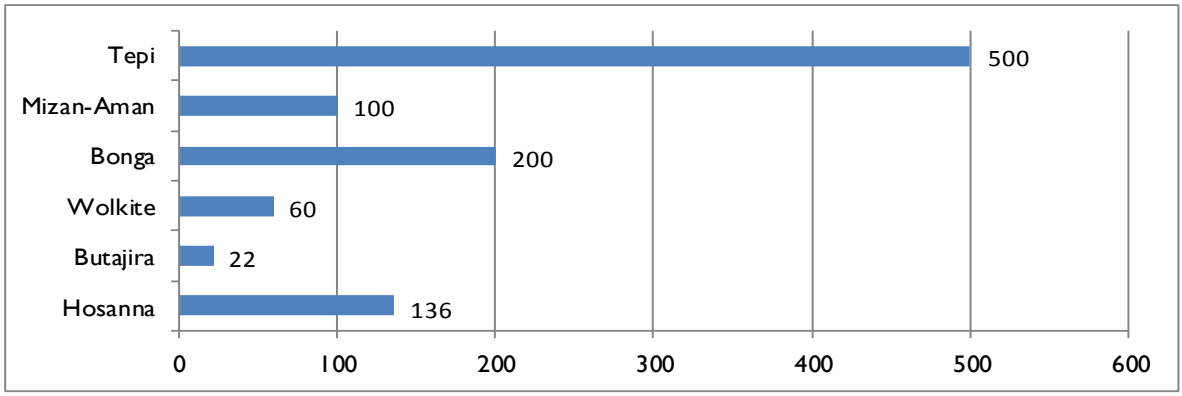


FIGURE 3: NUMBERS AND DISTRIBUTION OF MIGRANT DAILY LABORERS NUMBERS IN SIX TOWNS OF SNNP REGIONAL STATE, MARCH 2011

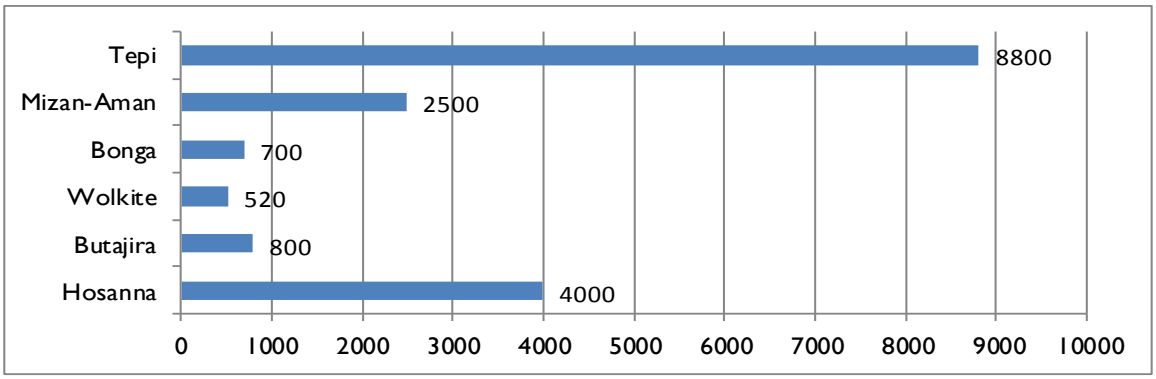
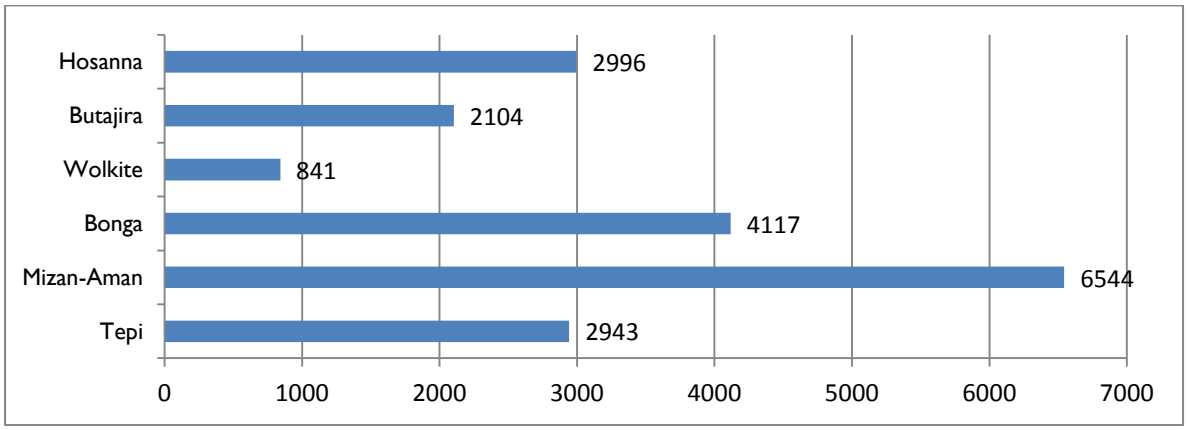


FIGURE 4: NUMBERS AND DISTRIBUTION OF SIZE OF COLLAGE STUDENTS IN SIX TOWNS OF SNNP REGIONAL STATE, MARCH 2011



4.1 RESULTS

4.1.1 HOSANNA

4.1.1.1 BACKGROUND

Hosanna is the administrative seat of Hadiya Zone. Located 232 kilometers from Addis Ababa, Hosanna is a fast-growing town with a population of 88,368 (44,847 males and 43,521 females). The town has one zonal referral hospital and one health center. It also has 14 private clinics (higher, middle, and lower), and one NGO clinic. There are 12 privately owned drug stores and pharmacies in the town.

4.1.1.2 RISK FACTORS

HIV/AIDS is widespread in the area. More than 1,000 PLHIV receive ART in Hosanna and the surrounding area. Others go to Wolaita, Wolkite, HHawassa, Addis Ababa, and other towns for ART. Hosanna's location on the Addis Ababa to Arbaminich trade route means the town sees many traders, truck drivers, migrant workers, daily laborers, FSWs, and others whose behaviors fuel the spread of HIV. Unemployment and poverty also contribute to behaviors that spread the disease. In addition, many females migrate from rural to urban areas to seek employment, but find few formal jobs and end up

working in the commercial sex trade, which is another key factor in increasing the transmission of HIV. As one KII interviewee said: "Our sisters come from the rural areas to the town to find work: they work as waitresses first, then bar maids, and then eventually they'll be female sex workers." Commercial sex is practiced in bars, night clubs, hotels, and local drinking houses (araki and tella bets). Other girls who come from the rural areas work as day laborers during the day and as "street girls" at night.

4.1.1.3 MOST-AT-RISK POPULATIONS IN THE TOWN

FSWs, truck drivers (long-distance drivers traveling the route between Addis Ababa and Arbaminch spend the night in the town, as do long-distance public transport chauffeurs), assistants of drivers, daily laborers (migrant workers), youth, waitresses, traders, and construction contractors make up MARPs in the town. Married men engage in commercial sex, contract HIV, transmit the virus to their partners and are therefore considered to be a MARPs. FSWs and youths ages 25–40 represent the largest number of MARPs.

TABLE 2: ESTIMATED NUMBER OF MARPS IN HOSANNA TOWN, APRIL 2011

Target Group	Estimated Population			Remarks
	Male	Female	Total	
Migrant daily laborers during harvest season	3,500	500	4,000	Including construction workers
Construction workers	200	300	500	
In-school youth (excluding college students)	13,459	14,274	27,692	
College students (private and public)	1,567	1,429	2,996	
Informal traders	82	54	136	
Truck drivers	55	0	55	
Female sex workers	0	1,600	1,600	Varies seasonally
Total	18,863	18,157	37,020	

A. Female Sex Workers

According to the Hosanna Town Health Office, an estimated 1,600 FSWs work in the town, although the figure varies seasonally. Around 1,300 FSWs are permanent; the remaining 300 are transient, usually staying in town for about a month. Most FSWs come from Nazreth, Hawassa, and other towns. Brokers often facilitate their movement from town to town. FSWs also come from the surrounding rural woredas. There are also women who are not regular FSWs, but have customers with whom they trade sex. FSWs work in bars, night clubs, hotels, and local drinking houses. The majority of the local drinking houses are concentrated in an area called Kuchera Sefer.

All community groups are clients of FSWs and it is difficult to differentiate one group from another. Their clients include farmers, government employees, truck drivers and their assistants, daily laborers, married men, traders, youths (both in- and out-of-school), and construction workers. Who goes where and to whom differs depending on economic status: those of low economic status, such as daily laborers, construction workers, and assistants of truck drivers, go to local drinking houses around Kuchera Sefer, where commercial sex is cheap; others, like traders and government employees, visit FSWs at bars and hotels.

TABLE 3: NAME OF BARS, CLUBS, HOTELS, AND AREAS WITH HIGH CONCENTRATION OF FSWS IN HOSANNA, APRIL 2011

SN	Names	Area of Concentration in the Town (Name of Kebele, Sefer or Street)
1	Andenet Hotel # 1 & 2	Seshduna & Medamba
2	Etenesh Zemede Hotel	Medamba
3	Absera Hotel	Seshduna
4	Lemma International Bar	Seshduna
5	Hemi International Hotel	Jello Naremo
6	Tamrat Debebe Hotel	Seshduna
7	Mobil Hotel	Hetto
8	Shewa Ber Hotel	Hetto
9	Kuchera Sefer (area where local drinking houses are concentrated)	Jello Naremo & Medamba

B. Truck Drivers

Many truck drivers operate along the Addis Ababa–Arba Minch route. According to the town administration, an estimated 55 long-distance drivers and their assistants pass through the town along this road each day. There are also a significant number of drivers, assistants, and attendants (tera askebari) working in the public transport sector around the bus station (menehariya). Drivers, assistants, and others who work in the transport sector (freight and public transport) are active in engaging in commercial sex, especially commercial sex. Most of them are clients of inexpensive FSWs in local drinking houses (in Kuchera Sefer) and they engage in very risky sexual activity.

TABLE 4: ESTIMATED NUMBER OF TRUCKS ENTERING AND LEAVING HOSANNA TOWN IN ONE DAY, APRIL 2011

Selected Information	Details
Time	Morning (3)
	Midday (17)
	Afternoon (20)
	Parking overnight (6)
Overnight parking locations	Main street and hotels mentioned below:
Bars, hotels, and restaurants	• Tamre Debebe Hotel
	• Absera Hotel
	• Piccolo Hotel
	• Ogaden Hotel
	• Defar Anjero Hotel
	• Betel Café & Restaurant
	• Andenet # 1 & 2
	• Edget Hotel
	• Sport Hotel
	• Gomboro Hotel
	• Gedel Gebu Hotel
	• Lema International Hotel
	• Hemi International Hotel
	• Canal Cafe

C. Informal Traders

The main market day in Hosanna is Saturday. There are also numerous daily markets in various town locations. According to the town Trade and Industry Office, an estimated 136 persons engage in informal trade in the town. Local drinking houses are the main places frequented by informal traders.

D. Migrant Daily Laborers

According to the town administration, an estimated 4,000 migrant daily laborers reside in Hosanna during peak working season. This figure includes an estimated 500 construction workers working in various construction sites in the town, including university construction. Daily laborers are among the clients of sex workers in local drinking houses located in Kuchera Sefer.

E. Youth (in-school and out-of-school)

There are a total of 30,688 students in the town, of whom 12,976 are in secondary and tertiary schools. The town's youths, including students, are among the most sexually active and high-risk groups in the town. The youth are not willing to discuss their sexual relationship(s) openly with peers or family and engage in sexual activity secretly. Their partners are mostly other young people and sometimes FSWs. Most unemployed youth are addicted to khat and alcohol and engage in risky sexual activity. Khat is very cheap in the town and everyone can afford to buy it. There are numerous khat houses and some shisha houses in the town frequently visited by the youth. Taking into consideration the risk, the town police recently have started closing these houses.

TABLE 5: NUMBER OF SCHOOLS AND STUDENTS AT VARIOUS LEVELS IN HOSANNA TOWN, APRIL 2011

Type	Number of Schools			Number of Students		
	Gov't	NGO	Private	Gov't	NGO	Private
Primary School (1-8)	11	0	29	10,194	0	7,518
Secondary School (9-10)	2	0	3	6,609	0	977
Preparatory School (11-12)	1	0	0	2,394	0	0
Colleges	1	0	4	2,996	0	0
Total	15					
0						
36						
22,193						
0						
8,495						

4.1.1.4 NGOS, FORMAL AND INFORMAL ORGANIZATIONS WORKING ON HIV/AIDS

Fourteen NGOs work on HIV/AIDS in Hosanna. Love in Action-Ethiopia is the main NGO that has projects that target MARPs. Moreover, there are a number of iddirs and associations, including the teachers association and PLHIV associations, working on HIV/AIDS.

4.1.1.5 HEALTH FACILITIES AND HIV/AIDS SERVICES

The town has one zonal hospital and one health center. Both are government owned and provide full HIV/AIDS services including services related to HCT, ART, STI, opportunistic infection (OI), prevention of mother-to-child transmission (PMTCT), and tuberculosis (TB) services. Fourteen private clinics and

one NGO-owned clinic (Marie Stopes) also operate in the town. None of the private and NGO clinics provides HIV/AIDS-related services. The town also has one pharmacy and 11 drug stores.

TABLE 6: HEATH FACILITIES AVAILABLE IN HOSANNA TOWN, APRIL 2011

SN	Name	Type of Health Facility	HIV Related Services					
			HCT	STIs	ART	OI	PMTCT	TB
1	Hosana Hospital	Government	√	√	√	√	√	√
2	Hosana Health Center	Government	√	√	√	√	√	√
3	Betesaida Lower Clinic	Private	-	-	-	-	-	-
4	Adnew Lower Clinic	Private	-	-	-	-	-	-
5	Blen Lower Clinic	Private	-	-	-	-	-	-
6	Tinsae Lower Clinic	Private	-	-	-	-	-	-
7	Eyerusalem Lower Clinic	Private	-	-	-	-	-	-
8	Minasei Lower Clinic	Private	-	-	-	-	-	-
9	Abinet Lower Clinic	Private	-	-	-	-	-	-
10	Selam Medium Clinic	Private	-	-	-	-	-	-
11	Wachemo Medium Clinic	Private	-	-	-	-	-	-
12	Betel Medium Clinic	Private	-	-	-	-	-	-
13	Beza Medium Clinic	Private	-	-	-	-	-	-
14	Abenezer Medium Clinic	Private	-	-	-	-	-	-
15	Mayo Medium Clinic	Private	-	-	-	-	-	-
16	Hiwot Higher Clinic	Private	-	-	-	-	-	-
17	Marie Stopes	NGO	-	-	-	-	-	-

The Multi-Sectoral HIV/AIDS Response Unit of the Town Health Office works on HCT and awareness-creation activities targeting MARPs. Mobile/outreach HCT services are available during World AIDS Day and every three months, though the outreach services are not held regularly in the outlying areas that are considered as hot spots. Voluntary community mobilizers are used to mobilize the community during HCT campaigns. The health office works in collaboration with NGOs such as Love In Action-Ethiopia and the Organization for Social Services for AIDS (OSSA). Demand for HCT services is very high. People prefer mobile/outreach HCT services because the services are more accessible to outlying communities and offer greater privacy. People usually go to the health center if they contract an STI.

People know the importance of condom use, but condom availability and proper use have presented problems. Condoms are available in the hospital, health center, sector offices, shops, drug stores, hotels, and bars. Whenever free condoms are provided to bars, nightclubs, and hotels, the owners turn around and sell them. At night, a condom is sold for 3–5 Ethiopian Birr, and as much as 10 Birr after hours. Some men refuse to use condoms, claiming that doing so reduces their physical satisfaction. Some people also refuse to use condoms for religious reasons, i.e., abstinence is what is usually preached and "accepted" and anything else is considered "a sin" and "unholy."

4.1.2 BUTAJIRA

4.1.2.1 BACKGROUND

Butajira is located in Guragie Zone, 132 kilometers from Addis Ababa. Administratively, the town is divided into four kebeles and has a population of 38,436 (19,466 males and 18,970 females). The town has one zonal hospital, one health center, several private clinics and a private hospital.

4.1.2.2 RISK FACTORS

Risk factors for increased transmission of HIV in Butajira include the widespread practice of commercial sex in bars, hotels, and the local drinking houses; khat and shisha houses where many youth become addicted, and, when under the influence of the substances, practice unsafe sex. Early sexual initiation and multiple sex partners are the main factors for increased transmission of the HIV virus among youth.

There also exists a practice of inheritance marriage (when a man dies, his younger brother must marry the widow) and polygamy is also widely practiced. Other risk factors include giving birth with the assistance of a traditional birth attendant who does not use protection (gloves) and lack of HIV testing during pregnancy, which can result in transmission of the HIV virus to the baby.

4.1.2.3 MARPS IN THE TOWN

Population groups identified as MARPs in Butajira are FSWs including waitresses, truck drivers and their assistants, daily laborers, and youths.

TABLE 7: ESTIMATED NUMBER OF MOST-AT-RISK POPULATION GROUPS IN BUTAJIRA TOWN, MARCH 2011

Target Group	Estimated Population			Remarks
	Male	Female	Total	
Migrant daily laborers during harvest	500	300	800	During winter/including construction workers
Construction workers	350	200	550	
Uniformed government employees (customs, police, immigration, defense force, etc.)	27	3	30	Only police
In-school youth (excluding college students)	7,717	8,492	16,209	
College students (private and public)	1,420	684	2,104	
Out-of-school youth (total)	197	168	365	
Informal traders	N/A	N/A	22	Sex disaggregated data not available
FSWs	0	282	282	
Total	10,211			
10,129				
20,362				

A. Female Sex Workers

According to the Town Health Office, an estimated 282 FSWs (212 permanent and 70 transient) reside in Butajira. They work in hotels and local drinking areas. Most FSWs are migrants and runaways from other towns. In these areas, commercial sex is very cheap, usually 1–2 Ethiopian Birr. Those working at the local drinking houses are the most vulnerable, because they usually are very young girls between the ages of 14 and 20. The girls don't identify themselves as FSWs; they often serve as waitresses and sell sex on the side. Most of them are illiterate and are unable to read the expiration date of condoms. They lack knowledge and awareness about sex, STIs, and HIV/AIDS. Most of these local drinking houses are concentrated in Kebele 02, specifically in places called Sorsi and Kuchera.

Married males, out-of-school youths, and truck drivers are the main patrons of FSWs in hotels and bars. Rural farmers who come to town during market days (gebeya), assistants to truck drivers, as well as youth addicted to khat and alcohol are the clients in the local drinking houses.

TABLE 8: BARS, CLUBS, HOTELS, AND AREAS WITH HIGH CONCENTRATION OF FSWS IN BUTAJIRA TOWN, MARCH 2011

SN	Names	Area of Concentration in the Town (Name of Kebele, Sefer or Street)
1	Marino Nightclub	Kebele 01 (behind Mars Tower)
2	Daniel Nightclub	Kebele 01 (behind Kaf Hotel)
3	Hosanna Hotel	Kebele 04 (in front of bus station, Menehariya)
4	Bafana Hotel	Kebele 04 (in front of bus station, Menehariya)
5	Sorsi-area local drinking houses	Kebele 02 (behind the Telecommunications Office)

B. Truck Drivers

A significant number of truck drivers and their assistants, especially those organized under public transport (bus station/*menehariya*) are among the high-risk groups. Those working around the bus station are very young, usually between 12 and 19 years of age, illiterate, and substance addicted; they engage in the very cheap sex available at the local araki and tella houses. Truck drivers who spend the night in the town are clients of FSWs. Bajaj drivers tend to also be involved with multiple sex partners among the FSWs and are considered at high risk.

TABLE 9: ESTIMATED NUMBER OF TRUCKS ENTERING AND LEAVING THE TOWN IN ONE DAY IN BUTAJIRA, MARCH 2011

Selected Information	Details
Time	Morning (5)
	Midday (8)
	Afternoon (12)
	Parking overnight (6)
Overnight parking locations	• Around Hosaena Hotel
Bars, hotels, and restaurants • •	• Hosaena Hotel, Kebele 04 (in front of bus station)
	• Yourdanos Hotel, Kebele 04 (in front of bus station)
	• Canal Hotel, Kebele 04 (in front of bus station)

C. Informal Traders

The town administration office estimated that 22 informal traders work in the town. They sell cloth along the main road of the town around Kebele 04. Hotels and cafes located in Kebeles 04 and 02 are the main areas frequently visited by informal traders.

D. Migrant Daily Laborers

According to data from the town administration office, an estimated 800 daily migrant laborers live in the town working on various construction sites. These laborers have limited HIV awareness and engage in commercial sex, mostly in local drinking houses. Because daily laborers are both male and female, they also have sexual relations with each other, fueling the spread of the virus.

E. Youth (in-school and out- of-school)

There are a total of 18,313 students (9,137 males and 9,176 females) in the town of which 8,361 (4,334 males and 4,027 females) are in secondary and tertiary schools. There are 365 out-of-school youth (197 males and 168 females) in the town. The youth are the main sexually active group in Butajira and contribute the most to the spread of STIs/HIV. Boyfriend/girlfriend relationships are common among the youth, especially among in-school youth. It is common to be sexually active at the age of 15 and those between the ages of 15 and 29 (especially males) have multiple sex partners. Their sex partners are their peers and FSWs. A key informant from a local NGO, Love in Action-Ethiopia, said in panel discussions held by the organization, that "*the youth insisted that it is impossible to just have one partner, let alone being abstinent.*"

Female students also trade sex for money. They are college (Technical and Vocational Education and Training [TVET]) students who come from other areas for schooling and trade sex when they run out of money. They stand along the main street in town – from Rediet Hotel at the edge of town to the Telecommunication Office at the center of town – trying to attract paying customers. They have not yet been reached by any HIV/HCT services.

Condom use is high among the youth although there are some who don't like using condoms, saying it is not satisfying and lessens their pleasure.

TABLE 10: NUMBER OF SCHOOLS AND STUDENTS AT VARIOUS LEVELS IN BUTAJIRA TOWN, MARCH 2011

Type	Number of Schools			Number of Students		
	Gov't	NGO	Private	Gov't	NGO	Private
Primary School (1-8)	5	1	12	8,579	0	1,373
Secondary School (9-10)	1	0	0	4,891	0	0
Preparatory School (11-12)	1	0	0	1,366	0	0
Colleges	1	0	2	1,301	0	803
Total	8	1	14	16,137	0	
2,176						

4.1.2.4 NGOS, FORMAL AND INFORMAL ORGANIZATIONS WORKING ON HIV/AIDS

There are five NGOs and associations working on HIV/AIDS: Love In Action-Ethiopia, Guragie Zone Development Association, Save Your Generation, Ethiopian Islamic Affairs, and Ethiopian Orthodox Tewahedo Church. Having just recently started its work in Butajira, Love in Action-Ethiopia is the main NGO targeting the MARP. However, six iddirs also have HIV/AIDS activities focusing on care and support.

4.1.2.5 HEALTH FACILITIES AND HIV/AIDS SERVICES

Butajira has four government health facilities: one zonal hospital, one health center, and two health posts. The town also has one private hospital, three higher clinics, four medium clinics, one diagnostic center, one pharmacy, and five drugstores. Two government health facilities (Butajira Zonal Hospital and Butajira Health Center) and one private health facility (Liya Diagnostic Center) provide comprehensive HIV/AIDS services including HCT, STI, ART, OI, PMTCT, and TB services. Bahir Higher Clinic (privately owned) also provides HCT, STI, PMTCT, and TB services. The two government health posts and four private clinics provide HCT services.

TABLE 11: HEATH FACILITIES AVAILABLE IN BUTAJIRA TOWN, MARCH 2011

SN	Name	Type of Health Facility	HIV related services					
			HCT	STIs	ART	OI	PMTCT	TB
1	Butajira Health Center	Government	√	√	√	√	√	√
2	02 Keble Health Post	Government	√	-	-	-	-	-
3	01 Kebele Health Post	Government	√	-	-	-	-	-
4	Butajira Zonal Hospital	Government	√	√	√	√	√	√
5	Girar Bet Ledikuma Hospital	Private	-	-	-	-	-	-
6	Bahir Higher Clinic	Private	√	√	-	-	√	√
7	Nure Medium Clinic	Private	√	-	-	-	-	-
8	Ahmedin Medium Clinic	Private	-	-	-	-	-	-
9	Bushira Medium Clinic	Private	-	-	-	-	-	-
10	Benie Adem Medium Clinic	Private	√	-	-	-	-	-
11	Liya Diagnostic Center	Private	√	√	√	√	√	√
12	Dr. Ashenafi Higher Clinic	Private	√	-	-	-	-	-
13	Melat Higher Clinic	Private	√	-	-	-	-	

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HIV/AIDS campaigns and outreach/mobile HCT services are provided at least once every three months, as well as on national, religious, and government holidays, although not on a regular basis. The Butajira Town Health Office usually works in collaboration with other NGOs like OSSA in providing outreach services. The sites for HCT outreach services were selected according to the most affected and at-risk areas, i.e., areas where most bars and FSWs are located and where local drinking houses are concentrated. During HCT outreach services, the community is mobilized by health promoters. Most outreach programs in the town are very well attended by the community and have proven effective because the sites are more accessible to the target community.

4.1.3 WOLKITE

4.1.3.1 BACKGROUND

Located 155 kilometers from Addis Ababa, the town of Wolkite is the administrative seat of Guragie Zone. An estimated 33,214 people (17,304 males and 15,870 females) live in the town. The town has one government health center, one NGO clinic (Family Guidance Association of Ethiopia), seven private clinics, three drug stores, and three drug vendors.

4.1.3.2 RISK FACTORS

Wolkite is located on the Addis Ababa-to-Jimma main transport route that connects many regions and towns like Jimma, Gambella, Mizan, and Tepi. This has created a high volume of traffic resulting in widespread commercial sex work in the town. Truck drivers and traders passing through the town engage in commercial sex with FSWs. In addition, female students coming from other towns and rural areas for schooling engage in transactional and commercial sex. Multiple sex partners are the norm and wushima and kimete practice is widespread.

Substance addiction plays a big role in the spread of HIV in the town. Some 80 shisha and khat houses operate at night, and commercial sex is available at them. Some khat houses also show pornographic movies, even for youth under 16 years of age. There is a public library in Wolkite that is open until 10

pm. The youth use going to the library as an excuse to stay out late, and they are usually unsupervised. They take this opportunity to meet and have sex. Some male and female students who came from rural areas live together in a single rented room to save money, and this proximity often leads them to engage in unsafe sexual practices.

4.1.3.3 MARPS IN THE TOWN

Population groups identified as the MARPs in the town are FSWs, daily laborers, youths including students, truck drivers and their assistants, PLHIV, and female students who come from rural areas. The youth, daily laborers, and FSWs are significant in number.

TABLE 12: ESTIMATED NUMBER OF MOST AT RISK POPULATION GROUPS IN WOLKITE TOWN, APRIL 2011

Target Group	Estimated Population			Remark
	Male	Female	Total	
Migrant daily laborers during harvest	400	120	520	Including construction workers
Construction workers	100	20	120	
In-school youth (excluding college students)	6,381	6,046	12,427	
College students (private and public)	575	266	841	
Out-of-school youth (total)	330	736	1066	Total unemployed persons
Informal traders	20	40	60	
Female sex workers	0	410	410	
Total	7,806			
7,638				
15,444				

A. Female Sex Workers

A key informant from the Multi-sectoral HIV/AIDS Response Unit of the Town Health Office estimated that there are about 60 permanent and 350 transient FSWs in the town. FSWs operate in hotels and bars scattered across town, largely in Edeget Ber and Selam Ber Kebeles. Kuchera Sefer (Edget Chora Kebele), Bole, and Merkato Sefer are areas where local drinking houses are concentrated and where FSWs work. Shisha houses are also hot spots for FSW activity.

Clients of FSWs are truck drivers, married men, youth (both in and out-of-school, employed and unemployed) and daily laborers. A key informant from the Multi-sectoral HIV/AIDS Response Unit of the Town Health Office said: "… when we ask FSWs who their clients are, they said they are the married men living in the town." Daily laborers are the main clients for FSWs in local drinking houses working around Kuchera, Bole and Merkato Sefer.

TABLE 13: NAME OF BARS, CLUBS, HOTELS, AND AREAS WITH HIGH CONCENTRATION OF FSWS IN WOLKITE TOWN, APRIL 2011

SN	Names	Area of Concentration in the Town (Name of Kebele, Sefer or Street)
1	Serano Hotel/Nightclub	Addis sub-city (Selam ber Kebele)
2	Tefera Hotel/Nightclub	Addis sub-city (Selam ber Kebele)
3	Meneharia Hotel	Selam ber Kebele
4	Gebre Mamo Hotel	Meneharia area (Selam ber Kebele)
5	Abanda Hotel/Nightclub	Addis Hiwot Kebele
6	Yabsera Hotel/Nightclub	Edget Chora Kebele
7	Yejoka Hotel/Nightclub	Bekur sub-city (Edget ber Kebele)
8	Eden Genet Hotel	02 Sub-city (Edget ber Kebele)
9	Messy Café and Bar	02 Sub-city (Edget ber Kebele)
10	Winnie Café and Bar	02 Sub-city (Mariam Sefer)
11	Kuchera Sefer	Edget Chora Kebele

B. Truck Drivers

Although it was difficult to get an estimate of the number of truck drivers operating along the route, the Wolkite Trade and Industry Office observed that there is a high volume of traffic. The town is located along the main road route that connects many regional towns, and a large number of drivers and their assistants spend the night in the town. These truck drivers and their assistants are the main clients of the local FSWs. They are highly active in the sex trade and contribute to the spread of HIV. There are also approximately 120 Bajaj drivers in the town who engage in commercial sex and further fuel the spread of the virus.

TABLE 14: ESTIMATED NUMBER OF TRUCKS ENTERING AND LEAVING WOLKITE TOWN IN ONE DAY, APRIL 2011

Selected Information	Details
Time	Morning (27)
	Midday (12)
	Afternoon (42)
	Parking overnight (47)
Overnight parking locations • •	• Tefera Hotel
	• Meneharia Hotel
	• The main road between Serano Hotel and Bole Sefer
Bars, hotels, and restaurants • •	• Meneharia Hotel, Selam ber Kebele
	• Tefera Hotel, Addis sub-city (Selam ber Kebele)
	• Serano Hotel, Addis sub-city (Selam ber Kebele)

C. Informal Traders

The Wolkite Trade and Industry Office estimated that 60 informal traders (20 males and 40 females) work in town, most of them lottery (azuari) and kolo sellers. These traders work in the Menehariya, Kolo Tera areas (around the main square), the Yejoka Hotel and along the main street of the town.

D. Migrant Daily Laborers

There are around 520 migrant workers working at various construction sites. Daily laborers are the main clients for FSWs in local drinking houses in the areas of Kuchera, Bole, and Merkato Sefer, where commercial sex is available and cheap.

E. Youth (in-school and out-of-school)

There are 13,268 students and 1,066 unemployed persons (330 males and 736 females), mainly youths, in the town. An estimated 4,842 of the in-school youths are in secondary- and tertiary-level schools. The youths, both in- and out-of-school, are among the MARP groups. Many chew khat, smoke shisha, watch pornographic films, and subsequently have sex. Unfinished houses (where construction has either stopped or is incomplete) are the main places for them to meet and have sex. Students also engage in sexual activity in open areas of the town during the night. They leave their homes under the pretext of studying at the public library, which stays open until 10:00 pm, but use the time for sexual activity. Many female students who come from other towns and rural areas engage in transactional and commercial sex. They often live together in a single room and engage in unsafe sex. Although condoms are available everywhere, utilization remains low. The worry among the youth is more about pregnancy and abortion, not STIs and HIV/AIDS, according to informants.

TABLE 15: NUMBER OF SCHOOLS AND STUDENTS AT VARIOUS LEVELS IN WOLKITE TOWN, APRIL 2011

Type	Number of Schools			Number of Students			Remarks
	Gov't	NGO	Private	Gov't	NGO	Private	
Primary School (1-8)	3	2	5	6,476	960	990	NGO schools: Catholic and orthodox schools
Secondary School (9-10)	1	0	0	2,420	0	0	
Preparatory School (11-12)	1	0	0	1,581	0	0	
Colleges	1	0	0	841	0	0	
Total	6	2	5	11,318	960	990	

4.1.3.4 NGOS, FORMAL AND INFORMAL ORGANIZATIONS FOR HIV/AIDS

There are eight NGOs and associations working on HIV prevention and control in Wolkite. Love in Action-Ethiopia is the only organization with interventions targeting MARPs. There are also two PLHIV associations and one anti-AIDS club working on HIV/AIDS issues.

4.1.3.5 HEALTH FACILITIES AND HIV/AIDS SERVICES

The town has one government health center that provides HIV/AIDS services including HCT, STI, ART, OI, PMTCT and TB services. One NGO clinic (Family Guidance Association of Ethiopia) provides HCT, PMTCT, and STI services. There are also seven private clinics in the town, one of which, Wube Minch Medium Clinic, provides HCT services. The town also has three drug stores and three drug vendors operating in the town.

TABLE 16: HEATH FACILITIES AVAILABLE IN WOLKITE TOWN, APRIL 2011

SN	Name	Type of Health Facility	HIV Related Services					
			HCT	STIs	ART	OI	PMTCT	TB
1	Wolkitie Health Center	Gov't	√	√	√	√	√	√
2	Family Guidance Assoc. of Ethiopia	NGO	√	√			√	
3	Selam Medium Clinic	Private	-	-	-	-	-	-
4	Addis Hiwot Medium Clinic	Private	-	-	-	-	-	-
5	Family Clinic	Private	-	-	-	-	-	-
6	Wube Mench Medium Clinic	Private	√	-	-	-	-	-
7	Sister Tenaye Francis Lower Clinic	Private	-	-	-	-	-	-
8	Amanuel Medium Clinic	Private	-	-	-	-	-	-
9	Kidus Gebriel Lower	Private	-	-	-	-	-	-

MARP activities undertaken by the Town Health Office include income-generating activities (IGA) and occasional HCT outreach services, mainly during holidays. There are no regular outreach/mobile HCT services in the town. HCT is also provided to inmates at the zonal prison located in the town. People prefer outreach HCT services near their living areas to the facility-based ones. They also prefer to undergo HIV testing, at night, outside of working hours. People usually visit health facilities if they have an STI. The health officer also stated that sometimes there is a shortage of test kits.

Condoms are widely distributed in the town. They are available at the PLHIV association stores and also distributed by voluntary community workers. Condoms are distributed free to owners of hotels, bars, and araki houses, for use by FSWs working in the establishments. Unfortunately, instead of handing the condoms out for free, the owners sell them to the FSWs and clientele, sometimes at prices as high as 10 Ethiopian Birr. A key informant from the Multi-sectoral HIV/AIDS Response Unit of the Town Health Office stated: "… selling of condoms distributed for free is a big problem. To solve this problem, we have started giving condoms directly to FSWs but even FSWs sell condoms to each other. Some hotel owners also refuse to have condoms in their hotels citing religious reasons although FSWs work there and sex trade is being practiced in their hotel."

Condom utilization in the town is also questionable. The same key informant said: "… in the past, we have put condoms in the toilet rooms in sector offices. Boxes were getting empty in a short period of time and we frequently kept refilling the stock believing that there is high utilization. However, after some time, when one of the toilets became clogged and was emptied, a large number of unused condoms was found. Finally, we learned that some individuals who were against the use of condoms were responsible for the dumping. Needless to say, we now don't put condoms there anymore."

4.1.4 BONGA

4.1.4.1 BACKGROUND

Bonga is the capital of Kaffa Zone. Situated 449 kilometers from Addis Ababa, the town has a population of 22,111 (10,032 males and 11,079 females). Bonga has two government health institutions (one hospital and one health center). There are also five clinics, one pharmacy, and six drug stores, all privately owned.

4.1.4.2 RISK FACTORS

Road construction is taking place from Jimma to Tepi and it has increased the mobility of people in the area, bringing in many migrant workers and consequently increasing HIV risk. Workers involved in the road construction move from town to town (Jimma, Shishinda, Mizan, etc.), following the projects. They engage in commercial sex with FSWs and transactional sex with the local people (married and single women, young girls, students, and local girls from the rural area). Poverty is a huge factor in increasing vulnerability. Many college students engage in transactional sex in order to cover school expenses.

There are farms/plantations within 35 kilometers of the town. The farm workers come to town for recreation on the weekends. The Ethiopian Commodity Exchange (ECX) recently opened a warehouse and a coffee testing center in Bonga, and many trucks travel through and/or stay overnight in the town; this is expected to increase. This mobility of various working groups is the main factor that fuels the spread of HIV.

4.1.4.3 MARPS IN THE TOWN

MARPs in the town include youth (both in-and out-of-school), FSWs, students (especially college students), truck drivers and their assistants, farm workers (at coffee and tea plantations), daily laborers (road construction workers), housemaids, hotel waitresses, and hotel kitchen maids. Migrant daily laborers, students, housemaids, and FSWs are the most significant in number.

TABLE 17: ESTIMATED NUMBER OF MOST AT RISK POPULATION GROUPS IN BONGA TOWN, APRIL 2011

Target Group	Estimated Population			Remarks
	Male	Female	Total	
Migrant daily laborers during harvest season	140	60	200	Coffee pickers in OctoberDecember
Construction workers	200	300	500	
In-school youth (excluding college students)	4,294	3,853	8,147	
College students (private and public)	2,547	1,570	4,117	
Informal traders	140	60	200	
Female sex workers	0	54	54	
Total	7,521			
6,197				
13,718				

A. Female Sex Workers

The town is located in a cash crop area (coffee) and commercial sex is common. An estimated 54 permanent FSWs live in Bonga, according to the Town Health Office. They work in a number of hotels and local drinking houses. Clients of the FSWs are mostly daily laborers, truck drivers and their assistants, and married youth from rural areas.

TABLE 18: NAME OF BARS, CLUBS, HOTELS, AND AREAS WITH HIGH CONCENTRATION OF FSWS IN BONGA TOWN, APRIL 2011

SN	Names	Area of Concentration in the Town (Name of Kebele, Sefer or Street)
1	Happy Hotel	Meskel Square – 01 Kebele
2	Bonga Hotel	Meskel Square – 01 Kebele
3	Yimenu Hotel	Mehal Ketema – 02 Kebele
4	National Hotel	Mehal Ketema – 02 Kebele
5	Yemisrach Hotel	Mehal Ketema – 02 Kebele
6	Sport Hotel	Mehal Ketema – 02 Kebele
7	Dewol Hotel	Meskel Square – 01 Kebele
8	Alemtsehay Hotel	Meskel Square – 01 Kebele
9	Fuafuate Hotel	Mehal Ketema – 02 Kebele
10	Del BeGeta Hotel	Mehal Ketema – 02 Kebele
11	Adanech Hotel	Mehal Ketema – 02 Kebele
12	Tafese Tej Bet (House)	Meskel Square – 01 Kebele
13	Getachew Tej Bet	Meskel Square – 01 Kebele
14	Dibaba Tej Bet	Meskel Square – 01 Kebele
15	Women Association Tej Bet	Meskel Square – 01 Kebele
16	Tigist Tej Bet	Meskel Square – 01 kebele
17	Ethiopia Hotel	Mehal Ketema – 02 kebele
18	Fikreselam Hotel	Mehal Ketema – 02 Kebele

B. Truck Drivers

As the town is located in a cash crop production area, many trucks come to the town to transport coffee. Recently, the ECX opened a warehouse and coffee testing center that further increased traffic volume. During their stay, truck drivers and their assistants often engage in commercial sex with FSWs.

TABLE 19: ESTIMATED NUMBER OF TRUCKS ENTERING AND LEAVING BONGA TOWN IN ONE DAY, APRIL 2011

Selected information	Details
Time	Morning (69)
	Midday (13)
	Afternoon (20)
	Parking overnight (55)
Overnight parking locations	• Mehal Ketema - 02 Kebele •
Bars, hotels, and restaurants • • • • • • • •	• Yimenu Hotel, Mehal Ketema – 02 Kebele •
	• National Hotel, Mehal Ketema – 02 Kebele
	• Yemisrach Hotel, Mehal Ketema – 02 Kebele
	• Sport Hotel, Mehal Ketema – 02 Kebele
	• Fuafuate Hotel, Mehal Ketema – 02 Kebele
	• Del BeGeta Hotel, Mehal Ketema – 02 Kebele
	• Adanech Hotel, Mehal Ketema – 02 Kebele
	• Ethiopia Hotel, Mehal Ketema – 02 Kebele
	Fikreselam Hotel, Mehal Ketema – 02 Kebele

C. Informal Traders

The Bonga Finance and Economy Office estimates 200 informal traders (140 males and 60 females) work in the town. They ply their trade in the main markets, held on Tuesdays, Thursdays, and Saturdays along the main street in the center of town. Hotels and local drinking houses around Kuchera Sefer are areas frequently visited by informal traders.

D. Migrant Daily Laborers

The Finance and Economy Office estimates that there are 200 day laborers (140 males and 60 females), most of them working on coffee farms, and 500 construction workers (200 males and 300 females). There are farms/plantations within 35 kilometers of the town, and the workers come to town for recreation on the weekends. Road construction is advancing toward Bonga and is expected to reach the town shortly. This will significantly increase the number of construction/road workers in the town. Daily laborers, including construction workers, are among the main clients of FSWs working in local drinking houses concentrated around an area called Kuchera Sefer in Keble 02.

E. Youth (in-school and out-of-school)

There are 12,264 students in Bonga, of which 7,000 are in secondary and tertiary schools. The youths in town are a very sexually active. Contrary to tradition, young people start having sex early. Peer influence, pornographic movies, and other factors such as the existence of khat and shisha houses encourage early initiation of sexual activity.

College students, especially female students, are often most at risk for HIV. High school students are also sexually active and at risk. There are two colleges in town with a large number of students. Most of these students come from different zones and woredas. The colleges do not have dormitories so the female students must live in rental houses within the general community, and survive off the small monthly stipend they get from the school. This often forces them to partake in unsafe sexual practices (transactional and trans-generational sex) for pay, to make money to pay their rent and cover their living and school expenses. Male and female students who come from the rural areas often live together in rental houses to share expenses, and they often engage in sex with each other. Government employees, traders, and their peers are the community groups who engage in sexual relations with the students.

TABLE 20: NUMBER OF STUDENTS AT VARIOUS LEVELS IN BONGA TOWN, APRIL 2011

Type	Number of Schools			Number of Students		
	Gov't	NGO	Private	Gov't	NGO	Private
Primary School (1-8)	6	0	1	5,214	0	50
Secondary School (9-10)	1	0	0	2,195	0	0
Preparatory School (11-12)	1	0	0	688	0	0
Colleges	2	0	0	4,117	0	0
Total	10	0	1	12,214	0	50

4.1.4.4 NGOS, FORMAL AND INFORMAL ORGANIZATIONS ON HIV/AIDS

There are two faith-based organizations and one development association working on HIV/AIDS, focusing on IGA and care and support. But their scope is very limited, and they have no interventions targeting MARPs. There are a number of anti-AIDS clubs, one PLHIV association and various iddirs that have limited HIV/AIDS activities. No NGO works on HIV/AIDS in Bonga. A key informant from the Kaffa Zone Health Department stated: "If you come, you will probably be the first NGO working on HIV/AIDS in the zone."

4.1.4.5 HEALTH FACILITIES AND HIV/AIDS SERVICES

Bonga has one hospital that provides comprehensive HIV/AIDS services for HCT, STI, ART, OI, PMTCT and TB. A health center was established recently but does not yet provide full services. There are also five clinics, one pharmacy, and six drug stores, all of them privately owned. None provides HIV services.

TABLE 21: HEATH FACILITIES AVAILABLE IN BONGA TOWN, APRIL 2011

SN	Name and Type of Health Facility	Private/ Gov't NGO	HIV Related Services					
			HCT	STIs	ART	OI	PMTCT	TB
1	Gebretsadik Shaw Hospital	Gov't	√	√	√	√	√	√
2	Bonga Health Center (not fully functional)	Gov't	-	-	-	-	-	-
3	Andracha Lower Clinic	Private	-	-	-	-	-	-
4	Kidus Michael Lower Clinic	Private	-	-	-	-	-	-
5	Bich Lower Clinic	Private	-	-	-	-	-	-
6	Fana Medium Clinic	Private	-	-	-	-	-	-
7	Medhanealem Lower Clinic	Private	-	-	-	-	-	-

The main MARP activities undertaken by the health office include awareness creation; outreach HCT in schools, prisons, and markets; IGAs for FSWS; support to PLHIV; and strengthening school anti-AIDS clubs. It is difficult to access FSWs since they do not stay in their working place during the day. There is essentially no NGO in Bonga, except for the Kaffa Development Association, which provides limited support to the health office/unit on occasion and upon request.

Outreach and mobile HCT services are provided whenever there is funding, which is very inconsistent. Outreach services are provided in mobile tents at schools, prisons, and markets. This mobile HCT provision has proven to be more effective in getting more people tested because it is accessible, convenient, and offers privacy. The community prefers mobile sites to health centers. Involving the community during site selection and use of health promoters to mobilize the community is vital for the success of mobile HCTs. People usually visit health facilities if they contract STI. STI services are available for a fee.

Condoms are available in sector offices, bars, shops, and health facilities, but there exists uncertainty on utilization. A key informant from the Kaffa Zone Health Department stated: "… people know that condoms prevent HIV. But most people, even FSWs, use other contraceptives like Depo Provera which may indicate that people are more concerned about unwanted pregnancies than they are about HIV."

4.1.5 MIZAN-AMAN

4.1.5.1 BACKGROUND

Mizan-Aman is in Bench-Maji Zone, 561 kilometers from Addis Ababa. It has a population of 38,669 (19,369 males and 19,300 females). The town is actually two mini towns, Mizan and Aman, situated 5 kilometers apart. There is one referral hospital, one health center, 17 private clinics, and one prison clinic. Nine private drug stores and drug vendors also operate in the town.

4.1.5.2 RISK FACTORS

The location of the town on a trade route (98 kilometers from the gold mining site of Dimma) is the main factor contributing to the transmission of HIV. FSWs migrate from other areas to the mining site. In addition, their number significantly increases during coffee harvesting season. The youth, especially rural youth, are the main clients of the FSWs. In recent years, youths from rural areas in the neighboring

kebeles have developed a habit of frequently visiting the town; they become addicted to alcohol and are subsequently the main patrons of the FSWs.

4.1.5.3 MARPS IN THE TOWN

MARP groups in Mizan-Aman include FSWs, married individuals, and youths. According to a key informant from the Multi-sectoral Unit of the Town Health Office, married individuals are more affected by HIV than are FSWs. HCT results showed three positives in 15 married people and only one positive in 25 FSWs.

TABLE 22: ESTIMATED NUMBER OF MOST AT RISK POPULATION GROUPS IN MIZAN-AMAN TOWN, APRIL 2011

Target Group	Estimated Population			Remarks
	Male	Female	Total	
Migrant daily laborers during harvest season	1,500	1,000	2,500	Working in road construction and university building
In-school youth (excluding college students)	9,289	8,243	17,532	
College students (private and public)	3,939	2,605	6,544	
Informal traders	60	40	100	
Truck drivers	80	20	100	
Female sex workers	0	400	400	Permanent and transient
Total	14,868	12,308	27,176	

A. Female Sex Workers

The Mizan-Aman Town Health Office estimated that 398 FSWs (98 permanent and 300 transient) work in the town. FSWs come from other areas of the country. The gold mining site is the main drawing card for FSWs. Their number increases during the coffee harvest. Married men, traders, youths, and truck drivers are FSW clients. Rural youth are increasingly becoming the main clients of FSWs.

TABLE 23: NAME OF BARS, CLUBS, HOTELS, AND AREAS WITH HIGH CONCENTRATION OF FSWS IN MIZAN-AMAN TOWN, APRIL 2011

SN	Names	Area of Concentration in the Town (Name of Kebele, Sefer or Street)
1	Saba Hotel	Aman – Kometa Kebele
2	Efoyta Hotel	Aman – Kometa Kebele
3	Abyssinia Hotel	Aman – Shesheka
4	Genet Hotel	Mizan – Addis Ketema Kebele
5	Fitsum Hotel	Mizan – Hebret Kebele
6	Bench Frew Hotel	Mizan – Hebret Kebele
7	Berhan Hotel	Mizan – Hebret Kebele

B. Truck Drivers

According to the town Trade and Industry Office, an estimated 100 truck drivers work in the town. Most of their work is related to gold mining. There is also a number of truck drivers working in road (Keangnam Company) and university construction (MIDROC and GTZ). These truck drivers are the main clients of FSWs in the town.

TABLE 24: ESTIMATED NUMBER OF TRUCKS ENTERING AND LEAVING MIZAN-AMAN TOWN IN ONE DAY, APRIL 2011

Selected information	Details
Time	Morning (59)
	Midday (40)
	Afternoon (40)
	Parking overnight (50)
Overnight parking locations	• Menehariya drivers– Shesheka Kebele
	• Coffee truck drivers – Kometa Kebele
	• Saba Hotel – Kometa Kebele
	• Felege Ghion Hotel – Kometa Kebele
	• Efoyta Hotel & Bar – Kometa Kebele
	• Bench Free Hotel – Hebret Kebele
	• Salayish Hotel – Hebret Kebele
	• Berhan Hotel – Hebret Kebele
	• Eden Hotel – Hebret Hotel
	• Lishan Hotel – Addis Ketema Kebele
	• Main road from Kometa Kebele to Shesheka Kebele
Bars, hotels, and restaurants	• Berhan Hotel & Bar,Hebret Kebele, Mizan
	• Menehariya Pension,Hebret Kebele, Mizan
	• Abyssinia Hotel & Bar,Shesheka Kebele
	• Andenet Hotel & Bar,Shesheka Kebele
	• Salayish Hotel,Hebret Kebele
	• Addis Ketema Hotel & Bar, Hebret Kebele
	• Green Pension, Menehariya area – Addis Ketema Kebele
	• Family Pension, Menehariya area – Addis Ketema Kebele
	• Lishan Pension, Addis Ketema Kebele, Mizan
	• Adamu Sorie Hotel, Addis Ketema Kebele, Mizan
	• Bebeka Café, Hebret Kebele, Mizan
	• Abenet Hotel, Hebret Kebele, Mizan

C. Informal Traders

An estimated 100 informal traders work in the town, according to the Trade and Industry Office. They sell clothes, socks, and other items along the main road of the town, around the bus station/Menehariya area, and in the different markets. Mizan has its main markets on Saturdays and Tuesdays, Aman on Mondays.

D. Migrant Daily Laborers

An estimated number of 2,500 migrant daily laborers work in road construction and university building (Town Health Office). These laborers are clients of FSWs in the local drinking houses concentrated in Hebret Kebele.

E. Youth (in-school and out-of-school)

There are 24,076 students in Mizan-Aman Town, 9,174 of them in secondary and tertiary schools. Many out-of-school and unemployed youth in the town are addicted to khat and shisha, and consumption of those substances often leads the youths to practice unsafe sex. Peer influence and pornographic movies

(short pornographic movies can be uploaded to cell phones at any internet/music store) viewed by in-school youth are the main factors that contribute to their practicing unsafe sex. Youths who have returned from military service are also affected by HIV.

TABLE 25: NUMBER OF STUDENTS AT VARIOUS LEVELS IN MIZAN-AMAN TOWN, APRIL 2011

Type	Number of Schools			Number of Students		
	Gov't	NGO	Private	Gov't	NGO	Private
Primary School (1-8)	11	1	5	13,642	0	1,260
Secondary School (9-10)	2	0	0	2,224	0	0
Preparatory School (11-12)	1	0	0	406	0	0
Colleges	4	0	0	6,544	0	0
Total	19	1	5	22,816	0	1,260

4.1.5.4 NGOS, FORMAL AND INFORMAL ORGANIZATIONS FOR HIV/AIDS

No NGO works on HIV/AIDS in Mizan-Aman. One local development association has limited activities. Two PLHIV associations and one professional association conduct some activities.

4.1.5.5 HEALTH FACILITIES AND HIV/AIDS SERVICES

The town has one government referral hospital (located in Aman) and one government health center (located in Mizan). Both provide full HIV/AIDS services. There are also 17 private clinics and one prison clinic. Most of the clinics provide STI services. Seven private drug stores and two drug vendors also operate in the town.

TABLE 26: HEATH FACILITIES AVAILABLE IN MIZAN-AMAN TOWN, APRIL 2011

SN	Name	Type of Health Facility	HIV Related Services					
			HCT	STIs	ART	OI	PMTCT	TB
1	Mizan Health Center	Gov't	√	√	√	√	√	√
2	Mizan Referral Hospital	Gov't	√	√	√	√	√	√
3	Maremia Clinic	Gov't (Prison)	-	-	-	-	-	-
4	Ayer Tena Medium Clinic	Private	-	√	-	-	-	-
5	Meheret Medium Clinic	Private	-	√	-	-	-	-
6	Mizan Medium Clinic	Private	-	√	-	-	-	-
7	Leyu Medium Clinic	Private	-	√	-	-	-	-
8	Selam Medium Clinic	Private	-	√	-	-	-	-
9	Armagedeon Lower Clinic	Private	-	√	-	-	-	-
10	Ethiopia Lower Clinic	Private	-	√	-	-	-	-
11	Feven Lower Clinic	Private	-	√	-	-	-	-
12	Hayat Lower Clinic	Private	-	√	-	-	-	-
13	Gernanz Lower Clinic	Private	-	√	-	-	-	-
14	Behailu Lower Clinic	Private	-	√	-	-	-	-
15	Tesfa Lower Clinic	Private	-	√	-	-	-	-
16	Nur Selam Lower Clinic	Private	-	√	-	-	-	-
17	Hani Lower Clinic	Private	-	√	-	-	-	-
18	Tigist Lower Clinic	Private	-	√	-	-	-	-
19	Mehal Ketema Lower Clinic	Private	-	√	-	-	-	-
20	Central Lower Clinic	Private	-	√	-	-	-	-

The Town Health Office works in the areas of strengthening and supporting school anti-AIDS clubs, supporting and working with PLHIV associations, condom promotion and distribution, HCT, and community mobilization. HCT services including provider-initiated counseling and testing (PICT) are available at the health center. Moreover, although not conducted regularly, outreach services are available for prison inmates (there are around 2,100 inmates) during outreach immunization programs, and at schools. Religious institutions are actively involved in community mobilization activities for HCT. Among the community groups, students, inmates, and the rural community have shown more interest in getting outreach/mobile HIV services. Shortage of test kits is the main problem encountered by the Town Health Office. People usually go to health facilities if they have an STI.

The Town Health Office distributes condoms in bars, hotels, schools (through school anti-AIDS clubs), PLHIV associations, and youth clubs. In bars and hotels, condoms are given directly to FSWs. If given to the bar and hotel owners, they will sell the condoms that are intended to be freely available. Myths and misconceptions on condoms and condom use are highly prevalent among the 'educated' segments of the community. "There are some individuals who think condoms have a leak that allow fluid to pass through; thereby transmitting the virus," according to a key informant.

4.1.6 TEPI

4.1.6.1 BACKGROUND

Tepi is located 570 kilometers from Addis Ababa in Sheka Zone. The town has a population of 29,951 (15,754 males and 14,197 females), one government health center, 10 private clinics, two private diagnostic centers, and six drug stores.

4.1.6.2 RISK FACTORS

Tepi is among the towns hard hit by the HIV epidemic, as evidenced by the large number of persons on ART. Multiple sexual partnerships are common in Tepi. The town is located in a cash crop (coffee) cultivation area. People from the nearby rural communities come to sell coffee and engage in risky sexual activities with FSWs. Migrant daily laborers working at coffee processing sites (Buna Mekesheria) also engage in commercial sex and contribute to the spread of the virus. Risk factors increasing the spread of HIV include widespread unsafe and cheap commercial sex in an area called Korcha Ber. The street girls there are very poor, homeless, and practice unsafe sex for very little money (10-15 Ethiopian Birr). The sexual activities of the female university students at Tepi University also fuels the spread of HIV. These female students engage in sexual activities with multiple partners, have transactional and transgenerational sex, and engage in unsafe behaviors like alcohol abuse and not using condoms.

4.1.6.3 MARPS IN THE TOWN

MARPs include the youth, students (including university students), FSWs, and migrant workers working at coffee processing sites. Youths are the largest MARP group.

TABLE 27: ESTIMATED NUMBER OF MOST AT RISK POPULATION GROUPS IN TEPI TOWN, APRIL 2011

Target Group	Estimated Population			Remarks
	Male	Female	Total	
Migrant daily laborers during harvest season	3,520	5,280	8,800	Total estimated figure (see breakdown below)
Farm/plantation workers	1,500	1,300	2,800	
Construction workers	2,020	3,980	6,000	Cobble stone (1,000), road and university construction
In-school youth (excluding college students)	5,575	4,869	10,444	
College students (private and public)	1,634	1,309	2,943	
Out-of-school youth in employment	1,050	450	1,500	
Informal traders	200	300	500	
Female sex workers	0	70	70	
Total	15,499	17,558	33,057	

A. Female Sex Workers

The Woreda Health Office estimated that there are 70 FSWs (50 permanent and 20 transient) in Tepi. Some of these are from the town, but most come from nearby woredas and other parts of the country. FSWs work in various hotels scattered across the town. There are also a significant number of FSWs who work in the local drinking houses in the area of Korcha Ber in Hebret Kebele. Korcha Ber is also an area where a number of kebele houses (houses built for low-income families) are concentrated.

Clients of FSWs are town residents including married men, traders, truck drivers, and men from outlying kebeles who come to sell coffee. Migrant daily laborers are also among the clients of FSWs, specifically of the FSWs who work in the local drinking houses in Korcha Ber.

TABLE 28: NAME OF BARS, CLUBS, HOTELS, AND AREAS WITH HIGH CONCENTRATION OF FSWS IN TEPI TOWN, APRIL 2011

SN	Names	Area of Concentration in the Town (Name of Kebele, Sefer or Street)
1	Fortuna Hotel	Hebret Kebele
2	SelamAmlak Hotel	Hebret Kebele
3	Tigist Hotel	Hebret Kebele
4	Delenade Hotel	Hebret Kebele
5	Getch Hotel	Hebret Kebele
6	Tepina Frew Hotel	Hebret Kebele
7	Korcha Ber and Kes Sefer (tella and araki houses)	Hebret Kebele

B. Truck Drivers

Most of the truck drivers who pass through Tepi are involved in long-distance transport of freight and goods.

TABLE 29: ESTIMATED NUMBER OF TRUCKS ENTERING AND LEAVING TEPI TOWN IN ONE DAY, APRIL 2011

Selected information	Details
Time	Morning (13)
	Midday (12)
	Afternoon (7)
	Parking overnight (6)
Overnight parking locations	• On the main street and various hotels mentioned above
Bars, hotels, and restaurants	• Fortuna Hotel, Hebret Kebele•
	• SelamAmlak Hotel, Hebret Kebele
	• Tigist Hotel, Hebret Kebele
	• Delenade Hotel, Hebret Kebele
	• Getch Hotel, Hebret Kebele
	• Tepina Frew Hotel, Hebret Kebele
	• Tella and araki houses, Korcha and Kes Sefer

C. Informal Traders

Tepi has several small and open markets and an estimated 500 informal traders, according to the town Trade and Industry Office. Menehariya, Jimma Ber, Taxi tera, Gebeya Meda, and the main streets of the town are the areas where these informal traders operate. Local drinking houses in Korcha Sefer and Kes Sefer are areas frequently visited by informal traders.

D. Migrant Daily Laborers

According to the Tepi Town Health Office, around 8,800 migrant daily laborers work in various agricultural and construction activities. Almost all of these laborers come from different areas of the country. They work in various private, government, and community coffee plantations around Tepi, in coffee plantation enterprises (Buna Tekel Lemat), in Tepi University construction, in cobblestone works, and on the Jimma-Tepi road construction undertaken by Keangnam Company. Migrant daily laborers are among the main clients of FSWs. They engage in commercial sex in Korcha and Kes Sefer, where the commercial sex is very cheap and affordable. The lack of HIV awareness exhibited by the FSWs working in these areas as well as by the daily laborers themselves, together with limited access to condoms, puts daily laborers at most risk to HIV infection in this town.

E. Youth (in-school and out-of-school)

There are 13,387 students in Tepi town, of which 5,080 are in secondary and tertiary schools. The youth are among the main sexually active groups in the town. Most youth ages 17-25 years are sexually active. Usually, the youths develop their sexual partnerships within their own social group. However, university students, mostly female students, engage in transactional sex with other community members. They often do this while under the influence of alcohol, and take little or no precaution to protect themselves against HIV or pregnancy.

TABLE 30: NUMBER OF STUDENTS AT VARIOUS LEVELS IN TEPI TOWN, APRIL 2011

Type	Number of Schools			Number of students		
	Gov't	NGO	Private	Gov't	NGO	Private
Primary School (1-8)	3	0	2	7,533	0	774
Secondary School (9-10)	1	0	0	1,784	0	0
Preparatory School (11-12)	1	0	0	353	0	0
Colleges	2	0	1	2,943	0	N/A
Total	7	0	3	12,613	0	774

4.1.6.4 NGOS, FORMAL AND INFORMAL ORGANIZATIONS WORKING ON HIV/AIDS

In Tepi, Management Sciences for Health and PATH are the only NGOs that work on HIV/AIDS interventions. Their activity is very limited and neither of them targets MARPs. There are a number of iddirs, one PLHIV association, and a teachers association working on HIV, but with limited capacity and scope. Most of them only work on care and support activities.

4.1.6.5 HEALTH FACILITIES AND HIV/AIDS SERVICES

The town of Tepi has only one government health center that provides all HIV-related services including HCT, STI, ART, OI, PMTCT, and TB services. Although there are 10 private clinics and two diagnostic centers, they only provide STI services, and none of them provides HIV-related services. There are also six drug stores in the town.

TABLE 31: HEATH FACILITIES AVAILABLE IN TEPI TOWN, APRIL 2011

SN	Name	Type of Health Facility	HIV Related Services					
			HCT	STIs	ART	OI	PMTCT	TB
1	Tepi Health Center	Gov't	√	√	√	√	√	√
2	Rohebot Medium Clinic	Private	-	√	-	-	-	-
3	Kidus Michael Medium Clinic	Private	-	√	-	-	-	-
4	TekleHaimanot Medium Clinic	Private	-	√	-	-	-	-
5	Mesi Medium Clinic	Private	-	√	-	-	-	-
6	Kidane Meheret Lower Clinic	Private	-	√	-	-	-	-
7	Asni Medium Clinic	Private	-	√	-	-	-	-
8	Elerohe Lower Clinic	Private	-	√	-	-	-	-
9	Kidist Mariam Lower Clinic	Private	-	√	-	-	-	-
10	Buna Tekel Lower Clinic	Private	-	√	-	-	-	-
11	Lalibela Medium Clinic	Private	-	√	-	-	-	-
12	Bekara Diagnostic Center	Private	-	√	-	-	-	-
13	Hedasse Diagnostic Center	Private	-	√	-	-	-	-

The Multi-Sectoral HIV/AIDS Response Unit of the Town Health Office implements various HIV prevention activities: IGAs for FSWs, mobile/outreach HCT services in schools and coffee processing places, awareness-creation activities in schools (including Tepi University), strengthening school anti-

AIDS clubs, care and support for PLHIV, and OVC support. However, these activities/programs are not always available, mostly due to lack of funding.

People's interest in HIV testing is high and the mobile/outreach HCT uptake is very good. A key informant from the Multi-Sectoral HIV/AIDS Response Unit of the Town Health Office said: "… If we get 30 individuals during mobile/outreach HCT services, around 25 persons are willing to get tested…" Most people prefer mobile/outreach HCT services be provided in their villages rather than facility-based HCT services due to accessibility and privacy issues.

The community's awareness level on condom use is very good. The Town Health Office and DKT Ethiopia distribute condoms to sector offices and hotels for free. However, hotel owners usually sell them. Condoms are available at various places in the town including the bus station (Semerit), hotels, sector offices, and various shops and markets.

5. DISCUSSION AND CONCLUSION

The assessment identified a number of factors contributing to the spread of HIV/AIDS. The towns are located along road transport trade routes and cash crop areas, which results in movements of large numbers of people. Multiple sexual practices are rampant and sexual debut take place at an early age. Open discussion of HIV/AIDS issues is infrequent or nonexistent. Discussions among family members on HIV/AIDS where there is one member of a couple receiving ART without the knowledge of their partner is almost non-existent. Stigma and discrimination are still widespread.

FSWs, youths (including students), migrant workers, drivers (including Bajaj drivers, assistants of truck drivers), daily laborers, waitresses, informal traders, construction contractors, housemaids, married individuals, and PLHIV were identified as MARP groups. Informants identified FSWs working in local drinking houses, assistants of truck drivers, migrant workers, and waitresses as most at risk. Reasons for this include their low level of HIV awareness, low socioeconomic status, lack of access to services including condoms, and/or limited or total lack of HIV/AIDS interventions targeting them. Poverty in particular seems to be a driving force – the lower a person's socioeconomic status, the higher their risk for HIV infection. According to key health office informants, the HIV positive rate is much higher among married individuals than unmarried ones. The men are the main clients of FSWs and are a transmission route for the epidemic to the general population.

Commercial sex work is widely practiced in all the towns. Most FSWs come from rural areas and nearby woredas. Local drinking houses, where cheap commercial sex is practiced, were identified as the most risky areas, i.e., as hot spots. All towns have at least one area where such drinking houses are concentrated (Kuchera Sefer, Korcha Sefer, etc.).

Absence of recreational facilities make addiction to khat and alcohol very common in the assessment towns. Many youths are addicted, and the effects lead them to engage in risky sexual activity. There are also many shisha houses, some of which also show pornographic movies.

Students, especially college and university students, are among the MARP groups. Female students are at a particularly high risk. Female college and university students who come from other areas for schooling often engage in commercial and transactional sex when they run out of money. The problem is worse for those enrolled in colleges that do not offer dormitory services, requiring the students to live in community rental housing, which often exposes them to unsafe sexual pressures and activities.

NGOs working on HIV were found to be concentrated in towns close to the center of country. As one travels further away from Addis Ababa, these NGO services become increasingly rare – in Bonga, Mizan-Aman, and Tepi, NGO HIV activity is almost nonexistent. Love in Action-Ethiopia is the only NGO that has interventions targeting MARPs in Wolkite and Butajira. A number of iddirs and anti-AIDS clubs and associations are engaged in HIV/AIDS prevention and control activities, most of them awareness creation and care and support.

Four of the six towns (Butajira, Hosanna, Bonga, and Mizan-Aman) have government hospitals and health centers that provide full HIV/AIDS services. Wolkite and Tepi have government health centers that provide comprehensive HIV/AIDS services. The presence of these hospitals and health centers helps link

mobile HCT services to other HIV/AIDS services in the continuum of care. A number of private clinics exist, but their involvement in HIV/AIDS services is very low.

People's demand for HCT services is very high. Facility-based HCT services are available in all government health facilities and some private clinics. Mobile/outreach HCT services are occasionally available, such as during World's AIDS Day and other major events. There is also a trend toward outreach services in schools and prisons. At present, government health facilities are the sole providers of outreach services. Most key informants and FGD participants complained that health workers do not treat test results as confidential. Most people prefer mobile/outreach HCT for reasons of accessibility and privacy, and respondents also recommended having HCT services provided by health workers from other areas to ensure confidentiality. Another major problem in HCT service delivery is shortages of test kits.

The assessment identified problems in accessing condoms. Although condoms are reported to be available in bars, hotels, and shops, they were/are not accessible to the most at-risk and needy people. Bar and hotel owners sell condoms that the health office distributes for free. The price of condoms is reportedly high at night and not affordable for FSWs who work in local drinking houses and population groups of low socioeconomic status, such as migrant workers and assistants of truck drivers.

6. RECOMMENDATIONS

Based on assessment findings, the following actions are recommended for PHSP-supported mobile HCT:

6.1 TARGETING MARPS

- Focus should be on addressing community groups that are usually unidentified and unreached. They include waitresses, FSWs at local drinking houses, youths working at bus stations, assistants of truck drivers, and married individuals.
- Most MARP groups prefer mobile HCT services to facility-based ones; therefore, it is recommended to provide mobile HCT services in the towns.
- When setting up mobile HCT for MARPs, choosing a good location in outlying areas, away from the main roads is important for reaching groups who frequent HIV hot spots. These hot spots include areas where local drinking houses are concentrated, schools, colleges, universities, and marketplaces.
- Mobile HCT service hours should be convenient for each group of MARPs. For example, migrant/mobile workers prefer Sundays and women prefer afternoons.

6.2 COMMUNITY MOBILIZATION

- Efforts should be made to increase awareness of HIV/AIDS and use behavioral change communication to ensure HCT services are properly utilized. Stigma and discrimination should be addressed.
- It is important for community workers to mobilize the community during mobile HCT campaigns.
- There are a number of local FM radio stations in most of the towns assessed, and they can be used for community mobilization.

6.3 ACTIVITIES TO IMPLEMENT

- HIV prevention activities should be provided as a package (e.g., establishing youth centers) to reduce risky behaviors and MARP vulnerability, not merely provide HCT services.
- Mobile HCT services should be user friendly and of high quality. Services should be linked with town health facilities to ensure effective referral to the next level in the continuum of care. Ethical standards should be maintained at the highest level to ensure confidentiality of test results.
- To ensure sustainability of the services, facility-based HCT also should be strengthened.
- The problem with availability and use of condoms should be addressed. Mechanisms should be in place to ensure a supply of condoms at all times for population groups of low socioeconomic status who can't afford to buy them. Establishing condom outlet boxes in hot spot areas is one option.
- Support should be provided to private clinics to play their role in providing HIV/AIDS services.

ANNEXES

ANNEX A. HEALTH FACILITIES, PRIVATE PHARMACIES, AND DRUG STORES IN SIX TOWNS OF SNNP, APRIL 2011

TABLE A-1. HEALTH FACILITIES: PUBLIC/PRIVATE/NGO

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	**Hoanna**											
1.1	Hosana Hospital	Dr. Wolde	Govt	0465554379		Seshduna kebele						
1.2	Hosana Health Center	Zeleke H/Mariam	Gov	0465551655	0912471521	Jello Naremo kebele						
1.3	Betesaida Lower Clinic	Demeke Necha	Private	N/A	0912243542	Hetto kebele	-	-	-	-	-	-
1.4	Adnew Lower Clinic	N/A	Private	N/A	N/A	Hetto kebele	-	-	-	-	-	-
1.5	Blen Lower Clinic	N/A	Private	N/A	N/A	Seshduna kebele	-	-	-	-	-	-
1.6	Tinsae Lower Clinic	Petros Ayne	Private	N/A	0916838533	Seshduna kebele	-	-	-	-	-	-
1.7	Eyerusalem Lower Clinic	Shigute Melkamu	Private	N/A	0912802114	Seshduna kebele	-	-	-	-	-	-
1.8	Minasei Lower Clinic	Mulatu Girma	Private	N/A	N/A	Medamba kebele	-	-	-	-	-	-
1.9	Abinet Lower Clinic	Degu Adficho	Private	N/A	N/A	Medamba kebele	-	-	-	-	-	-
110	Selam Medium Clinic	Ayele Bula	Private	N/A	N/A	Jello Naremo kebele	-	-	-	-	-	-
1.11	Wachemo Medium Clinic	Asrat Girma	Private	N/A	N/A	Bobicho kebele	-	-	-	-	-	-
1.12	Betel Medium Clinic	Ayebe Argaw	Private	N/A	N/A	Medamba kebele	-	-	-	-	-	-
1.13	Beza Medium Clinic	Eyoel Kidane	Private	N/A	0911359977	Hetto kebele	-	-	-	-	-	-
1.14	Abenezer Medium Clinic	Abinet Paulos	Private	N/A	N/A	Seshduna kebele	-	-	-	-	-	-
1.15	Mayo Medium Clinic	Lire Tafesse	Private	N/A	N/A	Medamba kebele	-	-	-	-	-	-
1.16	Hiwot Higher Clinic	Dr. Tegen Heway	Private	N/A	N/A	Seshduna kebele	-	-	-	-	-	-
1.17	Marie Stopes	Sr. Meskerem Abayneh	NGO	N/A	N/A	Jello Naremo kebele	-	-	-	-	-	-

2	**Butajira**											
2.1	Butajira Health Center	Sr. Tigest Tekele	Govt	N/A	0913389286	Kebele 01						
2.2	02 Keble health post	Sr. Zebiba ali	Govt	N/A	0913985609	Kebele 02		-	-	-	-	-
2.3	01 Kebele health post	Sr. Kidest	Govt	N/A	0911907242	Kebele 01		-	-	-	-	-
2.4	Butajira Zonal Hospital	Ato teshome	Govt	0461150202	N/A	Kebele 03						
2.5	Girar bet Ledikuma Hospital	Ato Teshome	Private	0461150183	N/A	Kebele 01	-	-	-	-	-	-
2.6	Bahir Higher Clinic	Dr. Solomon	Private	0461150083		Kebele 03			-			
2.7	Nure Medium Clinic	Ato Nuredin	Private	0461151302	0911002822	Kebele 05		-	-	-	-	-
2.8	Ahmedin Medium Clinic	Ato Jemal	Private	N/A	N/A	Kebele 05	-	-	-	-	-	-
2.9	Bushira Medium Clinic	Ato Bushira	Private	N/A	N/A	Kebele 04	-	-	-	-	-	-
2.10	Benie Adem Medium Clinic	Ato Abdela	Private	N/A	N/A	Kebele 04		-	-	-	-	-
2.11	Liya Diagnostic Center	Ato Ibrahim	Private	N/A	N/A	Kebele 01						
2.12	Dr. Ashenafi Higher Clinic	Dr. ashenafi	Private	N/A	N/A	Kebele 03		-	-	-	-	-
2.13	Melat Higher Clinic	Dr. Getenet	Private	N/A	N/A	Kebele 03		-	-	-	-	-
3	**Wolkitie**											
3.1	Wolkitie Health Center	N/A	Govt	0113301073	N/A	02 sub-city						
3.2	FGA	Ato Fisseha Abenet	NGO	0113301010	N/A	01			-	-		-
3.3	Selam Medium Clinic	Hayru Mody	Private	N/A	N/A	01	-	-	-	-	-	-
3.4	Addis Hiwot Medium Clinic	Tadersse Kebede	Private	N/A	N/A	01	-	-	-	-	-	-
3.5	Family Clinic	Jemil Mohamed	Private	N/A	N/A	01	-	-	-	-	-	-
3.6	Wube Mench Medium Clinic	Neseru Naji	Private	N/A	N/A	02		-	-	-	-	-
3.7	Sister Tenaye Francis Lower Clinic	Tenaye Francis	Private	N/A	N/A	02	-	-	-	-	-	-
3.8	Amanuel Medium Clinic	Dinkenesh Taye	Private	N/A	N/A	02	-	-	-	-	-	-
3.9	Kidus Gebriel Lower Clinic	Elfenesh Zeleke	Private	N/A	N/A	01	-	-	-	-	-	-
4	**Bonga**											
4.1	Gebretsadik Shaw Hospital	Ato endale Saleh	Govt	0473310006/39	N/A	N/A						
4.2	Bonga Health Center (not fully functional)	Ato Kifle haile	Govt	N/A	0917821211	N/A	-	-	-	-	-	-
4.3	Andracha Lower Clinic	Ato Kochito Kemeto	Private	N/A	N/A	01 kebele	-	-	-	-	-	-
4.4	Kidus Michael Lower Clinic	Ato Geremew Gawo	Private	N/A	N/A	01 kebele	-	-	-	-	-	-
4.5	Bich Lower Clinic	Ato Andarge	Private	N/A	N/A	03 kebele	-	-	-	-	-	-

		Kebede										
4.6	Fana Medium Clinic	Ato Ermial Adamu	Private	N/A	N/A	02 kebele	-	-	-	-	-	-
4.7	Medhanealem Lower Clinic	Sr. Kasech W/Michael	Private	N/A	N/A	01 kebele	-	-	-	-	-	-
5	**Mizan**											
5.1	Mizan Health Center	Wondem Worku	Govt.	0473360051	N/A	Addis Ketema kebele, Mizan						
5.2	Mizan Referral Hospital	Dr. Issac	Govt.	0473360047	N/A	Shesheka kebele, Aman						
5.3	Maremia Clinic	N/A	Govt. (Prison)	N/A	N/A	N/A	-	-	-	-	-	-
5.4	Ayer Tena Medium Clinic	Dr. Seman Muzie	Private	N/A	N/A	Shesheka kebele, Aman	-		-	-	-	-
5.5	Meheret Medium Clinic	Sr. Tewabech	Private	N/A	N/A	Shesheka kebele, Aman	-		-	-	-	-
5.6	Mizan Medium Clinic	Muftu Abegaz	Private	N/A	N/A	Hebret kebele, Mizan	-		-	-	-	-
5.7	Leyu Medium Clinic	N/A	Private	N/A	N/A	Hebret kebele, Mizan	-		-	-	-	-
5.8	Selam Medium Clinic	N/A	Private	N/A	N/A	Addis Ketema kebele, Mizan	-		-	-	-	-
5.9	Armagedeon Lower Clinic	Dr. Teferra	Private	N/A	N/A	Shesheka kebele, Aman	-		-	-	-	-
5.10	Ethiopia Lower Clinic	N/A	Private	N/A	N/A	Shesheka kebele, Aman	-		-	-	-	-
5.11	Feven Lower Clinic	Sahalu Kelebie	Private	N/A	N/A	Shesheka kebele, Aman	-		-	-	-	-
5.12	Hayat Lower Clinic	Sultan Azafuta	Private	0917018195	N/A	Shesheka kebele, Aman	-		-	-	-	-
5.13	Gernanz Lower Clinic	Bezu Betela	Private	N/A	N/A	Shesheka kebele, Aman	-		-	-	-	-
5.14	Behailu Lower Clinic	Behailu G/Michael	Private	N/A	N/A	Shesheka kebele, Aman	-		-	-	-	-
5.15	Tesfa Lower Clinic	Alemayehu Haile	Private	0911014632	N/A	Shesheka kebele, Aman	-		-	-	-	-
5.16	Nur Selam Lower Clinic	Nura Abdela	Private	0910868666	N/A	Kometa kebele, Aman	-		-	-	-	-

5.17	Hani Lower Clinic	N/A	Private	N/A	N/A	Edget kebele, Mizan	-		-	-	-	-
5.18	Tigist Lower Clinic	N/A	Private	N/A	N/A	Addis Ketema, Mizan	-		-	-	-	-
5.19	Mehal Ketema Lower Clinic	N/A	Private	N/A	N/A	Hebret kebele, Mizan	-		-	-	-	-
5.20	Central Lower Clinic	N/A	Private	N/A	N/A	Hebret kebele, Mizan	-		-	-	-	-
6	**Tepi**											
6.1	Tepi Health Center	Asfawesen Adelo	Govt.	0475560427	0910211198	Selam kebele						
6.2	Rohebot Medium Clinic	Dr. Dereje	Private	0475560086	N/A	Andenet kebele	-		-	-	-	-
6.3	Kidus Michael Medium Clinic	Ato Fekadu	Private	0475560280	N/A	Andenet kebele	-		-	-	-	-
6.4	TekleHaimanot Medium Clinic	Ato Sewenet	Private	N/A	N/A	Andenet kebele	-		-	-	-	-
6.5	Mesi Medium Clinic	N/A	Private	0475560253	N/A	Andenet kebele	-		-	-	-	-
6.6	KidaneMeheret Lower Clinic	N/A	Private	0475560135	N/A	Selam kebele	-		-	-	-	-
6.7	Asni Medium Clinic	N/A	Private	0475562383	N/A	Hebret kebele	-		-	-	-	-
6.8	Elerohe Lower Clinic	N/A	Private	0475560047	N/A	Selam kebele	-		-	-	-	-
6.9	Kidist Mariam Lower Clinic	Sr. Ayalie	Private		N/A	Andenet kebele	-		-	-	-	-
6.10	Buna Tekel Lower Clinic		Private	0475560046	N/A	Selam kebele	-		-	-	-	-
6.11	Lalibela Medium Clinic	Ato Zemede	Private	0475560148	N/A	Hebret kebele	-		-	-	-	-
6.12	Bekara Diagnostic Center	N/A	Private	0475560549	N/A	Hebret kebele	-		-	-	-	-
6.13	Hedasse Diagnostic Center	N/A	Private	N/A	N/A	Hebret kebele	-		-	-	-	-

TABLE A-2. LIST OF PRIVATE PHARMACIES AND DRUG SHOPS

SN	Name	Type 1. Pharmacy 2. Drug Store 3. Drug Vendor	Location (Kebele, Sefer Name, Telephone, Contact Person)
1	**Hosanna**		
1.1	Surafel Pharmacy	1	Desta Teshale 0911772331 Seshduna kebele
1.2	Ammanuel Drug Store	2	Erjabo Eramo 0911726653 Seshduna kebele
1.3	Amen Drug Store	2	Demessei Shiferaw Medamba kebele
1.4	Sera Hiwot Drug Store	2	Endale Tesfaye Seshduna kebele
1.5	Fish Drug Store	2	Genet Terefe 0913002601 Seshduna kebele
1.6	Tinsae Drug Store	2	Bobicho kebele
1.7	Binyam Drug Store	2	Medamba kebele
1.8	Meressa Drug Store	2	Eyoel Kidane 0911359977 Hetto kebele
1.9	Hadiya Drug Store	2	Seyfu Mindeze 0911163641 Seshduna kebele
1.10	Abenezer Drug Store	2	Seshduna kebele
1.11	Yabets Drug Store	2	Jello Naremo kebele
1.12	Red Cross Drug Store	2	Seshduna kebele
2	**Butajira**		
2.1	Alem Drug Store	Drug store	Kebel 01 (near to the post office
2.2	Sarina pharmacy	Pharmacy	Keble 03 (in front of Butajira Hospital
2.3	Ayda Drug Store	Drug store	Keble 04 (in front of Mobil) 0911 14 37 64
2.4	Getaneh Drug Store	Drug store	Kebele 03 (in front of Solomon restaurant) 0913 16 83 16
2.5	Elsa Drug Store	Drug store	Keble 03 (near to Dereje wood work)
2.6	Kulubi Gabriel Drug Store	Drug store	Kebele 02 046 115 01 06
3	**Wolkitie**		
3.1	Hiwot Drug Store	2	0475560972 Selam kebele Around the Health Center
3.2	Shalom Drug Store	2	0475560035 Hebret kebele Menehariya sefer
3.3	Kidus Michael Drug Store	2	04475560280 Ato Fekadu
3.4	Nur Drug Store	2	0475561045 Hebret kebele Mesgid sefer

SN	Name	Type 1. Pharmacy 2. Drug Store 3. Drug Vendor	Location (Kebele, Sefer Name, Telephone, Contact Person)
3.5	Yadie Drug Store	2	0475560716 Selam kebele Kidus Giorgis sefer
3.6	Buna Tekel Drug Store	2	0475562227 Hebret kebele Around the Health Center
4	**Bonga**		
4.1	Deharo Pharmacy	1	0911640529 02 kebele
4.2	Solomon Gebrie Drug Store	2	0911068217 02 kebele
4.3	Maraki Drug Store	2	0473311260 0912030671 0917825515 02 kebele
4.4	Gojeb Drug Store	2	03 kebele
4.5	Beha Giorgis Drug Store	2	01 kebele
4.6	Fana Drug Store	2	02 kebele
.7	Kidus Michael Drug Store	2	01 kebele
5	**Mizan**		
5.1	Aman Drug Store	2	Shesheka kebele, Aman
5.2	ZeTseate Drug Store	2	Hebret kebele, Mizan
5.3	Tena Drug Store	2	Hebret kebele, Mizan
5.4	Africa Drug Store	2	Hebret kebele, Mizan
5.5	Kosocor Drug store	2	Hebret kebele, Mizan
5.6	Wosmake Drug Store	2	Hebret kebele, Mizan
5.7	Sekiet Drug Store	2	Hebret kebele, Mizan
5.8	Hiwot Rural Drug Vendor	3	Hebret kebele, Mizan
5.9	Kidus Michael Rural Drug Vendor	3	Kometa kebele, Aman
6	**Tepi**		
6.1	Afiya Drug Vendor	3	Behind Meneharia (Meneharia Kebele)
6.2	Rans Drug Vendor	3	Behind Gebre Mamo Hotel (Meneharia Kebele)
6.3	My fame Drug Vendor	3	Bole Sefer (Edget chora Kebele)
6.4	Family Drug Store	2	In front of Demessie hotel (selam ber kebele)
6.5	Hanan Drug Store	2	Kuchera Sefer (Edget Ber kebele)
6.6	Imam Drug Store	2	Next to PZ Hotel (Edget Chora Kebele)

ANNEX B. NGOS IN SIX TOWNS OF SNNP, APRIL 2011

Includes local and international organizations, faith-based and community-based organizations implementing HIV projects.

SN	Name Of NGO	Main HIV/AIDS Services (HCT, ART, HBC, STIs, IGA, OVC support, Other)	Main Target Groups	Contact Person And Telephone
I	**Hosanna**			
1.1	Hadiya Development Association	OVC support, care and support, IGA, CC, HIV training, volunteer HH care and support, VCT	OVC, PLHIV, Children, general population	Ato Getachew 0910818129
1.2	Central Debub Synodus Health and Community Association	Care and support	Children (OVC)	N/A
1.3	Meserete Christos Aid and Development Association	Care and support, IGA	Children	0911333527
1.4	Hosana Town Muslim Youth Anti-AIDS and Development Ass.	Care and support, IGA	Children (OVC), PLHIV	Hosi Abdella 0911558635
1.5	Wachemo Mekane Yesus Child and Development Association (Compassion)	Care and support	Children, PLHIV	Ato Adenew Teferi 0913215524
1.6	Hosana Mulu Wengel Child Development Project (Compassion)	Care and support	School children	Ato Yilma Gebre 0913002445
1.7	Hosana Hale Hiwot Children Project (Compassion)	Care and support	School children	0912140281 0912060295 0465552879
1.8	Hosana Ketema Mehal Meserete Christos (Compassion)	Care and support	OVC and the poor	0911680567
1.9	OSSA	Care and support, VCT, OVC, capacity building	OVC, PLHIV	Ato Negash Mengistu 0911532766
1.10	EOC, Kenbata, Hadiya and Guragie HIV Prevention and Control Office	Care and support, awareness creation, counseling	OVC, general population	Merigeta Senay Chekoln 0911950899
1.11	Love in Action Ethiopia (LIA-E)	Community mobilization, care and support, identifying MARPs	MARPs (CSWs, truck drivers, gate keepers, etc.)	W/o Tayech Ato Demeke Haile 0910178896
1.12	Musie Children's Home	Care and support	Children	Ato Tagese Abrham 0912194727
1.13	Children's Home Society (Family Health Services)	OVC support	Children	Ato Abura Gobena 0913833062
1.14	Ethiopian Kale Hiwot Church Cooperation (Hosana Dev Project)	Training, capacity building	General population	Ato Asefa Ambaye 0913165697

SN	Name Of NGO	Main HIV/AIDS Services (HCT, ART, HBC, STIs, IGA, OVC support, Other)	Main Target Groups	Contact Person And Telephone
2	**Butajira**			
2.1	LIYA local NGO	IGA, HCT, peer education	CSW, truck drivers, daily laborers	Ato Tateke 0912 14 73 49
2.2	Guragie Aone Development Association	Advocacy, peer education, IGA	Youth (in school and out of school	Ato Dereje 0911 03 24 45
2.3	Save Tour Generation	Advocacy, peer education	Youth (in school and out of school	Ato Besufekad 0911 47 78 14
2.4	ISAPSO	N/A	N/A	Ato Belay 0911 55 46 63
2.5	Ethiopian Islamic Affairs	Care and support	PLHIV, OVC	Ato Sahrudin 0910 34 09 40
2.6	Ethiopian Orthodox Tewahido	Care and support	PLHIV,OVC	Ato Biniyam 0912 46 05 80
3	**Wolkitie**			
3.1	Management Sciences for Health (MSH) HIV care and support program (HCSP)	ART, care and support, PMTCT, capacity building, community mobilization	PLHIV, pregnant women, general population	Dr. Sitotaw 0911346647
3.2	IntraHealth International	PMTCT, dommunity mobilization	Pregnant women, reproductive health	N/A
3.3	Love In Action (LIA)	IGA, STI, drug store	Daily laborers, truck drivers and assistants, CSWs	N/A
3.4	Guhrald (Guragie people's self-help development association)	Reproductive health, care and support	Youth, elders (Influential leaders)	N/A
3.5	Family guidance associations (FGA)	VCT, PICT, PMTCT, reproductive health, care and support, STI	General population, youth, PLHIV	Ato Fisseha Abenet 01133301010
3.6	Compassion Ethiopia	Care and support, clinical support, psycho-social support, have nurses on staff	Children living with HIV (they currently serve 980 kids)	Ato Abraham @ Mulu Wengel Church 0113301692
3.7	Orthodox Lemat (Development Ass.)	HIV care and support	N/A	Deacon Kassahun 0911398043
3.8	Red Cross	HIV prevention and care and support	Youth	N/A
4	**Bonga**			
4.1	Bonga Orthodox Church	IGA, OVC support	PLHIV, OVC	Ato Tariku 0913784022
4.2	Jimma-Bonga Catholic Church	IGA	PLHIV	0471110635
4.3	Kafa Development Association	IGA, HBC	PLHIV, OVC	N/A
5	Mizan			
5.1	Faya Integrated Association	IGA, OVC, care and support	Children, PLHIV	Yemisrach Habte
6	Tepi			

SN	Name Of NGO	Main HIV/AIDS Services (HCT, ART, HBC, STIs, IGA, OVC support, Other)	Main Target Groups	Contact Person And Telephone
6.1	Management Sciences for Health (MSH)	HCT, ART, social mobilization	General Community	Almaz Bahiru
6.2	PATH	Care and support, palliative care, IGA	OVC, PLHIV	N/A

ANNEX C. NAME OF SCHOOLS AND NUMBER OF STUDENTS BY SEX IN SIX TOWNS OF SNNP, APRIL 2011

TABLE C-1. HOSANNA

SN	Name	Ownership (Govt, Private, NGO)	Males	Female	Total
1	**Primary Schools (1-8 Grade)**				
1.1	Alemu W/Hanna Primary School	Govt	853	1163	2016
1.2	Haile Lubamo Primary School	Govt	807	1010	1817
1.3	Elsadad Primary School	Govt	653	1040	1693
1.4	Babilo Wencheso Primary School	Govt	594	870	1464
1.5	Girma Bekele Primary School	Govt	378	49	427
1.6	Bobicho Primary School	Govt	661	1189	1850
1.7	Metadese Primary School	Govt	260	0	260
1.8	Hakumura Primary School	Govt	95	123	218
1.9	Ewkete Chora Primary School	Govt	116	98	214
1.10	Misrak Ber Primary School	Govt	54	57	111
1.11	Bira Watomo Primary School	Govt	66	58	124
1.12	Beye Selemie	Private	86	77	163
1.13	Solona Betesebochu	Private	96	113	209
1.14	Medan Beemnet	Private	162	172	334
1.15	Negat Kokob	Private	103	85	188
1.16	Uniti No.1	Private	7	9	16
1.17	Eklishia	Private	155	195	350
1.18	Hosaena Betel Mekaneysus	Private	106	111	217
1.19	Children Home Society	Private	80	89	169
1.20	Tiret Fana	Private	62	66	128
1.21	Mekan Yesus Mesmat Yetsanachew	Private	73	60	133
1.22	Meskel Abeba	Private	70	66	136
1.23	FA Primary School	Private	350	288	638
1.24	Adventist Primary School	Private	158	176	334
1.25	Unit No. 1	Private	82	48	130

SN	Name	Ownership (Govt, Private, NGO)	Males	Female	Total
1.26	Amanuel Primary School	Private	59	63	122
1.27	United Vision Academy	Private	159	172	331
1.28	Sonkola	Private	110	103	213
1.29	Beemnet	Private	59	43	102
1.30	Mary kids	Private	35	42	77
1.31	Debub Hosaena Kalhiwot	Private	18	20	38
1.32	Wachemo primary school	Private	159	176	335
1.33	Betuh Abun Melketsadik	Private	146	130	276
1.34	Tesfa egziabhiere	Private	10	13	23
1.35	Betekehenet	Private	81	105	186
1.36	Vision acadamy No. 1 Hosaena	Private	623	651	1274
1.37	Gedam Estawiyan Selasie	Private	623	651	1274
1.38	Excellence Academy	Private	42	52	94
1.39	Greece Primary School	Private	6	4	10
1.40	Birehan Academy	Private	10	8	18
	Total		**8267**	**9445**	**17712**
2	**Secondary Schools (9-10 Grade)**				
2.1	Hetto Secondary School	Govt	899	956	1855
2.2	Yekatit 25, 1967 Secondary School	Govt	2272	2482	4754
2.3	Vision accadamy No.1 Hosaena (9-11)	Private	192	77	192
2.4	FA Secondary School	Private	408	300	77
2.5	Mekan Yesus Mesmat Yetsanachew	Private	28	13	708
	Total		**3799**	**3828**	**7586**
3	**Tertiary/ Colleges/Vocational/Preparatory Schools**				
3.1	Wachemo Preparatory School (11-12 grade)	Govt	1393	1001	2394
3.2	Tropical College of Medical Science	Private	153	334	487
3.3	Hosana Information College	Private	24	16	40
3.4	Ethio International College	Private	251	269	520
3.5	CH Duna College	Private	95	256	351
3.6	Hosana Teachers College	Public	1044	554	1598
	Total		**2960**	**2430**	**5390**

TABLE C-2. BUTAJ

SN	Name	Ownership (Govt, Private, NGO)	Males	Female	Total
1	**Primary Schools (1-8 Grade)**				
1	Butajira Mulu Primary School	Govt	1258	1491	2749
2	Mekicho Mulu Primary School	Govt	1851	2093	3944
3	Dobotutu Mulu Primary School	Govt	771	808	1579
4	Shewaber Primary School	Govt	75	63	138
5	Maremiya Primary School	Govt	169	0	169
6	Success Primary School (1 & 2)	Private	96	88	184
7	United Progress Primary School	Private	61	48	109
8	St. Mary Primary School	Private	223	235	458
9	Eferata Primary School	Private	60	77	137
10	Haron Education Center	Private	29	28	57
11	Renascence Primary School	Private	8	10	18
13	Debub Enterprise Academy	Private	35	49	84
14	Butajira Meseret Kirestos	Private	40	30	70
15	Amanuel Robot Academy	Private	53	36	89
16	Mulu Wongiel Academy	Private	24	23	47
17	Projainist Academy	NGO	50	70	120
	Total		**4803**	**5149**	**9952**
2	**Secondary Schools (9-10 Grade)**				
2.1	Butajira Millennium secondary school	Govt	2059	2832	4891
	Total		**2059**	**2832**	**4891**
3	**Tertiary/ Colleges/Vocational/Preparatory Schools**				
3.1	Butajira vocational and preparatory school	Govt	855	511	1366
2.2	Union health college	Private	340	86	426
2.3	Hundras health college	Private	300	77	377
2.4	TVET	Govt	780	521	1301
	Total		**2275**	**1195**	**3470**

TABLE C-3. WOLKITIE

SN	Name	Ownership (Govt, Private, NGO)	Males	Female	Total
1	**Primary Schools (1-8 Grade)**				
1.1	Ras ZeSelassie	Govt	1022	1171	2193
1.2	Selam Ber	Govt	1778	2069	3847
1.3	Rohobot Academy	Private	168	161	329
1.4	Kidus Yosef	NGO (Catholic)	266	290	556
1.5	Yenegew Tewlede	Private	145	142	287
1.6	Segomie	Private	124	85	209
1.7	Wolkitie Primary School (1-4)	Govt	186	250	436
1.8	Abyssiniya School (1-4)	Private	51	48	99
1.9	Burhan Academy (1-4)	Private	29	37	66
1.10	Abune Melketsadek School (1-6)	NGO (Orthodox)	203	201	404
	Total		**3972**	**4454**	**8426**
2	**Secondary Schools (9-10 Grade)**				
2.1	Goro General Secondary School	Govt	1386	1034	2420
	Total		**1386**	**1034**	**2420**
3	**Tertiary/ Colleges/Vocational/Preparatory Schools**				
3.1	Goro General Secondary School (preparatory)	Govt	1023	558	1581
3.2	Wolkitie Industrial college	Govt	575	266	841
	Total		**1598**	**824**	**2422**

TABLE C-4. BONGA

SN	Name	Ownership (Govt, Private, NGO)	Males	Female	Total
1	**Primary Schools (1-8 Grade)**				
1.1	Gerazmache Paulos Primary School	Govt	663	779	1442
1.2	Shetta Primary School	Govt	813	855	1668
1.3	Baretta Primary School	Govt	498	462	960
1.4	Bansra Primary School	Govt	492	447	939
1.5	Kenteri Primary School	Govt	64	60	124
1.6	Millennium Primary School	Govt	47	34	81
1.7	Berhan Primary School	Private	21	29	50
	Total		**2598**	**2666**	**5264**
2	**Secondary Schools (9-10 Grade)**				
2.1	Bisha W/Yohannes Secondary School	Govt	1260	935	2195
	Total		**1260**	**935**	**2195**
3	**Tertiary/ Colleges/Vocational/Preparatory Schools**				
3.1	Bisha W/Yohannes Preparatory Secondary School (11-12 grade)	Govt	436	252	688
3.2	Bonga TVET Institute (Regular & Extension students)	Govt	1493	1033	2526
3.3	Teachers Training Center (TTC)	Govt	1054	537	1591
	Total		**2983**	**1822**	**4805**

TABLE C-5. MIZAN

SN	Name	Ownership (Govt, Private, NGO)	Males	Female	Total
1	**Primary Schools (1-8 Grade)**				
1.1	Mizan # 1Primary School	Govt	1362	1500	2862
1.2	Mizan # 2 Primary School	Govt	710	799	1509
1.3	Gachab Primary School	Govt	717	693	1410
1.4	Aman Primary School	Govt	1819	1718	3537
1.5	Saluta Primary School	Govt	502	500	1002
1.6	Edget Behebret Primary School	Govt	812	748	1560
1.7	Bandeyerken Primary School	Govt	75	105	180
1.8	Hedasse Primary School	Govt	131	157	288
1.9	Entsete Chora Primary School (Prison School)	Govt (Prison)	436	8	444
1.10	Kometa Primary School	Govt	355	354	709
1.11	Addis Raiye Primary School	Govt	60	81	141
1.12	Millennium Primary School (1-4 grade)	Private	88	84	172
1.13	Misgana Academy (Mizan)	Private	304	321	625
1.14	Misgana Academy (Aman) (1-5 grade)	Private	71	81	152
1.15	Zemed Ab Primary School (1-5 grade)	Private	50	43	93
1.16	TekleHaimanot Primary School (1-5 grade)	NGO (Orthodox)	34	35	69
1.17	Berhan Primary School (1-4 grade)	Private	83	66	149
	Total		**7609**	**7293**	**14902**
2	**Secondary Schools (9-10 Grade)**				
2.1	Mizan Secondary School	Govt	1007	560	1567
2.2	Aman Secondary School	Govt	402	255	657
	Total		**1409**	**815**	**2224**
3	**Tertiary/ Colleges/Vocational/Preparatory Schools**				
3.1	Mizan Preparatory Secondary School	Govt	271	135	406
3.2	Aman TVET Institute (Regular+ Extension)	Govt	284	180	464
3.3	Aman College of Health Sciences	Govt	391	459	850
3.4	Mizan Tepi University	Govt	3264	1966	5230
3.5	Mizan Agricultural College	Govt	Just gives short trainings		
	Total		**4210**	**2740**	**6950**

TABLE C-6. TEPI

SN	Name	Ownership (Govt, Private, NGO)	Males	Female	Total
1	**Primary Schools (1-8 Grade)**				
2.1	Tepi Mulu Primary School	Govt	2,106	2,055	4,161
2.2	Beko Mulu Primary School	Govt	1,027	968	1,995
2.3	Tepi Mulu #2 Primary School	Govt	695	682	1,377
2.4	Alfalihe Primary School	Private (Muslim)	54	58	112
2.5	Post Cambridge Academy	Private	335	327	662
	Total		**4,217**	**4,090**	**8,307**
2	**Secondary Schools (9-10 Grade)**				
2.1	Tepi Secondary	Govt	1,103	681	1,784
	Total		**1,103**	**681**	**1,784**
3	**Tertiary/ Colleges/Vocational/Preparatory Schools**				
3.1	Tepi Secondary Preparatory School	Govt	255	98	353
3.2	Tepi TVET Institute	Govt	354	269	623
3.3	Mizan Tepi University (Tepi campus)	Govt	1,280	1,040	2,320
3.4	Mamilan Teachers College (new, just started registration)	Private	N/A	N/A	N/A- new school
	Total		**1,889**	**1,889**	**3,778**

ANNEX 4: REFERENCES

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