

**FINAL EVALUATION OF THE ETHIOPIA SUPPORT TO AIDS  
CONTROL (STAC) PROJECT**

Prepared for:

The United States Agency for International Development

under Contract Number 663-0010-0-00-6204

Final Report

January 30, 1996



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To the employees of STAC's many collaborating NGOs for demonstrating to us the real benefits which enthusiasm, dedication, and innovation offer to even the most difficult of tasks;

To the staff of the United States Agency for International Development for providing us with the opportunity to work together in assessing the past and providing for the future;

To the staff of AIDSCAP-Ethiopia for their willingness and openness in freely making available their time, their information, and their energy in facilitating an objective evaluation of all aspects of the STAC Project; and

Finally, to all of the many persons in the public and private sector who took time from their busy schedules to meet with us and to assist us in fulfilling our evaluation task.

To all of the above and, most especially, to the People of Ethiopia, we would like to take this opportunity to express our appreciation for your consideration in making us welcome in your country. We wish you continued and ever greater success in responding to the very real challenge which control and prevention of sexually transmitted diseases and AIDS represents.

Addis Ababa, Ethiopia  
January 11, 1996

## List of Acronyms

AAAA	Artists Anti-AIDS Association
ADRA	Adventist Development Relief Agency
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Project
AIDSCAP-E	AIDSCAP Ethiopia Country Office
CA	Cooperating Agency
CCF	Christian Children's Fund
CDC	Centers for Disease Control
COTR	Contracting Officer's Technical Representative
CSM	Condom Social Marketing
DAC	Department of AIDS Control
DAY	Development Aid for Youth
DEA	Division of Epidemiology and AIDS
EPI	Expanded Program for Immunization
ESHE	Essential Services for Health in Ethiopia
FGAE	Family Guidance Association of Ethiopia
FHI	Family Health International
FSIT	Focus Site Intervention Team
GC	Gonococcus, the causative organism of gonorrhea
GOE	Government of Ethiopia
HIV	Human Immunodeficiency Virus, the causative organism of AIDS
IEC	Information, Education and Communication
IHAUDP	Integrated Holistic Approach-Urban Development Project
MCH/FP	Maternal Child Health/Family Planning
MOE	Ministry of Education
MOH	Ministry of Health
MPH	Masters in Public Health
MPSC	Multi-Partner Sexual Contacts
MSIE	Marie Stopes International/Ethiopia
NACC	National AIDS Coordinating Committee (recommended)
NACID	Nazareth Children's Center and Integrated Community Development
NGO	Non-governmental Organization
NRIH	National Research Institute of Health
OIT	USAID/W Office of International Training
OSSA	Organization for Social Services for AIDS
OYB	Operating Year Budget
PACD	Project Assistance Completion Date
PIO/P	Project Implementation Order/Participants
PP	Project Paper
PSI	Population Services International
PVO	Private Voluntary Organization
REDSO	USAID Regional Economic Development Services Office
RLA	Regional Legal Advisor
SCF/USA	Save the Children Foundation/USA
STAC	Support To AIDS Control Project

### **List of Acronyms (Continued)**

STD	Sexually Transmitted Disease
SYG	Save Your Generation Anti-AIDS Association
TDA	Tigre Development Association
TGE	Transitional Government of Ethiopia
TIR	Targeted Intervention Research
TOT	Training of Trainers
USAID/E	USAID Mission in Ethiopia
USAID/W	USAID Washington
WHO	World Health Organization

# **Section 1. Executive Summary**

## **1.1 Purpose of the Evaluation**

The purpose of this external evaluation was to assist the Government of Ethiopia (GOE) and United States Agency for International Development (USAID) in documenting the final status of project implementation of USAID/Ethiopia's *Support to AIDS Control (STAC)* Project (663-0010) and to determine whether the objectives of the project have been achieved. The evaluation was also intended to identify successes and constraints to achieving project objectives and to provide recommendations on future HIV/AIDS prevention and control activities in line with the USAID/Ethiopia's *Essential Services for Health in Ethiopia (ESHE)* Project.

## **1.2 Principal Findings and Conclusions**

### **1.2.1 General**

The evaluation team has noted that the GOE's central and regional staff and the staff of the four selected STAC focus sites and their allied health stations have achieved considerable progress in responding to the expected STAC Project outputs. Given the DAC's reduction in personnel following the MOH's recent reorganization, the central level's willingness to cede control and responsibility for daily management of STAC activities to regional bureau staff was appropriate and timely. We have also noted that, in collaboration with the GOE and other national collaborators, the AIDSCAP-Ethiopia Team and USAID/E have achieved considerable success in finding innovative ways to respond to the goals and objectives associated with the project's many technical areas. Among those innovations which the evaluation team found was most impressive was the formation of *Focus Site Intervention Teams (FSIT)*.

### **1.2.2 STD Prevention and Control**

Scheduled renovations of nineteen of twenty clinical sites have been completed with renovation of the final clinic scheduled for completion in February of 1996. Under STAC, twenty-eight health personnel were trained in TOT/STD management with 11,804 STD patients treated for STDs in the project's four focus sites. To address the importance of prevention, health service staff have distributed more than 2,700,000 free condoms provided by STAC. As assessed by a September 1995 STD Component Evaluation, the steady growth in STD patients using focus sites is a possible indication of improved client confidence in the focus sites' ability to treat STDs effectively. All clinical personnel interviewed at the four focal sites and at the peripheral clinical sites were aware of the advantages of STD syndromic management and largely engaged in its application. However, GC sensitivity studies which will assist in underscoring the importance of improved management of STDs have only been started in one of the two identified sites (Awassa).

### **1.2.3 Support for Information, Education and Communication (IEC)**

STAC has made considerable progress in reaching expected IEC project outputs. Anti-AIDS Clubs are functioning in 36 schools and an estimated 86,000 students have been reached. Three baseline KABP studies of out-of-school youth were conducted and, under NGO grants, more than 110,000 of these youths have been reached with resulting IEC materials and activities. Three material development workshops were carried out with the result that more than 300,000 copies of different types of STD/IEC materials were developed, printed and, to a large extent, widely distributed. The targeted training support by STAC of more than 600 *Multi-Partner Sexual Contacts (MPSCs)* as group leaders and the distribution of STD/HIV IEC materials to more than 14,000 additional MPSCs represents a significant project achievement.

### **1.2.4 Condom Promotion and Condom Social Marketing**

The PSI condom social marketing program (CSM) exceeded all project targets. The CSM has established a management information system, set up 9,500 condom sales outlets and nine regional satellite hubs throughout Ethiopia, and undertaken an ambitious program of nontraditional IEC strategies designed to promote knowledge of AIDS and the use of condoms. As a result, DKT/PSI/CSM succeeded in selling more than 36,800,000 condoms within the life of project (LOP).

### **1.2.5 Increased NGO/PVO Involvement**

STAC has supported five large (approximately \$40,000 each) competitive grants, six midsize (approximately \$5-10,000 each) grants, and seven small grants via its Rapid Response Fund (approximately \$1,000 each). AIDSCAP has organized five workshops with a major focus on developing NGO capacity in such areas as adult learning, evaluation, and target communication. Under the NGO/PVO project component, innovative approaches to IEC communication (role playing, peer education, and educational pamphlets/posters, videos and dramas focused on specific target groups) have resulted in contacts with 139,000 individuals. An impact analysis is necessary to provide objective verification on the extent to which NGOs have contributed to the program.

### **1.2.6 Behavioral Research Grants Program**

Under AIDSCAP-E, STAC oversaw the completion of a *Targeted Intervention Research on Community Perceptions of Sexually Transmitted Illnesses (TIR)* which provides guidance for future direction of Ethiopia's STD control and prevention initiatives.

### **1.2.7 Surveillance and Research**

Progress on surveillance continues to hamper Ethiopia's ability to accurately estimate the extent of AIDS and HIV in Ethiopia's population. However, STAC's success in building the technical capacity of regional and health facility staff should provide sufficient support for the development of localized initiatives focused on improved surveillance of high-risk groups.

### **1.2.8 Preventive Commodities**

The evaluation team has concluded that, while orientation of health center staff in biohazardous waste disposal and in prevention of HIV transmission in the health care setting has been delayed, health center staff are sensitized to the importance of these issues and would welcome assistance in the application of procedures to effectively address these two health facility disease control issues.

### **1.2.9 Project Management**

With reference to AIDSCAP's own internal management of ongoing activities, the evaluation team has concluded that AIDSCAP-E's direction is to be commended for their dedication and effectiveness in managing the project's progress. All indications are that the management relationship between USAID/E and AIDSCAP-E has been facilitative and focused on the importance of respecting each partner's role in reaching project objectives. Finally, the evaluation team has concluded that, while USAID's mid-project restructuring of funding mechanisms was warranted by the circumstances, a common understanding of issues associated with the restructuring can serve as a basis for GOE/USAID improved relations in the future.

### **1.2.10 Capacity Building**

The evaluation team has noted STAC's considerable progress in contributing to capacity building, especially within the following project areas:

**Area of Concentration**

**Focus of Capacity Building**

---

STD Prevention and Control	The establishment and upgrading of focal sites and the training of health personnel.
Information, Education, Communication(IEC)	Development of skills in material production and strategies focused on education and communication.
NGO/PVO Involvement	Development of an organizational and professional capacity to contribute effectively to future Ethiopian STD/AIDS interventions and initiatives.
Condom Social Marketing (CSM)	Development of the capacity of a large core of Ethiopian entrepreneurs to intervene effectively in the commercial success of a program with a marked social focus.

### **1.3 Principal Recommendations**

#### **1.3.1 General Recommendation**

- ! The evaluation team recognizes that the current USAID support for AIDSCAP-E terminates on 31 December 1995. Nevertheless, we recommend that USAID should continue AIDSCAP-E activities through the August 1996 termination of AIDSCAP-W/FHI contract, provided that GOE endorsement is obtained. We further recommend that activities should focus on those activities which are included in 1996 draft work plans developed jointly by AIDSCAP-E and representatives of the focus sites. Agreement to these two recommendations by both the GOE and by the Government of the United States of America will avoid disruption and stoppage of USAID-supported STD/AIDS activities following the December 1995 termination of USAID current support of AIDSCAP-E activities. In addition, USAID/W support for activity continuation will provide sufficient time for USAID and the GOE and all other interested parties to respond to the following key activities.

#### **1.3.2 General Management Recommendations**

- ! USAID and the MOH/GOE should collaborate in defining lines of communication, oversight and collaboration governing future AIDSCAP and USAID/E assistance in STD/HIV control and prevention.
- ! AIDSCAP's senior management should direct their attention to defining more cost-effective means of supporting field-level activities.
- ! AIDSCAP's Regional office should make available targeted and sustained technical assistance over the next nine months — especially for regional capacity building.
- ! During the 1/96-9/96 transition period, USAID/E and the GOE will need to devote considerable and sustained attention to the development of concrete long-term planning for support of STD/HIV control and prevention activities beyond August 1996.

#### **1.3.3 STD Prevention and Control Recommendations**

- ! Scheduled drug sensitivity studies should be completed as expeditiously as possible. Once completed, the studies' results should be disseminated through a workshop format. The Ministry of Health should then be in a position promptly to develop and distribute modified STD treatment guidelines to all health providers.
- ! AIDSCAP-E should work with central and regional MOH officials to review and act upon the findings and recommendations of both the TIR and the STD Component evaluation.

- ! Health center supplies, IEC equipment, laboratory equipment, diagnostic supplies, and drugs currently stored in Addis should be delivered to their intended recipients without delay.
- ! AIDSCAP-E should organize a workshop with participation of key members of each FSIT with the objective of documenting lessons learned.
- ! For the next nine months, AIDSCAP-E should engage the long-term services of a qualified local Ethiopian technical consultant to assist AIDSCAP-E on technical issues, including those which would be of interest to the MOH's Department of Epidemiology.
- ! The MOH should consider ways in which to assist the nation's health services in the development of a proactive approach to the screening and reporting of all HIV seropositives.
- ! Finally, it is recommended that the GOE reexamine its guidelines on HIV testing to permit HIV testing for those asymptomatic clients who should request it.

#### **1.3.4 Support for Information, Education and Communication (IEC) Recommendations**

- ! AIDSCAP-E should continue its program of support for dissemination of IEC material with a strong emphasis on high school-age students.
- ! As guidance for the future, AIDSCAP-E should undertake to initiate an impact assessment of its IEC activities.

#### **1.3.5 Condom Promotion and Condom Social Marketing Recommendations**

- ! CSM/PSI should continue to explore innovative ways of expanding the market for condoms including working with non-traditional outlets such as the MPSCs.

#### **1.3.6 Increased NGO/PVO Involvement Recommendations**

- ! AIDSCAP-E should undertake a thorough analysis of each NGO's progress in ensuring completion of its targets with the objective of developing a planned program of completion and phaseout of all such activities. In completing the analyses, evaluators should objectively assess the impact of each NGO's intervention.

#### **1.3.7 Surveillance and Research Recommendations**

- ! The evaluation team's recommendation on surveillance and research falls into the category of a two-pronged approach:
  - P The evaluation team recommends that, in direct collaboration with the GOE/MOH, USAID should serve as a catalyst in bringing together all potential contributors with the goal of defining a concrete approach to responding to the need for improved national disease surveillance instruments and protocols.
  - P The evaluation team further recommends that the GOE and AIDSCAP-E collaborate in providing focused surveillance training for selected GOE regional and health facility staff.

### 1.3.8 Preventive Commodities Recommendations

- ! This evaluation team would re-enforce the importance of AIDSCAP assisting the GOE in the initiation of training activities and follow up visits focused on 1) decreasing HIV transmission in health care settings and 2) appropriate disinfection and disposal of biohazardous materials.

### 1.3.9 Capacity Building Recommendations

- ! STD Prevention and Control: AIDSCAP-E should continue to support refresher training for health facility staff.
- ! IEC: Continued support of the development of Anti-AIDS Clubs, MPSCs and an expanded training program for peer educators will help strengthen the gains so far accomplished.
- ! NGO: Continued support of NGOs and an objective evaluation of their impact is essential.

### 1.3.10 Project Management Recommendations

- ! **Consensus Building**: The GOE and USAID should work together to respond to the following questions:
  - P Is AIDSCAP a viable support mechanism for the future of Ethiopia's STD/AIDS control and prevention program?
  - P How can the MOH and USAID best work together in terms of ensuring and strengthening effective collaboration, oversight, and coordination in the direction of future initiatives under ESHE and AIDSCAP?
- ! **Impact Analysis**: AIDSCAP should immediately plan a schedule of impact analyses with technical support from its regional and central offices.
- ! **Forward Planning**:
  - P GOE and USAID senior-level personnel should work together to define ways in which future STD/AIDS control and prevention activities can be supported within the auspices of the ESHE Project.
  - P If the GOE determines that the need for additional funding or for specific categories of funding for STD/AIDS prevention and control exceeds USAID support capacity, USAID should, at the GOE's request, be prepared to provide appropriate planning and workshop assistance to the GOE for the purpose of facilitating a coordinated donor approach to Ethiopia's National STD/AIDS Prevention and Control initiative.



## Section 2. Background

### 2.1 The STAC Project Final Evaluation: Purpose and Methodology

**The purpose** of this external evaluation was to document the final status of project implementation of USAID/E's *Support to AIDS Control (STAC)* Project (663-0010) and to determine whether the objectives of the project have been achieved. The evaluation was also intended to identify successes and constraints to achieving project objectives and to provide recommendations on future HIV/AIDS prevention and control activities in line with the Mission's *Essential Services for Health in Ethiopia (ESHE)* Project.

From 6 to 25 November, 1995, two outside evaluators reviewed documents, met with a significant number of informants, and directly observed activities in three of the project's four focus sites (Nazareth, Mekele, and Bahir Dar), and in Addis Ababa.

**The specific methodology** employed by the evaluation team focused on a review of existing documentation related to the STAC Project and on an extensive scheduling of interviews with individuals and groups of individuals (see Annex 1) whose inputs into the project represented significant contributions. As a format governing all such interviews, four key questions were asked of all respondents:

**Strengths:** From your perspective, what were the relative strengths associated with movement toward the goals and objectives of the STAC project?

**Weaknesses:** From your perspective, what were the relative weaknesses associated with movement toward the achievement of goals and objectives associated with the STAC Project?

**Opportunities:** If, from your perspective, you would conclude that STAC's strengths outweigh its weaknesses in terms of supporting continued progress toward realization or expansion of its goals and objectives, what are those initiatives which you would consider as opportunities for growth which should be supported by USAID, by other donors, by the GOE or by other interested parties?

**Targets:** If, from your perspective, you would conclude that STAC's strengths outweigh its weaknesses in terms of supporting continued progress toward realization or expansion of its goals and objectives, what are those initiatives which you would consider as *essential* for continued support if the project's achievements to date are to be sustained?

### 2.2 The STAC Project Background

USAID/E signed the Support to AIDS Control (STAC) Project with the Transitional Government of Ethiopia (TGE) on September 28, 1992. The project was amended on September 28, 1993, to provide addition funds, to expand the coverage area for STD services, to modify some of the original project outputs, and to extend the Project Assistance Completion Date (PACD) to September 30, 1995. In collaboration with STAC, USAID/E also provided OYB transfers in FY92 and FY93 to the USAID/W centrally funded AIDS Prevention and Control Project (AIDSCAP) to augment available resources. Recognizing that the project was behind schedule, USAID/E also asked for a recommendation concerning the extension of the PACD. In August 1994, a mid-term evaluation recommended extending it through September, 1996. However, USAID/E decided that the STAC Project would not be extended beyond the September 1995 PACD. Future HIV/AIDS prevention and control activities will come under the new *Essential Services for Health in Ethiopia (ESHE)* Project.

The Goal of the STAC Project was to increase the capability of the NACP to reduce the transmission of HIV within the Ethiopian population. The purpose of the project was to strengthen the specific institutions and expand the scope and scale of public and private interventions to control the sexual transmission of HIV. The activities financed under STAC and under the complementary AIDSCAP Project focus on the following:

- P** STD Prevention and Control;
- P** Information, Education, Communication (IEC) targeted at youth and high risk females;
- P** Condom promotion;
- P** Strengthening of public and private institutions (NGOs);
- P** Behavioral research;
- P** Surveillance of HIV-AIDS and STD;
- P** Provision of preventive supplies; and
- P** Overseas long-term training.

## Section 3. Evaluation of Technical Components

The format of Section 3 generally follows the Project Elements which are described in the "Amplified Project Description-STAC 1 Amendment," dated September 28, 1993, with the revisions incorporated from Project Implementation Letter No. 4, dated May 18, 1994. The expected outcomes/outputs for this project are individually assessed as to the current status of activities.

### 3.1 General Assessment of Progress

The evaluation team has noted that the GOE's central and regional staff and the staff of the four selected STAC focus sites and their allied health stations have achieved considerable progress in responding to the expected STAC Project outputs. The evaluation team has also noted that the AIDSCAP-E team, USAID/E, and STAC's collaborators within the GOE's regional structure, within the NGO community and within selected GOE offices at both central level and peripheral levels have effectively worked together and have experienced marked success in finding innovative ways to respond to the goals and objectives associated with the project's many technical areas. Among those innovations which the evaluation team found most impressive was the formation of *Focus Site Intervention Teams (FSIT)* in four of the five regional focus areas. In the evaluation team's experience, STAC's formation of FSIT as intersectorial working groups represented an innovative and effective approach to project management and to the development of each region's capacity for ensuring collaboration and coordination in the use of available resources.

Although progress in each of the project's technical areas is discussed in subsequent paragraphs of this report, the evaluation team would like to take this opportunity to cite the project's considerable progress in **capacity building** which is here defined as *the extent to which application of the project's resources — in terms of manpower and in terms of material resources — have resulted in Ethiopia's increased ability to assume a greater responsibility for the management of the nation's STD/AIDS control program*. On this issue, the evaluation team has noted the STAC Project has contributed to capacity building in many of the project's areas of concentration.

For example, in STD Prevention and Control, the establishment and upgrading of focal sites and the training of health personnel have clearly resulted in an increased regional capacity to respond to the need for STD/AIDS control and prevention. In IEC, the project's emphasis on working with appropriate personnel such as teachers, students and MPSCs, to develop their skills in material production or in innovative education and communication strategies has resulted in the establishment of a multi-sectorial core of experienced communicators to serve as a strong base for an increasingly proactive approach to using all available tools to effectively involve an informed and educated Ethiopian population in the control and prevention of STDs and AIDS. Although we must still await a clear indication of impact, STAC's involvement with NGOs, especially in terms of the NGO's apparent effectiveness in directing the energies and commitment of peer groups such as out-of-school youth, would appear to have been successful in developing NGO capacity to contribute effectively to future Ethiopian STD/AIDS interventions and initiatives. Finally, in condom social marketing, DKT/PSI/CSM development of a clear market for condom sales and of a distribution network has developed the capacity of a large core of Ethiopian entrepreneurs to intervene effectively in the commercial success of a program with a marked social focus. At the same time, DKT/PSI/CSM's success in the selling what had formerly been distributed without cost provides strong positive support to the GOE's interest in assessing the population's capacity to support a drug sales program resembling the *Bamako Initiative*.

In terms of the GOE role in contributing to the STAC Project's management, the evaluation team would offer the following observations:

#### Central Level:

**Program Planning:** From our discussions with personnel at all levels, the evaluation team has concluded that selected members of the GOE's central-level staff made real and sustained contributions to the STAC Project's general direction and to the details contained in annual workplans. Moreover, given the DAC's reduction in personnel following the MOH's recent reorganization, the central level's willingness to cede control and responsibility for daily management of STAC activities to regional bureau staff was appropriate and timely. For, as a result of the DAC's commitment to decentralization, regional bureau staff achieved a clearer perception of their importance to the project's progress toward established objectives. Finally, the evaluation team has concluded that, while USAID's mid-project restructuring of funding mechanisms was warranted by the circumstances, a common understanding of issues associated with the restructuring can serve as a basis for GOE/USAID improved relations in the future.

**Acceptance of the NGO program:** As noted later in this report, the evaluation team has concluded that the NGO/PVO project component has made a major contribution to the STAC Project's overall high levels of success. Nevertheless, the evaluation team has also noted the MOE central level's less than total acceptance of the role of the private sector in assisting the GOE in effectively responding to the needs of a national STD/AIDS control and prevention initiative. The evaluation team has concluded that more attention should be directed toward clearly demonstrating to all parties the impact which NGO/PVO community can have in assisting Ethiopia to attain its STD/AIDS prevention and control goals and objectives. At the same time, attention will need to be directed to addressing the concerns of the public sector relative to NGO complementarity.

### **Focus Site Level:**

Although this report contains additional comments on STAC collaboration with regional bureaus on the management of focus site activities, we should like to take this opportunity to offer a specific comment on the innovative use of the *Focus Site Intervention Team (FSIT)*:

In each target area, Focus Site Intervention Teams have been formed with members drawn from the Regional Health Bureau, Regional Education Bureau, NGOs working in the area, factory, municipality, etc. The purpose of the team is coordination of activities, sharing of experiences, avoiding duplication, etc., among institutions involved in AIDS control and prevention in the focus area. More importantly, bringing together the Government and Non-Government sectors in a common platform helps create a favorable ground for a smoother understanding and relationship. In the short term, the existence of the interdisciplinary FSIT have assisted in the effective implementation of planned activities. In the long term, the evaluation team has concluded that the concept of the FSIT has served to establish a fertile ground for sustainability not only for AIDS control and prevention but also for other activities calling for similar levels of multi-sectorial collaboration. The more people come together, work together and, share experiences, the more they start to appreciate the effectiveness of collaboration in addressing key challenges in the public and private sectors. Clearly, HIV/AIDS control and prevention is one of those key challenges.

## **3.2 Accomplishments Measured Against Expected Outcomes**

**Table 1** (Page 20) is a summary of accomplishments measured against expected outcomes. With the heavy workload associated with undertaking completing this evaluation within a very limited timeframe, the evaluation team is indebted to AIDSCAP-E's Resident Adviser, to her team, and to USAID's Senior Technical Adviser for their willingness to spend the time which it took to compile the details presented in this table. The following comments are presented as the evaluation team's assessment of salient aspects of the STAC Project's accomplishments in each of the STAC Project's principal technical components.

### **3.2.1 STD Prevention and Control**

Scheduled renovations of nineteen of twenty clinical sites have been completed with renovation of the final clinic scheduled for completion in February of 1996. Of the four target regions, only the appointment of the STD Coordinator for Mekele remains to be finalized. Although logistics difficulties continue to hamper laboratory testing of STD patients and of suspected HIV seropositives, 11,804 STD patients have been treated in the four focus sites. In addition, in an effort to promote condom familiarity and use, the NACP has distributed more than 2,700,000 condoms. As assessed by a September 1995 STD Component Evaluation, the steady growth in STD patients using focus sites is a possible indication of improved client confidence in the focus sites' ability to effectively treat STDs. Twenty-eight health personnel have been trained in TOT/STD management. All clinical personnel interviewed at the four focal sites and at the peripheral clinical sites were aware of the advantages of STD syndromic management and, to a large extent, engaged in its application. The evaluation team has noted that in several instances where personnel had not received clinical STD management training, syndromic management of STDs was beginning to be practiced. In looking to the future, GC sensitivity studies which will assist in underscoring the importance of improved management of STDs have been started only in one of the focal sites (Awassa). Problems associated with health staff responsibility for aggressive and effective counseling and contact tracing, for instituting preventive measures associated with the disposal of biohazardous materials and with health service-related transmission of STDs and HIV, and for participating in active outreach activities and surveillance remain program maintenance issues which need to be addressed. Finally, if the central and regional laboratories are to serve as focal points for providing effective and efficient diagnosis of STDs, a consensus and a clear understanding of roles and responsibilities for each level in the diagnostic chain will need to be reached. Similarly, if laboratories and health services are to increase their capacity to effectively treat STDs, current issues associated with the timely delivery of supplies, equipment, and drugs will need to be addressed and resolved.

### **3.2.2 Support for Information, Education and Communication (IEC)**

Considerable progress was noted on STAC's attainment of IEC project outputs. A KABP baseline study among high school students was conducted with appropriate follow-up activities focused on training in HIV/STD prevention and control for guidance counsellors. Anti-AIDS Clubs are functioning in 36 schools and an estimated 86,000 students have been reached. Three baseline KABP studies of out-of-school youth were conducted by NGOs and, under NGO grants, more than 110,000 of these youths have been reached. Three material development workshops were carried out with the result that more than 300,000 copies of different types of STD/IEC materials were developed, printed and, to a large extent, widely distributed. The targeted training support by STAC of more than 600 *Multi-Partner Sexual Contacts (MPSCs)* as group leaders and the group leaders' emerging role in assisting in the control of STDs and HIV transmission through the promotion of condom use and through the distribution of STD/HIV IEC materials to more than 14,000 additional MPSC represents a significant project achievement. In addition, building on information that they would benefit from a targeted project focus, more than 32,000 government workers have been provided with HIV/AIDS education by STAC. In the interest of increased capacity to address IEC issues, the STAC project has provided the training for two MPH candidates in the U.S., both of whom are completing a course of study focused on communication skills.

### **3.2.3 Condom Promotion and Condom Social Marketing**

The PSI/DKT condom social marketing program (CSM) exceeded all project targets. In collaboration with the PSI/DKT, the CSM has established a management information system, set up 9,500 condom sales outlets and nine regional satellite hubs throughout Ethiopia, and undertaken an ambitious program of nontraditional IEC strategies designed to promote knowledge of AIDS and the use of condoms. As a result, the PSI/DKT/CSM succeeded in selling more than 36,800,000 condoms within the life of project (LOP). PSI/DKT will continue its work with an additional five-years' cooperative agreement with USAID, with no interruption in service. With a substantial portion of its social marketing costs coming from DKT/International and other donors, PSI management has succeeded in reducing the level of USAID financing requirements. Opportunities for coordination between STAC-supported Anti-AIDS Clubs in large

urban areas and PSI/DKT-Ethiopia regional staff associated with the FSIT offer innovative possibilities for PSI/DKT to further extend condom usage.

### **3.2.4 Increased NGO/PVO Involvement**

**General Summary:** STAC has supported five large (approximately \$40,000 each) competitive grants, six mid-size (approximately \$5-10,000 each) grants, and seven small grants via its Rapid Response Fund (approximately \$1,000 each). AIDSCAP has organized five workshops with a major focus on developing NGO capacity in such areas as adult learning, evaluation, and target communication. In addition, working closely with AIDSCAP staff, grantees have largely corrected management deficiencies noted in the midterm evaluation enabling all NGOs to move ahead toward the attainment of their established targets. Under the NGO/PVO project component, innovative approaches to IEC communication (role playing, peer education, and educational pamphlets/posters, videos and dramas focused on specific target groups) have resulted in contacts with 139,000 individuals. While an impact analysis will provide confirmation on the extent to which NGOs have contributed to the program, this evaluation team would like to cite such NGOs as TDA and SYG for their innovative and highly effective use of peer educators in communicating a compassionate but clear message on the importance of behavior change in controlling and preventing AIDS transmission.

As the above paragraph indicates, the evaluation has concluded that the NGO Competitive, Non-Competitive and Rapid Response Grant Program achieved a marked level of success. In May 1993, more than ninety NGOs were approached directly and an open advertisement was placed in a local newspaper inviting NGOs for the Competitive Grant. Twenty-three proposals were received and reviewed by a local technical team comprised of MOH, CRDA, AIDSCAP-E and USAID/E staff. Five NGOs subsequently received funding through the competitive grant, and started activities as of January, 1994. A list of key indicators of progress of the NGO program would include the following key items:

- , In the NGO sector, there are five sub-projects under competitive grant programs, six under the non-competitive grant and seven under the rapid response fund. Together, there are 14 NGOs involved in AIDS prevention program targeting different risk groups in and outside Addis Ababa.

#### **3.2.4.1 NGOs under Competitive Grant Program**

**CCF - Addis Ababa** (January 1, 1994 - December 31, 1995)

**Sub-project Title: AIDS Prevention among MPSC Females and Youth.**

- > conducted KAPB Survey on MPSCs and youth.
- > trained 45 MPSC and 70 PHEs from youth group.
- > educated 832 MPSC females and 4000 youth.
- > screened 300 MPSC females for STD and provided treatment.
- > sold 495,247 condoms to male and female MPSCs.
- > distributed 12,500 leaflets and 100 posters.

**FGAE - Bahar Dar** (January 1, 1994 - December 31, 1995)

**Sub-project Title: AIDS Prevention Project among Youth, Government Workers and MPSC Females in Bahir Dar Town.**

- > conducted baseline KAPB Survey on MPSCs and on Youth.
- > trained 14 CHAs and 20 Youth volunteers as PHE.
- > educated 44,760 out of school youth, 1,671 MPSC females.
- > 5,694 Factory and govt. workers.
- > referred 967 STD cases to the Bahir Dar H.C.
- > sold 27,465 condoms and distributed 20,095 free of charge.
- > developed leaflets, posters and short dramas.

**GOAL - Metahara**

**Sub-project Title: AIDS Prevention among Females and Their Potential Clients**

- > conducted baseline KAPB Survey on MPSCs and truck drivers.
- > trained 8 PHEs among MPSC females and youth.
- > educated 1,392 MPSC females, 29,738 factory workers, 15,237 youth and 548 truck drivers.
- > treated 540 STD cases in GOAL clinic.
- > sold 56,532 condoms to the target population.
- > distributed 13,297 leaflets and 203 posters.

**MSIE - Addis Ababa** (August 15, 1994 - December 31, 1995)

**Sub-project Title: Control and Prevention of HIV/AIDS in Out-of-School Youth in Arada and Yeka Woredas (districts) of Addis Ababa.**

- > conducted baseline KAPB Survey on out of school youth.
- > trained 75 youth AIDS communicators(YAC).
- > educated 18,829 out of school youth.
- > sold 115,499 condoms to the target population.
- > distributed 33,583 leaflets, 2,256 posters and 856 Booklets.
- > developed calendar with risk assessment note, printed and distributed 20,000 copies.

**NACID - NAZARETH** (January 1, 1994 - December 31, 1995)

**Sub-project Title: HIV/STD Control and Prevention Activities among Ex-Servicemen and Peasants in and around Nazareth Town.**

- > conducted baseline FGD on ex-service men and on peasants.
- > trained 100 ex-service men PHEs, 44 CHAs, 44 TBAs, and 110 community leaders.
- > reached 27,892 peasants and 5,694 ex- soldiers, 18,317 attended drama show.
- > distributed 54,193 condoms free of charge and sold 8,982.
- > treated over 268 STD cases in NACID clinic.
- > produced and distributed 2,500 posters.

### 3.2.4.2 NGOs Under Non-Competitive Grant Program

**DAY - Addis Ababa** (May 1, 1994 - December 31, 1995)

**Sub-project Title: A video cassette production of a drama on HIV/AIDS infection**

- > produced a DRAMA film on the danger of AIDS.

**TDA- MEKELE** (October 1994 - December 1995)

**Sub-project Title: Minimizing HIV Infection in Out-of-School Youth in Mekele Town.**

- > conducted baseline KAPB Survey on out-of-school youth.
- > trained 30 PHEs among the youth.
- > educated 781 out-of-school youth.

**IHAUDP- Addis Ababa** (May 1995 - December 31, 1995)

**Sub-project Title: Prevention and Control of AIDS among Out-of-School Youth in Addis Ababa.**

- > collected baseline KAPB data on out-of-school youth.
- > trained 30 PHEs among the youth.
- > educated 5,363 out-of-school youth.

**FGAE- AWASSA** (May 1995 - December 31, 1995)

**Sub-project Title: AID Prevention among Youth in Awassa Town**

- > collected baseline KAPB data on out-of-school youth.
- > conducted TOT for selected 30 PHEs among the target population.

**FGAE - Nazareth** (May 1995 - December 31, 1995)

**Sub-project Title: Nazareth AIDS Prevention and Control among Out-of-School Youth**

- > registered the target population (out of school youth).
- > selected youth volunteers and gave orientation on the project.
- > translated a KAPB questionnaire into the local language.
- > educated 750 out-of-school youth.
- > distributed 9,000 condoms.

**SWAA-E Addis Ababa** (May 1995 - December 31, 1995)

**Sub-project Title: Control and Prevention of HIV/STD among Females in Two Target Sites of Addis Ababa.**

- > conducted pre-implementation meeting with women entrepreneurs association executive members.
- > recruited PHEs among the association members.
- > translated a KAPB survey questionnaire into the local language.

### 3.2.4.3 NGOs Under Rapid Response Fund

#### 3.2.4.3.1 Those which completed the project

- a. IHAUDP- A.A (March 1, 1994 - August 31, 1994):
  - > educated over 11,199 community members.
- b. Ethiopian Aid (April 1994 - August 1994):
  - > educated 2,700 street children.
- c. SYGA (March 1994 - September 1994):
  - > trained 240 out-of-school youth as PHEs, educated 21,885 youth.
- d. OSSA - A.A (March 1994 - December 31, 1995):
  - > started telephone hot line service to the population of Addis Ababa.
  - > trained 15 taxi drivers who distributed 25,000 leaflets to taxi users and played musical AIDS education cassettes in their Taxis.

#### 3.2.4.3.2 New activity with RRF

- a. SYGA (April 1995 - December 1995): started AIDS education for 12,000 youth in Addis Ababa
- b. OSSA: started telephone hot line service. (May 1995 - December 1995)
- c. BEZALEWEGEN (September 1995 - December 31, 1995): started activity to educate the DEAF on HIV/STD.

, People Reached: A total of 252,269 people reached.

, A total of 137,625 materials, developed/reprinted and distributed by NGO implementing agencies.

### 3.2.5 Behavioral Research Grants Program

The plan to initiate a behavioral research grants program under the STAC project did not materialize and this initiative was terminated soon after the midterm evaluation report's release of its findings. However, under AIDSCAP-E, STAC oversaw the completion of a *Targeted Intervention Research on Community Perceptions of Sexually Transmitted Illnesses (TIR)*. Although completed only recently, the TIR's methodology appears to have been effective in providing guidance for future direction of Ethiopia's STD control and prevention initiatives.

### 3.2.6 Surveillance and Research

Progress on surveillance continues to hamper Ethiopia's ability to accurately estimate the extent of AIDS and HIV in Ethiopia's population. In addition, due to logistics difficulties associated with the resupply of reagents, regional laboratories have been obliged to reduce their screening for HIV to blood donors and to indigent members of the population who could receive post-screening counseling from NGOs.

### **3.2.7 Preventive Commodities**

The evaluation team has concluded that, while orientation of health center staff in biohazardous waste disposal and in prevention of HIV transmission in the health care setting has been delayed, health center staff are sensitized to the importance of these issues and would welcome assistance in the application of procedures to effectively address these two health center disease control issues.

### **3.2.8 Training, Materials Development and Project Outputs**

As noted in **Table 1** (Page 20), the STAC Project has achieved considerable levels of success in conducting a vigorous program of all levels of technical training, in the production and distribution of materials, and in the increased level of outreach activities resulting from training. A listing of specific outputs by focus area includes the following items:

#### **3.2.8.1 Makele**

Training on AIDS Control and Prevention conducted for:

- > 22 AIDS Communicators (M 14, F 8) from Government and Private Organizations.
- > 30 CHAs (M 8, F 22).
- > 39 MPSC Group Leaders.

Computer Training provided for:

- > Two physicians.
  - 1 from Regional Health Bureau.
  - 1 from Health Center.

Refresher Courses provided for:

- > 25 CHAs (3 M, 22 F).
- > 20 AIDS Communicators (16 M, 4 F).
- > 31 MPSC Group Leaders.

MPSC Mobilization/Sensitization Program held for:

- > 20 government officials and factory managers.
- > 174 bar owners.

STD Patients Attending Health Facility:

- > 860 patients (494 M, 322 F).

Refurbishment of Additional STD Clinical Sites and Referral Lab:

- > Refurbishment of Maychew and Axum Health Centers completed.

People Reached through AIDS Communicators and MPSC Group Leaders:

- > 950 (500 M, 450 F) Factory & Government workers reached by AIDS communicators.
- > 620 MPSCs reached by MPSC group leaders.

Materials Development:

- > 3 posters — 10,000 copies each produced in Tigrigna language and distributed.
- > STD/IEC materials (5,000 copies of 1 poster and 500 copies of 1 reminder for health care providers) developed, printed and distributed.

Condom Distribution

- > 17,834 condoms distributed by MPSC group leaders.

#### **3.2.8.2 Bahir Dar**

Training on AIDS STD Control and Prevention conducted for:

- > 78 AIDS Communicators from Government and private organization.
- > 16 CHAs (9 M, 7 F).
- > 49 MPSC group leaders.

Computer Training provided for:

- > 1 from Regional Health Bureau.

- > 1 from Zonal Health Department.
- Refresher Course conducted for:
- > 57 AIDS communicators (45 M, 12 F).
  - > 14 CHAs (12 M, 2 F).
  - > 46 MPSC group leaders.
- MPSC Mobilization/Sensitization Program held for:
- > 450 bar owners.
- STD Patients Treated from January 1994 - June 1995:
- > 2,844 patients (1,539 M, 1,305 F).
- Refurbishment of Additional STD Clinical Sites and Referral Labs:
- > Refurbishment of 2 additional STD sites Debre Tabor and Woldia Health Centers completed.
  - > Refurbishment of Felegehiwot Hospital referral lab completed.
  - > Refurbishment of 4 Health Stations under process.
- People Reached through AIDS Communicators and Group Leaders:
- > 5,000 (2,800 M, 2,200 F) Factory & Govt. workers reached by AIDS Communicators.
  - > 1,960 MPSCs reached by group leaders.
- Materials Development:
- > IEC materials — 1,000 copies of a flip chart, 5,000 copies each of 2 posters developed, printed and distributed.
  - > STD/IEC materials - 1,000 copies of 1 flip chart, 15,000 copies of 1 leaflet developed printed and distributed.
- Condom Distribution
- > 23,089 condoms distributed by MPSC group leaders.

### **3.2.8.3 Nazareth**

- Training on AIDS/STD Control and Prevention provided for:
- > 18 AIDS communicators (13 M, 5 F).
  - > 13 CHAs (4 M, 9 F).
  - > 45 MPSC group leaders.
- Computer Training provided for:
- > 1 STD/AIDS coordinator from Regional Health Bureau.
  - > 1 secretary from Zonal Health Department.
- Refresher Course conducted for:
- > 20 AIDS communicators (18 M, 2 F).
  - > 29 group leaders.
  - > 39 bar owners.
  - > 14 CHAs (5 M, 9 F).
- MPSC Mobilization/Sensitization conducted for:
- > 98 bar owners.
- STD Patients Treated:
- > 382 (235 M, 147 F) in Nazareth H/Mariam Mamo Hospital.
- Refurbishment of Additional STD Clinical Sites:
- > Refurbishment of 3 additional clinical sites Abomsa, Ijaji and Bone Bedele Health Centers completed.
  - > Negele Borena Hospital refurbishment on process.
  - > Refurbishment of 5 Health Stations completed.

People Reached through AIDS Communicators and MPSC Group Leaders:

- > 17,715 (8,225 M, 9,490 F) Factory and Govt. workers reached by AIDS communicators.
- > 1300 MPSCs reached by MPSC group leaders.

Material Development:

- > STD/IEC materials 10,000 copies of 2 posters, 15,000 copies of 1 leaflet in Oromigna language developed, printed and distributed.
- > IEC materials developed by RHB under process for printing.

Condom Distribution:

- > 8,412 condoms distributed by MPSC group leaders.

#### **3.2.8.4 Awassa**

Training on AIDS/STD Prevention provided for:

- > 55 AIDS communicators (48 M, 7 F).
- > 18 Red cross youth in place of CHAs (15 M, 3 F).
- > 26 MPSC group leaders.

Computer Training provided for:

- > 1 STD/AIDS Coordinator from Regional Health Bureau.
- > 1 Secretary from Zonal Health Department.

MPSC Mobilization/Sensitization:

- > 104 Government, NGO and Factory officials.
- > 35 bar owners.

Refresher Course conducted for:

- > 26 MPSC group leaders.
- > 20 Red cross youth in place of CHAS (17 M, 3 F).
- > 64 AIDS communicators (55 M, 9 F).

STD Patients Treated:

- > 600 STD patients (450 M, 154 F).

Refurbishment of Additional STD Clinical Sites and Health Stations:

- > Refurbishment of Yirgalem Health Center and Dilla Hospital completed.
- > Refurbishment of 7 Health stations around Awassa on process.

People Reached through AIDS Communicators and MPSC Group leaders:

- > 5,098 (3,780 M, 1,318 F) factory and government workers.
- > 630 MPSC reached by MPSC group leaders.

Material Development:

- > IEC materials - 10,000 copies of 2 posters developed, printed and distributed.
- > STD/IEC materials - 1000 copies of calendars and 15,000 copies of leaflet produced, printed and distributed.

Condom Distribution

- > 30,560 condoms distributed by MPSC group leaders.

### 3.2.8.5 Addis Ababa

( N.B. Region 14 Health Bureau started activity under USAID/AIDSCAP support in 1995. The program focuses exclusively on IEC activities targeting 5,000 MPSCs. A project proposal was submitted to run MPSC activities under 6 Zonal Health Departments.) In Addis Ababa, the following activities were implemented:

Training on AIDS/STD Prevention and Control provided for:

- > 37 (18 M ,19 F) core trainers.
- > 47 (24 M, 23 F) CHAs.
- > 224 (155 M, 69 F) AIDS communicators.
- > 446 MPSC group leaders MPSC.

Mobilization /Sensitization

- > 285 (110 M, 175 F) bar owners.
- > 72 Factory managers attended the orientation seminar.

Refresher Course conducted for:

- > 30 CHAs (20 M, 10 F).
- > 335 MPSC group leaders.
- > 70 factory managers (60 M, 10 F).
- > 40 AIDS communicators (30 M, 10 F).

Material Development

- > 10,000 IEC materials reprinted and distributed.

Condom Distribution

- > 230,450 condoms distributed free of charge.

**Table 1. SUPPORT TO AIDS CONTROL (STAC) PROJECT 663-0010: ESTIMATED PROGRESS ON END OF PROJECT STATUS INDICATORS**

PROJECT OUTPUTS	END OF PROJECT STATUS	% ACHIEVED
<p><b>STD PREVENTION and CONTROL</b> National STD treatment algorithms developed, field tested, revised and approved for nationwide implementation:</p>	<p>National STD algorithms exist; modifications suggested during TOT training in STD management held in March 1995 not yet incorporated and formally communicated to health workers in the field. Field testing has not occurred but this would be more appropriate when the algorithms are modified and simplified following results of the GC chemosensitivity study ( to be completed by February 1996).</p>	50%
<p>90% of STD patients who are seen at 10 pilot STD Clinics will receive effective STD Case Management according to national guidelines:</p>	<p>10 STD clinics refurbished and supplied with drugs, commodities and 28 health personnel trained in TOT/STD management. At many sites STD case management is systematically practiced according to national guidelines. There is an increasing trend in the number of STD patients in some of the refurbished health facilities. Over LOP 11,804 (male 6,833, female 4,971) STD patients have been treated in the four focus sites; reporting from other STD clinics incomplete. 22 health care providers (focus sites/central MOH) attended materials development workshop; 25 representatives (RHB/MOH) attended a workshop on Interpersonal Communication Skills.</p>	100%
<p>An additional 10 STD clinics supplied with essential equipment and supplies, and initial training for clinic staff (for a total of 20 clinics):</p>	<p>10 additional STD clinics identified; 9 clinics refurbished; 1 clinic in process. Essential equipment and supplies incountry (purchased through WHO Grant) but not all is distributed to regions and health facilities.</p>	75%
<p>NRIH STD Referral Laboratory refurbished and providing effective/efficient diagnosis for treatment of STDs:</p>	<p>The NRIH is currently undergoing restructuring and its role as a national reference laboratory for STDs has changed. Equipment in country but not distributed by DAC.</p>	0%
<p>The integration of STD services into MCH/FP programs will be promoted in four focus areas:</p>	<p>Integration activities in STAC include antenatal syphilis screening and ophthalmia neonatorum prophylaxis. Antenatal syphilis screening is not being performed at most sites due primarily to lack of reagents. Reagents have been procured but are not distributed to the regions.</p>	45%
<p>STD services will be extended to reach 25% of health stations in the 4 focus areas by September 1995:</p>	<p>16 health stations identified in focus sites and refurbishment going on. Nazareth - 100% HSs refurbished, 40% to receive drugs; Awassa - 100% HSs refurbished, 28% to receive drugs; Bahir Dar, 100 HSs refurbished, 25% to receive drugs; Mekele - no HSs.</p>	80%
<p>Nationwide implementation of STD treatment algorithms will be accomplished in all STD treatment facilities:</p>	<p>See above.</p>	
<p>STD diagnostic capabilities of 5 regional laboratories strengthened:</p>	<p>3 regional/referral laboratories refurbished and supplied with equipment/reagents.</p>	60%

PROJECT OUTPUTS	END OF PROJECT STATUS	% ACHIEVED
<p><b>IEC OUTPUTS</b> The number of schools providing HIV/STD education to youth and young adults increased to 300 in 1995. 100,000 new students exposed to HIV/AIDS P+C education:</p> <p>Increase the number of Addis Ababa and focus site MPSC men women enrolled in the NACP MPSC control program from 9,500 (8.8%) to 15,000 (16.5%):</p> <p>An IEC program for out-of-school youth is established by the DAC and implemented by NGOs:</p> <p>NACP capability for improved design and production of IEC materials (in several Ethiopian languages, focused on youth) is strengthened:</p>	<p>KABP baseline study conducted among high school students; student activity guide developed and ready for printing; workshops on HIV/STD prevention and control for guidance counselors, AIDS club sponsors and peer educators held. 36 schools actively involved; 86,000 students reached; operationally not practical to include 300 participating schools - this is the total number of senior secondary schools in the country.</p> <p>100,000 AIDS booklets printed; 86,000 distributed.</p> <p>MPSC programs carried out in all focus sites and Addis Ababa; 623 MPSC group leaders trained; 14,469 MPSC women and 32,468 government employees received HIV/AIDS education.</p> <p>Many NGO grants target out-of-school youth (target 56,350); 3 baseline KABP studies on youth carried out in Addis Ababa (2) and Mekele (1); 112,319 youth reached.</p> <p>3 material development workshops carried out; 344,125 different types of STD/IEC materials developed and printed in all focus sites.</p>	<p>86%</p> <p>180%</p> <p>100%</p> <p>200%</p> <p>100%</p>
<p><b>NGO OUTPUTS</b> NGO Grants program designed and approved by NACP, USAID/E, AIDSCAP and NGO groups:</p> <p>NGO Grants initiated on a pilot basis — 1 - 13 NGO grants awarded:</p> <p>Up to 6 NGO HIV Prevention and Control training/information workshops conducted:</p>	<p>NGO competitive/non-competitive program designed; review committee comprising of NACP, USAID/E, AIDSCAP and NGO groups established.</p> <p>14 NGO grants awarded; -----youth reached through these grants; various behavior change communication approaches used including personal risk assessment, role plays, peer education, educational pamphlets/posters, videos and dramas. 139,950 people reached; 2,039 patients (1,340 female, 699 male) treated for STDs in NGO facilities.</p> <p>5 NGO workshops held [Effective strategies for behavior change for AIDS Prevention; TOT on adult learning theory; Evaluation skills w/s; Effective approaches for hard-to-reach populations; lessons learned seminar].</p>	<p>100%</p> <p>107%</p> <p>100%</p>

PROJECT OUTPUTS	END OF PROJECT STATUS	% ACHIEVED
<p><b>CONDOM SOCIAL MARKETING</b> Country-wide increase of condom sales (general public and specific groups) so that 30 million condoms will have been sold by the PACD:</p> <p>8 million condoms distributed freely by NACP over the LOP:</p> <p>NACP and CSM-Management Information System refined and expanded to electronically track inventory, shipments, warehouse supplies, distribution and monthly product performance by distribution point, sales outlet and geographic location:</p> <p>3,000 new Condom Social Marketing outlets opened and 3 additional regional satellite hubs established, bringing the total to 5, thereby completing the countrywide expansion for project period:</p> <p>Non-traditional IEC methods such as street theater groups and condom soirees, jointly developed with the DAC IEC Unit:</p>	<p>36,879,160 condoms sold by PACD.</p> <p>2,759,535 condoms distributed freely by NACP over the LOP.</p> <p>CSM Management Information system established.</p> <p>Over 9,500 condom sales outlets; 9 regional satellite hubs established completing countrywide expansion.</p> <p>Condom nights, theater groups and other non-traditional IEC strategies used by CSM program.</p>	<p>122%</p> <p>34%</p> <p>100%</p> <p>150%</p> <p>100%</p>
<p><b>Behavioral Research:</b> Outputs Canceled</p>	<p>Targeted Intervention Research on health seeking behavior of STD patients carried out through core funds.</p>	
<p><b>SURVEILLANCE</b> Short-term epidemiological training abroad for one person:</p> <p>Review and update of national HIV surveillance guidelines:</p> <p>Strengthening of six sentinel surveillance sites:</p> <p>HIV/STD surveillance strengthened in STAC focus areas:</p> <p>Management surveillance systems improved at NACP Central and in 5 regional health departments:</p>	<p>3 persons sent for short-term epidemiological training abroad.</p> <p>All surveillance activities curtailed following restructuring of the MOH; surveillance activities previously carried out by NACP all discontinued.</p> <p>See above.</p> <p>Reagents procured for HIV/STD surveillance in focus sites.</p> <p>See above.</p>	<p>300%</p> <p>0%</p> <p>0%</p> <p>30%</p> <p>0%</p>

PROJECT OUTPUTS	END OF PROJECT STATUS	% ACHIEVED
<p><b>Prevention of HIV Transmission in Health Facilities</b> Appropriate supplies (gloves, syringes, needles, etc.) provided to the 20 STAC-1 STD clinics and five regional laboratories:</p> <p>100% of health workers trained in standard safety practices at 20 clinics and at the 5 regional laboratories:</p>	<p>Supplies procured and in-country; not all delivered to sites.</p> <p>Was partially covered in TOT training for health care providers; was to be covered as part of on-site training to be undertaken by NACP. This has not taken place due to restructuring of department and drastic staff reduction at central level.</p>	<p>80%</p> <p>20%</p>
<p><b>Training</b> 4-5 health educators trained in communication skills at Masters level:</p>	<p>2 participants completing MPH, with emphasis on communication skills. Only 2 candidates sent because nominations by MOH provided late and proposed candidates did not fulfill admission requirements.</p>	<p>50%</p>



## **Section 4. Evaluation of Project Implementation and Management**

### **4.1 AIDSCAP Project Management**

#### **4.1.1 General**

With reference to AIDSCAP's own internal management of ongoing activities, the evaluation team has concluded that AIDSCAP-E's direction is to be commended for their dedication and effectiveness in managing the project's progress. Their project office in Addis appears to be well-organized, with each staff member clear about his or her responsibilities. The evaluation team would like to take this opportunity to express its appreciation for the openness and assistance of all AIDSCAP-E's administrative and technical staff in making it possible for us to complete this evaluation within its truncated time frame.

#### **4.1.2 Technical and Administrative Management**

With weekly team meetings and frequent consultations with her staff, the Resident Adviser appears to have achieved considerable success in melding together a cohesive team, all of whose members appear to be well-informed on the project's progress and on its issues. However, in terms of the team's composition, several of the evaluation team's respondents have noted that the local AIDSCAP office would have benefited from having employed a long-term STD/AIDS technical adviser as part of the resident team. In providing technical assistance to the project's target areas, the quality of AIDSCAP-E's resident technical support appears to have been well-received by GOE and NGO collaborators in the field. AIDSCAP's documented thirty-five short term consultancies from 1993 to 1995 ranged from Washington oversight visits, to providing assistance during training workshops, to assisting with surveys and logistics assessments. As with their long-term technical assistance, short-term assistance provided under AIDSCAP's management appears to have responded to many of the project's needs.

As might be expected, AIDSCAP-E's reporting capacity went through a period of initial adjustment as AIDSCAP-E staff grew to understand USAID internal requirements. However, the quality and comprehensiveness of recent reports clearly indicates that initial difficulties were overcome. All quarterly reports have been received on time although USAID/E did express some concern with the delay in their receiving a summary of information contained in AIDSCAP-E's *Project Information Form*.

#### **4.1.3 Financial Management**

Although review of AIDSCAP's financial management should more correctly be carried out at an end-of-project audit, this evaluation team has noted that while specific NGOs and Regional Offices have experienced initial frustration with USAID procurement regulations, AIDSCAP-E progressive development of strong program linkages with regional and NGO managers has resulted in an increased understanding, if not total acceptance, of inevitable delays associated with adherence to established USAID procurement regulations. The evaluation team has noted that, with the September 1994 expiration of the MOH Sub-agreement, AIDSCAP has assumed total and, by all accounts, effective responsibility for the transfer and management of funds to support focus site activities. In this regard, the evaluation team would also like to commend the GOE, USAID, AIDSCAP-E, regional staff, and staff associated with NGOs for their attention to the importance of collaboration and cooperation in working toward a better understanding of the idiosyncracies of different organizations' management requirements. In our travels and discussions throughout the country, we encountered very little evidence of friction among any of the many STAC collaborators. In our experience, consensus on project objectives and a willingness to put aside differences is a decided rarity in the management of complex projects and we believe that all concerned parties are to be duly congratulated.

## **4.2 USAID Project Management**

### **4.2.1 General**

All indications are that the management relationship between USAID/E and AIDSCAP-E has facilitated and focused on the importance of respecting each partner's role in reaching project objectives. USAID/E's Health and Population and Nutrition Office and the Johns Hopkins Health and Child Survival Fellows Program's Senior Technical Adviser have established an excellent working relationship between themselves and with AIDSCAP-E's resident team. In this evaluation team's experience, USAID/E's collaboration with the World Health Organization's Representative and Chief of Mission has resulted in a remarkably facilitative relationship. While relationships with a few selected members of the Ministry of Health would benefit from additional work on defining lines of communication and collaboration, the large majority of GOE respondents with whom the evaluation team met expressed an understanding of the difficulties which all parties faced in moving toward a common focus on specific administrative issues.

### **4.2.2 Technical and Administrative Management**

The evaluation team notes the strong collaborative relationship which exists between USAID/E and AIDSCAP-E. The USAID/E technical team has clearly remained informed on all aspects of the STAC project, not only through its review of reports and its scheduling of monthly meetings, but also through field visits and frequent contacts with GOE officials at both central and focus site levels. Its use of WHO letter grants has facilitated logistics and procurement issues and, as noted above, its collaboration with the WHO Representative argues well for strong collaboration in the future implementation of the ESHE project. Although three persons were sent for training in epidemiology, the evaluation team notes that none of the participants remained allied to the program following training.

## **Section 5. Principal Recommendations**

### **5.1 General Recommendations**

The evaluation team recognizes that current USAID funding for AIDSCAP-E activities terminates in December 1995. Nevertheless, we recommend that USAID should continue AIDSCAP-E activities through August 1996, provided that GOE endorsement is obtained. We further recommend that activities should focus on those which are included in 1996 draft work plans developed jointly by AIDSCAP-E and representatives of the focus sites.

Agreement to these two recommendations by both the GOE and by the Government of the United States of America will avoid disruption and stoppage of USAID-supported STD/AIDS activities following the December 1995 termination of AIDSCAP-E's current support from USAID. In addition, USAID/W support for activity continuation will provide sufficient time for GOE and USAID and all other interested parties to respond to the following key activity focus recommendations:

#### **5.1.1 General Management Recommendations**

- 1) USAID will need to work together with the GOE in defining lines of communication, oversight and collaboration governing future AIDSCAP and USAID/E assistance in STD/HIV control and prevention.
- 2) If AIDSCAP's Central offices are to expect USAID/E to accept the recommendation for continued funding of AIDSCAP activities, AIDSCAP's senior management must direct their attention to defining more cost-effective means of supporting field-level activities.
- 3) If AIDSCAP-E is to complete its ambitious but necessary nine-month program of activities, AIDSCAP's Regional offices will need to commit itself to making available targeted and sustained technical assistance during this period. A primary focus of AIDSCAP-Regional support will need to be directed toward continued capacity building of public sector regional and sub-regional level staff and facilities.
- 4) During the coming 1/96 - 9/96 transition period, USAID/E and the GOE will need to devote considerable and sustained attention to the development of concrete long-term planning for support of STD/HIV control and prevention activities beyond August 1996. Toward this end, efforts will need to be directed toward identifying other donor support for those activities which are either currently supported by USAID or which will need to be supported or expanded if expected gains in the control and prevention of STDs and AIDS are to be sustained.

#### **5.1.2 STD Prevention and Control Recommendations**

- 1) Scheduled drug sensitivity studies should be completed as expeditiously as possible. Once completed, the studies' results should be disseminated through a workshop format. As an output of this workshop, the Ministry of Health should then be in a position to promptly distribute modified STD treatment guidelines to all health providers.
- 2) AIDSCAP-E should work with central and regional MOH officials to review the findings and recommendations of both the TIR and the STD Component evaluation. Following this review, AIDSCAP-E should facilitate the development of appropriate responses to those recommendations which all parties believe are of significance to the further improvement of Ethiopia's control and prevention of STDs.
- 3) The Regional Bureau in Mekele should confirm its STD Coordinator so that s(he) can take a lead role in working with AIDSCAP in strengthening activities in the region.

- 4) Health center supplies, IEC equipment, laboratory equipment, diagnostic supplies, and drugs currently stored in Addis should be delivered to their intended recipients without delay.
- 5) With the assistance of AIDSCAP short-term consultants, AIDSCAP-E should plan and initiate refresher training in STD management and HIV control for key clinical staff at focus sites and allied health stations with an emphasis on a continuum of activities starting with treatment, quality of care, counseling, contact tracing, outreach activities and proactive surveillance.
- 6) In addition to continuing to encourage and support FSIT regional-level activities, AIDSCAP-E should organize a workshop with participation of key members of each FSIT with the objective of documenting lessons learned. Specific attention should be directed to documenting ways in which FSIT members have worked together to facilitate coordination in the use of available resources. It is strongly recommended that the results of the workshop be prepared in a format suitable for local distribution and for international publication. AIDSCAP-W should assist in identifying appropriate publications through which the workshop's findings can be disseminated.
- 7) For the next nine months, AIDSCAP-E should engage the long-term services of a qualified local Ethiopian technical consultant to assist AIDSCAP-E on technical issues associated with STD prevention and control, with impact assessment, and with needs assessment/planning focused on future support requirements for effective and innovative STD/AIDS control and prevention in Ethiopia. In addition, technical assistance might be considered for the MOH's Department of Epidemiology, if requested.
- 8) The MOH should consider ways in which to assist the nation's health services in the development of a proactive approach to the screening and reporting of all HIV seropositives. All confirmed HIV seropositives should be referred to those NGOs whose mandate, training and resources currently permit them to provide their clients with effective and compassionate counseling.
- 9) In addition, the evaluation team recommends that health center staff be sensitized to the importance of contact tracing for all confirmed HIV seropositives and all clients with STDS even though it is recognized that contract tracing is both sensitive and difficult.
- 10) Finally, it is recommended that the GOE re-examine its guidelines on HIV testing to permit HIV testing for those asymptomatic clients who should request it.

### **5.1.3 Support for Information, Education and Communication (IEC) Recommendations**

- 1) AIDSCAP-E should continue its program of support for dissemination of IEC material with a strong emphasis on high-school-age students. In this context, attention should be given to providing training and follow up assessment for an expanded core of peer educators and to the need for increased resources for Anti-AIDS Clubs.
- 2) Recognizing that establishment of behaviors and attitudes starts to occur at an early age and as a follow up to a recently completed study of the Ministry of Education, consideration should be given to ways in which to reach out to primary school-age children with appropriate defined STD/HIV messages.
- 3) As guidance for the future, AIDSCAP-E should undertake to initiate an assessment of the impact of its IEC activities in the form of a follow up to the baseline KABP studies. In addition, with reference to current questions associated with the utility of the AIDSCAP/MOE produced student handbook *Know and ACT*, it is recommended that AIDSCAP-E evaluate the handbook's impact on student knowledge, practice and behavior.

#### **5.1.4 Condom Promotion and Condom Social Marketing Recommendations**

- 1) In the interest of expanding condom use among teenagers CSM and AIDSCAP-E should, with GOE endorsement, explore coordination of social marketing activities with those school level activities which are either underway or planned through USAID support.
- 2) CSM/PSI should continue to explore innovative ways of expanding the market for condoms including working with non-traditional outlets such as the MPSCs.
- 3) PSI should begin to actively explore ways in which to develop a clear Ethiopian capacity with respect to managing a social marketing program of the magnitude of that currently managed by PSI's expatriate manager.

#### **5.1.5 Increased NGO/PVO Involvement Recommendations**

- 1) AIDSCAP-E should undertake a thorough analysis of each NGO's progress in ensuring completion of its targets with the objective of developing a planned program of completion and phaseout of all such activities.
- 2) As guidance for the future and with an emphasis on capacity building, AIDSCAP-E should undertake an objective impact evaluation of all NGO activities financed under STAC. Results of the evaluation will determine not only the impact of NGO interventions but also the extent to which selected NGOs have the capacity to contribute to future STD/AIDS prevention and control activities. To ensure the objectivity of this evaluation, it is recommended that the services of an outside evaluator be engaged.

#### **5.1.6 Behavioral Research Grants Program Recommendations**

In the interest of developing a regional research capacity, selected members of each FSIT and of Regional Health Bureaus should be provided with targeted training in operations research. As a training output, participants will develop research protocols to address region-specific program management issues. With the recognition that completion of training and the development of protocols may extend well into the nine-month extension, AIDSCAP should facilitate the identification of support for the actual application of the protocols, whether through USAID auspices or through those of other donors.

#### **5.1.7 Surveillance and Research Recommendations**

The evaluation team's recommendation on surveillance and research falls into the category of a two-pronged approach:

- 1) The evaluation team recommends that, in direct collaboration with the GOE/MOH, USAID should serve as a catalyst in bringing together all potential contributors toward the goal of defining a concrete approach to responding to the need for improved national disease surveillance instruments and protocols.
- 2) The evaluation team further recommends that AIDSCAP-E and AIDSCAP's regional team collaborate with the government, if so desired, in providing focused surveillance training for selected GOE regional and health center staff. With AIDSCAP already having provided computers to its focus regions and to selected health centers, the content of this training would focus on the collection and infield analysis of readily available data. In terms of its impact, the training could well result in an increased understanding of ways in which local health officers can move aggressively toward use of available data to dramatically effect the growth of STDs and HIV transmission within their communities.

#### **5.1.8 Preventive Commodities Recommendations**

- 1) This evaluation team would re-enforce the importance of AIDSCAP ensuring the initiation of training activities and follow up visits focused on 1) decreasing HIV transmission in health care settings and 2) appropriate disinfection and disposal of biohazardous materials.
- 2) Prior to the initiation of the above training program and with the assistance of an appropriate local or international short-term consultant, AIDSCAP-E should develop a list of basic non-expendable materials which could assist its focus sites and allied health centers and stations in responding to the basic needs of appropriate disposal of biohazardous materials. Once this list is developed, AIDSCAP-E should explore ways in which to purchase the recommended materials under available funding.

### **5.1.9 Capacity Building Recommendations**

As noted earlier, the evaluation team has concluded that STAC has made considerable progress in terms of assisting the GOE in the development of its capacity to manage an effective and innovative STD/AIDS control and prevention program. To ensure that progress is maintained and hopefully expanded upon, the evaluation team recommends the following actions:

- 1) **STD Prevention and Control:** AIDSCAP-E, under its expanded funding should continue to support refresher training for health center staff, especially in effective counseling and in active outreach and local surveillance. Attention should also be directed toward ensuring that newly-refurbished allied health centers and stations are given priority support in terms of on-site visits and logistics management training.
- 2) **IEC:** Continued support of the development of Anti-AIDS Clubs, MPSCs and an expanded training program for peer education will help strengthen the gains so far accomplished.
- 3) **NGO:** Continued support of NGOs and an objective evaluation of their impact is essential if the program is to identify which NGOs, among the many supported under this program, have the capacity to continue to make a meaningful contribution to Ethiopia's control of STDs and AIDS.

### **5.1.10 Project Management Issues**

As noted under the general recommendation, funding for AIDCAP-E activities should be extended through August 1996. While principal activities to be accomplished during that period are outlined in the above paragraphs, the evaluation team would emphasize that the following key activities will require the attention of all interested parties:

- 1) **Consensus Building:** The GOE and USAID should work together to respond to the following questions:
  - a) Is AIDSCAP a viable support mechanism for the future of Ethiopia's STD/AIDS control and prevention program?
  - b) How can the MOH and USAID best work together in terms of ensuring and strengthening effective collaboration, oversight, and coordination in the direction of future initiatives under ESHE and AIDSCAP?
- 2) **Impact Analysis:** AIDSCAP should focus its resources on ensuring that the majority of its interventions will have resulted in an increased capacity for Ethiopia to move forward in effectively controlling and preventing the transmission of STDs and HIV. Toward this end, AIDSCAP should immediately plan a schedule of impact analyses with technical support from its regional and central offices. At the same time, AIDSCAP must work toward an orderly nine-month phaseout of all ongoing activities.

3) **Forward Planning:** In the likely event that it is determined that all indicated interventions cannot be programmed to be completed within the next nine months, AIDSCAP, GOE, and USAID senior-level personnel should work together to define ways in which those future activities can be supported within the auspices of the ESHE Project, through the assistance of other donors, or with the input of the GOE's own resources.



## **Section 6. Lessons Learned**

In the process of reviewing STAC's progress in meeting its objectives, the majority of the evaluation team's respondents concluded that lessons which they had learned from participating in the STAC Project's implementation fell into the three broad categories of Collaboration, Support and Follow-up, and Innovation. The evaluation team has noted that, within each of these three broad categories, specific lessons learned can be summarized as follows:

### **6.1 Lessons Learned: The Importance of Collaboration**

If the evaluation team's assessment of the STAC Project's considerable success is indeed valid, much of the credit for success can be assigned to the high degree of collaboration among the project's many partners. Examples of the importance of this lesson can be seen in:

- ! USAID/E and AIDSCAP-E collaboration resulting in a clear and facilitative definition of the parameters of their partnership;
- ! Central and regional levels of the MOH collaboration in promoting decentralized management of the assisted regional bureaus resulting in active involvement of regional bureau personnel in the management of focus site activities; and
- ! GOE, USAID, and WHO collaboration on letter grants for supplies and equipment resulting in efficient and timely procurement of drugs, medical supplies and equipment.

On the issue of collaboration, the evaluation team would also like to note that all interested parties will need to continue to devote a great deal of time and energy to ensuring that lines of collaboration and cooperation remain in existence. Indeed, where necessary — and as mentioned earlier in this report — senior officials from both the GOE and from USAID will need to work out clearer guidelines on collaboration if the partnership between the two nations is to continue to contribute to the GOE's increased capacity in the control and prevention of STDs and AIDS.

### **6.2 Lessons Learned: The Importance of Systematic Support and Follow-Up**

While the evaluation team has concluded that the STAC Project has demonstrated marked success in meeting its objectives, we have also noted that, in certain instances, the lack of support and follow up threatened and continues to threaten the program's continued progress. As cited by many of our respondents, insufficient attention to the importance of a systematic approach to ensuring support and follow-up for project activities resulted in delays in delivery of supplies and equipment, in an occasional lapse in careful preparation in the formulation of IEC activities and materials, and in the fairly widespread difficulty which the STAC Project currently faces in its being able to objectively determine the impact of selected NGO and IEC initiatives. While the evaluation team would like to stress that none of these shortcomings should detract from the general assessment of the STAC Project's remarkable level of success, we would like to have it noted that careful planning, systematic support, and objective and planned follow-up for all activities should represent basic components of all future STD/AIDS control and prevention support activities.

### **6.3 Lessons Learned: The Importance of Innovation**

In discussions with respondents and from observations in the field, the STAC Project Evaluation Team was repeatedly impressed by the innovation shown by many of the project's collaborators. Drawing upon our experience

with a multitude of projects in countries throughout the world, we believe that importance of innovation to the STAC Project's success is clearly demonstrated in such initiatives as:

- ! The formation of interdisciplinary FSIT to coordinate focus site activities and to collaborate in the planning for the use of limited resources;
- ! The use of selected MPSCs to serve as group leaders in promoting the use of condoms among an acknowledged high risk group; and
- ! The enthusiasm and imagination employed by selected NGOs in employing peer educators to deliver compassionate but clear communication on high-risk behavior and the need for behavior change.

The evaluation team believes that the importance of innovation in promoting progress toward specified objectives is the lesson of paramount importance to be drawn from the STAC Project experience. We would encourage the GOE and USAID to collaborate in documenting and disseminating this message to other Ethiopian projects and to other nations where the struggle for STD/AIDS control and prevention is of equal concern and significance.

## **Annex A**

### **List of Persons Contacted**

#### **Ministry of Health - Central Level**

Dr. Tekele Gerressu, Head, Department of Epidemiology and AIDS

Dr. Workneh Feleke, Team Leader, AIDS/STD Control

Mr. Tezera Fisseha, Director, Program and Planning Division

Mr. Gebremedhin G. Michael, Head Financial and Budgets Division

#### **Ministry of Education - Central Level**

Mr. Yohannes Godanna, Health Education Senior Expert

Mr. Setotaw Yimam, Head, Physical Education and Co-Curricular Panel

#### **USAID/Ethiopia**

Dr. Victor Barbiero, Health and Population Officer

Dr. Carmela Green-Abate, Senior Technical Adviser, STAC Project Manager

#### **World Health Organization**

Dr. Wedson C. Mwambazi, WHO Representative and Chief of Mission

#### **Population Services International - Ethiopia**

Mr. Duncan Earl, Country Representative

#### **AIDSCAP-Ethiopia**

Dr. Godfrey G. Sikipa, Africa Regional Director, AIDSCAP

Ms. Mulunesh Tennagashaw, Resident Adviser, AIDSCAP-Ethiopia

Ms. Beletu Mengistu, Senior Program Officer, AIDSCAP-Ethiopia

S/R. Fikirte Belete, NGO Coordinator, AIDSCAP-Ethiopia

Mr. Tefera Azage, Technical Project Coordinator, AIDSCAP-Ethiopia

Mr. Medhanitu Mamo, Chief Accountant, AIDSCAP-Ethiopia

#### **Addis Ababa - Region 14**

Dr. Eyob Tsegaye, Acting Head, Region 14 Health Bureau

Dr. Gebremeskel Zemariam, Director of Arada Health Center

Sister Almaz Zewde, IEC Coordinator

Mr. Tsefaye Hailemariam, IEC Coordinator, Zone 5

#### **Save Your Generation (SYG) - Addis Ababa**

Mr. Fasil Nabeyehul, Program Coordinator

#### **Marie Stopes International (Ethiopia)**

Mr. Getachew Bekele, Project Director

Mr. Teshome Bongassie, AIDS Project Coordinator

**Amhara National Regional State (Bahir Dar) - Region 3  
Regional Health Bureau (RHB) Management Team**

Dr. Girma Kebede, Head of the RHB  
Dr. Tadele Wunetu, Deputy Head of the RHB  
Dr. Gebre Asmaamaw, Head of the Disease Prevention and Control Department  
Dr. Ayesheshum Ademe, Head of Disease Prevention and Control Team  
Dr. Tezazu Abebe, Regional HIV/AIDS/STD Coordinator

**Bahir Dar Woreda Health Department and Health Center (Focus Site)**

Dr. Soloman Sereke, Director  
Sister Kerealem Fekadu, Nurse  
Sister Mulu Haregot Belete, Nurse responsible for TB Clinic and Counselling

**Family Guidance Association (FGAE), AIDS Prevention Pilot Project, Bahir Dar**

Mr. Alemneh Fantahun, Coordinator  
Sister Gedamitu Gebremichael, Project Manager

**Tisabay Health Station, Bahir Dar**

Beyene Dagneu, Nurse

**Amhara National Regional State (Bahir Dar)**

**Focus Site Intervention Team (FSIT)**

Ayenew Mekonen, West Gojjam, Zonal Health Department  
Alemneh Fantahun, FGAE AIDS Prevention  
Teshome Ayachew, Regional Education Bureau  
Dr. Solomon Sereke, Director Bahir Dar Woreda Health District  
Dr. Ayesheshum Ademe, Head of Disease Prevention and Control Team  
Mr. Shewangizaw Moges, PSI Ethiopia

**Amhara National Regional State (Bahir Dar)**

**Tana Haik Comprehensive Secondary School**

Negussu Wubie, Director Anti-AIDS Club

**Tigray National Regional State (Mekele) - Region 1**

**Regional Health Bureau (RHB) Management Team**

Dr. Mesfin Minas, Head, RHB  
Dr. Mengiste Mesfin, Department Head of Health Programs  
Dr. Degefu Girmay, Head of Epidemiology and AIDS Control Department

**Tigray Development Association (TDA)**

Kidane G. Egziabeher, Head, TDA Project Preparation and Monitoring Unit  
Dr. Eyasu Habtu, Internist, TDA Consultant  
Araya Zerihun, CEO, TDA

**Focus Site Intervention Team (FSIT)**

**Tigray National Regional State (Mekele)**

Rahel Gerima, PSI

B. Gebrewold, Tigray Flour Factory

Mohammed Abdu Seid, Tourism AIDS Communicator

Sheik Mohammed Nurhussein, Moslem Affairs Government Activities

Berhan Hailu, Bureau of Education

Mebrahtu Teklaihaimanot, Bureau of Information

Tsige Ghidey, Labor and Social Affairs Bureau

Kidanemariam Alemseged, Mekele Health Center

**Atse Yohannes Secondary School (Mekele)**

Ato Hailu Mehari, Director

Ato Berhanu Hailu, Teacher

Aberra Yeiby, Coordinator, Anti-AIDS Club

**Mekele Health Center**

Kidanemariam Alemseged, Nurse

Dr. Belete Assefa, Director

**Ministry of Education (Mekele)**

G. Egziabher Tesfahunegne, Head, Regional Bureau



## **Annex B**

### **List of STD Clinic Sites**

#### FOUR FOCUS SITES:

Nazareth  
Mekelle  
Bahir Dar  
Awassa

#### SIXTEEN STD CLINIC SITES:

Debremarkos  
Arbaminch  
Hosanna  
Gondar  
Robe  
Jinka  
Axum  
Finote Selam  
Gambella  
Debretabor  
Buno Bedelle  
Asayita  
Dila  
Yirgalem  
Asossa  
Goba