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AFAR REGION FIRST BASELINE ASSESSMENT FOR MOBILE HIV COUNSELING AND TESTING PROGRAM

FIRST ASSESSMENT TOWNS: AWASH SEBAT KILO
AND LOGIA

July 2008

This publication was produced for review by the United States Agency for International Development. It was prepared by Dereje Habte for the Private Sector Program-Ethiopia.



Recommended Citation: Habte, Dereje. July 2008. *Assessment of the Distribution of At-risk Populations and HIV/AIDS Referral Services in Ethiopia: Baseline Assessment for Mobile HIV Counseling and Testing Program in Afar Region*. Bethesda, MD: Private Sector Program-Ethiopia, Abt Associates Inc.

Contract/Project No.: GPO-I-00-04-00007-00 TO # 807

Submitted to: Bradley Corner, CTO
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LOGIA**

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government

CONTENTS

Acronyms	v
Definitions	vii
Acknowledgments	ix
Executive Summary	xi
1. Introduction	1
1.1 Background.....	1
1.2 Objectives.....	2
1.3 Methodology.....	2
1.3.1 Study Sites.....	2
1.3.2 Study Design.....	3
1.3.3 Data Collection, Management, and Analysis.....	3
2. Results	5
2.1 Awash Sebat Kilo Town.....	5
2.1.1 Most-at-Risk Populations.....	5
2.1.2 Health Services.....	8
2.1.3 HCT Services.....	9
2.1.4 Condom Use.....	9
2.2 Logiya Town.....	9
2.2.1 Most-at-Risk Populations.....	10
2.2.2 Health Services.....	11
2.2.3 HCT Services.....	12
2.2.4 Condom Use.....	13
3. Discussion and Recommendations	15
Annex. Informal and formal Organizations Providing HIV/AIDS Services in Awash and Logiya Towns, Afar Region	17
References	19

LIST OF TABLES

Table 1: Description of Study Towns, Afar Regional State.....	3
Table 2: Size of Target Populations in Awash Sebat Kilo Town.....	5
Table 3: Locations in Awash Sebat Kilo Town Where Female Sex Workers Operate.....	6
Table 4: Information on Truck and Long-distance Buses Passing Through Awash Sebat Kilo Town.....	6
Table 5: Distribution of In-school Adolescents and Youth in Awash Sebat Kilo Town.....	7
Table 6: Availability of Health Services in Awash Sebat Kilo Town...	8

Table 7: HIV/AIDS-related Activities Implemented by NGOs/CBOs Working in Awash Sebat Kilo Town	9
Table 8: Size of Target Populations in Logiya Town	10
Table 9: Locations in Logiya Town Where Female Sex Workers Operate	10
Table 10: Information on Truck and Long-distance Bus Drivers Passing Through Logiya Town.....	11
Table 11: Distribution of In-school Adolescents and Youth in Logiya Town	11
Table 12: Availability of Health Services in Logiya Town.....	12
Table 13: HIV/AIDS-related Activities Implemented by NGOs/CBOs Working in Logiya Town.....	12

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
BCC	Behavior Change Communication
CBO	Community-based Organization
FBO	Faith-based Organization
FHAPCO	HIV/AIDS Prevention and Control Office
FMOH	Federal Ministry of Health
FP	Family Planning
FSW	Female Sex Worker
HAPCO	HIV/AIDS Prevention and Control Office
HBC	Home-based Care
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
IDI	In-depth Interview
IE	Information and Education
IGA	Income-generating Activity
MARP	Most At-risk Population
NGO	Nongovernmental Organization
OVC	Orphaned and Vulnerable Children
PIHCT	Provider-initiated HIV Counseling and Testing
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PSP-E	Private Sector Program-Ethiopia
RH	Reproductive Health
RHB	Regional Health Bureau
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

DEFINITIONS

Araki, tej, tella – Strong, locally brewed alcoholic beverages.

Bet – Local “nightclub,” used primarily by daily laborers, farmers, and rural youth.

Drugs – Drugs are stimulants other than alcohol. They include: khat (*Catha Edulis*), shisha, and, rarely, hashish (marijuana).

Female sex worker – Woman who sells sex for money.

Iddir – Community-based organization established by people usually in the same locality. Iddirs primarily assist their members to cope with the loss of immediate and close family members, especially by providing labor and financial support for the burial ceremony and condolences to the deceased’s family members. (This is also referred as funeral insurance.) Iddirs are usually led by respected elders who have won the confidence of local community.

Kebele – Lowest administrative unit in Ethiopia.

Primary school – School that enrolls students in grades 1–8.

Region – Regions together form the Federal Democratic State of Ethiopia.

Secondary school – School that enrolls students in grades 9 and 10.

Tertiary school – School that enrolls preparatory students (grades 11 and 12), college students, and technical, vocational, educational training institutes.

Uniformed employee – Government employee in police force, immigration, custom offices, or defense force.

Woreda – An administrative unit equivalent to a district.

Zone – The second largest administrative unit, after regions. It is subdivided into woredas.

ACKNOWLEDGMENTS

The author/investigator would like to express his sincere gratitude to the Afar Regional Health Bureau, woreda health offices, and health facility staff for their profound contribution in facilitating the data collection and sharing their vast field experience. His deep respect and heartfelt gratitude goes to key informants and participants in focus group discussions and in-depth interviews for their time and willingness to share their experiences, beliefs, and attitudes. He also is grateful to the Private Sector Program-Ethiopia staff, especially Kathleen Poer, Wasihun Andualem, Abenet Leykun, Faris Hussen, Sileshi Kassa, Saba Amdemariam, Abinet Tekabe, and Mohammed Dawed, for their extensive support in data instrument design, data collection, and comments on the draft document. He also thanks Parsa Sanjana, of Abt Associates/Bethesda, for her meticulous review of the report. He also acknowledges the indispensable contribution of Linda Moll, for editing the report, and Maria Claudia De Valdenebro, for designing and producing the document.

Finally, he thanks the United States Agency for International Development for its support of PSP-E in general, and, in particular, of this assessment.

EXECUTIVE SUMMARY

This assessment was conducted in two towns (Awash and Logiya) of Afar region, Ethiopia. These towns are situated along the main roads that link the country to its only access to sea, namely, the port of Djibouti and Berbera (Somalia). The assessment identified the density and distribution of the town's most at-risk populations (MARPs) and solicited information on the behavior of these target groups; the availability and utilization of HIV counseling and testing (HCT) services; and local stakeholders' perception and receptivity of alternative HCT delivery strategies. In this assessment, institutional auditing was conducted to identify health facilities and community-based organizations that are actively engaging in HIV/AIDS prevention, care, and support services. This information will be used to design mobile HCT services and establish a referral network between the mobile HCT services and the existing facility- and community-based HIV/AIDS services, thereby ensuring the continuum of care. The data gathered in this study will also help in designing an effective social mobilization strategy to create demand for and access to mobile HCT services by target population.

This assessment employed semi-structured questionnaires and discussion guides in gathering qualitative and quantitative information. Focus group discussions (FGDs) and in-depth interviews (IDI) were held with selected target groups such as migrant daily laborers, in- and out-of-school youth, and female commercial sex workers (FSWs). The information solicited from these target groups was triangulated with data obtained from key informant interviews.

Findings of this study revealed the presence of densely concentrated at-risk populations in Awash Sebat Kilo and Logiya towns. The construction and development work on the Awash River attracted thousands of daily laborers to both towns. Transient workers including truckers and their assistants, local businessmen, and men dealing contraband goods enter and leave the towns. There is a high level of transactional and transgenerational sex between in-school girls and older men, especially local businessmen and uniformed and other government employees. Female sex work is flourishing with the increasing development activities along the Awash River. Alcohol and substance use are common among daily laborers and out-of-school youth. There is frequent unprotected sex and inconsistent use of condom among daily laborers and in- and out-of-school youth. These and other factors fuel the spread of HIV in the study towns.

HCT services are limited to government health facilities. The utilization of these static (fixed) services is very low, especially by the target populations, because of perceived lack of confidentiality, long wait times, and inability of these facilities to provide services outside of weekdays and regular working hours. All informants expressed an interest in mobile HCT services and underscored its potential to reach MARPs. They saw it as a good strategy to bridge the unmet need for HCT services among these underserved groups, including FSWs, truckers and their assistants, marginalized migrant daily laborers, the urban poor, and economically disadvantaged young women.

I. INTRODUCTION

I.1 BACKGROUND

According to Ethiopia's 2007 single point estimates, the national adult (ages 15-49) HIV prevalence for 2008 is 2.2 percent (male 1.8 percent and female 2.6 percent), with an urban and rural HIV prevalence of 7.7 percent and 0.9 percent, respectively (Federal Ministry of Health [FMOH] and Federal HIV/AIDS Prevention and Control Office [FHAPCO] 2007). The same report estimated that there are 1,037,267 people living with HIV (PLHIV) in the country, of which 289,734 are in need of antiretroviral treatment (ART). In 2008, 886,820 children below the age of 17 have lost one or both of their parents to HIV/AIDS. The adult HIV prevalence for Afar region is reported to be 2.0 percent, close to the national estimate.

As the single point estimate shows, HIV prevalence in urban Ethiopia is nearly nine times higher than in rural areas. This finding is consistent with 2006 antenatal surveillance (FMOH and FHAPCO 2006 and 2007) and the 2005 Ethiopia Demographic and Health Survey (Central Statistical Agency and Macro International 2006). In terms of current HIV epidemiology, prevalence data indicate a far less generalized epidemic in Ethiopia than previously believed. The epidemic is concentrated in urban and peri-urban areas and more prevalent among women than men. The nature of the epidemic in Ethiopia, therefore, calls for targeted HIV/AIDS interventions (FHAPCO and World Bank 2007).

The Ethiopian Federal Government, in partnership with international and national organizations, has invested huge human, financial, and material resources to prevent the spread of HIV and mitigate its impact to PLHIV and their immediate families. In 2005, the proportion of female and male tested for HIV in their lifetime were 4 percent and 5 percent, respectively (FHAPCO 2005). As of April 2008, the number of facilities with ART, HIV counseling and testing (HCT), and prevention of mother-to-child HIV transmission (PMTCT) services is 337, 1,230, and 548, respectively (FMOH and FHAPCO 2008).

The behavioral surveillance survey in 2005 revealed that comprehensive knowledge of HIV/AIDS is minimal and misconceptions are high among at-risk population subgroups, including in- and out-of-school youth, female commercial sex workers (FSWs), truckers and intercity bus drivers, uniformed government employees, and pregnant women (FMOH 2006). These subgroups are commonly referred as most-at-risk populations (MARPs) because of their occupation, lifestyle, age, and other factors that increase their risk of contracting HIV. MARPs are important targets for effective HIV prevention and control due to their vulnerability to HIV transmission as well as the challenges in reaching them in terms of HIV/AIDS information and services. It is usually difficult to determine the size and distribution of MARPs, often due to their mobile lifestyles and also to stigma (e.g. for FSWs and men who have sex with men).

With this in mind, the United States Agency for International Development (USAID)-funded Private Sector Program-Ethiopia (PSP-E)¹ together with the Amhara Regional Health Bureau (RHB) sought alternative ways to increase MARP access to and demand for HCT services. PSP-E, together with local partners, works to provide confidential testing options through private health facilities and mobile HCT services targeting MARPs along the four busiest roads, commonly referred as high-risk corridors.

The main objective of PSP-E is to enhance the public-private partnerships to mitigate HIV/AIDS and tuberculosis (TB) throughout the country. PSP-E has established strong partnerships with several

¹ Abt Associates Inc., a private company based in the United States, leads PSP-E together with three international partners, IntraHealth International (IHI), Population Service International (PSI), and Banyan Global. PSP-E was initiated in March 2004. It is funded by USAID through the President's Emergency Plan for AIDS Relief (PEPFAR).

private institutions and the public health sector at different levels in seven regional states in the country. The program is providing assistance to the private for-profit health sector to enhance its contribution to the national response to HIV and TB. PSP-E has greatly contributed to the initiation of private for-profit health sector involvement in the provision of Directly Observed Therapy, Short Course (DOTS) for TB at the level of medium and higher clinics for the first time in Ethiopia. PSP-E is working with different stakeholders in the country to improve access and quality of HCT services in the private for-profit sector, including providing training and supplies to selected clinics.

In 2007, PSP-Ethiopia partnered with the Amhara and Oromia RHBs to provide mobile HCT services in 20 towns (Melkamu 2007). The purpose of the current assessment is to collect information to scale up mobile HCT services to two towns in Afar region (as well as additional towns in Amhara and Oromia). The study aimed to identify the size and distribution of MARPs in the towns, both of which are located along busy roads that link Ethiopia to the neighboring countries of Djibouti and Somalia. The study identified areas where densely populated at-risk populations, including mine, plantation, construction, and factory workers, and college students, are located. This assessment will assist PSP-E and partners to design mobile HCT services that effectively link with ongoing HIV/AIDS continuum of care activities. The assessment will also contribute to the design of effective social mobilization strategies to reach MARPs and improve the uptake of mobile HCT services among these target populations.

1.2 OBJECTIVES

The overall objective of this assessment was to collect and analyze data MARPs and existing HCT services in the two study towns in Afar and from the findings develop recommendations to design effective mobile HCT services targeting MARPs.

More specifically, the study's objectives were to:

1. Identify the MARPs in Awash and Logiya towns, and determine the distribution, estimated numbers, and specific locations of the MARP subgroups
2. Identify and document the health facilities and organizations providing HIV/AIDS services in each town, as well as the individual services provided by facilities and care and support services provided by the community, to establish a referral network for mobile HCT follow-up
3. Analyze the behaviors of MARPs with regard to HCT service utilization and condom use
4. Collect information to design and plan mobile HCT services for each town, including acceptability of the service by target populations and local stakeholders, recommended hours and locations, and potential partners to assist with implementation

1.3 METHODOLOGY

1.3.1 STUDY SITES

Afar region has an estimated total population of 1.45 million. The region is subdivided administratively into five zones, which in turn are divided into a total of 29 woredas. The region shares common borders with the countries of Eritrea in the north and Djibouti in the east. The people of Afar are predominately pastoralists; hence their economy heavily relies on animals and animal products.

This assessment was conducted in two towns in the Afar region – Awash Sebat Kilo and Logia – in January 2008. Table 1 provides information on the two study towns. Pre-designed selection criteria were used to identify the study towns: population size, HIV prevalence, central location, areas of high human traffic, level of urbanization, availability of social and economic institutions that attract large numbers of MARPs (e.g. mines, plantations, prisons, and higher education institutions). The two selected study towns were believed to have large potential target groups, including FSWs, migrant

daily laborers, truckers, and intercity bus drivers, due to their location along a busy transport corridor.

TABLE 1: DESCRIPTION OF STUDY TOWNS, AFAR REGIONAL STATE

Town	Name of route	Location	Distance from AA (in km)
Awash Sebat Kilo	AA to Djibouti	Zone 3; Fentale Woreda	230
Logiya	AA to Djibouti	Zone 1; Dubti Woreda	680

1.3.2 STUDY DESIGN

This assessment used a cross-sectional study design that employed both quantitative and qualitative study techniques. Primary data were collected through interviews with key informants and interviews/discussions with various groups that could represent MARPs. Secondary data were collected from review of key institutional records, including schools, health facilities, local/international nongovernmental organizations (NGOs), and faith-based organizations (FBOs).

MARP study populations include: in- and out-of-school youth, truckers and inter-city bus drivers, FSWs, migrant daily laborers, road construction workers, and informal traders. Key informants interviews were conducted with representatives of town health offices, woreda HIV/AIDS prevention and control offices (HAPCOs), HIV/AIDS counselors, PLHIV support groups, and local NGOs.

Focus group discussions (FGDs) were held in study towns with migrant daily laborers, and in- and out-of-school youth. In-depth interviews (IDIs) were conducted with FSWs to gather qualitative information on behaviors, including their attitude and practice in utilizing the existing HIV prevention, care, and support program. The interviews provided information on FSWs' sexual networks, clientele composition, and behaviors (e.g. alcohol and substance use) that may be responsible for increased risk of contracting HIV and sexually transmitted infections (STIs). The interviews with FSWs also aimed to identify self-risk perception and use of preventive services including HCT services and condoms. The interviewees' perception and use of existing static (fixed) HCT services was explored. Recommendations and ideas were collected from FSWs that will be used to organize a mobile HCT program convenient for MARPs, including preferred locations, hours, and service providers.

1.3.3 DATA COLLECTION, MANAGEMENT, AND ANALYSIS

A total of four data collectors (two male and two female) with a minimum qualification of first degree in health or social sciences, as well as experience with quantitative and qualitative studies, were engaged for this assessment. Prior to their deployment to the field, the data collectors attended a two-day orientation on the study's purpose, methodology, data collection instruments, and data collection procedures. Staff from PSP-E and a consultant participated in the data collectors' training, questionnaire design and pre-testing, and provision of direct field-level supervision during data collection. The data collectors worked in teams of two persons, each responsible for three to five towns. Each team had at least one member who knew the culture and language of the study population.

Data collectors worked closely with relevant government authorities throughout the data collection process. Official concurrence and buy-in was obtained from the RHB and HAPCO long before the actual data collection. IPI and FGD guides were refined and pre-tested prior to field use. Data collectors requested and obtained written consent from all interviewees using a standard consent form. All communications with participants were conducted in the local language.

2. RESULTS

2.1 AWASH SEBAT KILO TOWN

Awash Sebat Kilo is a town located 230 km to the east of Addis Ababa. It is in the Awash Fentale woreda of Zone 3. Awash Sebat Kilo is situated along the busiest roads in the country, which head to the port of Berbera in Somalia (the “Addis-Somalia transport corridor”) and the port of Djibouti via Harar and Logia towns (the Addis-Djibouti transport corridor) and thus link the major part of eastern Ethiopia with the country’s center. Due to the town’s location, there is a lot of business activity. The total permanent population of the town is estimated to be 22,143 (11,292 males and 10,851 females).

According to key informants from the health sector, malaria, HIV/AIDS, and TB are the leading causes of morbidity and mortality in Awash town. The key informants further noted that HIV/AIDS is well known to the local community. Most people seek health care from public health institutions. However, for reasons of privacy and quality, a significant number of people seek health care from private health facilities in the town and other nearby towns.

2.1.1 MOST-AT-RISK POPULATIONS

Due to the town’s location along busy transport corridors, large numbers of transient workers enter and leave the town, including truckers, local businessmen, and migrant daily laborers. There are a large number of construction workers and uniformed government employees in the town. Significant numbers of FSWs operate in hotels, bars, local brew selling houses, and khat and shisha houses. Local brews are heavily consumed by migrant daily laborers and out-of-school youth and substance abuse (of khat and shisha) is common among migrant workers and youth. Poor socioeconomic conditions are reported to be pushing in- and out-of-school girls to engage in risky sexual behavior with older men. Unprotected and unplanned sex is very common among young and inexperienced in- and out-of-school youth. The key informants noted that significant number of girls and young women sell sex in the houses they rent in the town, especially in an area called Jegol. Table 2 provides a list of potential MARPs and their estimated size in Abash Sebat Kilo town.

TABLE 2: SIZE OF TARGET POPULATIONS IN AWASH SEBAT KILO TOWN

Target Population	Estimated Number
Migrant daily laborers	5,030
Farm/Plantation workers	2,070
Fishermen/women	N/A
Construction workers	2,000
Uniformed government employees	350
In-school youth (secondary and tertiary)	3,584
Petty traders/informal traders	600
Truckers and bus drivers (entering and leaving the town)	750
Commercial sex workers (FSW)	165
Displaced population	200

Female Sex Workers

There are an estimated 165 FSWs operating in hotels, bars, and *bets* (local “nightclubs,” brew selling houses that sell *araki*, *tej*, and *tella*, strong alcoholic beverages). According to key informants, FSWs also operate in khat and shisha houses, on streets, and in their own rented houses in the Jegol area. The informants further noted that clients of FSWs are predominantly drivers, construction workers (especially from the nearby Sabure Sugar Cane Project), daily laborers, youth, businessmen, and

uniformed government employees. Clients who visit FSWs at hotels and bars are usually truck drivers who can afford to pay more. According to the FSWs, drivers and businessmen pay them birr 100-150 per night. The lowest-paid FSWs, operating around the Jegol area, earn 5-10 birr per night from daily laborers.

FSWs disclosed that clients at times force them to have sex without a condom. FSWs often do practice sex without a condom if paid more. Table 3 provides a summary of the types of places FSWs work and their locations.

TABLE 3: LOCATIONS IN ABASH SEBAT KILO TOWN WHERE FEMALE SEX WORKERS OPERATE

Name	Location
Araki, tej, and tella bets	Jegol Sefer Legehar Akababi, Mariam Sefer Islam Mekabir area around Awra Godana Sefer
Hotels and bars	Along Main Street Kebele 01 particular Sefer called Makefafeya Korenti Sefer (Korenti cafeteria) Bank Sefer (particularly Genet Hotel Akababi)
Street	Makefafeya Sefer Korenti Sefer (Korenti Cafeteria) Bank Sefer around Genet Hotel

Informal Traders/Market Sellers

Informal traders in this town operate primarily in four areas: Boutique Sefer (next to Makefafeya Sefer in Kebele-01), Korenti Cafeteria (Korenti Sefer), Total Sefer (K-01 main Street), and NOC Fuel Station area (main street K-01)

Truckers and Intercity Bus Drivers

The trucks and intercity buses entering and leaving Awash town can number as many as 70 per day. Among several towns found along the Addis Ababa-Djibouti route, Awash Sebat Kilo is the second most favored place to spend the night (after Methara), according to key informants. An average of 22 trucks and intercity buses park at this town overnight. The informants noted that it is common for the drivers and their assistants to spend the night with FSWs. Table 4 provides information on the trucks and long-distance buses that pass through Awash town.

TABLE 4: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH AWASH SEBAT KILO TOWN

Selected Information	Details
Truck and bus companies	Three Brothers Tana transport Ababa Gige Nib transport Shebelle Noh East-West Abyssinia Tikur Abay Bekelcha transport Trans Ethiopia
Times	Morning (23) Mid-day (16) Night (16) Overnight (22)
Overnight parking locations	Makefafeya Sefer (Kebele 01 main street) Korenti Cafeteria Sefer (Kebele 01 main Street) Bank Sefer or Genet Hotel Area (Kebele 01)

Selected Information	Details
	Total and Shell fuel stations Mariam Sefer Awash Gumruk
Bars, clubs, and inns visited	Tana Hotel - Makefafa Sefer (K-01) Meridian Hotel - Makefafa Sefer (K-01) Genet Hotel - Close to Bank Sefer (K-01) Tigray Hotel - Korenti Sefer or Total area (K-01) Tsegaye Hotel - Shell Sefer close to Mariam Sefer Berhanu Telila Hotel - Korenti Sefer or Total area (K-01) Ambo Hotel - Korenti Sefer or Total area (K-01) Wolega Hotel - Korenti Sefer or Total area (K-01)

Migrant/Daily Laborers and Construction Workers

There is an increased demand for unskilled labor in and around Awash Sebat Kilo town as a result of several development activities. Factories, road construction, and plantations attract a huge number of migrant daily laborers and construction workers to Awash and surrounding areas. There are about 5,030 daily laborers and construction workers in Awash town. In addition, daily laborers working at the new multi-level Sabure Sugarcane project spend their leisure time in Awash, particularly on weekends. According to the respondents, FSWs are extremely busy serving the factory workers on weekends. The informants further noted that the migrant workers frequently visit FSWs, especially those who operate in the local bets in and around Jegol Sefer. Most daily laborers are from the lowest social strata and are less educated than other FSW customers. Daily laborers are also known for their high alcohol and substance intake, especially of the local brews araki and tella, and for khat chewing.

Adolescents and Youth

In 2007/08, the six schools in Awash town enrolled a total of 3,584 students (2,020 males and 1,564 females). Nemelefen Senior Secondary and Nemelefen Preparatory Schools are the only schools providing secondary- and tertiary-level education. The two schools alone enrolled 1,068 (29.7 percent) students. Table 5 provides a breakdown of the number of enrolled students by education level.

TABLE 5: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN AWASH SEBAT KILO TOWN

School Level	Number of Schools by Type			Student Enrollment		
	Private	Public	NGOs	Male	Female	Total
Primary (1-8)	3	1	-	1308	1208	2516
Secondary (9-10)	-	1	-	373	248	621
Tertiary	-	1	-	339	108	447
Total	3	3	-	2,020	1,564	3,584

According to informants, in- and out-of-school adolescents and youth are at risk of contracting HIV. The sexual relationships of in-school girls extend from fellow students to older men, including businessmen, and uniformed and other government employees. Many young girls meet older men through brokers and engage in sex in exchange for money. Girls and boys make their sexual debut at ages as young as 15 and 16 years, respectively. In- and out-of-school youth who participated in the FGD have reported that school boys have sex with FSWs for sexual experimentation. Khat chewing and alcohol abuse is a very common practice among the youth in Awash town.

2.1.2 HEALTH SERVICES

Awash Health Center is the only public health facility providing HIV prevention, care, and treatment services, including HCT, ART, PMTCT, TB and STI diagnosis and treatment, and management of opportunistic infections (OIs). The three private medium clinics in the town provide clinical services, including diagnostic and referral services for TB patients and manage STI cases. Only one private health facility, Kedaba Medium Clinic, was reported to provide HCT services.

There are two drug stores and four rural drug vendors operating in the town. According to key informants, self-prescribing treatment for STIs is common at the drug vendors and in drug stores. The drug vendors and stores also serve as distribution outlets for condoms.

TABLE 6: AVAILABILITY OF HEALTH SERVICES IN AWASH SEBAT KILO TOWN

Type of Facility	Number	Name of Facility	Services Provided						
			HCT	TB Dx	TB Rx	ART	PMTCT	STIs	OIs
Public primary health center	1	Awash Health Center	√	√	√	√	√	√	√
Private medium clinic	3	Kedaba	√	√	-	-	-	√	-
		St. Gebriel	-	√	-	-	-	√	-
		Africa Polyclinic	-	√	-	-	-	√	-
Pharmacy	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug store	2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug vendor	4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

In addition to the services provided at health facilities, there are a number of organizations that provide HIV/AIDS-related services (Table 7). Care-Ethiopia and Save the Children/USA are the two international organizations actively operating in and around Awash town. Save the Children/USA collaborates with the Woreda HIV Committee and provides HIV/AIDS prevention, care, and support services focused on drivers and FSWs.

Beza Lewegen, a local PLHIV association, supports its members and PLHIV with income-generating activities (IGAs) and psychosocial support. According to the key informants, Beza Lewegen is well-positioned to link mobile HCT programs and clients with ongoing counseling services. W/ro Abebush Orphanage works in close collaboration with UNICEF to provide support to orphaned and vulnerable children (OVC) in the town.

The woreda HAPCO is involved in the production and distribution of information and education/behavior change communication (IE/BCC) materials, provides support to PLHIV, and supports anti-AIDS clubs. The two anti-AIDS clubs in town, Araya Youth Club and Redeem the Generation, play a critical role, especially in mobilizing the community for improved HIV/AIDS awareness and service utilization.

There are 13 iddirs, community-based organizations (CBOs) established to provide mutual support to members, particularly financial, labor and psychological support during the loss of family member. (See Annex for full list of CBOs.) These iddirs have 2,259 permanent members, ranging from 144 to 200 per iddir. Most iddirs operate beyond their original objectives by participating in HIV/AIDS prevention, care, and support services in their respective localities.

Overall, the qualitative data indicated very limited HIV/AIDS interventions targeted to MARPs including FSWs, daily laborers, youth, and vulnerable women. There are some ad hoc efforts by local youth groups and iddirs on community sensitization and social mobilization.

TABLE 7: HIV/AIDS-RELATED ACTIVITIES IMPLEMENTED BY NGOS/CBOS WORKING IN AWASH SEBAT KILO TOWN

Name of Organization	HIV/AIDS Prevention, Care and Support Activities										Target Groups
	HBC	RH/FP	OVC	STIs	ART	IGAs	Nut. Sup.	IE/BCC	OIs	HCT	
CARE-Ethiopia	√	-	√	-	-	-	-	√	-	-	Women, children, PLHIV
Save the Children/USA	-	-	√	-	-	√	-	√	-	√	FSWs, PLHIV, drivers
Redeem the Generation	-	-	-	-	-	-	-	√	-	-	Youth, FSWs
Beza Lewegen	√	-	-	-	-	√	-	-	-	-	PLHIV
W/ro Abebush orphanage	-	-	-	-	-	-	-	-	-	√	OVC

Note: HBC=home-based care, RH/FP=reproductive health/family planning

2.1.3 HCT SERVICES

Awash Health Center is the only public health facility providing HCT services in Awash town. Utilization of HCT services is low for the population size and potential demand. According to key informants and FGDs participants, people prefer to get tested in nearby towns (Metehara and Adama). Informants noted that perceived lack of confidentiality and poor quality of services, including long waiting times, shortages of staff and test kits, and poor provider interpersonal communication are reasons for low utilization of HCT services at Awash Health Center. Respondents also noted that MARPs rarely use the HCT services at this clinic due to inconvenient service hours and fear of stigma.

There is no targeted HCT provision although Redeem the Generation organization holds IE/BCC activities to promote HCT services among target groups.

According to the qualitative data, the idea of mobile HCT is welcome and could effectively provide services to MARPs. The respondents recommended specific locations and times for mobile HCT services. They suggested providing the services close to hotels, bars, khat and shisha houses, and market areas, and that services be provided over weekends and in the late afternoon/evenings.

2.1.4 CONDOM USE

There is an increasing trend in condom use, although use was reported as inconsistent among in- and out-of-school youth, daily laborers, and truckers. FSWs have also noted that most of their clients do not want to use condoms. There are FSWs who reported having sex with men without condoms if paid well. Condoms are easily available at a nominal cost in shops, hotels, bars, private health facilities, and drug stores/vendors and free of charge at Save the Children/USA's information center and public health facilities.

2.2 LOGIYA TOWN

Logiya town is located 680 km northeast of Addis Ababa, in Dubti Woreda of Zone I. It is located along the busiest transport corridors heading to the port of Djibouti. The total population of the town is estimated to be 32,299 (19,576 males and 12,723 females).

According to the key informants, the town's leading public health problems are malaria, HIV/AIDS, and TB. The informants further noted that HIV/AIDS is well known by the local community. The utilization of the static HCT services of the public health facility remains very low due to perceived lack of confidentiality and privacy.

2.2.1 MOST-AT-RISK POPULATIONS

With several large commercial farms and irrigation projects along the Awash River, Logiya town has many daily laborers and plantation workers. In addition, due to its location along the main road to port of Djibouti, significant numbers of truckers enter and leave the town. Cross-border business attracts a large number of men dealing in contraband who are away from their families for long periods of time. The town also hosts a large number of FSWs operating in hotels, bars, and local brew selling houses. The informants noted that early sexual debut among in- and out-of-school youth is common. In-school girls and young women have sex with older men in return for money and gifts. The presence of the high number and variety of MARP sub-groups is believed to aggravate the transmission of HIV in this town. Table 8 lists MARPs in Logiya town.

TABLE 8: SIZE OF TARGET POPULATIONS IN LOGIYA TOWN

Target Population	Estimated Number
Migrant daily laborers	10,010
Farm/Plantation workers	5670
Fishermen/women	N/A
Construction workers	1,909
Uniformed government employees	376
In-school youth (secondary and tertiary)	6,738
Petty traders/informal traders	66
Truckers and bus drivers (entering and leaving the town)	510
Commercial sex workers (FSWs)	324
Displaced population	492

Female Sex Workers

Logiya town hosts a total of 324 FSWs operating in hotels, bars, and araki and tella houses. The number of FSWs has increased along with the expansion of Awash irrigation project, which is located 3 km outside of town. FSWs are frequently visited by truckers and their assistants, intercity bus drivers, daily laborers, local businessmen, and young men from different walks of life. The informants underscored the widespread inconsistent condom use among their clients.

FSWs operate in hotels and bars across the first road, more specifically in the localities known by the name Semera Genda and Piassa in Kebele 01. Low-paid FSWs, however, operate in local brew selling houses located across the road commonly known as Second road.

TABLE 9: LOCATIONS IN LOGIYA TOWN WHERE FEMALE SEX WORKERS OPERATE

Name	Location
Araki, tella, and tej bets	Kebele 01 Tela Sefer, 2nd road
Hotels and bars	Wintana Restaurant(Kebele 01 Semera Genda, 1st road) Deborah Hotel (Kebele 01 Semera Genda, 1st road) National Hotel (Kebele 01 Piassa, 1st road)
Street	Kebele 01 Semera Genda, 1st road Kebele 01 Tela Sefer, 2nd road

Informal Traders/Market Sellers

Informal traders in this town operate primarily in the Semera Genda Kebele 01, First Road area.

Truckers and Intercity Bus Drivers

Logiya town is visited by a large number of truckers and intercity bus drivers. Truckers travelling to and from the port of Djibouti often pass the night in town. These drivers, as well as those who stay for shorter periods, usually park around Kebele 01, in a place commonly known as First road. This

neighborhood is crowded with hotels and bars where the drivers and their assistants meet with FSWs.

TABLE 10: INFORMATION ON TRUCK AND LONG-DISTANCE BUS DRIVERS PASSING THROUGH LOGIYA TOWN

Selected Information	Details
Truck and bus companies	Get ASS Tikur Abay Abera Gige Trans Ethiopia
Times	Morning (14) Mid-day (42) Night (30) Overnight (50)
Overnight parking locations	Kebele 01, Semera Genda/First road near police station
Bars, clubs and inns visited	Wintana Restaurant (Kebele 01 Semera Genda, 1st road) Deborah Hotel (Kebele 01 Semera Genda, 1st road) National Hotel (Kebele 01 Piassa, 1st road) Nazareth Hotel (Kebele 01 Semera Genda, 1st road) Agip Hotel (Kebele 01 Semera Genda, 1st road) Menafesha Bar (Kebele 01 Piassa, 1st road) Tela, Araki & Tej Bets (Kebele 01 Tela Sefer, 2nd road)

Migrant/Daily Laborers/Construction Workers

A significant proportion of Logiya’s population is engaged as unskilled labor and in short-term employment on commercial farms and irrigation projects across the Awash River. In recent years, the flourishing development projects around Logiya town have resulted in an influx of migrant daily laborers. According to informants, there were over 10,000 migrant daily laborers in and around Logiya town at the time of data collection. These migrant daily laborers often heavily consume local brews and are known for frequent substance abuse (especially khat chewing). Local brew selling houses are places where migrant daily laborers usually meet FSWs.

Adolescents and Youth

The town has three public schools, at the primary, secondary, and tertiary levels. The three schools enroll a total of 2,739 students (1,576 males and 1,163 females). Forty-two percent of these students (1,160) were enrolled in the secondary and tertiary schools (Dubti Senior Secondary and Dubti Preparatory Schools).

TABLE 11: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN LOGIYA TOWN

School Level	Number of Schools by Type			Student Enrollment		
	Private	Public	NGOs	Male	Female	Total
Primary (1-8)	0	1	0	843	736	1579
Secondary (9-10)	0	1	0	553	364	917
Tertiary	0	1	0	180	63	243
Total	0	3	0	1,576	1,163	2,739

2.2.2 HEALTH SERVICES

Logiya Nucleus Health Center is the only public health facility providing HCT services on static basis. There are two private medium clinics; they provide clinical services including TB diagnosis and referral services and STI management. However, none of the private health facilities provides HCT

services. Logiya town has one drug store and two rural drug vendors. Self-prescription to treat STIs is quite common at drug dispensary outlets. It was also reported that these drug shops sell condoms.

TABLE 12: AVAILABILITY OF HEALTH SERVICES IN LOGIYA TOWN

Type of Facility	Number	Name of Facility	Services Provided						
			HCT	TB Dx	TB Rx	ART	PMTCT	STIs	OIs
Public primary health center	1 (nucleus health center)	Logia Health Center	√	√	√	√	√	√	√
Private medium clinic	2	Hawel Meli	-	√	-	-	-	√	-
		Erteali	-	√	-	-	-	√	-
Drug store	1	N/A	-	-	-	-	-	-	-
Drug vendor	2	N/A	-	-	-	-	-	-	-

There are no international or national NGOs implementing HIV/AIDS program in Logiya town. Two NGOs support pastoralists and rural communities with food security, emergency preparedness, and other development activities. The HIV-positive PLHIV Youth Association is the only organization involved in awareness creation and community sensitization. (See Annex for full list of CBOs.)

TABLE 13: HIV/AIDS-RELATED ACTIVITIES IMPLEMENTED BY NGOS/CBOS WORKING IN LOGIYA TOWN

Name of Organization	HIV/AIDS Prevention, Care, and Support Activities										Target Groups	
	HBC	RH/FP	OVC	STIs	ART	IGAs	Nut. Sup.	IE/BCC	OIs	HCT		
Arbeto Ader and Kefil Arbeto Ader Association	-	-	√	-	-	√	-	-	-	-	-	Unemployed persons
HIV-positive Youth Association	-	-	-	-	-	-	-	√	-	-	-	PLHIV and general public

There are three iddirs that are active in Logiya town; each has 92-115 members. These iddirs are actively participating in HIV/AIDS prevention, care, and support efforts to meet the needs of their communities, in particular provision of care and support to PLHIV and OVC. In addition, Tesfa Letiwliid Youth Association, with 86 members, works to promote HIV/AIDS services. According to key informants, the presence of these CBOs and the youth association was perceived as a good opportunity for service integration, demand creation, service promotion, and effective referral for the proposed mobile HCT service.

2.2.3 HCT SERVICES

There is only one provider of HCT services in Logiya – the town’s one public health facility. Utilization and coverage of HCT services was reported to be low for the size of the population and the available demand in the locality. According to the woreda HAPCO and health office officials, most people prefer to access HCT services from Dessie and Adama towns due to perceived lack of confidentiality in Logiya. The woreda officials reported the absence of HCT services targeting MARPs.

FSWs discussed their reluctance to use facility-based HCT services due to fear of stigma and loss of business if seen by their clients. Respondents were also hesitant to use the existing HCT service because of the counselors’ familiarity with residents, which is associated with the perceived lack of confidentiality.

2.2.4 CONDOM USE

Condoms are readily available at a low cost from kiosks, hotels, bars, private health facilities, and drug vendors/stores. They are available for no charge at public health facilities and the information center. Though there is high condom use among various population segments, inconsistent use of condom was reported to be very common among in-and-out-of-school youth, daily laborers, and drivers.

3. DISCUSSION AND RECOMMENDATIONS

Due to the location of Awash Sebat Kilo and Logiya town along a busy transport corridor, there are a number of MARP subgroups with an increased risk of contracting HIV/AIDS. In addition, the big plantation and irrigation development projects along the Awash River have resulted in an unprecedented influx of migrant workers. The number of hotels and bars is increasing in response to the recent development and the demand for food and beverage services by people entering and leaving these towns. There are large number of FSWs operating in hotels, bars, and local brew selling houses.

Abuse of khat and shisha is very common among youth, daily laborers, and truckers and alcohol use is frequent among daily laborers and out-of-school youth. Khat and shisha houses and local brew-selling houses are common places where FSWs meet their clients. High substance and alcohol abuse is one factor responsible for unprotected and unplanned casual sex, which is contributing to the unchecked HIV transmission. These factors call for prompt and rigorous HIV awareness and social mobilization efforts to reach khat and shisha house owners and their customers, especially out-of-school youth, migrant daily laborers, truckers, and their assistants.

There are few providers (mostly public health centers) of HCT services. Barriers to uptake of HCT mentioned by informants include perceived lack of confidentiality, long wait times, and inconvenient service days and hours. People do seek HCT services, usually from service providers in nearby towns as a way to maintain confidentiality and avoid stigma. These issues will need to be addressed to make mobile HCT services accessible to target populations. Key informants welcomed the idea of mobile HCT to effectively reach MARPs. Most agreed that mobile HCT services are the best strategy to reach individuals who do not want to expose their HIV status to a familiar counselor at the local health facility.

The following groups would benefit from targeted mobile HCT interventions:

- Long-distance bus and truck drivers: Mobile HCT services will need to be designed to reach this group. Social mobilization activities and HCT services can be provided at the locations where truck drivers park overnight (for example, at the customs office at Awash Sebat kilo town).
- FSWs: The recommendation from respondents was to offer mobile HCT services beginning in late afternoon, to make them accessible to FSWs, a group reluctant to use static facilities because they are afraid their clients will see them doing so. They may be more attracted to services for female clients only.
- Day laborers working at plantation and irrigation development projects along the Awash River and in Logiya: Mobile HCT services were recommended for day laborers on Sundays when they visit the towns for leisure activities. In addition, services could be provided at their employment site(s) either during the day or at the end of the workday, with concurrence from their employers. Services need to take account the low socioeconomic and education levels of these groups, particularly the social mobilization.
- In-school and out-of-school youth: These groups are sexually active and can benefit from targeted HCT services.

Both towns in Afar region have limited availability of community-level HIV care and support services with the exception of the involvement of iddirs that support OVC and PLHIV. The PLHIV associations and civic organization that are actively engaged in community education and sensitization programs could be used to create demand for mobile HCT services. Key informants

noted that iddirs and other CBOs could play a pivotal role in mobilizing their members and the community to use mobile HCT services.

ANNEX. INFORMAL AND FORMAL ORGANIZATIONS PROVIDING HIV/AIDS SERVICES IN AWASH AND LOGIYA TOWNS, AFAR REGION

Awash Town

Name	Membership (number)	Major Activities (including HIV related)	Locality/Address
St. Mariam Iddir	230	Funeral insurance (support for burial ceremony), psychological support, and HIV prevention, care, and support services	Mariam Sefer
St. Gebriel Iddir	215		Mariam Sefer
Misrak Ber Iddir	167		Mariam Sefer
Midir Babur Iddir	220		Midir Babur Sefer
Awra Godana Iddir	150		Awra Godana Sefer
Selam Iddir	176		Argoba Sefer
Wollo Iddir	163		Argoba Sefer
Segno Gebeya Iddir	198		Segno Gebeya Sefer
Sebategna Iddir	210		Gebere Mahiber
St. Gebriel Project Iddir	142		Midir Babur Sefer
Emnebered Serategnoch Iddir	188		Emnebered Akababi
Yelimat Iddir	200		Firdibet Akababi
Total	2259		

Logiya Town

Name	Membership (number)	Major Activities (including HIV related)	Locality/Address
Tesfa Letiwliid Youth Association	86	HIV/AIDS prevention and services promotion activities	Kebele 01
Bilal Iddir (Muslim only)	115	Funeral and death ceremony, care for PLHIV and orphans	Mesgid Sefer
Muslim and Christian Iddir	111		Semera Gende Mohamed Ali
Newly established iddir (not yet named)	92		Semera Genda
Total	404		

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