DIRE DAWA CITY ADMINISTRATION FIRST BASELINE ASSESSMENT FOR MOBILE HIV COUNSELING AND TESTING PROGRAM

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
BCC	Behavior change communication
CBO	Community-based organization
FGD	Focus group discussion
FSW	Female sex workers
HIV	Human Immunodeficiency Virus
HAPCO	HIV/AIDS prevention and control offices
HCT	HIV counseling and testing
IEC	Information, education, and communication
MARP	Most-at-risk population
NGO	Non-governmental organization
OSSA	Organization for Social Services for HIV/AIDS
PLWHA	People living with HIV/AIDS
PSP-E	Private Sector Program-Ethiopia
RHB	Regional health bureau
STI	Sexually transmitted infection
TB	Tuberculosis
USAID	United States Agency for International Development
WoHO	*Woreda* health offices

DEFINITION OF TERMS

Areki: Strong alcohol (about 75 percent) made by a local distillation system

Consistent condom use: Utilization of a condom during every sexual encounter

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

Female sex workers (FSWs): A female who sells sex for money or goods

Iddir: A community-based organization established by people who live in the same community with the primary aim of helping members to cope with the loss of family members. Also referred to as funeral insurance, *iddirs* provide physical, emotional, and financial support during the burial ceremony. Elders who have the respect of the community usually lead *iddirs*.

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

Kimit: A woman who serves as a sexual partner for a man who usually has a legal wife

Medea: Houses where FSWs work and local brews, *khat* (leaves chewed as a stimulant), and *shisha* (tobacco or other substances smoked through a water pipe) are served

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

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

Shisha: A mixture of ingredients that is smoked though a water-filled pipe

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

Transactional sex: The exchange of sex for money or goods

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

Town: Often the capital of a *woreda* administration, it has its own local government

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

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

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EXECUTIVE SUMMARY

Dire Dawa is a town situated along the Addis Ababa-to-Djibouti route. Dire Dawa hosts a number of most-at-risk population (MARP) groups, including female sex workers (FSW), migrant day laborers, tourists, truck drivers and their assistants, and in- and out-of school youth.

This assessment aims to better understand the distribution and concentration of MARPs in Dire Dawa. The data collected in this assessment was analyzed and interpreted to develop recommendations to design effective mobile HIV counseling and testing (HCT) services targeting MARPs. This assessment used quantitative and qualitative methods, including institutional mapping and interviews with FSWs, *woreda* health office (WoHO) and town HIV/AIDS prevention and control office staff, people living with HIV/AIDS, civic organizations, and public and private health facilities.

These populations have wide sexual networks that increase their vulnerability to HIV. Transactional and cross-generational sexual practices are common in the town. High alcohol and *khat* consumption is common among all groups except adolescents and youth. Youths cite alcohol and *shisha* use as a cause of unplanned and unsafe sex. Consistent condom use is low among sex workers operating at local brew-selling houses, youth, and students.

There is high demand for HCT services in the town. There is low utilization of HCT services at public health institutions, particularly by the MARPs. Interviewees cite a lack of confidentiality and inconvenient times as reasons for low service utilization. The respondents welcome the idea of mobile HCT services. They believe well-designed HCT services will improve counseling and testing accessibility and acceptability by target population.

1. INTRODUCTION

1.1 BACKGROUND

The national adult HIV prevalence rate for Ethiopia is 2.2 percent (1.8 percent for males and 2.6 percent for females). An estimated 1.3 million Ethiopians live with the virus, and roughly 68,136 of them are under 15 years old.[1] The highest rate of infection is in the 15-to-24 age group with 58 percent of new infections occurring among women.[2] Close to 2 million Ethiopians have died from AIDS-related diseases, and about 640,802 children have been orphaned by them. An estimated 289,734 people living with HIV/AIDS (PLWHA) were in need of antiretroviral therapy (ART) in 2008.[1] There is marked regional (including urban to rural) variation in HIV distribution.

Heterosexual intercourse is responsible for more than 85 percent of HIV transmission in Ethiopia. Unprotected premarital and extramarital sex is common in some parts of the country. There are widespread traditional and cultural practices that are responsible for increased HIV transmission; common ones include early marriage, marriage by abduction, polygamy, cross-generational sex, and an accepted custom allowing a man to have sex with other women if his wife has not delivered for some years).[2,3]

Demographic, occupational, behavioral, and social factors place people at various risks for contracting HIV.[3] Certain population segments are at higher risks of contracting HIV because of their sex, mobility, and economic and social vulnerabilities. The frequently cited most-at-risk population (MARP) groups in Ethiopia include female sex workers (FSWs), youth (14 to 24 years), truck drivers, uniformed men, migrant workers, and day laborers.[3,4,5]

Dire Dawa is one of the biggest towns in Ethiopia. It is the hometown for diverse people from different ethnic and cultural backgrounds. It has government institutions, colleges, factories, private enterprises, and well-developed social services. The town also hosts many foreigners from neighboring Djibouti and Somalia. These factors along with economic and social ones are believed to increase the risk of HIV transmission in Dire Dawa. According to a single-point HIV prevalence estimate, Dire Dawa's adult HIV prevalence rate is 4.3 percent, amongst the highest in the country.[1]

Cognizant of the dense concentration of at-risk populations in the town, in collaboration with the Dire Dawa city administration health bureau, the Private Sector Program-Ethiopia (PSP-Ethiopia) conducted this HCT assessment. It aims to identify the distribution and concentration of MARPs; the availability and use of facility and community-based HIV care, support, and treatment services; and the behavior and attitude of target groups toward HIV preventative methods – especially HCT and condom use.

This assessment's findings will be summarized to develop recommendations for designing more accessible and acceptable HCT services by target population. PSP-Ethiopia will identify target groups for HCT services; partners for social mobilization and referral linkage; and local contexts for HCT services organizations, including locations and operating hours.

1.2 OBJECTIVES OF THE ASSESSMENT

The overall objective of this assessment is to collect and analyze data to develop recommendations to design effective mobile HCT services targeting MARPs in the study towns.

The study's specific objectives are to

- identify the MARPs in the study sites in Dire Dawa and determine their distribution, estimate the density of target populations, and pinpoint specific localities where these target population subgroups reside
- identify and document the health facilities and organizations providing HIV/AIDS services in each town, including facility-based services as well as community care and support services, to establish a referral network for mobile HCT follow-up
- identify the behaviors of MARPs, particularly HIV risk behaviors and HCT service utilization
- collect information to design and plan mobile HCT services for each town, including the acceptability of services to target population and local stakeholders, recommended hours and locations, and potential partners to assist with implementation

1.3 METHODOLOGY

1.3.1 STUDY AREAS

Dire Dawa city administration is a large town in Ethiopia with a diverse ethnic and racial population. It is situated along the Addis Ababa to Djibouti corridor, an asphalt road and railway that links the country to neighboring Djibouti. The town hosts many truckers, long- and medium-distance intercity bus drivers, and cross-border businessmen. Dire Dawa has numerous economic and social institutions with a large number of permanent and temporary employees, including the Ethio-Djibouti railway station, textile and food factories, and higher-education institutions with a large number of students. There also are many hotels and bars in the town. Furthermore there are a number of FSWs, migrant day laborers, and unemployed youths.

1.3.2 STUDY DESIGN

The study used a cross-sectional design with qualitative and quantitative methods, including interviews and institutional mapping. Interviews were conducted with representatives from WoHOs, HIV/AIDS prevention and control offices (HAPCOs), non-governmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations. Other informants included FSWs, in-school youths, migrant workers, and day laborers.

1.3.3 DATA COLLECTION, DATA MANAGEMENT, AND ANALYSIS

In this study, data was obtained from informants via pre-tested semi-structured questionnaires and focus group discussion (FGDs). The questionnaires and FGD guides included questions about the status of HIV/AIDS in the community, factors that contribute to the spread of HIV/AIDS, identification of the MARPs for HIV, condom use, availability of HIV/AIDS services (including HCT), and recommendations to improve the services

Three FGDs were held in Dire Dawa with youth, adult women, and day laborers. In addition five informants were interviewed from the WoHO and *woreda* HAPCO, NGOs, CBOs, and PLWHA associations in the town. And 10 interviews were conducted with FSWs.

An interview guide was used to map the available HIV/AIDS services in the towns. This guide facilitated the collection of the number of MARPs in the town by subgroup and the availability of health services in the area.

Trained data collectors with a second degree in public health collected the data under the supervision of a consultant and PSP-Ethiopia staff. The data collectors transcribed the qualitative information immediately after the interviews. The principal investigator reviewed this transcribed data and, if needed, followed up promptly with the data collectors for clarification. The final transcription was used to identify and develop categories and themes for data analysis. Finally, the data were interpreted and presented by using respondents' own words as illustrations. The quantitative data were analyzed using Microsoft Excel and are presented as tables throughout this report.

1.3.4 ETHICAL CONSIDERATIONS

Prior to data collection, PSP-Ethiopia and the Dire Dawa Regional Health Bureau (RHB) jointly agreed to conduct mobile HCT in the selected towns. RHB and PSP-Ethiopia wrote letters asking for support to the study towns before the assessment.

The data collectors explained the objective of the assessment and obtained verbal consent from participants before proceeding with the interviews.

1.3.5 LIMITATIONS

The data regarding out-of-school youths and uniformed men is incomplete. The FGDs and in-depth interviews did not include truckers and informal traders, both important MARP groups. Therefore the behaviors of these groups could not be assessed in detail.

2. RESULTS

2.1 DIRE DAWA TOWN

Dire Dawa city administration is 565 kilometers from Addis Ababa and has a population of 308,753 people (156,658 males and 152,095 females). Dire Dawa hosts eight colleges, one regional hospital, 10 public health centers, 10 private clinics, and several government and private company clinics, and three NGO clinics. HIV/AIDS, malaria, acute upper respiratory tract infections, and tuberculosis (TB) are among the major health problems in the town.

2.1.1 MOST-AT-RISK POPULATIONS

There are large concentrations of youths, students, FSWs, migrant workers, and truck drivers in Dire Dawa (as shown in Table 1). The clients for FSWs include truck drivers, students, government employees, personnel from banks, and uniformed men. Youths (particularly those living with their parents called "*yebet lij*"), students, married women, street children, FSWs, and uniformed men are said to be at higher risk of contracting HIV and sexually transmitted infections (STIs). Transactional and cross-generational sexual practices are common in the town (large numbers of FSWs and students practice transactional sex). And, according to respondents, rape is frequent in Dire Dawa.

TABLE 1: SIZE OF TARGET POPULATIONS IN DIRE DAWA

Target population	Estimated number
College students (private and public)	6,649
Construction workers	2,000
FSWs	2,500
Informal traders and market sellers (such as *suq bederete*, lottery *azuari*, and unregistered street traders)	2,000
In-school youth (excluding college students)	55,609
Migrant day laborers	1,400
Out-of-school youth	Data not available
Truck drivers	500
Uniformed government workers (such as customs officers, police, soldiers, and immigration agents)	Data not available

Female Sex Workers

There are approximately 2,500 (1,500 permanent and 1,000 transient) FSWs operating in hotels, bars, and brew-selling houses in Dire Dawa. This study identified four types of FSWs based on where they operate and meet with their clients: hotel- and bar-based, home-based, informal (in *areki* and rej houses), and street-based. The FSWs interviewed indicated that most of the home-based ones are older women who operate out of their rented houses. Older, usually married men frequently visit these FSWs. Most of the street-based FSWs are students. *Dechatu, Feres Megala, Depo Sefer*, and *Gende Kore* neighborhoods have a high concentration of FSWs.

The interviewed FSWs are knowledgeable about HIV prevention methods, including consistent condom use. Informants, however, noted that consistent condom use is low among informal FSWs.

Although FSWs expressed the desire to get tested for HIV, they are reluctant to visit health facilities because of a perceived lack of confidentiality and privacy. A 21-year-old FSW said, "I am pregnant now. I want to be tested in the near future at least for the sake of my child." She and other respondents viewed mobile HCT as a good opportunity to access confidential testing. The respondents noted that mobile HCT services need to be provided in convenient locations and times to facilitate access. FSWs suggested offering the services in *Dechatu*, *Addis Ketema*, and *Megala*. In addition, FSWs recommended offering services in the late afternoon (3 to 5 p.m.) as they are occupied with *khat* chewing earlier in the afternoon.

TABLE 2: LOCATIONS IN DIRE DAWA WHERE FEMALE SEX WORKERS OPERATE

Category	Name and location
Hotels and bars	• Family Hotel, Dechatu Sefer • Bar Negash, Dechatu Sefer • Belete Hotel, Dechatu Sefer • Biratu Hotel, Megala Sefer • Tourist Hotel, Gende Kore • Tsehay Hotel, Gende Kore • Shola Hotel, Gende Kore • Smak Hotel, Depo Sefer
Streets	• Dechatu Sefer • Amestegna Sefer • Kezira Sefer • Jabiyan Sefer
Areki, *tella*, and *tej* bets	• Dechatu sefer • Gende Kore Sefer • Sabiyan Sefer • Kefira Sefer

Informal Traders and Market Sellers

There are 2,000 informal traders who operate small-scale businesses in open markets. Most of these petty traders are concentrated in the Taiwan, Gende-Kore, Kefira, and Megala Sefer areas. Many informal traders have multiple sexual partners, including migrant workers and local businessmen. Condom use is low among this population.

Truckers and Intercity Bus Drivers

An estimated 500 trucks and intercity buses travel through the town daily. Almost 400 trucks park overnight in Kezira Sefer, Menharia, the high school, and the Shell station in Sabiyan Sefer. Many truckers have multiple sexual partners, such as FSWs, youths, and students. They usually meet FSWs in hotels and bars, nightclubs, and streets in Gende-Kore, Kezira, and Dechatu Sefer. Most of the truckers consistently use condoms with hotel-based FSWs, but not with youths.

TABLE 3: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES PASSING THROUGH DIRE DAWA

Selected information	Details
Times	• Morning (25) • Mid-day (55) • Night (155) • Staying overnight (390)
Overnight parking locations	• Kezira Sefer, 03 Kebele • Menahria Sefer

Selected information	Details
	• High School Sefer • Sabiyan Sefer (Shell Station)
Bars, clubs, and inns visited	• Fresh Hotel, Gerde Kore • Gena Hotel, Gerda Kore • Green House, Gerda Kore • Omedla Hotel, Kezira Sefer
Truck and bus companies	• Africa Truck Association • Trans Truck Association • Misrak Truck Association • East Truck Association • HGMT Truck Association • Atlantic Truck Association

Adolescents and Youths

Youths (particularly yebet lij) and students are believed to be the most vulnerable population to HIV infection. The excessive use of alcohol and other substances (such as cigarettes, *khat*, and *shisha*), high unemployment levels and the resulting frustration, rape, and inconsistent condom use are the reasons frequently cited by key informants for the high HIV transmission rates among adolescents and youths. A 26-year-old woman said, "In Dire Dawa, youth are highly addicted to substances. They usually practice unprotected sex after they consume excessive alcohol, *khat*, and *shisha*." A 28-year-old woman said, "Due to [the] lack of job opportunit[ies], many youth[s] went to Djibouti and Somali to search for jobs. Most of them failed to get what they were hoping [for] when they went to Somali and Djibouti and rather back home to start [working as] FSWs."

According to informants from the Dire Dawa health office and HAPCO, conversations recently held in the community contributed to behavioral and attitudinal change towards condom use. Condoms are readily available at health institutions, hotels, and bars at a nominal cost. Respondents noted that consistent condom use is a big challenge among students, out-of-school youths, and informal FSWs. A *woreda* HAPCO representative said, "Nowadays, it is common to see young people [students] in the evening practicing unsafe sex, shielding themselves behind the wall of buildings almost in every corner of the town." This respondent further noted that alcohol and substance abuse plays a major role in unplanned and unsafe sex among youths. Youths who participated in FGDs were reluctant to use public HCT services because of their lack of confidentiality. They saw mobile HCT as an option for confidential HCT (see section 2.1.4).

TABLE 4: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN DIRE DAWA

	Number of schools by type			Student enrollment			
School level	Private	Public	NGO	Private	Public	NGO	Total
Primary (grades 18)	13	15	11	3,521	34,001	5,252	42,774
Secondary (grades 910)	1	9	4	111	11,337	1,387	12,835
Tertiary (college and higher)	8	3	0	2,623	4,170	0	6,793
Total	22	27	15	6,255	49,508	6,639	62,402

Day Laborers

There are approximately 1,400 day laborers in Dire Dawa, concentrated around Sebean Sefer. Knowledge about HIV/AIDS among interviewed day laborers was substantial. Stigmatizing attitudes, however, are high among this group. Some day laborers suggested that PLWHA should be kept away from the community, as demonstrated by this quote: "HIV-positive individuals should live separately [from society] and the necessary aids should be given to them where they are."

The demand for HCT was high among day laborers. "I can give you my blood for HIV testing even now," said one 40-year-old day laborer. Migrant workers and day laborers suggested that mobile HCT services should be conducted on Saturdays and Sundays near the stadium.

2.1.2 HEALTH SERVICES

In Dire Dawa six public health institution, including Dil Chora Referral Hospital and five health centers, provide comprehensive HIV/AIDS care, support, and treatment services. Ten private clinics provide TB diagnostic services, and one private clinic and three NGOs provide HCT services. There are several private clinics that provide information, education, and communication (IEC) and STI treatment that have the potential to provide additional HIV/AIDS services. Four large factories operate clinics for their employees. STI patients often seek treatment from traditional healers operating in Dechatu Sefer. Informants said that people trust traditional healers to maintain their privacy. Few STI patients seek services from public and private health facilities.

TABLE 5: AVAILABILITY OF HEALTH SERVICES IN DIRE DAWA

Name of facility	Type of facility	Services provided						
		HCT	TB diagnosis	TB treatment	ART	PMTCT	STIs	OIs
Dil Chora Regional Referral Hospital	Public	√	√	√	√	√	√	√
Legehar Health Center	Public	√	√	√	√	√	√	√
Diredawa Health Center	Public	√	√	√	√	√	√	√
Sabian Health Center	Public	√	√	√	√	√	√	√
Melkajebdu Health Center	Public	√	√	√	√	√	√	√
Goro Health Center	Public	√	√	√	√	√	√	√
Wahil Health Center	Public		√	√				
Biyo Awale Health Center	Public		√	√				
Bilal General Hospital	Private	√	√				√	
Central Higher Clinic	Private		√				√	
Dire Higher Clinic	Private		√				√	
Karamara Higher Clinic	Private		√				√	
Ethiopia Medium Clinic	Private		√				√	
Mariamrwork Medium Clinic	Private		√				√	
Africa Medium Clinic	Private		√				√	
Djibuti Medium Clinic	Private		√				√	
Selam Medium Clinic	Private		√				√	
National Medium Clinic	Private		√				√	
Railway General	Other	√	√				√	

Name of facility	Type of facility	Services provided						
		HCT	TB diagnosis	TB treatment	ART	PMTCT	STIs	OIs
Hospital	governmental							
Addis Lower Clinic	Other governmental		√				√	
Diredawa Food Complex Lower Clinic	Other governmental	√	√				√	
National Cement Factory Lower Clinic	Other governmental	√	√				√	
East Africa Bottling Lower Clinic	Other governmental	√	√				√	
Diredawa Textile Factory Lower Clinic	Other governmental		√				√	
FGAE Higher Clinic	NGO	√					√	
Merrystop Medium Clinic	NGO	√	√				√	
Red Cross Medium Clinic	NGO	√	√				√	

2.1.3 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

The town has several NGOs that provide community-based HIV/AIDS care and support services: Organization for Social Services for HIV/AIDS (OSSA), Family Guidance Association of Ethiopia, Tesfa Bisrat, and Tesfa Meskot. International Center for AIDS Care and Treatment Program, an international program, supports an ART program at public health facilities.

TABLE 6: NON-GOVERNMENTAL AND COMMUNITY-BASED ORGANIZATIONS PROVIDING HIV/AIDS CARE AND SUPPORT ACTIVITIES IN DIRE DAWA

	HIV/AIDS-related services provided										
Name of organization	BCC	HCT	PMTCT	ART	OIs	STI	Income-generating activities	Nutrition	HBC	OVC	Target groups
Family Guidance Association of Ethiopia	√	√				√					General population
Forum On Street Children	√						√		√	√	Youth, PLWHA and their families
I-TECH		√	√	√	√						PLWHA
Jerusalem Association	√									√	Street children
Marie Stopes International	√					√	√		√		General population
Masresha Maternity Center	√									√	Orphans and vulnerable children
OSSA	√						√		√	√	PLWHA

Name of organization	HIV/AIDS-related services provided										Target groups
	BCC	HCT	PMTCT	ART	OIs	STI	Income-generating activities	Nutrition	HBC	OVC	
											and their families
Save the Children	√								√	√	Orphans and vulnerable children

2.1.4 COUNSELING AND TESTING SERVICES

Respondents noted that most people in Dire Dawa are aware of the impact of HIV/AIDS on individuals and the country. The public and NGO sectors, however, are making limited efforts to make HCT more accessible and acceptable to target populations. HCT is underutilized in the public sector because of inconvenient opening hours and its perceived lack of confidentiality.

The respondents view mobile HCT as an approach to reach MARP groups. To access migrant workers and day laborers, mobile HCT services should be organized on Saturdays and Sundays in central areas, such as close to the stadium and in or near the town's main squares. FSWs suggested organizing mobile services in Dechatu, Addis Ketema, and Megala, where hotels and bars are concentrated. FSWs also suggested having the services in the late afternoon (3 to 5 p.m.).

Informants advised that rigorous social mobilization was needed for high uptake of HCT services by the general community and target groups. Interviewees suggested using local media (Dire Dawa FM Radio) and megaphones to promote HCT services.

3. DISCUSSION AND CONCLUSIONS

Dire Dawa hosts diverse populations that originated from different ethnic and cultural backgrounds. Men and women of various walks of life enter and leave the town. As the town is situated along the Addis Ababa-to-Djibouti route, many truckers and their assistants visit the town. Dire Dawa has a railway station, big textile factories, government institutions, private enterprises, and secondary and tertiary schools. The town also hosts large numbers of migrant day laborers and unemployed youth. It is a recreational and business center that attracts tourists and businessmen from neighboring Djibouti and Somalia. These large pools of mobile men, FSWs, and youths increase the odds of HIV transmission in Dire Dawa.

The town hosts large numbers of FSWs operating in hotels, bars, and brew-selling houses. There are several home-based FSWs in the town. Inconsistent condom use prevails among FSWs, especially those operating in *areki* houses and their own homes. In the 40 towns they assessed, H. Melkamu and D. Habte noted a similar pattern of low condom use by FSWs operating in local brew-selling houses and young girls (yibet liji) who have sex in return of money.[4,5]

Cross-generational and transactional sex is common in Dire Dawa. Truckers and their assistants, local businessmen, and tourists have sexual networks not only involving FSWs but also with youth. The consistent use of condoms is low among informal FSWs, students, and youths. Sexual violence and rape is common, and it might contribute significantly to the spread of HIV/AIDS. High alcohol and *khat* consumption is the norm rather than an exception in Dire Dawa, particularly among adolescents and youths. Informants and interviewed members of target groups noted that *khat* and *shisha* abuse are among the main reasons for unplanned and unsafe sex among adolescents and youths. Informants also noted that poverty and peer pressure are frequently cited reasons for why young girls have sex with older men in return for money and gifts. Respondents noted that some girls go to the neighboring Djibouti and Somalia seeking jobs but end up as FSWs and return to Dire Dawa. There is also evidence that shows the correlation between financial shortcoming and female commercial sex in Ethiopia; for example, the Ethiopian Ministry of Health's 2005 *HIV/AIDS Behavioural Surveillance Survey* indicated about 41 percent of girls become FSWs as a result of financial problems.[2]

In Dire Dawa there are several public and private health institutions and NGOs that provide HIV/AIDS care, support, and treatment services. The demand for HCT was high among all segments of the population. People do not access HCT at public health facilities, however, because of inconvenient hours, including the lack of services on weekends. This barrier particularly affects students, FSWs, and the workforce. In addition, the perceived lack of confidentiality and privacy at health facilities was cited as a common reason for the low uptake of HCT at these facilities.

Informants and other interviewees were enthusiastic about mobile HCT services and expressed their strong belief that these services would improve their accessibility and acceptability to a wide range of the MARP.

4. RECOMMENDATIONS

Government and Development Partners

- Poverty is the driving force for the increasing number of FSWs. The government, in collaboration with stakeholders, should create income-generation schemes for poor adolescents and FSWs.
- Regulations and mechanisms to control the widespread availability of *khat* houses may reduce the practice of unsafe sexual practices.
- Dire Dawa City Administration Health Office, HAPCO, and Health Institutions
- The health office should assist the public health institution to improve the quality of HCT services by providing in-service training to health workers.
- An IEC and behavior change communication (BCC) strategy is required to educate FSWs, students, and youths about the proper and consistent use of condoms.
- An IEC and BCC strategy is required to promote HCT and its benefits to key populations.

PSP-E and other NGOs

- PSP-Ethiopia, in collaboration with the Dire Dawa city administration health office and other partners, should introduce mobile HCT in Dire Dawa.
- Social mobilization and awareness creation through the local media is required to ensure a high uptake of services. Suggested modes of mobilization include using a megaphone and FM radio.
- Unlike other assessments conducted by PSP-Ethiopia, FSWs in this town suggested that mobile HCT services be organized in the neighborhoods where they work (Dechatu, Addis Ketema, and Megala). FSWs prefer services before noon or after the *khat* ceremonies that end at 3pm. A few FSWs, however, suggested conducting mobile HCT far from their hotels of operation.
- Weekend services are recommended to reach day laborers and migrant workers, locating services near kebele offices and the main squares in town.
- Most respondents cited confidentiality as an important factor. Using health workers from outside the catchment area is recommended to provide mobile HCT services.

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