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# OROMIYA REGION SECOND BASELINE ASSESSMENT FOR MOBILE HIV COUNSELING AND TESTING PROGRAM

SECOND ASSESSMENT TOWNS: KIBREMENGIST, SHAKISO, NEGELE BORENA, YABELLO, HAGEREMARIAM, MEGA, MOYALE, ASEBE TEFERI, HIRNA AND HAROMAYA



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**Submitted to:** Bradley Corner, CTO  
Office of Health, Population, and Nutrition  
United States Agency for International Development/Ethiopia  
Addis Ababa, Ethiopia



Abt Associates Inc. ■ 4550 Montgomery Avenue, Suite 800 North ■  
Bethesda, Maryland 20814 ■ Tel: 301.347.5000. ■ Fax: 301.913.9061  
■ [www.PSP-One.com](http://www.PSP-One.com) ■ [www.abtassoc.com](http://www.abtassoc.com)

*In collaboration with:*

Banyan Global ■ IntraHealth International ■ Population Services International

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## **DISCLAIMER**

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# ACRONYMS

<b>AA</b>	Addis Ababa
<b>AFD</b>	Action for Development
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ART</b>	Antiretroviral Treatment
<b>BCC</b>	Behavior Change Communication
<b>CBO</b>	Community-based Organization
<b>CVM</b>	Christian Voluntary Mission
<b>DOTS</b>	Directly Observed Therapy, Short Course
<b>FBO</b>	Faith-based Organization
<b>FGAE</b>	Family Guidance Association of Ethiopia
<b>FGD</b>	Focus Group Discussion
<b>FHAPCO</b>	HIV/AIDS Prevention and Control Office
<b>FMOH</b>	Federal Ministry of Health
<b>FP</b>	Family Planning
<b>FSW</b>	Female Sex Worker
<b>HAPCO</b>	HIV/AIDS Prevention and Control Office
<b>HBC</b>	Home-based Care
<b>HCT</b>	HIV Counseling and Testing
<b>HIV</b>	Human Immunodeficiency Virus
<b>IDI</b>	In-depth Interview
<b>IE</b>	Information and Education
<b>IGA</b>	Income-generating Activity
<b>MARP</b>	Most At-risk Population
<b>NGO</b>	Nongovernmental Organization
<b>OI</b>	Opportunistic Infection
<b>OVC</b>	Orphaned and Vulnerable Children
<b>PLHIV</b>	People Living with HIV
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>PSP-E</b>	Private Sector Program-Ethiopia
<b>RH</b>	Reproductive Health
<b>RHB</b>	Regional Health Bureau
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	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.

**Jalajalto** – Culturally accepted sexual networking that allows women/men to have more than one sexual partner outside of her/his legal marriage.

**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.



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# EXECUTIVE SUMMARY

This assessment was conducted in 10 towns of Oromia region. The towns are situated along the two busiest roads that run from Addis Ababa to southern and eastern Oromia, commonly referred as the Addis-Moyale and Addis-Djibouti roads. Both are high-risk corridors for HIV. The assessment identified the density and distribution of most at-risk populations (MARPs) in each study town and solicited information on the behavior of these targeted groups; the availability and utilization of HIV counseling and testing (HCT) services; and local stakeholders' perceptions of and receptivity to 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 referral network between 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 effective social mobilization strategy to create demand for and access to mobile HCT services by target population.

This assessment employed semi-structured questionnaires and a discussion guide in gathering qualitative and quantitative information. Focus group discussions and in-depth interviews 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.

The study findings support the presence of a dense concentration of MARPs in all towns. There is frequent transgenerational and transactional sex between in-school and young women and older men in return for money and gifts. Substance abuse, especially of khat and shisha, is widespread in all towns among in- and out-of-school youth, FSWs, truckers, and inter-city bus drivers. Migrant daily laborers and farmers heavily consume local brews, such as *araki*, *teji*, and *tella*, over the weekends and on local market days. Extramarital sex, referred to locally as *jalajalto*, is widely practiced in towns located in Borena and Guji zones, namely in Hageremariam, Mega, Moyale, Shakiso, Kibremengist, and Negele Borena. There is a high level of sexual violence and rape and marriage by abduction, especially in the towns of Shakiso, Moyale, and Hageremariam. These practices increase girls' and young women's' vulnerability for contracting HIV and sexually transmitted infections.

The key informants and members of target groups consistently pointed out the absence of HCT mobilization and service delivery that specifically targets MARPs. All informants expressed their keen interest in mobile HCT services and stressed the potential for this approach to reach at-risk groups. Mobile HCT was seen as a good strategy to bridge the unmet need for HCT services among the underserved target groups including FSWs, truckers and their assistants, marginalized migrant daily laborers, the urban poor, and economically disadvantaged young women.

In all study towns, HCT services are limited to government health facilities. The utilization of public health facilities' static (fixed) HCT service, especially by target populations, is very low largely because of perceived lack of confidentiality, long delays, and inability of these facilities to provide services outside of weekdays and regular working hours. Some target groups, for instance, migrant daily laborers and FSWs, were disadvantaged in getting information and services that are given only on weekdays during regular office hours.

# 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 Oromia 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 females and males 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 was 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)<sup>1</sup> together with the Oromia Regional Health Bureau (RHB) sought alternative ways to increase MARP access to and demand for HCT) services.

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 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

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<sup>1</sup> 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).

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-E 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 10 additional towns in Oromia region (as well as additional towns in Amhara and two towns in Afar). The study aimed to identify the size and distribution of MARPs in the towns, located along busy roads that are high-risk corridors. 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 is to collect and analyze data in the study towns required to develop recommendations to design effective mobile HCT services targeting MARPs.

More specifically, the study's objectives were to:

- Identify the MARPs in 10 towns in Oromia, and determine the distribution, estimated population size, and specific locations of the MARP subgroups.
- 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.
- Analyze the behaviors of MARPs with regard to HCT service utilization and condom use.
- 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**

Oromia region is located in the central part of the country. It is Ethiopia's geographically largest (366,910 square kilometers) region, and, with 27 million residents (2007), its most populous. The region is subdivided administratively into 17 zones, nine town administrations, 284 *woredas*, and 7,000 peasant associations and urban dwellers associations (or *kebeles*). According to the Oromia RHB, the region has a total of 22 government and eight nongovernment hospitals, 192 health centers, and 1,183 health posts (Oromia RHB 2007).<sup>9</sup>

A total of 10 towns in Oromia were selected for this study, which took place in January 2008. The towns are located along the two cross-border roads, both high-risk corridors for HIV. Seven of the towns are found in the southern part of the region, while the remaining three towns are found in its eastern part. The towns in Southern Oromia lie along the Addis-to-Moyale route, the Eastern Oromia towns along the Addis-Djibouti route.

Pre-designed selection criteria were used to identify the study towns: population size, HIV prevalence, central location, high human traffic, level of urbanization, availability of social and economic institutions that attract large numbers of at-risk populations (e.g. mining, plantation, prisons, and higher education institutions). The selected towns also were believed to have large

populations of potential target groups, including FSWs, migrant daily laborers, truckers, and intercity bus drivers, due to their locations along the busy transport corridors. Table 1 provides information on the study towns.

**TABLE 1: DESCRIPTION OF STUDY TOWNS IN OROMIA REGIONAL STATE**

Town's Name	Name of route	Location	Distance from Addis Ababa (AA) (km)
Kibre-Mengist	Adola-HIV hotspot area	Guji Zone; Adola Woreda	470
Shakiso	Shakiso-HIV hotspot area	Guji Zone; Wudo Shakiso Woreda	490
Negele-Borena		Guji Zone	590
Yabello	AA to Moyale	Borena Zone; Yabello Woreda	570
Hagre-Mariam	AA to Moyale	Borena Zone; Bule-Hora Woreda	467
Mega	AA to Moyale	Borena Zone; Dire Woreda	665
Moyale	AA to Moyale	Borena Zone; Moyale Woreda	775
Chiro/Asebe-Teferi	AA to Harar	East Hararge Zone; Chiro Woreda	317
Hirna	AA to Harar	West Hararge Zone; Tulo Woreda	360
Haromaya	AA to Harar	East Hararge Zone; Haromaya Woreda	500

### 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 informant interviews were conducted with representatives of the 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 attitudes toward and utilization of existing HIV prevention, care, and support programs. The key informant interviews provided information on FSWs' sexual networks, clientele, and behaviors (e.g. alcohol and substance use) that may be responsible for increased risk of contracting HIV/sexually transmitted infections (STIs). The interviews with FSWs aimed to identify self-risk perception and use of preventive services including HCT services and condoms. The interviewees' attitudes toward and use of existing static (fixed) HCT services was explored. Recommendations and ideas collected from FSWs will be used to organize a mobile HCT program convenient for MARPs, including preferred locations, hours, and service providers.

### 1.3.3 DATA COLLECTION, DATA 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 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 was represented by at least one person who knows 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. IDI 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.

The information obtained from IDI and FGDs were transcribed and analyzed using key thematic areas. Information gathered from target groups was triangulated with data obtained through key informant interviews and the relevant quantitative information.

## 2. RESULTS

### 2.1 ADOLA (KIBREMENGIST) TOWN

Adola town, also known as Kibremengist, is located 470 kilometers south of Addis Ababa in the Guji zone of the Oromia region. The town, in Adola woreda, has a total population of 40,000, with equal proportions of males and females. The area is known for its natural resources, particularly gold, which attracts a significant number of miners.

According to the health offices, communicable diseases are the leading causes of mortality and morbidity. The most frequently observed health problems include malaria, pneumonia, diarrheal diseases, TB, STIs, intestinal parasites, and HIV.

According to key informants, most community members' have heard about HIV/AIDS and its transmission and prevention. The respondent from the woreda HAPCO, however, noted that targeted HIV prevention and control are generally lacking, and the HIV services staff at government health facilities are not friendly to target groups such as youths and FSWs.

#### 2.1.1 MOST AT-RISK POPULATIONS

Adola town is a gold mining area and hosts a large number of migrant daily laborers, truckers, and FSWs operating in hotels and bars. Transgenerational and transactional sex between in- and out-of-school girls and older men, especially with migrant gold miners, truckers, and government employees, is common. According to key informants, unprotected and unplanned sex is responsible for the high teenage pregnancy rates and possibly for HIV/STI transmission. The sexual relationships of gold miners extend from FSWs to out-of-school young girls and housewives.

**TABLE 2: SIZE OF TARGET POPULATIONS IN ADOLA TOWN**

<b>Target Population</b>	<b>Estimated Number</b>
Migrant daily laborers	4,050
Construction workers	16
Uniformed government employees	120
In-school youth (secondary and tertiary)	2,977
Petty traders/informal traders	50
Truckers and bus drivers (entering and leaving the town)	22
Commercial sex workers (FSWs)	170
Displaced population	300

## Female Sex Workers

There are an estimated 170 permanent FSWs operating in hotels, bars, and local *bets* (nightclubs) that sell locally brewed, strong alcoholic drinks such as *araki*, *teji*, and *tella*. The number of FSWs fluctuates with the number of seasonal migrant workers and miners. The key informants noted that most FSWs come from rural areas and other regions of the country. Most of their clients are reported to be migrant daily laborers, truckers, and truckers' assistants. FSWs pointed out that some of their clients are from the local communities and include married men and out-of-school youth.

**TABLE 3: LOCATIONS IN AOLA TOWN WHERE FEMALE SEX WORKERS OPERATE**

Category	Location
Hotels	Samsem Hotel - Kebele 02 (Mehal Ketema)
	Shuferoch Hotel - Kebele 02 (Mehal Ketema)
	Netsanet Hotel - Kebele 02
	Tigist Fire Hotel - Kebele 01
Streets	Kebele 01 Mehal Ketema
	Kebele 02 Mehal Ketema
	Kebele 03 Mehal Ketema

## Informal Traders/Market Sellers

Informal traders in this town operate primarily in following areas: Kochi Gebeya (Kebele 02) and Tiliku Gebeya (Kebele 03).

## Truckers and Intercity Bus Drivers

Truckers and intercity bus drivers entering and leaving Adola town are limited in number. Approximately 13 trucks and buses park overnight per night. Most of the vehicles park in Kebele 03, in the center of town.

**TABLE 4: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH ADOLA TOWN**

Selected Information	Details
Times	Morning (7)
	Mid-day (11)
	Night (5)
	Overnight (13)
Overnight parking locations Bars, clubs, and inns visited	Mehal Ketema Kebele 03
	Samsem Hotel, Kebele 02
	Shuferoch Hotel, Kebele 02
	Netsanet Hotel, Kebele 02
Truck/bus companies	Tigist Fire Hotel, Kebele 01
	MIDROC Gold Mine Enterprise
	Shebele Transport Tana Transport

## Migrant/Daily Laborers and Construction Workers

A significant proportion of Adola's residents are traditional gold miners who were originally migrants and decided to remain in Adola. According to the key informants, having multiple sexual partners is very common among migrant workers, and they are less likely to receive adequate HIV-related information and services.

## Adolescents and Youth

There were a total of 11 schools of different levels in Adola town enrolling a total of 10,160 students in fiscal 2007/08. Adola Secondary School and Adola Technical and Vocational Education College are the two educational institutions that offer secondary- and tertiary-level education; a total of 2,977 students (1,926 boys and 1,051 girls) attended in 2007/08.

**TABLE 5: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN ADOLA TOWN**

School Level	Number of Schools by Type			Student Enrollment		
	Private	Public	NGOs	Private	Public	Total
Primary (1-8)	4	5	0	n.a.	n.a.	7183
Secondary (9-10)	0	1	0	1806	740	2546
Tertiary	0	1	0	120	311	431
Total	4	7	0	1,926	1,051	10,160

Adola town hosts a number of rural girls and boys who come from the neighboring woredas to pursue their secondary and tertiary schooling. These students live in rented houses with no support or monitoring from their immediate families. According to the informants, these girls often start having sex with older men, especially local businessmen and government employees, in return for money and gifts. Furthermore, the informants noted that peer pressure among girls to have a boyfriend is very high. Khat chewing and alcohol abuse is also common among in- and out-of-school youth. Young people's awareness level and consistent condom use was reported to be very low, especially among in-school youth. The sexual debuts of girls and boys is reported to take place at ages as low as 12 and 15, respectively.

### 2.1.2 HEALTH SERVICES

Adola Health Center is the only public health facility providing comprehensive and basic HIV prevention, care and treatment services, including HCT, ART, PMTCT, diagnosis and treatment of TB and STIs, and management of opportunistic infections (OIs).

There is one medium and six lower private clinics in the town. These clinics diagnose and treat STI cases. None of them provides HCT services. In addition, there are two drug stores and one rural drug vendor in the town.

**TABLE 6: AVAILABILITY OF HEALTH SERVICES IN ADOLA TOWN**

Type of Facility	Number	Name of Facility	Services Provided						
			HCT	TB Dx	TB Rx	ART	PMTCT	STIs	OIs
Public primary health center	1	Adola Health Center	√	√	√	√	√	√	√
Private medium clinic	1	Selam Clinic	-	-	-	-	-	√	-
Private lower clinic	6	St. Lukas Clinic	-	-	-	-	-	√	-
		Nebiky Clinic	-	-	-	-	-	√	-
		K/Mihret Clinic	-	-	-	-	-	√	-
		St. Georgis Clinic	-	-	-	-	-	√	-
		Berhane Clinic	-	-	-	-	-	√	-
Drug store	2	Central Clinic	-	-	-	-	-	√	-
		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

## NGOs with HIV/AIDS Prevention, Care, and Support Program

The Missionary of Charity is the only NGO working in HIV/AIDS care and support program; especially support to PLHIVs and their immediate families.

**TABLE 7: NGOS/CBOS PROVIDING HIV/AIDS CARE AND SUPPORT ACTIVITIES IN ADOLA 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	
Missionaries of Charity	√	-	-	-	-	-	-	-	-	-	Care and support for PLHIVs

Note: CBO=community-based organization, HBC=home-based care, RH/FP=reproductive health/family planning, OVC=orphaned and vulnerable children, IGA=income-generating activity, IE/BCC=information and education/behavior change communication

## Formal and Informal Community Organizations/Groups

There are four informal and self-help CBOs called *iddirs*. The number of members in these *iddirs* ranges from 1,000 to 5,000. In addition, there are two youth associations with total members of 380. These youth associations provide support to their members in terms of psychological and financial support including at time of family loss. Moreover, they cover the medical cost of their members and are engaged in community development endeavors. According to key informants, none of *iddirs* is engaged in HIV-related activities.

### 2.1.3 HCT SERVICES

Adola Health Center is the only facility providing HCT services on static basis. In line with the key informants, the existing static HCT service is poorly utilized for perceived lack of confidentiality and long waiting times. Moreover, the respondents further noted that weekday-only HCT service at the public health facility has marginalized migrant mining workers who only visit the town on the weekend.

All key informants accepted the idea of mobile HCT as long as the program is linked and coordinated with other post-test care and support services. The informants further noted that the success of mobile HCT and its service uptake, especially by MARP target groups, depends largely on the deployment of counselors from an area/town other than Adola.

### 2.1.4 CONDOM USE

Condoms are readily available at a minimal price in small kiosks, shops, drug shops, private clinics, and hotels. Free condoms are available from the government health center. According to various sources, condom use is high among FSWs; however, its consistent use by men sharply declines when they have sex with students and women of different walks of life, including illicit sexual relations with married women.

## 2.2 SHAKISO TOWN

Shakiso is a town located 490 kilometers south of Addis Ababa in Guji zone. The town has an estimated population of 45,000 (22,777 males and 22,223 females). It is one of the gold mining areas that attract a significant number of migrant workers.

The most frequently observed diseases in Shakiso town include malaria, pneumonia, diarrheal diseases, TB, STIs, intestinal parasites, and HIV/AIDS.

Generally, there was high awareness of HIV transmission and preventive methods in Shakiso town. As noted by key informants, the existing public facility-based STI services are underutilized because of perceived lack of confidentiality and privacy at those facilities. Self-prescription and use of traditional healers for STI treatment was frequently observed.

The woreda HAPCO is reported to be working very closely with PLHIV support groups and anti-AIDS clubs in the area of training, provision of seed money, and technical assistance for IGAs. The woreda HAPCO, however, confirmed the absence of targeted HIV interventions to reach at-risk populations such as FSWs, daily laborers, youth, and vulnerable women.

## 2.2.1 MOST AT-RISK POPULATIONS

Shakiso town hosts a significant number of migrant daily laborers operating in traditional and factory-based gold mining. The town is also inhabited by a large number of FSWs operating in hotels, bars, and local bets. MIDROC company owns a gold mining factory with a large number of permanent and temporary employees. According to informants, truckers and gold mine factory workers have sexual liaisons with in- and out-of-school girls, usually in exchange for money and gifts. The migrant daily laborers are the major clients of FSWs. The informants further noted that cultural practices, such as abduction, rape, polygamy, and more importantly, extramarital sex, commonly called *jalajalto*, are the major factors for the widespread transmission of HIV/STIs in the community.

**TABLE 8: SIZE OF TARGET POPULATIONS IN SHAKISO TOWN**

Target Population	Estimated Number
Migrant daily laborers	100,000
Construction workers	40
Uniformed government employees	150
In-school youth (secondary and tertiary)	2113
Petty traders/informal traders	25
Truckers and bus drivers (entering and leaving the town)	30
Commerical sex workers (FSWs)	300
Displaced population	4,000

### Female Sex Workers

There are an estimated 300 FSWs permanently based in Shakiso, operating in hotels and bars. According to informant, the number of FSWs increases during high gold production seasons, when large numbers of migrant daily laborers join the workforce. The major clients for FSWs are migrant daily laborers, truckers, local businessmen, and uniformed and other government employees. The IDI with FSWs revealed that their clients, at times, force them to have sex without a condom.

FSWs operate in hotels and bars located at Kebele 01 and 02. The most popular hotels and bars include Sunshine, Dessie, Classic, Girju, and Tigist hotels.

**TABLE 9: LOCATIONS IN SHAKISO TOWN WHERE FEMALE SEX WORKERS OPERATE**

Category	Location
Hotels	Sunshine Hotel - Kebele 01
	Dessie Hotel - Kebele 01
	Classic Hotel - Kebele 02
	Girju Hotel - Kebele 02
	Tigist Hotel - Kebele 02

### Informal Traders/Market Sellers

Informal traders in this town operate primarily in following areas: Wedo Gebeya (Kebele 01) and Shewa Ber Gebeya (Kebele 04).

### Truckers and Intercity Bus Drivers

The number of truckers and bus drivers entering and leaving Shakiso town are very few. Most of the vehicles traveling to and from Shakiso town are those from MIDROC gold mining factory. Most of truckers and intercity buses park near the major hotels and bars in town, namely at Sunshine, Dessie, Classic, Girju, and Tigist hotels.

**TABLE 10: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH SHAKISO TOWN**

Selected Information	Details
Times	Morning (6) Mid-day (7) Night (10) Overnight (10)
Overnight parking locations	Dessie Hotel Classic Hotel Girju Hotel Tigist Hotel Sunshine Hotel
Bars, clubs, and inns visited	Dessie Hotel, Kebele 01 Classic Hotel, Kebele 01 Girju Hotel, Kebele 02 Tigist Hotel, Kebele 02
Truck/bus companies	MIDROC Gold Mine Enterprise

### **Migrant/Daily Laborers/Construction Workers**

Shakiso and its surrounding areas is home to several thousand migrant gold miners who are primarily engaged in traditional gold mining activities. According to informants, the number of migrant workers reaches as high as 100,000 in high production seasons. Most of the migrant workers are stationed around the mining fields outside Shakiso town, specifically in places like Reji, Sewana, Werona, Dorbia, Ahdema, and Karo. According to the informants, migrant workers pass their leisure time in Shakiso town, especially over the weekends. This is the time that hotels and bars are busy selling alcohol and FSWs are busy with clients.

### **Adolescents and Youth**

In fiscal year 2007/08, a total of 9,681 students (5,485 males and 4,196 females) were enrolled in primary, secondary, and tertiary schools in Shakiso town. The only secondary and tertiary schools, Shakiso Secondary School and Teseroba College, enrolled slightly over 21 percent (2,113) of the students.

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

School Level	Number of Schools by Type			Student Enrollment		
	Private	Public	NGOs	Private	Public	Total
Primary (1-8)	2	6	0	4094	3474	7568
Secondary (9-10)	0	1	0	1221	592	1813
Tertiary	1	0	0	170	130	300
Total	3	7	0	5,485	4,196	9,681

Various sources said there is a high level of intergenerational and transactional sex between in- and out-of-school girls and older men, especially truckers and miners who work for MIDROC Gold Company. In-school girls also have sexual relationships with fellow students. The informants indicated that peer pressure is responsible for girls' early initiation to sex.

## 2.2.2 HEALTH SERVICES

Shakiso Health Center is the only public health facility with comprehensive HIV prevention, care, and treatment services including HCT, ART, PMTCT, diagnosis and treatment of TB and STIs, and management of OIs.

There are two private clinics for the general public, and two private companies have their own medium clinics serving their employees. These facilities provide general medical care including STI treatment and TB diagnosis. So far, none of these health facilities offer HCT services. The town also has a privately owned pharmacy, two drug stores and three rural drug vendors.

**TABLE 12: AVAILABILITY OF HEALTH SERVICES IN SHAKISO TOWN**

Type of Facility	Number	Name of Facility	Services Provided						
			HCT	TB Dx	TB Rx	ART	PMTCT	STIs	OIs
Public primary health center	1	Shakiso Health Center	√	√	√	√	√	√	√
Private medium clinic	1	Tese Roba clinic	-	√	-	-	-	√	-
Private lower clinic	1	Shakiso clinic	-	√	-	-	-	√	-
Pharmacy	1	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	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

### NGOs with HIV/AIDS Prevention, Care, and Support Programs

No NGO was reported to operate HIV/AIDS-related programs in and around Shakiso area.

### Formal and Informal Community Organizations/Groups

There are a total of six iddirs in Shakiso town with members ranging from 500 to 10,000 per iddir. The iddirs' role in HIV/AIDS prevention, care, and support is very limited. According to key informants, iddirs are untapped resources for community-based HIV interventions given their size, goodwill, and reputation. The biggest iddir in town, Fetno Derash Iddir, has 10,000 members.

## 2.2.3 HCT SERVICES

Shakiso Health Center is the only health facility providing HCT services, mainly on a static basis. Its use by MARP groups is severely hampered by perceived lack of confidentiality, long delays, and inflexible working days and hours, according to informants. FSWs showed less interest in using the HCT services at the health center for fear of stigma and loss of business if seen by clients who may be at the health center.

The idea of mobile HCT service was welcomed by all target groups and key informants. All the respondents, however, noted that the uptake of mobile HCT depends on the use of new counselors, the availability of weekend services, and the selection of mobile sites closer to MARP target groups, including migrant gold miners. FSWs preferred female counselors for better confidentiality.

With regard to the time and place of mobile HCT services, FSWs suggested setting up the services in their neighborhood; around hotels in Kebele 01 and 02, preferably around mid-day to early afternoon. The best places to reach migrant workers are mining fields in the outskirts of Shakiso, such as the Reji, Sewana, Werona, Dorbia, Ahdema, and Karo areas. However, the respondents further noted that weekend HCT services could increase access to information and services for migrant daily laborers.

## 2.2.4 CONDOM USE

Condoms are readily available at a minimal price in most ordinary shops, hotels, private clinics, pharmacies, and drug stores/vendors. Free condoms are available from the government health center. Condom supply is reported to be inconsistent, and, in the period preceding this assessment, there was a shortage of condoms in town.

According to key informants, most men use condoms when having sex with FSWs but not with in- and out-of-school girls, young women, and other casual-sex partners.

## 2.3 NEGELE BORENA TOWN

Negele Borena town is 590 kilometers southeast of Addis Ababa, in Guji Zone. The population of the town is estimated to be 38,207.

The most common causes of mortality and morbidity in Negele town include STI, TB, malaria, and typhoid. According to key informants, most people in the town seek treatment from Negele Hospital. The informants, however, noted that most people seeking STI treatment go to either traditional healers or private clinics, or they self-prescribe at local private pharmacies and drug stores.

### 2.3.1 MOST AT-RISK POPULATIONS

Negele town hosts a significant number of FSWs, uniformed men, migrant daily laborers, and transient traders from the neighboring woredas. There is high level of transgenerational and transactional sex between in-school girls and uniformed men, transient traders, and truckers. Widespread cultural malpractices, such as polygamy and jalajalto contribute to unchecked HIV/STI transmission in the community. High alcohol use and substance abuse (especially khat) is common among unemployed out-of-school youth.

**TABLE 13: SIZE OF TARGET POPULATIONS IN NEGELE TOWN**

<b>Target Population</b>	<b>Estimated Number</b>
Migrant daily laborers	6,000
Uniformed government employees	500
In-school youth (secondary and tertiary)	10,236
Petty traders/informal traders	300
Truckers and bus drivers (entering and leaving the town)	250
Commerical sex workers (FSWs)	250

## Female Sex Workers

Negele town hosts about 250 permanent FSWs. Most of them migrate from Addis Ababa, Shashamene, Awassa, and neighboring Somalia. The majority of their clients are uniformed men, transient traders, truckers, and government employees. FSWs operates in hotels, bars, and local brew selling houses such as “Melaw Kelete,” “Fereshet,” “Sakbesak,” “Bekenek,” and Shoferoch Ber.

**TABLE 14: LOCATIONS IN NEGELE TOWN WHERE FEMALE SEX WORKERS OPERATE**

Category	Location
Hotels	Ada Hotel - Kebele 03
	Adwa Hotel - Kebele 03
	Freshet Hotel - Kebele 03
	Hawi Hotel - Kebele 01
	Zenbaba Hotel - Kebele 01
Other	Zinash Grocery - Kebele 02
	Zinash Grocery (Kebele 02)
Streets	Ada Hotel (Kebele 03)
	Adwa Hotel (Kebele 03)
	Freshet Hotel (Kebele 03)
	Hawi Hotel (Kebele 01)
	Adwa Hotel (Kebele 01)

## Informal Traders/Market Sellers

Informal traders in this town operate primarily in following areas: Tiliku Gebeya (Kebele 03) and Tinishu Gebeya (Kebeles 01, 02, and 03).

## Truckers and Intercity Bus Drivers

An estimated 100 trucks and intercity buses enter and leave Negele town each day. Drivers who choose to spend the night in town usually park around the Megazen area and the town’s bus station. According to informants, truckers and bus drivers and their assistants are among the frequent clients of FSWs.

**TABLE 15: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH NEGELE TOWN**

Selected Information	Details
Times	Morning (25)
	Mid-day (28)
	Night (45)
	Overnight (52)
Overnight parking locations	Megazen Tera Menaheria
Bars, clubs, and inns visited	Zinash Grocery, Kebele 02 Ada Hotel, Kebele 03 Adwa Hotel, Kebele 03 Freshet Hotel, Kebele 03 Hawi Hotel, Kebele 01 Zenbaba Hotel, Kebele 01

## Migrant/Daily Laborers/Construction Workers

Negele Borena town is a place where there is a lot of trading including in contraband that attracts thousands of migrant daily laborers. According to key informants, there are an estimated 6,000 daily laborers and migrant workers in Negele town. The laborers are cited as potential clients for mobile HCT services.

## Adolescents and Youth

There are nine primary, secondary, and tertiary schools, which enrolled a total of 17,267 (9,633 males and 7,636 females) students in 2007/08. Of the total students in Negele town, 59 percent (10,236) are enrolled in the secondary and tertiary schools (Negele Secondary School and Negele Health College).

**TABLE 16: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN NEGELE TOWN**

School Level	Number of Schools by Type			Student Enrollment		
	Private	Public	NGOs	Private	Public	Total
Primary (1-8)	0	6	0	3848	3185	7033
Secondary (9-12)	0	1	0	5563	3901	9464
Tertiary	1	1	0	222	550	772
Total	1	8	0	9,633	7,636	17,269

Young people constitute a high proportion of the town's population; over 10,000 of them are enrolled in the secondary and tertiary schools. According to informants, girls make their sexual debut at ages as young as 12. There is high alcohol consumption and khat chewing among out-of-school youth. In-school girls and out-of-school young women maintain sexual networks with older men in return for money and gifts. These inexperienced girls lack safe sex negotiation skills and were highly vulnerable for contracting HIV/STIs.

### 2.3.2 HEALTH SERVICES

Negele Hospital is the only public health facility with comprehensive HIV prevention, care, and treatment services, including HCT, ART, PMTCT, diagnosis and treatment of TB and STIs, and management of OIs.

There are four private clinics (one medium and three lower) in Negele town. These private facilities provide STI diagnosis and treatment services. So far, none of them provides HCT services. There is one medium clinic, belonging to Negele Health Science College, that provides clinical services for the college community. In addition, the town has a privately owned pharmacy, drug store, and three drug vendors.

**TABLE 17: AVAILABILITY OF HEALTH SERVICES IN NEGELE TOWN**

Type of Facility	Number	Name of Facility	Services Provided						
			HCT	TB Dx	TB Rx	ART	PMTCT	STIs	OIs
Public general hospital	1	Negele Hospital	√	√	√	√	√	√	√
Private medium clinic	1	Liben clinic	-	-	-	-	-	√	-
Private lower clinic	3	Saleh clinic	-	-	-	-	-	√	-
		Melkakoba clinic	-	-	-	-	-	√	-
		Abageda clinic	-	-	-	-	-	√	-
Pharmacy	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug store	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug vendor	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

## NGOs with HIV/AIDS Prevention, Care, and Support Program

Three NGOs are engaged in HIV prevention, care, and support programs. Save the Children/USA (SC-USA) focuses on HIV/AIDS awareness creation for the general public. Dawn of Hope, a PLHIV support association, provides IGAs, HBC, and OVC care. Columbia University (CU-ICAP) primarily provides technical support for Negele Hospital in areas of ART and other chronic care services.

**TABLE 18: NGOS/CBOS PROVIDING HIV/AIDS CARE AND SUPPORT ACTIVITIES**

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	
SC-USA	-	-	-	-	-	-	-	√	-	-	General public
Dawn of Hope	√	-	√	-	-	√	-	-	-	-	PLWHA, OVC
CU-ICAP	-	-	-	-	√	-	-	-	-	√	General public

## Formal and Informal Community Organizations/Groups

There are five iddirs in the town, with memberships of 300 to 700 persons. None of these iddirs are engaged in HIV/AIDS-related activities or other community-development endeavors.

### 2.3.3 HCT SERVICES

Negele Hospital is the only facility in town with static HCT services. They are not well utilized by at-risk groups, however, because of long waiting time, weekday-only services, and inconvenient working hours, according to informants. All respondents welcomed the idea of mobile HCT services.

### 2.3.4 CONDOM USE

FSWs reported consistent condom use with the exception of rare incidents when clients force them to have unprotected sex. Condoms are available in different distribution outlets, primarily small kiosks, shops, drug shops, clinics, hotels, and a youth center.

## 2.4 YABELLO TOWN

Yabello town is situated in Borena zone. The town is located in Yabello woreda at 570 kilometers south of Addis Ababa. The town has an estimated total population of 35,545 (17,417 males and 18,128 females).

Different diseases have public health importance in Yabello town; they include HIV/AIDS, STIs, helminthes, and waterborne diarrheal diseases.

### 2.4.1 MOST AT-RISK POPULATIONS

High transgenerational and transactional sex was observed between in-school girls and older men, especially with local businessmen and government employees. The town hosts significant at-risk populations, primarily migrant daily laborers and FSWs. According to informants, certain cultural practices are responsible for the increase in HIV/STIs transmission in the town, for instance, sexual violence (rape) and jalajalto. According to key informants, local society accepts jalajalto; even husbands do not mind their wife's extramarital sexual relationships – such relationships make the husband feel that his wife is attractive. One of the key informants indicated that if the wife becomes pregnant by the other man, the husband will raise the child as his own, a practice known locally as *abera*. Jalajalto is believed to increase HIV/STIs transmission as it is a type of sexual relationship that involves emotional ties that discourage condom use. Substance abuse (khat and shisha) among in-

and out-of-school youth is quite high, and it increases the risk of unplanned and unsafe sex. The key informants also noted the increasing incidence of men having sex with men in prisons and among street boys.

**TABLE 19: SIZE OF TARGET POPULATIONS IN YABELLO TOWN**

Target Population	Estimated Number
Migrant daily laborers	1,350 (600 female)
Construction workers	150
Uniformed government employees*	400 (80 female)
In-school youth (secondary and tertiary)	1,923 (540 female)
Petty traders/informal traders	300 (55 female)
Truckers and bus drivers (entering and leaving the town)	30
Commerical sex workers (FSWs)	170

### Female Sex Workers

Yabello town has an estimated 170 (69 permanent and 101 transient) FSWs. Most of these FSWs operate in hotels, bars, and local brew selling houses (araki and teji bets) around Adegegna Menged, Kebele 02 (around market places), Meskid area, and around the zone prison house (in front of the town’s municipal building). According key informants, some in-school girls and out-of-school young women are engaged in commercial sex work with the support of sex brokers. IDIs with FSWs revealed that most FSWs have permanent non-paying partners with whom they rarely use condom.

**TABLE 20: LOCATIONS IN YABELLO TOWN WHERE FEMALE SEX WORKERS OPERATE**

Category	Location
Araki, tella, and tej bets	Teji Bets, back streets
Hotels	Lidet Hotel, Kebele 02 Adis-Zemen Hotel, Kebele 01 Abate Worku Metasebia Hotel, Kebele 02 Green Hotel, Kebele 02 Hawi Hotel, Kebele 02 Torna Hotel, Kebele 02 Arero Goro Hotel, Kebele 02
Streets	Adegegna Menged, Lidet Hotel and other hotels Around Meskid (mosque) area; in front of municipality; around zone prison house Backstreet teji bets – Adegena Menged

### Informal Traders/Market Sellers

Informal traders operate primarily in following areas: Yabello Kidamie Gebeya (Kebele 02 near Menehar) and Koche Gult Gebeya (Kebele 01, Meskide area).

## Truckers and Intercity Bus Drivers

Yabello town is visited by an estimated 69 trucks and intercity buses each day. The truckers and bus drivers park for an overnight stay around Kella (custom checkpoint) and along Andegna Menged. The truckers and bus drivers consume large amounts of alcohol and spend the night with FSWs.

**TABLE 21: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH YABELLO TOWN**

Selected Information	Details
Times	Morning (17) Mid-day (24) Night (28) Overnight (10)
Overnight parking locations	Around Kella (custom checkpoint) Along Andegna Menged
Bars, clubs, and inns visited	Lidet Hotel, Kebele 02 Adis-Zemen Hotel, Kebele 01 Green Hotel, Kebele 02 Hawi Hotel, Kebele 02

## Daily Laborers

Yabello is home to 1,350 (750 male and 600 female) daily laborers. Daily laborers consume large amounts of local brews (teji and araki) in places around Kebele 01 and 02, especially in Gidicho Sefer, Andegna Menged, Menharia, and near the zone prison facility.

## Adolescents and Youth

Yabello town has a total of 10 private, public, and NGO schools. These schools enroll a total of 6,650 (3,844 boys and 2,806 girls) students. The three secondary and tertiary schools enroll approximately 30 percent (1,923) of students.

**TABLE 22: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN YABELLO TOWN**

School Level	Number of Schools by Type			Student Enrollment		
	Private	Public	NGOs	Private	Public	Total
Primary school	1	3	2	2,461	2,266	4,727
Secondary school	0	0	1	969	503	1,472
Tertiary school	0	2	0	414	37	451
<b>Total</b>	<b>1</b>	<b>5</b>	<b>3</b>	<b>3,844</b>	<b>2,806</b>	<b>6,650</b>

The sexual debuts of in-school girls start at ages as low as 13-14 years of age. Their sexual relationships extend from fellow students to older men, especially local businessmen, NGOs workers, and civil servants in return for money and gifts. The informants further noted that the high incidence of unplanned and unprotected sex was responsible for unwanted pregnancy and STI/HIV infection.

## 2.4.2 HEALTH SERVICES

Yabello Health Center is the only public health facility with comprehensive HIV/AIDS services, such as HCT, ART, PMTCT, diagnosis and treatment of TB and STIs, and OI drugs. ART service has started very recently in town.

STI patients commonly seek treatment from private clinics and traditional leaders for perceived better confidentiality. Self-prescription is a common practice and antibiotics are readily available in the neighboring town drug vendors and drug stores.

**TABLE 23: AVAILABILITY OF HEALTH SERVICES IN YABELLO TOWN**

Type of Facility	Number	Name of Facility	Services Provided						
			HCT	TB Dx	TB Rx	ART	PMTCT	STIs	OIs
Public primary health center	1	Yabello Health Center	√	√	√	√	√	√	√
Private medium clinic	1	Meta clinic	√	√	-	-	-	√	-
Private lower clinic	4	Derartu Clinic	-	√	-	-	-	√	-
		Abinezer Clinic	-	√	-	-	-	√	-
		Robbot Clinic	-	√	-	-	-	√	-
		Negeye Clinic	-	√	-	-	-	√	-
Other governmental clinic	2	Police Clinic	-	√	-	-	-	√	-
		Prison House Clinic	-	√	-	-	-	-	-

### NGOs with HIV/AIDS Care and Support Program

There are four international and local NGOs with HIV prevention, care, and support programs. Most of these NGOs provide IE/BCC to the general community with emphasis on in- and out-of-school youth. Some of these NGOs support people infected and affected by HIV and AIDS through IGA programs

**TABLE 24: NGOS/CBOS PROVIDING HIV/AIDS CARE AND SUPPORT ACTIVITIES**

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-Borena	-	-	-	-	-	√	-	√	-	-	Youth and PLHIVs
GOAL Ethiopia	-	-	-	-	-	√	-	√	-	-	PLHIVs
AFD (Action for Development)	-	√	-	-	-	-	-	√	-	-	Youth and women
Tolla Dolla Bereka	-	-	-	-	-	-	-	√	-	-	General community

### Informal and Formal Organizations

Tesfa Behiwot Association is a PLHIV support group that provides ongoing counseling and IGAs to its members and their immediate families. Yabello Evangelical Church provides IE/BCC to community groups and care and support services to PLHIV and OVC. The informants noted that other CBOs, especially iddirs, are active in providing care and support services for PLHIV and OVC.

### 2.4.3 HCT SERVICES

According to the respondents, the demand for HCT service is very high. Currently, there is no targeted HCT service to specific at-risk population groups. The mobile HCT service could create an opportunity to reach those who are disadvantaged to get access to information and services, primarily FSWs and daily laborers. The respondents emphasized the need for strong social mobilization to foster the awareness of and promote demand for mobile HCT services among MARPs.

#### 2.4.4 CONDOM USE

Inconsistent condom use is reported to be very common, especially among those men and women having sex through the traditional practice of *jalajalto*. Condoms are, however, readily available free of charge in Yabello Health Center, and at a nominal fee in hotels, kiosks, and shops.

### 2.5 HAGEREMARIAM (BULE HORA) TOWN

Hageremariam (also known as Bule Hora) is located 467 kilometers south of Addis Ababa. The town is in Bule Hora woreda, in Borena zone. Its population is estimated to be 33,428 (14,040 male and 19,388 female).

The town's most common public health problems are STIs, pneumonia, diarrheal diseases, intestinal parasites, malaria, HIV/AIDS, and TB. According to a key informant, residents are well acquainted with HIV transmission and control. There is good uptake of clinical services at government health facilities with the exception of STI treatment. In line with the informant, self-prescription of STI treatment is common or people seek treatment from private clinics and traditional healers, which they prefer for perceived confidentiality and privacy.

The woreda HAPCO supports civic organizations and PLHIV support groups with IE/BCC materials and seed money and technical assistance for IGAs. According to informants, the town's IGA program support primarily targets PLHIV, unemployed youth, and FSWs. The sources noted, however, that focused HIV interventions, such as HCT, are lacking.

#### 2.5.1 MOST AT-RISK POPULATIONS

Hageremariam is the market town for its surrounding coffee growing (the common cash crop) rural areas. The town is situated along the busiest road that links the southern part of Ethiopia with neighboring Kenya. As a result, significant numbers of trucks and intercity buses enter and leave the town. There are several coffee processing plants that created low-paid jobs especially for economically disadvantaged young girls. Often, these young girls have sex with older local businessmen in exchange for money to complement their small incomes. Truckers and intercity bus drivers have sexual relations with in- and out-of-school girls and FSWs. The informants further noted that the community tolerates secret extramarital sex between married men and young woman (*kimit*). The informants also noted that abduction and rape is a widespread cultural practice that exposes young women to HIV/STIs infection.

**TABLE 25: SIZE OF TARGET POPULATIONS IN HAGEREMARIAM TOWN**

Target Population	Estimated Number
Migrant daily laborers	4,000
Construction workers	170
Uniformed government employees	380
In-school youth (secondary and tertiary)	2939
Petty traders/informal traders	350
Truckers and bus drivers (entering and leaving the town)	50
Commerical sex workers (FSWs)	303

## Female Sex Workers

The town hosts an estimated 303 FSWs, who operate in hotels, bars, and local brew selling houses. According to informants, the main clients of FSWs are coffee traders, drivers, uniformed men, daily laborers, government employees, and farmers (especially during the coffee harvest seasons).

**TABLE 26: LOCATIONS IN HAGEREMARIAM TOWN WHERE FEMALE SEX WORKERS OPERATE**

Category	Location
Araki, tella, and tej bets	Araki bets - K01 Becho Sefer
Hotels	Agere Mariam Hotel - K 01, Andegna Menged Awi Hotel - K 01, Andegna Menged Dawa Hotel - K 01, Andegna Menged Birhan Hotel - K 01, Andegna Menged Urga Hotel - K 01, Andegna Menged Kuku Hotel - K 01, Andegna Menged Dire Hotel - K 01, Andegna Menged Tena Hotel - K 01, Andegna Menged I8 (Asrasimint) Hotel - K 01, Andegna Menged Taye Hotel - K 02, Andegna Menged Lema Hotel - K 02, Andegna Menged Nyala Hotel - K 02, Andegna Menged
Streets	Hotels in and around Meneharia and Andegna Menged (K-01) Some in K-02 Andegna Menged

## Informal Traders/Market Sellers

Informal traders in this town operate primarily in following areas: Meneharia Sefer (Kebele 01), Rebu Gebeya (Kebele 03), and Gulit Gebeya (Kebele 01).

## Truckers and Intercity Bus Drivers

The number of trucks and buses entering and leaving the town is estimated to be around 176 per day. Drivers and their assistants are quite popular with FSWs. They also have sex with in- and out-of-school girls.

**TABLE 27: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH HAGEREMARIAM TOWN**

Selected Information	Details
Times	Morning (66) Mid-day (54) Night (59) Overnight (48)
Overnight parking locations	On the main road at Andegna Menged Compounds of the Hotels in the town
Bars, clubs, and inns visited	Agere Mariam Hotel - K 01, Andegna Menged Awi Hotel - K 01, Andegna Menged Dawa Hotel - K 01, Andegna Menged (near Meneharia) Birhan Hotel - K 01, Andegna Menged (near Meneharia) Urga Hotel - K 01, Andegna Menged Kuku Hotel - K 01, Andegna Menged Tena Hotel - K 01, Andegna Menged

## Migrant/Daily Laborers/Construction Workers

There are an estimated 4,000 migrant daily laborers in town each day. The number of workers peaks during the coffee-harvest seasons. Most of these workers leave their families behind for long

periods, and for entertainment they consume a large amount of alcohol and have sex with FSWs. The sexual networks of daily laborers extend to fellow female daily laborers working in coffee mills.

### Adolescents and Youth

There are a total of five primary, secondary, and tertiary schools in Hageremariam town. The schools enrolled a total of 8,462 (5,341 males and 3,121 females) students in 2007/08. The three secondary and tertiary schools (Bule Hora Secondary School, Bule Hora Preparatory School, and Hunde Gudina College) enrolled 34 percent (2,939) of the students.

**TABLE 28: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN HAGEREMARIAM TOWN**

School Level	Number of Schools by Type			Student Enrollment		
	Private	Public	NGOs	Private	Public	Total
Primary (1-8)	0	3	0	2971	2552	5523
Secondary (9-10)	0	1	0	2124	543	2667
Tertiary	1	1	0	246	26	272
Total	1	4	0	5,341	3,121	8,462

There is a great deal of transactional and transgenerational sex among in-school girls and older men in return for money. In-school girls' sexual networks extend to fellow students, especially those students who earn income from part-time employment (unskilled jobs) at coffee mills. Girls make their sexual debuts at ages as low as 12 years. According to informants, adolescents and youth start sexual experimentation because of high peer pressure and widely available pornographic films.

### 2.5.2 HEALTH SERVICES

The town has one general hospital and a primary health center. Bule Hora Hospital is the only public facility that offers comprehensive HIV prevention, care, and treatment services, including HCT, ART, PMTCT, diagnosis and treatment of TB and STIs, and management of OIs.

There are 10 private clinics (two medium and eight lower) that offer clinical services, primarily STI treatment, TB diagnosis, and referral services. In addition, there are three privately owned drug dispensaries, a pharmacy, drug store, and drug vendor.

**TABLE 29: AVAILABILITY OF HEALTH SERVICES IN HAGEREMARIAM TOWN**

Type of Facility	Number	Name of Facility	Services Provided						
			HCT	TB Dx	TB Rx	ART	PMTCT	STIs	OIs
Public general hospital	1	Bule Hora hospital	√	√	√	√	√	√	√
Public primary health center	1	Bule Hora Health center	√	√	√	-	-	√	√
Private medium clinic	2	Teku Clinic	-	√	-	-	-	√	-
		Berkumi Clinic	-	√	-	-	-	√	-
Private lower clinic	8	Faries Clinic	-	√	-	-	-	√	-
		Universal Clinic	-	√	-	-	-	√	-
		Naol Clinic	-	√	-	-	-	√	-
		Natnael Clinic	-	√	-	-	-	√	-
		Bethel Clinic	-	√	-	-	-	√	-
		Tsinuel Clinic	-	√	-	-	-	√	-
		Bule Hora Clinic	-	√	-	-	-	√	-
		Lemi Clinic	-	√	-	-	-	√	-
Pharmacy	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

Type of Facility	Number	Name of Facility	Services Provided						
			HCT	TB Dx	TB Rx	ART	PMTCT	STIs	OIs
Drug store	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug vendor	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

### NGOs with HIV/AIDS Prevention, Care, and Control

Action for Development (AFD) is the only local NGO operating in the town. Together with the woreda HAPCO, AFD operates in the area of HIV prevention, care, and support, doing primarily HIV awareness creation, IGAs, and support for youth center construction. AFD in partnership with the woreda HAPCO conducted an outreach HCT services to the surrounding rural communities

**TABLE 30: NGOS/CBOS PROVIDING HIV/AIDS CARE AND SUPPORT ACTIVITIES**

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	
AFD (Action for Development)	-	-	-	-	-	√	-	√	-	√	Youth and PLWHA

### Formal and Informal Community Organizations/Groups

The town has 15 registered iddirs with a total of 4,000 members. These iddirs were established by local communities primarily for mutual help, especially for financial and psychological support at the time of loss of family members. So far, none of these iddirs is engaged in HIV/AIDS prevention, care, or support programs.

#### 2.5.3 HCT SERVICES

The two government health facilities provide static HCT services. So far, none of the private clinics has started HCT services. There is no targeted IE/BCC and HCT to attract at-risk population groups, though there is high demand for HCT services. The source indicated that most people travel as far as Awassa and Addis Ababa for an HIV test.

#### 2.5.4 CONDOM USE

Condoms are available in ordinary shops, hotels, bars, information centers, pharmacies, and public and private health facilities. The information solicited from various sources supports the prevailing inconsistent use of condom among in- and out-of-school youth, daily laborers, and drivers. The same was true with FSWs who sometime agree to unprotected sex if paid well.

### 2.6 MEGA TOWN

Mega town is one of the smaller towns across the Addis-Moyale route that heads to Kenya. It is located 665 kilometers south of Addis Ababa. The town is in Dire woreda in Borena zone. Its total population is estimated to be 5,023 (2,562 males and 2,461 females).

Malaria, STIs, gastritis, bronchitis, skin diseases, TB, and HIV/AIDS are the leading causes of morbidity and mortality in Mega town, according to key informants from the woreda health office.

Unlike other towns across this corridor, most people seek health care from public health institutions including for diseases like STIs. Health seeking from traditional healers is also reported to be significant. It was reported by key informants that the woreda HAPCO is involved in the distribution of IE/BCC materials, support for PLWHA, and establishment and support of anti-AIDS clubs.

However, according to other key informants, the level of effort for care and support for PLHIV and MARPs is minimal or absent.

## 2.6.1 MOST AT-RISK POPULATIONS

Unlike other towns along the Addis-Moyale corridor, Mega is not known for having high numbers of migrant populations and drivers. Key informants report a high level of transgenerational and transactional sex, mostly among the youth, businessmen, farmers (from the surrounding rural community), government employees, and military personnel. These men buy the sexual services of hotel-based FSWs and young FSWs who work outside of the hotels. Demand for commercial sex (both formal and informal) comes primarily from rural men and is compounded by the poor socioeconomic status of many women and girls. According to informants, this predisposes the community in and around Mega town to contract HIV.

Key informants also report several cultural practices and beliefs that encourage multiple sexual partnerships and extramarital sex. *Jalajalto*, *bussa*, and *dibbe* are common. *Jalajalto* (as discussed above, this allows men and women to have extramarital sex usually before marriage) is very common among the youth in Mega town. The use of condoms by these men and women is usually unacceptable, according to key informants. *Bussa*, according to one key informant, is the lending of a wife of one man to another man who visits the couple as a guest. This is practiced primarily by the rural community surrounding Mega town. *Dibbe* is where a youth of about age 18 is encouraged by the community and expected by his friends to secretly have sex with a married woman before his marriage.

Generally, it seems that the community around Mega is tolerant of multiple sexual partners and extramarital sex. It was reported that there is an active discussion among the local officials and the community to intervene against such harmful traditional practices. The extent and contextual dimensions of such harmful practices need to be studied more.

**TABLE 31: SIZE OF TARGET POPULATIONS IN MEGA TOWN**

Target Population	Estimated Number
Migrant daily laborers	300
Construction workers	70
Uniformed government employees	80
In-school youth (secondary and tertiary)	759
Petty traders/informal traders	61
Truckers and bus drivers (entering and leaving the town)	83
Commerical sex workers (FSWs)	45

### Female Sex Workers

There are an estimated 45 female FSWs operating only in hotels of Mega town. However, according to key informants, this number is very small compared with the huge number of informal FSWs who operate in local araki, tej, and tella bets and those selling sex in their own houses through the facilitation of brokers. Poor widowed and divorced women usually end up working, and selling sex, in these local brew selling houses. Most of their clients are farmers from surrounding rural areas and the daily laborers of Mega town. Condom use among these FSWs was reported to be very rare. According to key informants, FSWs operating in hotels are relatively better at using condoms. The clients of the hotel-based FSWs are mostly businessmen, drivers, students, government employees, and the local military personnel.

Most of the hotel-based FSWs operate at the hotels located across the main road and around Zerfie Hotel area, while those operating in the local brew selling houses are located around the main market area.

**TABLE 32: LOCATIONS IN MEGA TOWN WHERE FEMALE SEX WORKERS OPERATE**

Category	Location
Hotels	Zerfie Hotel - Zerfie Hotel area
	Tigist Firie Hotel - Zerfie Hotel area
	South Hotel - Andegna Menged
	Dire Hotel - Andegna Menged
	Menafesha Hotel - Andegna Menged
Streets	Zerfie Hotel area, Andegna Menged and in araki bets around Gebeya

### Informal Traders/Market Sellers

Informal traders operate primarily in following areas: Andegna Menged around South Hotel and Menafesha Hotel, and Mega Kidame Gebeya.

### Truckers and Intercity Bus Drivers

The number of trucks and buses staying in Mega for a longer period are very limited. Those passing the night are also very few. Most drivers prefer nearby Moyale town, with its better facilities and hotels.

**TABLE 33: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH MEGA TOWN**

Selected Information	Details
Times	Morning (28)
	Mid-day (33)
	Night (22)
	Overnight (5)
Overnight parking locations	Andegna Menged near hotels
Bars, clubs, and inns visited	Zerfie Hotel - Zerfie Hotel area
	Tigist Firie Hotel - Zerfie Hotel area
	South Hotel - Andegna Menged

### Migrant Daily Laborers

The number of migrant daily laborers in Mega town is small, estimated at around 300. Most visit FSWs operating around the main market place in araki, tej, and tella bets.

### Adolescents and Youth

Mega has six schools that enrolled 2,940 (1,695 males and 1,245 females) students in 2007/08. Mega High School and Mega Preparatory School providing the town's secondary- and tertiary-level education respectively. These two schools enrolled close to 26 percent (759) of the total students in the town.

**TABLE 34: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN MEGA TOWN**

School Level	Number of Schools by Type			Student Enrollment		
	Private	Public	NGOs	Private	Public	Total
Primary (1-8)	1	3	0	1129	1052	2181
Secondary (9-10)	0	1	0	536	192	728
Tertiary	0	1	0	30	1	31
Total	1	5	0	1,695	1,245	2,940

According to key informants, the youth in Mega town are among the hardest hit by HIV infection. According to the woreda health office, most of those tested for HIV in the health center are young people, especially out-of-school youth. Factors perceived to facilitate this are jalajalto, low condom use, and socioeconomic problems among girls. Most sexual activities happen among the youth themselves, and schoolgirls with older businessmen, government employees, and military personnel. Age at initiation of sex was reported to be as low as 12 and 16 years for girls and boys, respectively.

## 2.6.2 HEALTH SERVICES

Mega Health Center is the only public health facility providing basic comprehensive HIV prevention, care, and treatment services, including HCT, ART, PMTCT, diagnosis and treatment of TB and STIs, and management of OIs. The ART program has started just recently.

There is no private sector clinic or pharmacies/drug store/rural drug vendor except for a lower clinic owned by the Mekaneyesus Church (an NGO). The clinic provides diagnostic and treatment services for STIs.

**TABLE 35: AVAILABILITY OF HEALTH SERVICES IN MEGA TOWN**

Type of Facility	Number	Name of Facility	Services Provided						
			HCT	TB Dx	TB Rx	ART	PMTCT	STIs	OIs
Public primary health center	1	Mega Health Center	√	√	√	√	√	√	√
Private lower clinic	1	Mekaneyesus clinic	-	-	-	-	-	√	-

### NGOs with HIV/AIDS Prevention, Care, and Control

CARE-Ethiopia operates in this town supporting the local health office in areas of HCT promotion, HBC, and IGA targeting the youth and PLWHAs.

**TABLE 36: NGOS/CBOS PROVIDING HIV/AIDS CARE AND SUPPORT ACTIVITIES**

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	√	-	-	-	-	√	-	√	-	√	Youth and PLWHA

### Formal and Informal Community Organizations/Groups

Jiru Association is a formally established association composed of iddirs, religious leaders, government officials, and community leaders. The main objective of this association is providing care and support services for PLHIV and other chronically ill individuals. The association is currently providing home- and community-based care, and spiritual and other psychosocial support for PLHIV in Mega town.

## 2.6.3 HCT SERVICES

Mega Health Center provides HCT services for the local community. Key informants noted that people are willing to get tested at the health center. However, due to the limited post-test care and support for HIV-positive people in the area, utilization of HCT is reported to be very low. Moreover, the service is not targeted to MARPS such as youth, farmers, and FSWs. Respondents recommended targeting all FSWs including those working outside of hotels, at the main market. No outreach program has been tried before. The idea of mobile HCT was very much welcomed by all

key informants. The best places/times to set up mobile sites include markets, schools, during the Abawla meeting, and on the main road in front of the hotels.

#### **2.6.4 CONDOM USE**

Like residents in other towns, Mega residents are familiar with condoms. However, their use is very limited among groups with high levels of sexual activity, i.e., youth and rural farmers who buy sex from non-hotel-based FSWs. Especially in respect to jalajalto partnerships, the use of condom is unacceptable. Condom use is reported to be relatively common among FSWs operating in hotels. However, easy access to condoms is becoming very difficult for the local health authorities. Thus, their availability is limited to some shops and the health center. Key informants recommended the need for wider distribution to a wider population including FSWs operating outside of hotels.

### **2.7 MOYALE TOWN**

Moyale is on the border town between Ethiopia and Kenya. It is located 775 kilometers south of Addis Ababa. Administratively, the town is in Moyale woreda of Borena zone. It sits along the main transport and business corridor linking Ethiopia with Kenya and the rest of southern Africa. The population of the town is estimated to be 54,200 (25,800 males and 28,400 females). The town is also known for its large number of seasonal mobile population.

According to key informants from the health sector, respiratory diseases, TB, malaria, diarrheal diseases, and HIV/AIDS are the leading causes of morbidity and mortality in Moyale area. Key informants noted that HIV/AIDS is well known by the local community. Most people seek health care from public health institutions. However, for privacy and quality reasons, a significant number of people seek care from private health facilities in the town and the nearby Kenyan Hospital.

Key informants reported that the woreda HAPCO is involved in the production and distribution of IE/BCC materials, support for PLHIV, and anti-AIDS clubs.

All qualitative data showed that there is no targeted HIV/AIDS intervention or service provision for MARPs including FSWs, daily laborers, youth, and vulnerable women.

#### **2.7.1 MOST AT-RISK POPULATIONS**

As a border town, Moyale has a highly mobile population, business interactions, and extensive sexual activity involving the people of both countries. In addition, this town hosts tourists, military personnel, migrant workers, and female FSWs. The level of unemployment is reported to be high. According to key informants, the number of destitute young girls and women is significant. Most of these women and girls, including schoolgirls, depend on selling sex for their livelihood. The use of khat, shisha, hashish, and another drug called Rojo 5 is reported to be rampant and uncontrolled. Moreover, the town hosts a high number of hotels, bars, and local araki, khat and shisha houses. In all these facilities are a number of FSWs and risky sexual activities. As a result, according to the qualitative data generated from FGDs and in-depth and key informant interviews, these risk factors, population groups, and settings fuel the area's HIV/AIDS epidemic. Risky sexual activities are undertaken primarily by FSWs, daily laborers, youth, and businessmen and -women from both countries. According to the qualitative data, the poor socioeconomic situation, especially for girls and women, the use of drugs, sexual abuse, and cultural practices like jalajalto that allow multiple sexual partners are the main predisposing factors for intensified HIV/AIDS infection in Moyale area.

**TABLE 37: SIZE OF TARGET POPULATIONS IN MOYALE TOWN**

Target Population	Estimated Number
Migrant daily laborers	2,500
Construction workers	260
Uniformed government employees	Data unknown
In-school youth (secondary and tertiary)	1,138
Petty traders/informal traders	650
Truckers and bus drivers (entering and leaving the town)	94
Commerical sex workers (FSWs)	1,000

### Female Sex Workers

Moyale town hosts a huge (1,000) number of female FSWs. They work in hotels, bars, khat and shisha houses, and in their own rented houses, especially in the area called Kuchira Sefer. FGD and IDI participants identified several categories of FSWs residing in Moyale town: hotel-based FSWs, student engaging in paid sex, FSWs operating outside of hotels in small rented houses, and women involved in small business but also selling sex, or serving as brokers for in- and out-of-school girls. The clients of these FSWs include daily laborers, Kenyan businessmen and tourists, military personnel, youth, and truckers.

Several poor divorced or widowed women end up living in Kuchira Sefer or Cambimoto to work as FSWs. The price of sex with these women is reported to be very low, from 3 to 15 birr. The price varies according to whether the man wants to use condom or not, with higher prices for sex without condoms. Many FSW clients are poor men, including daily laborers and youth. However, those visiting the hotel-based FSWs are businessmen from Kenya and Ethiopia, drivers, government employees, and tourists.

Hotels and bars where hotel-based FSWs operate, are located across the first road in Kebele 01 and Kebele 02.

**TABLE 38: LOCATIONS IN MOYALE TOWN WHERE FEMALE SEX WORKERS OPERATE**

Category	Location
Araki, tella, and tej bets Hotels	K 02 Huleteгна Menged, Cambi Moto Sefer
	Ethio-Kenya Hotel - K 02, Andegna Menged
	Taye Hotel - K 02, Andegna Menged
	Fekadu Hotel - K 02, Andegna Menged
	Metasebia Hotel - K 02, Andegna Menged
	Gion Hotel - K 01, Andegna Menged
	Abrham Hotel - K 02, Andegna Menged
	Belayneh Hotel - K 02, Andegna Menged
	Nahom Hotel - K 02, Huleteгна Menged
	Africa Hotel - K 02, Andegna Menged
	Grar Hotel - K 02, Huleteгна Menged
	Pepsi Hotel - K 02, Andegna Menged
	Nigussie Hotel - K 02, Andegna Menged
	South Post Hotel - K 02, Andegna Menged
	Tourist Hotel - K 02, Andegna Menged
	Pub Loza - K 02, Andegna Menged
	Evangadi Hotel - K 02, Andegna Menged
Streets	Hotels in and around Andegna and Huleteгна Mengeds K 02 Huleteгна Menged, Cambi Moto (Kuchira) Sefer

### Informal Traders/Market Sellers

Informal traders in this town operate primarily in following areas: Cambi Tera (Kuchira) Sefer in (Kebele 02) and Mega Tera (khat and shisha houses).

## Truckers and Intercity Bus Drivers

The number of trucks and buses entering and leaving the town is estimated at around 100 per day. Due to the customs clearance process, those vehicle entering and leaving the country often stay in town overnight, parking near the Ethio-Kenya border around the customs office (Gumruk) and on the main road (Andegna Menged), near hotels. Informants noted that one type of client for FSWs and those involved in multiple sexual partnerships are drivers and their assistants.

**TABLE 39: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH MOYALE TOWN**

Selected Information	Details
Times	Morning (25) Mid-day (31) Night (38) Overnight (25)
Overnight parking locations	Near Ethio-Kenya border around the customs office (Gumruk) Main road (Andegna Menged) near Hotels
Bars, clubs, and inns visited	Ethio-Kenya Hotel, K 02, Andegna Menged Taye Hotel, K 02, Andegna Menged Fekadu Hotel, K 02, Andegna Menged Gion Hotel, K 01, Andegna Menged Abrham Hotel, K 02, Andegna Menged Belayneh Hotel, K 02, Andegna Menged Africa Hotel, K 02, Andegna Menged

## Migrant/Daily Laborers/Construction Workers

There are an estimated 3,000 daily laborers in Moyale town. Most are involved in loading and unloading contraband goods. According to key informants, sex among daily laborers and female FSWs is rampant. Most daily laborers visit FSWs operating around Kuchira Sefer. Others visit FSWs working in tella and araki houses. As a result of chewing khat, drinking alcohol, and using drugs, the laborers are at high risk for HIV/AIDS infection.

## Adolescents and Youth

There are four schools in Moyale town. They enrolled a total of 3,650 (2,210 males and 1,440 females) students in 2007/08. Moyale Secondary and Moyale Preparatory Schools provide secondary- and tertiary-level education, respectively, and enrolled a total of 1,138 students (913 boys and 225 girls) in 2007/08.

**TABLE 40: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN MOYALE TOWN**

School Level	Number of Schools by Type			Student Enrollment		
	Private	Public	NGOs	Private	Public	Total
Primary (1-8)	1	1	-	1297	1215	2512
Secondary (9-10)	-	1	-	741	210	951
Tertiary	-	1	-	172	15	187
Total	1	3	-	2,210	1,440	3,650

According to the qualitative data from FGDs and in-depth and key informant interviews, the youth in Moyale town are among the groups at high risk for HIV and STIs. Youths are involved in most sexual activities: between the youth themselves, schoolgirls with older businessmen, and young boys with FSWs. To fulfill their economic needs, many young girls (both in- and out-of-school) engage in risky sexual activities with Kenyan tourists and businessmen and the local military personnel. The Kenyans are known to pay more, which tempts girls of lower economic classes to engage in such activities. Sexual abuse and rape of girls was also reported to be common. Initiation of sexual activity was

reported to take place at ages as low as 14 among girls. In addition to economic problems, uncontrolled drug use, khat chewing, alcohol, peer pressure, and the widespread availability of pornographic films were mentioned as the major predisposing factors for risky sexual activities. Condom use among the youth was also reported to be very minimal and inconsistent.

## 2.7.2 HEALTH SERVICES

Moyale Health Center is the only public health facility providing basic HIV prevention, care, and treatment services, including HCT, ART, PMTCT, diagnosis and treatment of TB and STIs, and management of OIs in the town. Just across the border in Kenya, there is one general hospital, which also supports the local community.

There are no data regarding private health facilities in Moyale town. While there are several private clinics in the town, these facilities are administered by Somali region, and the data collector could not provide adequate information during the data collection period. There is one pharmacy registered in the Oromia region.

**TABLE 41: AVAILABILITY OF HEALTH SERVICES IN MOYALE TOWN**

Type of Facility	Number	Name of Facility	Services Provided						
			HCT	TB Dx	TB Rx	ART	PMTCT	STIs	OIs
Public primary health center	1	Moyale Health Center	√	√	√	√	√	√	√
Pharmacy	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

### NGOs with HIV/AIDS Prevention, Care, and Support Program

CARE-Ethiopia and the Ethiopian Orthodox Church (EOC) are the two NGOs involved in HIV/AIDS interventions in and around Moyale town. CARE -Ethiopia supports the community in terms of IE/BCC, while EOC provides care and support for PLHIV.

The local HBC club, Walda Getin Qursa, is also involved in caring for PLHIV and provision of HBC services. None of these organizations is involved in HCT service provision.

**TABLE 42: NGOS/CBOS PROVIDING HIV/AIDS CARE AND SUPPORT ACTIVITIES**

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	-	-	-	-	-	-	-	√	-	-	Youth and rural community
EOC-DICAC	√	-	-	-	-	√	-	-	-	-	PLWHA
Walda Getin Qursa	√	-	-	-	-	-	-	-	-	-	PLWHA

### Formal and Informal Community Organizations/Groups

There are a total of 13 informal groups organized for small-scale microfinanced IGAs. Each of them has 10 members.

### **2.7.3 HCT SERVICES**

The only facility providing HCT in the town is Moyale Public Health Center. The utilization and coverage of the service was reported to be very low relative to the size of the general population and existing demand. There is an increased demand for HCT and premarital tests in Moyale town as a result of extensive promotional activities by different actors including religious leaders. However, all the qualitative data revealed that the health center is not meeting the expectation of the local communities; there is perceived lack of confidentiality, long waiting times, and poor conduct of health workers. It was reported by FSWs that the location of the health center is not easily accessed by most MARPs and the service hours are not convenient for MARPs like FSWs, daily laborers, and transients like drivers and businessmen and -women. Moreover, FSWs reported that there is stigma associated with using HCT from the local health center, because people consider FSWs visiting the health center as infected. For all these reasons, FSWs prefer to not use services, including HCT, from the local health center. There is no effort from the local health officials to make the HCT services more accessible or initiate outreach services for MARPs in Moyale town.

All FGD and IDI participants and key informants welcomed the idea of mobile HCT and recommended actions that could facilitate its effectiveness: strict, joint planning and site selection with local officials, deploying counselors who are familiar with the language and culture of the local community but not with individual residents, and engaging local community leaders to mobilize the community and MARPs.

FGD participants identified specific places for effective mobile HCT. To target most FSWs, the best places include Cambimoto and Mega Tera, while for migrant people including daily laborers, drivers, businessmen, and some FSWs, the first road around Moyale Restaurant was recommended. The main market of Moyale, the military camp, and Moyale High School were recommended to reach the general public, military personnel, and school youth, respectively. The most convenient time for FSWs to receive mobile HCT service is 10-12 am and 3-5 pm.

### **2.7.4 CONDOM USE**

Like other towns, condom use is very common in Moyale town. However, according to key informants and FGD discussants, inconsistent condom use is common among in- and out-of-school youth, daily laborers, military personnel, and most FSWs who work outside of hotels. FSWs reported that the rural men from Borena do not like to use condoms.

Generally, condoms could be found in hotels, bars, shops, pharmacies, health facilities, information centers, and anti-AIDS clubs. However, recently, their availability is reported to be decreasing. The health center that used to distribute them to different outlets stopped doing so a year ago. Respondents emphasized the need for providing condoms or setting condom distribution sites, especially for FSWs who operate outside of hotels, in the locality called Kuchira Sefer.

## **2.8 CHIRO (ASEBE TEFERI) TOWN**

Chiro (Asebe Teferi) is the zonal town for Western Hararghe zone. The town is located 317 kilometers east of Addis Ababa on the main road heading to the major eastern Ethiopia cities of Dire Dawa and Harar and then to the neighboring country Somalia via Jijiga. Administratively the town is under Chiro woreda and has a total population of 35,014 (17,809 males and 17,205 females).

According to key informants from the health sector, HIV/AIDS, waterborne diseases, TB, and typhoid were identified as the major health problems. Most people seek health care for diseases like STIs from public health institutions. It was mentioned by key informants that some people seek treatment for STIs from private health facilities and traditional healers for fear of stigma and discrimination.

Generally, it is believed that there is adequate knowledge about the impact of HIV/AIDS, its transmission, and prevention among the general public in Chiro town. The woreda HAPCO is

involved in the production and distribution of IE/BCC materials, support for PLHIV, and anti-AIDS clubs. However, there is no intervention specifically targeting MARPs in the town.

## 2.8.1 MOST AT-RISK POPULATIONS

Chiro is a market town for khat, which attracts many business people and FSWs. This has increased risky sexual behaviors in the town, according to key informants, especially among businessmen and daily laborers with FSWs, youth, and students. Youths make up the largest population segment and engage in a high level of sexual activity. Lack of adequate knowledge about HIV among the youth compounded with economic problems (mostly of young girls) is believed to expose the youth to more HIV infection. Sexual activity begins at ages as young as 15 years. Young businessmen, especially khat dealers, are known to have more sexual partners, including with FSWs, than other population groups.

**TABLE 43: SIZE OF TARGET POPULATIONS IN CHIRO TOWN**

Target Population	Estimated Number
Migrant daily laborers	558
Construction workers	546
Uniformed government employees	78
In-school youth (secondary and tertiary)	4348
Petty traders/informal traders	410
Truckers and bus drivers (entering and leaving the town)	55
Commerical sex workers (FSWs)	214

### Female Sex Workers

There are an estimated 214 FSWs operating in the hotels, bars, and araki and tella bets of Chiro town. The town has several bars, hotels, and brothels, where local people sell alcoholic drinks, including local brews. The town is also known for its khat and tea houses. In all these facilities, there are FSWs serving different categories of men clients. According to the key informants, clients of the hotel-based FSWs are largely khat dealers, daily laborers, and truckers, as well as youth, students, and unmarried government employees. The main clients for FSWs operating in araki and khat houses are people from the surrounding rural areas. The amount of money charged by FSWs varies by the type of client, ranging from 10 to 20 birr for daily laborers and students and up to 200 birr for drivers and travelers. Uniformed government employees are charged from 50 to 70 birr for a night.

Most of the hotels and bars are found across the second main road of the town in Kebeles 01, 02, and 04, while most of the araki, tej, and tella bets are located in an area called Abakora.

**TABLE 44: LOCATIONS IN CHIRO TOWN WHERE FEMALE SEX WORKERS OPERATE**

Category	Location
Araki, tella, and tej bets	K-01 2 <sup>nd</sup> road Abakora sefer
Hotels and Bars	K-02 2 <sup>nd</sup> road around Meneharia and Abakora sefer, K-01 2 <sup>nd</sup> road Abakora Sefer, K-03 Total Sefer, Chagni Sefer, Burka Hotel Sefer
Streets	K- 02 2nd road around Meneharia Akababi and Abakora sefer K-03 2nd road near Burka Hotel and Gende Chagni Sefer K-03 1st road Total Sefer Akababi K-01 2nd road Abakora Sefer

### Informal Traders/Market Sellers

Informal traders in this town operate primarily in following areas: Meneharia Sefer, Agip Sefer, Abakora Sefer, and Taiwan Gebeya.

### Truckers and Intercity Bus Drivers

Though Chiro town experiences heavy truck and bus traffic during the day, few drivers spend the night. It is reported by key informants that Isuzu drivers involved in transporting khat, truckers, and bus drivers and their assistants visit FSWs frequently.

There are about 12 transport companies that regularly pass through Chiro town. This information is important for targeting and reaching as many drivers and their assistants as possible at the company level.

Most drivers entering and leaving or staying the night in Chiro town park around the hotels and bars that are located across the second main road of the town in Kebeles 01, 02, and 04. Most of the araki, tella, and tej houses are also located in this area.

**TABLE 45: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH CHIRO TOWN**

Selected Information	Details
Times	Morning (10) Mid-day (6) Night (9) Overnight (10)
Overnight parking locations	Agip Sefer Kebele 01 1st road Rocket Hotel Kebele 02 2nd road Total Sefer Kebele 01 1st road
Bars, clubs, and inns visited	Victory Hotel, Kebele 02 2nd road, Menaheria Akababi Rocket Hotel, Kebele 02 2nd road, Menaheria Akababi Gedas Bar, Kebele 03, 2nd road near Burka hotel Z Bar, Kebele 02, 2nd road, Abakora Sefer Yeweyn Zelela Hotel, Kebele 02, 2nd road, Abakora Sefer Tadese Hotel, Kebele 03, 1st road, Total sefer Akababi Maerege Hotel, Kebele 03, 2nd road Gende Chagni hotel Biru Hotel, Kebele 01, 2nd road, Abakora sefer
Truck/bus companies	Derara Transport Company Muluemebet Abebe Tekeze Misrak Yerom Getinet Tana Haik Tana Nib Noh Abyssinia Million Gebre Africa

### Migrant Daily Laborers

There is an increasing demand for daily laborers in Chiro town due to the lucrative khat market and other growing businesses and construction sites. The increasing market for khat has in particular attracted a significant number of young daily laborers. Most of them migrate from the nearby woredas and zones. According to key informants, they frequently visit female FSWs who work in tella, araki, and tej bets and the less-expensive hotels. The informants further noted that condom use

among the daily laborers is rare due to inadequate knowledge about HIV transmission and prevention, and in some cases due to negative attitudes toward condom.

### Adolescents and Youth

Chiro has 12 schools with a total student population of 13,247. Chercher High School, Chercher Preparatory School, and Chercher Technical and Vocational Training Schools enrolled 33 percent (4,348) of the students in 2007/08

**TABLE 46: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN CHIRO TOWN**

School Level	Number of Schools by Type			Student Enrollment		
	Private	Public	NGOs	Private	Public	Total
Primary (1-8)	2	7	-	4987	3912	8899
Secondary (9-10)	-	1	-	2513	1035	3548
Tertiary (> 10)	-	2	-	659	141	800
<b>Total</b>	<b>2</b>	<b>10</b>	<b>-</b>	<b>8,159</b>	<b>5,088</b>	<b>13,247</b>

There is a large number of young people in Chiro town and many of them engage in risky sexual activities. According to key informants, both in-school and out-of-school youth start having sex at ages as young as 15 years; most of their partners are fellow schoolmates. Some in-school girls have paid sex with older men. Key informants say that older men tend not to use condoms when having sex with young girls.

### 2.8.2 HEALTH SERVICES

Chiro Hospital is the only government health facility in Chiro town and the only health facility providing basic HIV prevention, care, and support activities, including HCT, ART, PMTCT, diagnosis and treatment of TB and STIs, and management of OIs.

The hospital is the only health facility providing HCT services in Chiro town. There are three private medium clinics in Chiro town providing clinical services, as well as TB diagnosis and referrals and management of STIs. There is one pharmacy, two drug stores, and three rural drug vendors in Chiro town. These facilities are some of the outlets for condom distribution in Chiro town.

**TABLE 47: AVAILABILITY OF HEALTH SERVICES IN CHIRO TOWN**

Type of Facility	Number	Name of Facility	Services Provided						
			HCT	TB Dx	TB Rx	ART	PMTCT	STIs	OIs
Public general hospital	1	Chiro Hospital	√	√	√	√	√	√	-
Private medium clinic	3	Feya Clinic	-	√	-	-	√	√	-
		Tesfa Clinic	-	√	-	-	√	√	-
		Abdi Feya Clinic	-	√	-	-	√	√	-
Pharmacy	1	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	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

## NGOs with HIV/AIDS Prevention, Care, and Support Program

Two NGOs work on HIV/AIDS-related programs: Family Guidance Association of Ethiopia (FGAE) and CARE-Ethiopia. Both NGOs target provide youth, OVC, and PLHIV. They offer OVC and IE/BCC services In addition, CARE-Ethiopia has HBC programs in the town. The IE/BCC program targets the general population.

**TABLE 48: NGOS/CBOS PROVIDING HIV/AIDS CARE AND SUPPORT ACTIVITIES**

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	
Family Guidance Association of Ethiopia (FGAE)	-	-	√	-	-	-	-	√	-	-	Youth and general community
Care Ethiopia	√	-	√	-	-	-	-	√	-	-	OVC, PLWHA

## Formal and Informal Community Organizations/Groups

There are about nine informal CBOs in Chiro town. Most are small (7-14 members) microfinanced cooperatives engaged in IGAs. In addition, there are four *Meredaja* (self-help) iddirs, one in each of the four kebeles, with a total member of more than 3,300 people. The major activities of these iddirs are organizing and providing support for funeral services. In addition, they are engaged in HIV/AIDS prevention activities for their members and the local community. One of these iddirs (04 Kebele Yewetatoch Meredaja) has 1,520 members and was established by the youth in the town; it disseminates HIV/AIDS messages. This iddir could play a pivotal role in mobilizing the community and its members for HIV/AIDS services, if approached properly. The fact that most residents in this town have already been sensitized to play a role in HIV/AIDS intervention activities means there is a good opportunity to involve community-level informal organizations to mobilize to offer HIV/AIDS services.

### 2.8.3 HCT SERVICES

The only facility providing HCT is Chiro hospital. The utilization and coverage of HCT services is lower than the size of the general population and available demand. The woreda health office has tried to provide HCT services on outreach basis as part of the Millennium AIDS Campaign. There had never been any effort to reach MARPs such as FSWs; tella, araki, and tej sellers; daily laborers; khat dealers; and transport workers. These groups, and other people in lower socioeconomic strata cannot afford the long waiting times at health facilities, and they are discouraged by the perceived low quality of government facility services. Finally, lack of confidentiality and privacy and fear of stigma and discrimination impede them from benefiting from the limited static public HCT sites.

### 2.8.4 CONDOM USE

Despite the efforts of many actors to make condom more accessible, their distribution is limited to places like health facilities, shops, pharmacies, hotels, and the HIV information center. Lack of adequate knowledge about condoms, myths about them, and limited distribution of them are mentioned as key obstacles to condom utilization in the town.

The key informants noted that, despite their availability, condoms are not regularly used, especially among youth. They also noted that older men tend not to use condoms when having sex with young girls, unlike when having sex with other categories of women and FSWs.

Condom use among rural men and uneducated daily laborers visiting FSWs was also reported to be minimal for several reasons, including inadequate knowledge about condoms and myths associated with condom use.

Key informants recommended making condoms more accessible to MARPs including youth, placing them in cafeterias and on the main streets of the town.

## 2.9 HIRNA TOWN

Hirna town is located 360 kilometers east of Addis Ababa, in West Hararghe zone of Oromia. The town is located on the busiest road heading to the major eastern Ethiopia cities of Dire Dawa and Harar, and to neighboring Somalia via Jijiga. The town has an estimated total population of 17,524 (8,760 males and 8,764 females).

Malaria and respiratory infections are among the greatest public health problems in Hirna town, according to key informants from the local health center. Though STIs including HIV are also public health problems, the key informants did not consider them among the top-10 diseases. It has to be noted that health center data, on which the key informant comments are based, may not pick up most OIs and other HIV-related conditions, which makes understanding the actual epidemiology of diseases very difficult.

Key informants noted that HIV/AIDS is well known among the local community. Most people seek health care from public health institutions. However, for privacy and quality reasons, a significant number of people seek health care from private health facilities in the town.

### 2.9.1 MOST AT-RISK POPULATIONS

Hirna hosts a number of hotels, bars, and local araki houses. Khat and shisha are widely used. According to informants, there are a number of FSWs and risky sexual activities in all these facilities. The major risky sexual activities are undertaken by businessmen and daily laborers with FSWs and in- and out-of-school girls. Youth comprise the greatest segment of the population and they frequently engage in sexual activities. Lack of adequate knowledge about HIV among the youth, compounded by their lack of economic resources, is believed to make them more prone to HIV infection. Sexual activity is initiated as early as 15 years of age for girls and 17 for boys, according to informants. Businessmen, unemployed men, business brokers, and drivers are also noted for having multiple sexual partners, including FSWs, more than other population groups in Hirna town.

**TABLE 49: SIZE OF TARGET POPULATIONS IN HIRNA TOWN**

Target Population	Estimated Number
Migrant daily laborers	204
Construction workers	110
Uniformed government employees	35
In-school youth (secondary and tertiary)	2,565
Petty traders/informal traders	370
Truckers and bus drivers (entering and leaving the town)	67
Commerical sex workers (FSWs)	95

### Female Sex Workers

There are close to 100 FSWs in Hirna town; they operate in bars, hotels, and araki and tella houses. Hirna is a town with a high concentration of bars, hotels, and brothels where local people sell alcoholic drinks, including local brews. The town is also known for its khat and shisha houses. In all these facilities, there are several categories of women selling sex. According to the key informants, there are also mobile FSWs, i.e., who are not based in hotels but rather on the street, and in khat and shisha houses. The informants noted that the number of FSWs is high for the town's total population. They also mentioned that most FSWs are only seen at night; they usually rest during the day.

The main clients of FSWs are drivers, businessmen, daily laborers, business brokers, and unemployed men. The sexual network of FSWs extends to the youth (in- and out-of-school). According to key informants, the amount of money charged by FSWs varies, depending by type of client. They usually charge Birr 10, 20, 60, and 80 for a night with a daily laborer, a student, a government employee, and a driver, respectively.

Most of the hotels, bars, and khat and shisha houses, where most FSWs operate, are located along the main road in the town, specifically in Kebele 02. Most of the araki, tej, and tella houses are located in Kera Sefer, Chat Tera Sefer, Chefe Sefer, Posta Sefer, and around the police station.

**TABLE 50: LOCATIONS IN HIRNA TOWN WHERE FEMALE SEX WORKERS OPERATE**

Category	Location
Araki, tella, and tej bets	K-01 Kera Sefer, K-02 Chat Tera area, K-02 Chefe Sefer, K-02 Posta Sefer, K-02 Yedro Tele Sefer, K-01 area around police station
Hotels and bars	K-02 1 <sup>st</sup> road Chefe Sefer, Asebe Tera, Addisu Tele area, Addisu Kera Akababi
Streets	K- 02 1st road Chefe Sefer, Asebe Tera, Addisu Tele area, Addisu Kera area Kebele 01 Kera sefer 1st road, K-02 Chat Tera 1st road Kebele 02 Chefe Sefer, Posta Sefer Kebele 02 Yedro Tele area, K-01 area around police station

### Informal Traders/Market Sellers

Informal traders in this town operate primarily in following areas: Chefe Sefer, Kebele 02 office area, Abdu Guarage area, Addisu Tele area, NOC gas station area, and Jegol Sefer.

### Truckers and Intercity Bus Drivers

Significant numbers of trucks, minibuses, and buses pass through Hirna town on a daily basis. However, on average, only about 18 stay there overnight.

Some minibus and truck drivers and their assistants, especially those who spend the night in town, visit FSWs. About 12 bus or truck companies have vehicles that pass through this town frequently. This information is important to target and reach as many drivers and assistants as possible at the company level. Most drivers entering and leaving or staying the night in Hirna park around hotels like the Aster, Kestedamena, Segenet, Enqutatash, Roza Lago, Tigist, and Tewodros.

**TABLE 51: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH HIRNA TOWN**

Selected Information	Details
Times	Morning (11) Mid-day (10) Night (13) Overnight (18)
Overnight parking locations	Abdu Garage area NOC Gas Station area Roza Lego Hotel area Shell Gas Station area
Bars, clubs, and inns visited	Aster Hotel, Kebele 02 1st road, Chefe Sefer Kestedamena Hotel, Kebele 02 1st road, Chefe Sefer Segenet Hotel, Kebele 02 1st road, Chefe Sefer Enqutatash Hotel, Kebele 02, 1st road Asebe Tera Roza Lago Hotel, Kebele 02, 1st road Addisu Tele Akababi Tigist Hotel, Kebele 02, 1st road Chefe sefer Tewodros Hotel, Kebele 02, 1st road Addisu Kera Akababi
Truck/bus companies	Derara Transport Company Muluemebet Abebe Tekeze

## Selected Information

## Details

Misrak  
Tana  
Nib  
Noh  
Abyssinia  
Yerom Getinet  
Tana Haik  
Million Gebre  
Africa

### Migrant Daily Laborers

There is an increasing demand for daily laborers and construction workers in Tullo woreda in general and in Hirna town in particular, mainly because of increased construction activities. According to key informants, the number of migrant workers/daily laborers has increased significantly. As a result of their low education and social status and frequent visits to FSWs, this segment of Hirna population has been referred to as the most at-risk population for contracting HIV. Most daily laborers frequently visit FSWs who operate in tella, araki, and tej bets.

### Adolescents and Youth

There are six schools in Hirna town; they enrolled a total of 9,230 students in 2007/08. The two secondary and tertiary schools enrolled about 28 percent (2,565) of the students in the town.

**TABLE 52: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN HIRNA TOWN**

School Level	Number of Schools by Type			Student Enrollment		
	Private	Public	NGOs	Private	Public	Total
Primary (1-8)	0	4	0	3509	3154	6663
Secondary (9-10)	0	1	0	1718	543	2261
Tertiary	0	1	0	283	23	306
Total	0	6	0	5,510	3,720	9,230

According to the key informants, Hirna's youth population is large and they often partake in risky sexual activity. Both in-school and out-of-school youth initiate sex at ages as early as 15 and 17 for girls and boys, respectively.

Incidents of abduction of schoolgirls for forced marriage and rape was reported by key informants. In addition, through the facilitation of female brokers, older men are reported to practice sex with young in-school girls in exchange for money and gifts.

### 2.9.2 HEALTH SERVICES

Hirna Health Center is the only public health facility providing basic HIV prevention, care, and treatment services, including HCT, ART, PMTCT, diagnosis and treatment of TB and STIs, and management of OIs. There are two private medium clinics, providing clinical services. Both of them provide diagnostic and referral services for TB patients, and they manage STIs. However, none of them provides HCT services.

There are six rural drug vendors operating in Hirna town. According to the key informants, these drug vendors are visited frequently by the local community especially for treatments like STIs. These facilities are some of the outlets for condom distribution in the town.

**TABLE 53: AVAILABILITY OF HEALTH SERVICES IN HIRNA TOWN**

Type of Facility	Number	Name of Facility	Services Provided						
			HCT	TB Dx	TB Rx	ART	PMTCT	STIs	OIs
Public primary health center	1	Hirna Health Center	√	√	√	√	√	√	√
Private medium clinic	2	Azeb Clinic	-	√	-	-	-	√	-
		Amanuel Clinic	-	√	-	-	-	√	-
Drug vendor	6	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

### NGOs with HIV/AIDS Care and Support Program

Rural Reach Ethiopia and Nutrition Plus are the two NGOs operating in Hirna town. They focus on IE/BCC activities for the general community and youth. In addition, Nutrition Plus provides RH/FP services.

**TABLE 54: NGOS/CBOS PROVIDING HIV/AIDS CARE AND SUPPORT ACTIVITIES**

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	
Rural Reach Ethiopia	-	-	-	-	-	-	-	√	-	-	Youth
Nutrition Plus	-	√	-	-	-	-	-	√	-	-	General public

### Formal and Informal Community Organizations/Groups

There are about nine informal CBOs in Hirna town of which five are Meredaja Iddirs – self-help community organizations. Their primary activity is supporting and organizing funeral services. In addition, all of these iddirs are engaged in HIV prevention activities for their members and the local community. The iddirs have a total of 2,130 permanent members. The other four CBOs are small microfinance cooperatives, with total membership of four to 24 each. These cooperatives are engaged in IGAs.

Since most CBOs are already playing a role in HIV prevention activities, they seem to offer an opportunity to easily involve and mobilize the community for HIV/AIDS services including mobile HCT.

#### 2.9.3 HCT SERVICES

Hirna Health Center provides the only HCT in the town. The utilization and coverage for HCT services was low relative to the general population and the available demand. The key informants mentioned that a significant number of people seek HCT services from nearby cities and towns due to perceived lack of confidentiality by local health workers and counselors in their own public health centers. The woreda health office tried to provide HCT services on an outreach basis as part of the Millennium AIDS Campaign. There has never been an effort to reach MARPs such as FSWs; tella, araki and tej sellers; daily laborers; and construction and transport workers. These MARPs, like other people in lower socioeconomic strata, cannot afford long waiting times at health facilities, according to key informants. Moreover, the prevailing perceived lack of quality, confidentiality, and privacy keeps them from benefiting from the static government HCT services.

#### 2.9.4 CONDOM USE

Condom use is very common in Hirna town. Condoms are distributed through private pharmacies, hotels, shops, clinics, and HIV/AIDS information centers in the town.

Lack of adequate knowledge about condoms, myths, and limited distribution of condoms is a major impediment to condom utilization in the town. In addition, the key informants noted that the attitude of the local Muslim leaders is not encouraging; there should be a concerted effort to convince and involve them in the campaign, especially for condom promotion.

Inconsistent condom use is reported due to lack of easy access to condoms, especially in unplanned casual sex among the youth. Condom use among rural men and uneducated daily laborers who visit FSWs was also reported to be minimal for several reasons, including inadequate knowledge about HIV and myths associated with condom use.

## **2.10 HAROMAYA TOWN**

Haromaya town is located in the Eastern Hararghe zone of Oromia, 500 kilometers east of Addis Ababa, between the two eastern big cities of Harar and Dire Dawa. The town has an estimated total population of 21,800 (10,800 males and 11,000 females).

Respiratory infections (including pneumonia), malaria, intestinal diseases, HIV/AIDS, TB, and waterborne diseases are among the leading communicable diseases in terms of morbidity and mortality in the Haromaya population.

Most people seek health care from public health institutions. However, for privacy and quality reasons, a significant number of people seek care from private health facilities in Haromaya and the nearby towns of Harar and Dire Dawa.

Key informants noted that HIV/AIDS is well known by the local community. All the qualitative data showed that there is no targeted HIV/AIDS intervention or service provision for MARPs including FSWs, daily laborers, youth, and vulnerable women in Haromaya town.

Moreover, the youth FGD discussants noted that there has been a decline in the level and momentum of HIV/AIDS intervention in the locality. They also reported that the level of stigma and discrimination among the surrounding rural communities is still high.

### **2.10.1 MOST AT-RISK POPULATIONS**

Haromaya has many risk factors, population groups, and settings facilitating transmission of HIV/AIDS infection, according to all informants. This town has seen a high influx and mobility of daily laborers, youth (especially university students), construction workers, businessmen and -women, khat sellers, and uniformed government employees. The town has a number of hotels, bars, local araki bets, and khat and shisha houses. Khat is widely used among almost all age groups including youth. In all these facilities are a number of FSWs. According to key informants, in- and out-of-school youths (especially university students), government employees, drivers, businessmen, and daily laborers all participate in risky sexual activities with FSWs, youth, and students. Poverty in Haromaya town, especially among the poor women and girls, and their lack of adequate knowledge exacerbates the chance of contracting HIV, especially because they sell sex to businessmen, truckers, government employees, and daily laborers.

**TABLE 55: SIZE OF TARGET POPULATIONS IN HAROMAYA TOWN**

<b>Target Population</b>	<b>Estimated Number</b>
Migrant daily laborers	1081
Construction workers	235
Uniformed government employees	125
In-school youth (secondary and tertiary)	11,601
Petty traders/informal traders	329
Truckers and bus drivers (entering and leaving the town)	29
Commerical sex workers (FSWs)	47

### **Female Sex Workers**

The number of hotel-based FSWs in Haromaya town was reported to be declining and currently it is estimated that there are about 50 FSWs operating in the hotels, bars, and araki and tella houses. However, the key informants reported that there are even more FSWs operating on a mobile basis, on streets and in khat and shisha houses. There are also in- and out-of-school girls providing sex in exchange of money through the facilitation of brokers in the town. According to IDIs with FSWs, most of their clients are university students, married men, farmers, drivers, government employees, and daily laborers.

**TABLE 56: LOCATIONS IN HAROMAYA TOWN WHERE FEMALE SEX WORKERS OPERATE**

<b>Category</b>	<b>Location</b>
Araki, tella, and tej bets	Kebele 01 Gende Qua Sefer and Ketena 5 sefer
Hotels and bars	Mobil Sefer, Gende Qua Sefer, Ketena 4 & on the main road in Kebele 01
Streets	K- 01 of Haromaya woreda around Mobil Sefer, Gende qua Sefer, Ketena 4 and Ketena 5

### **Informal Traders/Market Sellers**

Informal traders in this town operate primarily in the following areas: Meneharia Akababi, Gende Qua Sefer internal street, Dandi Boru clinic area, and Aziza Cafeteria area.

### **Truckers and Intercity Bus Drivers**

Excluding buses and truckers traveling through the town without stopping, the number of mid- and long-distance buses and trucks entering and leaving Haromaya town is minimal.

It was noted from the key informants, IDIs with FSWs, and FGDs that the frequent type of FSW client and those involved in multiple sexual partnerships are drivers and their assistants. Close to 10 trucks and buses park for overnight stay in Haromaya town.

Some drivers staying the night in Haromaya town park their vehicles around the hotels and bars found across the main road but most park at ISMA Buna Bet, Yeshi Buna Bet, the City Administration office, and around Mobil Gas Station.

There are about 13 bus or truck companies that are known to pass through Haromaya town frequently.

**TABLE 57: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH HAROMAYA TOWN**

<b>Selected Information</b>	<b>Details</b>
Times	Morning (5) Mid-day (7) Night (9) Overnight (10)
Overnight parking locations	ISMA Buna Bet Yeshi Buna Bet City Administration Office Mobil Gas Station
Bars, clubs, and inns visited	Afrodiet Buna Bet, Kebele 01 along the main road, Mobil Sefer Isma Buna Bet, Kebele 01 along the main road, Mobil Sefer Yeshi Buna Bet, Gende Qua Sefer, Kebele 01 along the main road Shoferoch Buna Bet, Ketena 4 Sefer, Kebele 01, along the main road Omedla Buna Bet, Ketena 4 Sefer, Kebele 01, along the main road
Truck/Bus Companies	Derara Transport Company Muluemebet Abebe Tekeze Misrak Yerom Getinet Tana Haik Eskindir Demeke Tana Nib Noh Abyssinia Million Gebre Africa

### **Migrant Daily Laborers**

Like most urban settings in the country, there is an increasing demand for daily laborers and construction workers in Haromaya town, mainly as a result of increased building and road construction activities. According to key informants, a significant number of the construction workers are female, mostly young. Sexual activity among the daily laborers and men daily laborers with FSWs is frequent. As a result of their khat chewing, alcohol drinking, low education, social status, and frequent visit to FSWs, key informants consider this group the most at-risk for HIV/AIDS infection.

### **Adolescents and Youth**

There are a total of nine schools of all levels in Haromaya town, and a total student population of 17,132 2007/08. Haromaya Senior Secondary and Preparatory Schools, Haromaya Technical and Vocational School, and Haromaya University main campus are among the schools providing secondary- and tertiary-level education. These secondary- and tertiary-level schools enroll more than 67 percent (11,601) of the total students in Haromaya town.

**TABLE 58: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN HAROMAYA TOWN**

<b>School Level</b>	<b>Number of Schools by Type</b>			<b>Student Enrollment</b>		
	<b>Private</b>	<b>Public</b>	<b>NGOs</b>	<b>Private/NGOs</b>	<b>Public</b>	<b>Total</b>
Primary (1-8)	1	1	3	3235	2296	5531
Secondary (9-10)	0	1	0	1801	573	2374
Tertiary	0	3	0	7242	1985	9227
<b>Total</b>	<b>1</b>	<b>5</b>	<b>3</b>	<b>12,278</b>	<b>4854</b>	<b>17,132</b>

All the qualitative information reveals that the youth (both in- and out-of-school) in Haromaya town are among the groups engaged in high-risk sexual activities. Most sexual activities take place among the youth themselves, but also occurs between male teachers and schoolgirls and FSWs. FSWs reported that a significant proportion of their clients are young university students from the nearby Haromaya University; this indicates the importance of immediate intervention for this group. Open-air sex among the university students and sex among high school students were repeatedly mentioned by all key informants and FGD discussants as a practice that predisposing youth to HIV infection. Condom use by youth in such settings was reported to be very rare.

It was reported that the youth (both in-school and out-of-school) initiate sex as early as 15 years of age. Several incidents of abduction of schoolgirls for forced marriage and rape were reported by the key informants and FGD discussants. Through the facilitation of female brokers, older men get access to paid sex with schoolgirls.

## 2.10.2 HEALTH SERVICES

Haromaya Health Center, the only public health facility, is also the only facility providing basic HIV prevention, care, and treatment services, including HCT, ART, PMTCT, diagnosis and treatment of TB and STIs, and management of OIs.

There are four private clinics (one medium and three lower) providing clinical services. The medium clinic, called Abdi Boru, provides diagnostic and referral services for TB patients. All four clinics diagnose and treat STIs. However, none of them provides HCT services. There is one drug store and four rural drug vendors operating in Haromaya town. These facilities are some of the outlets for condom distribution in Haromaya town.

**TABLE 59: AVAILABILITY OF HEALTH SERVICES IN HAROMAYA TOWN**

Type of Facility	Number	Name of Facility	Services Provided						
			HCT	TB Dx	TB Rx	ART	PMTCT	STIs	OIs
Public primary health center	1	Haromaya Health Center	√	√	√	√	√	√	√
Private medium clinic	1	Abdi Boru	-	√	-	-	-	√	-
Private lower clinic	3	Hiwot	-	-	-	-	-	√	-
		Abdisa	-	-	-	-	-	√	-
		Kero	-	-	-	-	-	√	-
Drug store	1	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

### NGOs with HIV/AIDS Care and Support Program

CARE-Ethiopia and the Lutheran Church Child Development Program are the two NGOs involved in HIV/AIDS intervention programs in Haromaya town. CARE-Ethiopia provides HBC, OVC, and IE/BCC services by targeting the general population, OVC, and PLHWA, while the Lutheran Church supports OVC in the rural part of Haromaya woreda.

**TABLE 60: NGOS/CBOS PROVIDING HIV/AIDS CARE AND SUPPORT ACTIVITIES**

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	√		√					√			General population, children and PLWHA
Lutheran Church Child Development Program			√					√			Children

### Formal and Informal Community Organizations/Groups

There are a total of seven informal CBOs in Haromaya town, of which most are small microfinanced cooperatives engaged in IGAs. Alemaya Markos and Kufa Kas Meredaja Iddirs are the two major self-help CBOs, with a total of 1,396 and 1,465 member each. Both of these iddirs are engaged in organizing and providing support for funeral services and HIV prevention activities among their members. This is a good opportunity to mobilize the community for HIV/AIDS services with relative ease and in a short period of time.

#### 2.10.3 HCT SERVICES

Haromaya Health Center is the only facility providing HCT in the town. The utilization and coverage for HCT services was reported to be low due to the size of the general population and the available demand. The key informants mentioned that a significant number of people seek HCT services from Harar and Dire Dawa cities due to fear of lack of confidentiality by local health workers and counselors in the health center. The woreda health office has tried to provide HCT services on outreach basis as part of the Millennium AIDS Campaign. However, repeated interruption, inappropriate timing, and long waiting times were reported by key informants for both static and mobile HCT services provided. There is only limited effort to reach at-risk groups.

According to the qualitative data, the idea of mobile HCT is appreciated and well taken. Moreover, a specific suitable place and time for mobile HCT was recommended for respective target groups in the town. FSWs preferred mobile HCT along the main road, everyday from 8:00 am to 12:00 pm. Daily laborers preferred only Sundays. HCT in schools, churches, recreation areas, and the main asphalt road were preferred by the youth groups.

#### 2.10.4 CONDOM USE

Condom use is very common in Haromaya town. However, according to key informants and FGD discussants, condom use is inconsistent among youth, especially high school and college students, unmarried long-term partners, and daily laborers, for a variety of reasons including limited access, inadequate knowledge about condoms and HIV/AIDS, and a negative attitude toward condom use. Condom distribution is limited to places like private pharmacies, hotels, shops, clinics, anti-AIDS clubs, and public health facilities. Making condoms easily accessible to youths, especially university students, was reported to be a matter of urgency.



### 3. DISCUSSION AND RECOMMENDATIONS

These 10 study towns lie along the two busiest cross-country roads that pass through the southern and eastern part of Oromia region. These roads are commonly referred as the Addis-Moyale and Addis-Djibouti high-risk corridors. Most of the towns host large number of diversified population sub-groups all possessing several factors for an increased risk of contracting HIV. The high concentration of MARPs, alcohol and substance abuse, and transgenerational and transactional sex, as well as the common practice of unprotected sex are fueling HIV transmission in these towns. Most of the towns host significant numbers of transients (trucker and intercity bus drivers, passengers, and mobile traders), college and university students, out-of-school youth, FSWs, and daily laborers.

Transgenerational and transactional sex is very common in all the studied towns. Along the routes of Moyale and Borena are cultural practices and beliefs that encourage and facilitate multiple sexual partnerships and extramarital sex. Among these are jalajalto, where both men and women have extramarital sex. Condom use among these men and women is usually unacceptable. This cultural practice was reported to be common among the communities in Hageremariam, Mega, Moyale, Shakiso, Kibremengist, and Negele Borena. It seems that the community is comfortable with multiple sexual partnerships and extramarital sex.

Key informants consistently said that substance abuse, especially of khat and shisha, is responsible for increased exposure to unplanned and unprotected casual sex which fuels HIV transmission. Substance abuse is quite high among the youth of all towns studied. Unlike in the old days, khat and shisha houses are being converted into places where FSWs meet their clients. Alcohol abuse, especially of local brews like araki and tej, is common among daily laborers and farmers from rural surroundings of the studied towns. In addition, unchecked use of a drug locally called Roja-5 is becoming very common across the Addis-Moyale route, especially in Moyale and Hageremariam towns. Key informants from Moyale town, in particular, emphasized the need for immediate intervention. Further investigation to understand the extent of the problem and its adverse effect on HIV/STIs transmission is critical.

In all the studied towns, in-school girls and young women engage in sex with older men, especially with local businessmen, uniformed men, gold miners, and government employees, in exchange of money or/and gifts. These inexperienced young girls obviously lack sexual negotiation skills for protected sex and are at higher risk of contracting HIV. It was reported frequently that the sexual liaisons of in-school girls extend to boys of the same age. In addition to economic pressure, high alcohol and substance use (especially of khat), peer pressure, and pornographic films were mentioned as major predisposing factors for risky sexual behaviors. Condom use among youth was reported to be very low and inconsistent. In Moyale town, it was noted that schoolgirls were frequently involved in transactional sex with foreign tourists and uniformed men.

There was a high incidence of rape and marriage by abduction in many of the studied towns like Shakiso, Kibremengist, Hageremariam, Chiro, and Moyale. It was reported that, in most of the studied towns, boys and young men experiment with sex with lower-paid FSWs. These inexperienced boys and young men either lack the knowledge and skills for proper and consistent condom use or are ashamed to ask for protected sex.

There are many migrant daily laborers in towns like Moyale, where legal and illicit cross-border trading is common, and Shakiso town hosts as many as 100,000 migrant workers during peak gold mining seasons. Migrant daily laborers and farmers from rural communities are among the major

clients of FSWs operating in local brew selling houses. In-depth interviews with FSWs from Negele Borena and Moyale towns revealed that farmers/rural men are very reluctant to use condoms. Migrant daily laborers and farmers are usually from the lower social and economic strata, and have a minimal formal educational.

The key informants across all towns stressed that MARPs cannot access the HIV information and services that public health facilities provide during weekdays and regular working hours. Key informants and target groups acknowledged mobile HCT approach as an effective and feasible strategy to reach the marginalized population sub-groups, especially migrant daily laborers, FSWs, college and university students, and women in general.

The demand for HCT services is very high in all the studied towns. In most towns, key informants noted that the increased demand for HCT and premarital HIV testing was high as a result of increased promotional activities by different stakeholders, primarily religious and political leaders. HCT is being provided solely by public health facilities across all of the towns. Private sector facility and NGO involvement in HCT service delivery was minimal. Woreda HAPCOs in partnership with public health facilities provided outreach HCT services, especially at selected high schools (at their school premises), and in semi-urban and rural communities. The informants, however, noted that the uptake of these outreach HCT services, especially by MARPS, was very low. In this regard, the FGDs held with in-school youth noted the fact that school-based outreach services often are used by students who have not yet initiated sex and those who tend to know their previous risk status. .

The informants further noted that static HCT at public health facilities were poorly utilized by target populations for perceived lack/breach of confidentiality and privacy, unacceptably long waiting times, and inconvenient service hours and days. FSWs exhibited little interest in using static HCT services for fear of stigma and loss of business if seen by their customers. The same is true with most at-risk groups, who usually show less interest in getting tested by counselors whom they know and stationed at public health facilities. According to informants, most at-risk people access HCT testing in health facilities in adjacent towns, which are often over 100 kilometers from where they live.

Most of the assessed towns do have at least one public health facility that offers basic HIV services, such as ongoing counseling, pre-ART and ART services, TB/HIV services, and other chronic care services. The assessment, however, found limited CBOs involved in HIV care and support activities, especially ongoing counseling, HBC, and OVC care. In most towns, civic organizations, such as PLHIV support associations and anti-AIDS clubs, and CBOs, such as iddirs, have experience in HIV awareness building, IGAs for PLHIV and their families, and community mobilization interventions. These community-level organizations in particular enjoy technical and financial support from their respective woreda HAPCOs.

Mobile HCT service was welcomed by all key informants and target populations in all the studied towns. All respondents expressed their keen interest and enthusiasm for mobile HCT service, hoping that the approach will reach the marginalized and disadvantaged MARPs in their respective communities. The informants consistently underlined that uptake of mobile HCT by MARPs and the community at large depends on the deployment of counselors who are not known by the local community, are well acquainted with the culture and lifestyle of the local residents, and are proficient in the local language. They further noted that mobile HCT should consider providing the service over weekends and beyond regular hours so that MARPS have easy access to it.

# ANNEX. INFORMAL AND FORMAL ORGANIZATIONS PROVIDING HIV/AIDS SERVICES IN OROMIA REGION

## Adola (Kibremengist)

Name	Membership (number)	Major activities/including HIV related	Locality/address (intervention sites)
Gebriel Iddir	5000	Funeral ceremony	K- 01, 02 & 03
Michael Iddir	1000	Funeral ceremony	K- 03
Ketena Iddir	2000	Funeral ceremony	K- 01
Wollo Iddir	1000	Funeral ceremony	K- 01, 02 & 03
Adolla Youth Association	300	Funeral ceremony & medical	K- 03
Youth Association	80	Development work	K- 01 & 02
Total	9,380		

## Chiro (Asebe Teferi)

Name	Membership (number)	Major activities/including HIV related	Locality/address	
01 Kebele Meredaja iddir	620	Funeral and death ceremony and HIV prevention	Kebele 01 next to Abakora Sefer	
02 Kebele Meredaja iddir	496		Kebele 02 Abakora Sefer	
03 Kebele Meredaja iddir	710		Kebele 03 1 <sup>st</sup> road near Mestedador	
04 Kebele Yewetatoch Iddir	1520	Vocational job	Kebele 04 Memria Sefer	
Derara Inchet Sira Cooperative	13		Kebele 01 city hall area	
Berkume Cooperative	14		Kebele 01 China Sefer	
Gudina Cooperative	7		Kebele 01 China Sefer	
Galaxi No 2 Cooperative	10		Kebele 01 2 <sup>nd</sup> road, near Harar Beer Distribution	
Galaxi No 1 Cooperative	8		Kebele 03 Meneharia Sefer	
Total	3,398			

### **Shakiso**

<b>Name</b>	<b>Membership (number)</b>	<b>Major activities/including HIV related</b>	<b>Locality/address (intervention sites)</b>
Fetno Derash Iddir	10,000	Funeral ceremony	K- 01, 02, 03 & 04
Michael Iddir	2000	Funeral ceremony	K- 01, 02, 03 & 04
Gebriel Iddir	1000	Funeral ceremony	K- 01, 02, 03 & 04
Selasie Iddir	1000	Funeral ceremony	K- 01, 02, 03 & 04
Beale Egziabiher Iddir	800	Funeral ceremony	K- 01, 02, 03 & 04
Balewold Iddir	500	Funeral ceremony	K- 01, 02, 03 & 04
Dawa Genalle	100	Transport Services	K- 01, 02, 03 & 04
Total	15,400		

### **HagereMariam**

<b>Name</b>	<b>Membership (number)</b>	<b>Major activities/ including HIV related</b>	<b>Locality/address</b>
15 Registered Iddirs	4000	Funeral and death ceremony	Kebele 01, 02, 03
Total	4,000		

### **Negele Borena**

<b>Name</b>	<b>Membership (number)</b>	<b>Major activities/including HIV related</b>	<b>Locality/address (intervention sites)</b>
01 Iddir	500	Funeral ceremony	K- 01, 02 & 03
02 Iddir	600	Funeral ceremony	K- 01 & 03
03 Iddir	300	Funeral ceremony	K- 01
04 Iddir	700	Funeral ceremony	K- 02
05 Iddir	400	Funeral ceremony	K- 01 & 03
Total	2,500		

### **Hirna**

<b>Name</b>	<b>Membership (number)</b>	<b>Major activities/including HIV related</b>	<b>Locality/address</b>
Chelabas Timber & Steel works	4	Timber and steel work	Kebele 01 Kuteba Sefer
Five Brothers Cooperative	10	Cattle fattening	Kebele 01 Kuteba Sefer
Illili Mawardi cooperative	10	Vegetable and fruit farming	Kebele 02 Chiro Tera Sefer
Beza Lewegen cooperative	24	Cattle fattening	Kebele 01 Gereganti Sefer
Afoshia Takuma Iddir	500	Funeral and death ceremonies and HIV prevention	Kebele 02 High school area
Afoshia Urge Jalela Iddir	650		Kebele 01 Gende Dara Sefer
Kanbe iddir	30		Kebele 02 Awra Godana Sefer
02 Christian iddir	450		Kebele 02 Shiraro Sefer
01 Christian iddir	500		Kebele 01 Mesgid Akababi
Total	2,178		

## Haromaya

<b>Name</b>	<b>Membership (in number)</b>	<b>Major activities/including HIV related</b>	<b>Locality/address</b>
Tokuma Steel works cooperative	10	Steel work	Kebele 01 Gende Kore Sefer
Haro Parking Cooperative	6	Parking services	Kebele 01 Meneharia Sefer
Kufa Kas cooperative	7	Leather products	Kebele 01 Kera Sefer
Hawas construction cooperative	16	Construction work	Kebele 01 Markos Sefer
Odda construction cooperative	16	Construction work	Kebele 01 Gende Kore Sefer
Alemaya Markos Iddir	1396	Funeral and death ceremonies and HIV prevention	Kebele 01 Markos Sefer
Kufa Kas Meredaja Iddir	1465	Funeral and death ceremonies	Kebele 01 Eri-bekentu Sefer
Total	2,916		



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