

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

SECOND ASSESSMENT TOWNS: AWASH ARBA AND DUBTI



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DUBTI**

DISCLAIMER

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

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CBO	Community-based organization
FSW	Female sex worker
HAPCO	HIV/AIDS prevention and control office
HCT	HIV counseling and testing
HIV	Human Immunodeficiency Virus
MARP	Most-at-risk populations
NGO	Non-governmental organization
OI	Opportunistic infections
PLWHA	People living with HIV/AIDS
PSP-E	Private Sector Program-Ethiopia
RHB	Regional Health Bureau
STI	Sexually transmitted infection
TB	Tuberculosis
USAID	United States Agency for International Development
WoHO	<i>Woreda</i> health office

DEFINITION OF TERMS

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

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

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

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

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

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

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

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

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

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

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

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

Transactional sex: The exchange of sex for money or goods

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

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

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

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

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EXECUTIVE SUMMARY

The Private Sector Program-Ethiopia (PSP-Ethiopia) conducted this HIV counseling and testing (HCT) assessment in collaboration with the Afar Regional Health Bureau (RHB). PSP-Ethiopia, led by Abt Associates Inc. and funded by the United States Agency for International Development (USAID), is the leader in implementing and expanding access to HCT through mobile services in Ethiopia.

The study was conducted in Awash Arba and Dubti towns in Afar National Regional State, which are situated along the international road that connects Addis Ababa to Djibouti. This assessment aims to better understand the distribution and concentration of most-at-risk populations (MARPs) in the towns examined. The data collected in this assessment was analyzed and interpreted to develop recommendations to design effective mobile HCT services targeting MARPs. This assessment used quantitative and qualitative methods, including institutional mapping and interviews with female sex workers (FSWs), *woreda* health office and town HIV/AIDS prevention and control office staff, people living with HIV/AIDS, civic organizations, and public and private health facilities.

The study towns have large plantation farms and a sugar factory that attract many daily migrant laborers. Truckers heading to the port of Djibouti enter and leave the study towns, and they frequently park overnight in Awash Arba. Soldiers are based in the Awash Arba military camp. This dense concentration of mobile men attracts a large number of transient and permanent FSWS from the adjacent areas of Djibouti, Dire Dawa, and Wollo (Amhara region). Transactional and cross-generational sexual practices are common. Youths living with their parents (*yebet lij*) have sexual networks with older men temporarily residing in the towns, particularly truckers, intercity bus drivers, migrant workers, and uniformed men. Polygamy is an accepted cultural and religious practice in the study towns.

HIV/AIDS services are limited to a few public health facilities. In both towns there is at least one such facility that provided antiretroviral treatment, HCT, prevention of mother-to-child transmission, sexual transmitted infection (STI) care, and other HIV/AIDS-related services. Despite the geographical accessibility of public health facilities, the utilization of HCT service is low due to a perceived lack of privacy and confidentiality at the sites. The same behavior and rationale exist for STI diagnosis and treatment services. The study also found a scarcity of condoms in both towns. Excessive alcohol consumption and substance abuse (namely *khat* and *shisha*) hindered consistent condom use, especially among truckers, their assistants, and migrant daily laborers. The study also documented misconceptions that contributed to inconsistent condom use.

Target groups and local officials welcome the concept of mobile HCT. The respondents believed it has the potential to increase access for target groups that are reluctant to seek HCT services from public health facilities. Informants noted that communities and target groups' uptake of mobile HCT services depends on the participation of all stakeholders and community leaders (*gosa*) in developing and implementing community mobilization activities.

I. INTRODUCTION

I.1 BACKGROUND

Ethiopia is one of the Sub-Saharan countries HIV/AIDS affects heavily. The national HIV prevalence among adults age 15 to 49 is estimated to be 2.2 percent (1.8 percent for males and 2.6 for females) in 2008. The 2008 prevalence in Afar Regional State is estimated to be 2.0 percent.¹

In Ethiopia a variety of demographic, behavioural, and social factors place people at risk for HIV infection. These characteristics include age, multiple sexual partners, partners with multiple sexual partners, a history of sexually transmitted infections (STIs), and use of alcohol and *khat*. Most-at-risk population (MARPs) groups, such as female sex workers (FSWs), youths (14 to 24 years old), truck drivers, men having multiple sexual partners, uniformed men, migrant workers, and daily laborers are at a higher risk of contracting HIV.^{2, 3}

In Afar Regional State, hotel- and home-based FSWs practice transactional sex. Most adolescent girls have sexual relationships with older men, such as migrant workers and truckers. Adolescents in Afar Regional State have little knowledge about HIV/AIDS. These factors, combined with the widespread use of substances like *khat* and *shisha* and low utilization of condoms, fuels the rapid spread of HIV/AIDS in the community. The absence of HIV/AIDS-related services in the area aggravates the problem.²

There is a need to expand HIV/AIDS services along the continuum of care for MARPs. Mobile HIV counseling and testing (HCT) can be implemented to increase access to HCT services for MARPs. Funded by the United States Agency for International Development (USAID) and led by Abt Associates Inc., the Private Sector Program PSP-Ethiopia (PSP-Ethiopia) is the leader in implementing and expanding mobile HCT services. Four rounds of mobile HCT have been accomplished in Amhara, Oromiya, and Afar Regional States.^{4, 5, 6}

This assessment collected baseline information to scale up mobile HCT services in the target sites. This study aimed to identify the size and distribution of MARPs and the health services in two towns in Afar. It also determined the perception and practices of MARPs towards condoms and HCT. The assessment will help PSP-Ethiopia and other partners to design mobile HCT services that link with ongoing HIV/AIDS activities. This assessment also will influence the design of social-mobilization strategies to reach MARPs and improve the uptake of mobile HCT services among target populations.

I.2 OBJECTIVES OF THE ASSESSMENT

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

The study's specific objectives are to

- identify the MARPs in the study sites in Afar Regional State and determine their distribution, estimate the density of target populations, and pinpoint specific localities where these target population subgroups reside

- identify and document the health facilities and organizations providing HIV/AIDS services in each town, including facility-based services as well as community care and support services, to establish a referral network for mobile HCT follow-up
- identify the behaviors of MARPs, particularly HIV risk behaviors and HCT service utilization
- collect information to design and plan mobile HCT services for each town, including the acceptability of services to target population and local stakeholders, recommended hours and locations, and potential partners to assist with implementation

1.3 METHODOLOGY

1.3.1 STUDY AREAS

The study was conducted in two towns, Awash Arba and Dubti, in Afar National Regional State. The study towns are situated along the international road that leads to the port of Djibouti, commonly known as the Addis Ababa-to-Djibouti route. Awash Arba has one of the biggest military training centers in the country, and the town hosts a large number of bars and hotels. Dubti has a large sugarcane and cotton plantation that attracts daily laborers.

Long-distance truckers, intercity bus drivers, and cross-border businessmen often visit the towns. Truckers consistently enter and leave the study towns. There also are many bars and hotels in both towns where FSWs meet their clients. The following table provides the location of the study towns in Afar.

TABLE 1: THE LOCATIONS OF THE STUDY TOWNS IN TWO ZONES OF AFAR NATIONAL REGIONAL STATE

Town name	Name of route	Zone	Distance from Addis Ababa (km)
Awash Arba	Addis Ababa-to-Djibouti	Zone 3	242
Dubti	Addis Ababa-to-Djibouti	Zone 1	604

1.3.2 STUDY DESIGN

The study used a cross-sectional design containing qualitative and quantitative methods, including interviews and institutional mapping. Interviews were conducted with representatives from *woreda* health offices (WoHO), HIV/AIDS prevention and control offices (HAPCOs), non-governmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations in each town. FSWs also were interviewed.

1.3.3 DATA COLLECTION, DATA MANAGEMENT, AND ANALYSIS

In this study, data was obtained from informants via pretested semi-structured questionnaires that asked about the status of HIV/AIDS in the community, factors that contribute to the spread of HIV/AIDS, identification of the MARPs for HIV, condom use, availability of HIV/AIDS services (including HCT), and recommendations to improve the services.

Ten informants were interviewed from the WoHO and *woreda* HAPCO, NGOs, CBOs, and people living with HIV/AIDS (PLWHA) associations. Five in-depth interviews were conducted with FSWs.

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

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

I.3.4 ETHICAL CONSIDERATIONS

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

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

I.3.5 LIMITATIONS

This study was part of a baseline assessment that covered 19 towns in five national regional states, including Afar. Because of feasibility and time limitations, focus group discussions were not conducted in the two towns in Afar. Therefore, the behaviors of the MARPs were not assessed in detail.

2. RESULTS

Awash Arba and Dubti are in Zones 3 and 1 in Afar National Regional State. The two towns are located along the Addis Ababa-to-Djibouti route. Islam is the predominant religion in Afar. The result of the baseline assessment for each town is described in detail in the following section.

2.1 AWASH ARBA

Awash Arba is a town located in Sediha Fage (Zone 3) at Amibera *woreda*, 242 kilometers from Addis Ababa. The town has a population of approximately 6,500 people (3,600 males and 2,900 females), including a large number of uniformed men and youth. Even though there are no plantations in Awash Arba, plantation workers from the neighboring towns of Melka Sedi and Melka Worer visit it. Acute diarrheal diseases, tuberculosis (TB), and HIV/AIDS are the major public health problems in Awash Arba. The town has no health center or hospital, so people usually seek health care in facilities in neighboring towns (such as the hospital in Melka Sedi).

2.1.1 MOST-AT-RISK POPULATIONS

Awash Arba is the hometown for many military personnel, in- and out-of-school youth, FSWs, and truckers. Transactional and cross-generational sexual practices are common in the town. As described previously, large numbers of plantation workers from Melka Sedi and Melka Worer visit the town.

Young FSWs from Wollo and Djibouti reside in *medea* houses where they and their paying sexual partners are able to consume *khat* and *shisha* as well as local brews (such as *areki*). Unsafe sex is common in these *medeas*, particularly with men who are intoxicated.

TABLE 2: SIZE OF TARGET POPULATIONS IN AWASH ARBA

Target population	Estimated number
Construction workers	350
FSWs	70
Informal traders and market sellers (such as <i>suq bederete</i> , lottery <i>azuari</i> , and unregistered street traders)	70
In-school youths (excluding college students)	2,300
Out-of-school youths	Data not available
Plantation workers	12,500*
Truck drivers	113
Uniformed government workers (such as customs officers, police, soldiers, and immigration agents)	10,050**

*This is the number of plantation workers in the nearby towns of Melka Sedi and Melka Worer, many of whom visit Awash Arba on the weekends.

**This is the estimated population in zone, rather than only Awash Arba.

Female Sex Workers

There are approximately 70 FSWs in Awash Arba, primarily operating in hotels, *areki*-selling houses, and *medeas*. Most FSWs operate at the local brew-selling houses concentrated along the town's main road. The main clients of the FSWs are truckers, uniformed men from the Arba military base,

day laborers, and plantation workers from Melka Sedi and Melka Worer. Informants noted that FSWs operating in local brew-selling houses are at a higher risk for HIV infection because of their lower education levels and inconsistent condom use with their clients. The interviewed FSWs indicated that migrant workers often pay more to have sex without a condom.

The FSWs noted that substance abuse contributes to the spread of HIV because of unsafe and casual sex among people who consume *khat* and alcohol. Although most FSWs have not been tested for HIV, the demand for HCT is high among this group. The FSWs believed that mobile HCT would help increase their access to HCT services.

TABLE 3: LOCATIONS IN AWASH ARBA WHERE FEMALE SEX WORKERS OPERATE

Category	Name and location
Hotels and bars	<ul style="list-style-type: none"> • Zelekash Hotel, Kebele 01 • Genet Hotel, Kebele 01 • Menafesha Hotel, Kebele 01 • Werer Hotel, Kebele 01 • Enat Adera, Kebele 01 • Total Hotel, Awash Arba Kebele • Abisiniya Hotel, Awash Arba Kebele • Aseb Ber Hotel, Awash Arba Kebele • Tefaatet Mekamiya Bet, Werer Arba Kebele • Temoatet Mekamiya Bet, Werer Arba kebele • Chamas Two Mekamiya Bet, Werer Arba Kebele • Afdera Mekamiya Bet, Werer Arba Kebele • Mulu Pepsi Buna Bet, Adis Ketema (Awash Arba)
Streets	<ul style="list-style-type: none"> • Addis Ketema, on the main road (road number one) • Road number two and three (Werer)
<i>Areke, tella, and tej bets</i>	<ul style="list-style-type: none"> • Road number one and two

Informal Traders and Market Sellers

Awash Arba hosts an estimated 70 informal traders who operate small-scale businesses in open markets. Most of these petty traders are densely concentrated along the main roads in Bar Negash, Medahne Alem, and Mulu hotel. Female informal traders practice transactional sex with migrant workers. Consistent condom use is low among this group due to lack of awareness and condom supply.

Truckers and Intercity Bus Drivers

Most truckers travelling from the port of Djibouti spend a night in Awash Arba. During their stop, many truckers have paid sex with FSWs operating in small hotels. The sexual networks of truckers extend to young women locally referred to as “*yibet lij*.” According to the FSWs, condom use with truck drivers is more common than with migrant workers and married men in town.

TABLE 4: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES PASSING THROUGH AWASH ARBA

Selected information	Details
Times	<ul style="list-style-type: none"> • Morning (35) • Mid-day (25) • Night (50) • Staying overnight (57)
Overnight parking locations	<ul style="list-style-type: none"> • Addis Ketema Hotel, located along the main road • Abisinia Hotel, located along the main road
Bars, clubs, and inns visited	<ul style="list-style-type: none"> • Addis Ketema, located along the main road • Abisinia Hotel, located along the main road • Tinsae Hotel, located along the main road • Tropical Hotel, located along the main road • Central Hotel, located along the main road • Mulu Pepsi, Addis Ketema; located along the main road
Truck and bus companies	<ul style="list-style-type: none"> • Tikur Abay Association • Tigray Limat Association • Trans Association • East-West Association • Shell Association • Total Association

Adolescents and Youths

Informants noted that youths and students are the most vulnerable segments of the population because of their risky sexual behaviors. Youths practice sex with their peers, migrant workers, and uniformed men. Cross-generational sex is common. Young girls (often starting at age 13) frequently engage in risky sexual activities with older and rich men. Consistent condom use by youths is low due to the lack of supply and widespread misconceptions, such as that condoms melt during intercourse and that they can cause health problems. Condom use with non-paying partners (or *yebet lij*) is rare compared to sex with FSWs.

TABLE 5: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTHS IN AWASH ARBA

School level	Number of schools by type			Student enrollment			Total
	Private	Public	NGO	Private	Public	NGO	
Primary (grades 1-8)	0	2	1	0	700	60	760
Secondary (grades 9-10)	0	2	0	0	1,300	0	1,300
Total	0	4	1	0	2,000	60	2,060

Day Laborers and Construction Workers

Awash Arba hosts about 350 construction workers. These workers frequently meet with FSWs in *areki* or *tella* houses, paying an average of 30 birr for the night. Many of the day laborers also engage in sex with youths. Despite these risky behaviors, migrant workers and daily laborers rarely use condoms. Similar reasons as the ones cited previously are given for their failure to do so, including the shortage of condoms and lack of knowledge.

Plantation Farm Workers

Although Awash Arba does not have a plantation, there are more than 12,500 plantation workers in the nearby towns of Melka Sedi and Melka Worer. These plantation workers sometimes visit Awash Arba on weekends and call on FSWs operating in hotels and *areki* houses. Condom use is inconsistent among this group due to supply and substance abuse (*khat* and alcohol).

2.1.2 HEALTH SERVICES

The *woreda* HAPCO provides HIV/AIDS-related services. There are no public institutions in Awash Arba, however, that provide HIV/AIDS- and STI-related services. STI patients prefer treatment from traditional healers rather than at a health facility. People commonly go to pharmacies to buy drugs to self-treat STIs. Patients with STIs also traditionally drink camel's milk as a remedy. Some people seek treatment at health facilities in Melka Sedi. Table 5 depicts the available health institutions in Ambira *woreda* in Melka Sedi and Melka Worer towns.

TABLE 6: AVAILABILITY OF HEALTH SERVICES IN AMBIRA WOREDA IN MELKA SEDI AND MELKA WORER TOWNS

Name of facility	Type of facility	Services provided						
		HCT	TB diagnosis	TB treatment	Antiretroviral therapy	Prevention of mother-to-child HIV transmission	STIs	Opportunistic infections
National District Hospital	Public	√	√	√	√	√	√	√
Werer Health Center	Public	√	√	√	√	√	√	√
Arba Nucleus Health Center	Public	√		√			√	
Hiwot Lower Clinic	Private		√				√	
Selam Lower Clinic	Private		√				√	
Middle Awash Lower Clinic	Other governmental		√				√	
Aminibara Ersha Lower Clinic	Other governmental		√				√	

2.1.3 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

Four organizations and programs provide HIV/AIDS-related services in Awash Arba, as noted in Table 7.

TABLE 7: NON-GOVERNMENTAL AND COMMUNITY-BASED ORGANIZATIONS PROVIDING HIV/AIDS CARE AND SUPPORT ACTIVITIES IN AWASH ARBA

Name of organization	HIV/AIDS-related services provided										Target groups	
	BCC	CT	PMTCT	ART	OIs	STI	Income-generating activities	Nutrition	HBC	OVC		
Care Ethiopia		√					√			√		People living with HIV/AIDS
I-TECH		√		√	√							People living with HIV/AIDS
Muslim Agency	√					√						General population
Save The Children		√					√				√	Orphans and vulnerable children and people living with HIV/AIDS

2.1.4 COUNSELING AND TESTING SERVICES

People in this area are knowledgeable about HIV/AIDS transmission and prevention methods. The target populations show a keen interest in mobile HCT services. People do not go to the public health institutions to access HCT due to the fear of being stigmatized.

Interviewees suggested that mobile HCT services should be conducted in marketplaces. The services should be offered before noon because of the high temperatures in the area. Services targeting migrant workers and plantation workers should be offered at workplaces and on weekends. Interviewees recommended that rigorous community mobilization by community leaders precede the services.

2.2 DUBTI

Dubti is located in Zone I in Duti woreda, 604 kilometers from Addis Ababa. The town has a population of 43,235 people (21,122 males and 22,113 females). This rapidly growing town attracts many migrant workers. It has one zonal hospital. Malaria, TB, HIV/AIDS, and diarrheal diseases are major health problems for Dubti.

2.2.1 MOST AT-RISK POPULATIONS

FSWs, youths, migrant workers, and truck drivers are believed to have a higher risk of contracting HIV in Dubti. There are a number of migrant day laborers in Rashi camp working at the Tindaho Sugar Factory as well as construction workers employed at a water project in the area. According to interviewed FSWs, migrant workers, day laborers, and truck drivers are among their regular clients. Transactional and cross-generational sexual practices are common in the area, as is polygamy and having multiple sexual partners.

TABLE 8: SIZE OF TARGET POPULATIONS IN DUBTI

Target Population	Estimated number
Construction workers	2,000
Farm plantation workers	2,000
FSWs	320
Informal traders and market sellers (such as <i>suq bederete</i> , lottery <i>azuari</i> , and unregistered street traders)	200
In-school youths (excluding college students)	3,685
Migrant day laborers	10,000
Out-of-school youths	2,000
Truck drivers	85
Uniformed government workers (such as customs officers, police, soldiers, and immigration agents)	Data not available

Female Sex Workers

There are approximately 320 FSWs operating in hotels, bars, and local brew-selling houses in Dubti. FSWs are densely concentrated in Key-Meberat Sefer and Kebele 01. Many of these FSWs came from Aseb, Djibouti, and Dire Dawa. Almost all of the hotel-based FSWs claim to use condoms consistently, while FSWs working at *areki* houses are believed to use condoms infrequently due to their lower education levels.

TABLE 9: LOCATIONS IN DUBTI TOWN WHERE FSWS OPERATE

Category	Name and location
Hotels and bars	<ul style="list-style-type: none"> Awash Hotel, 01 Kebele Diredawa Hotel, 01 Kebele Aseb Hotel, 01 Kebele
Streets	<ul style="list-style-type: none"> Sar Tera, Key Mebrat Sefer
<i>Areke, tella, and tej bets</i>	<ul style="list-style-type: none"> Kebele 01

Informal Traders and Market Sellers

Two hundred petty traders engage in selling small items in an open market in Sar-Tera.

Truckers and Intercity Bus Drivers

Approximately 85 trucks and intercity buses enter Dubti daily, with 50 parking overnight at Yoka camp and Rokat restaurant. Truck drivers have sex with FSWs and youths in the town. Truckers reportedly use condoms consistently with FSWs but not with youths.

TABLE 10: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES PASSING THROUGH DUBTI

Selected information	Details
Times	<ul style="list-style-type: none"> • Morning (10) • Mid-day (5) • Night (20) • Staying overnight (50)
Overnight parking locations	<ul style="list-style-type: none"> • Yoka Camp • Rokat Restaurant
Bars, clubs, and inns visited	<ul style="list-style-type: none"> • Aseb Hotel, 01 Kebele • Rokat Restaurant, Key Mebrat Sefer
Truck and bus companies	<ul style="list-style-type: none"> • Tikur Abay Truck Association • Tram Truck Association • Atlantic Truck Association

Adolescents and Youths

Approximately 2,000 out-of-school youths reside in Dubti. Informants noted that youths are the most vulnerable segment of the population with their inconsistent condoms use, evidenced by a high incidence of unintended pregnancies. Barriers to consistent condom use included misconceptions (condoms contain the HIV virus), excessive use of alcohol and *khat*, and issues with the condom supply in town.

TABLE 11: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTHS IN DUBTI

School level	Number of schools by type			Student enrollment			Total
	Private	Public	NGO	Private	Public	NGO	
Primary (grades 1-8)	0	2	0	0	2,727	0	2,727
Secondary (grades 9-10)	0	1	0	0	958	0	958
Tertiary (college and higher)	0	0	0	0	0	0	0
Total	0	3	0	0	3,685	0	3,685

Migrant Day Laborers

More than 10,000 migrant day laborers reside in Dubti. Most of them work in Tindaho Sugar Factory, which is located five kilometers from Dubti and has a total of 20,000 employees, while others work at construction companies. Migrant day workers regularly stay at the Aseb and Dire Dawa hotels in town.

2.2.2 HEALTH SERVICES

Dubti has one zonal hospital that provides comprehensive HIV/AIDS care and support services in coordination with the *woreda* HAPCO and WoHO. There are two private clinics that provide TB diagnostic and STI treatment services. STI patients commonly seek services from traditional healers (via herbal medicines) or self-treatment in private pharmacies. The cost of STI treatment by herbal medicine is about 10 to 15 birr compared to 60 birr at private health facilities.

TABLE 12: AVAILABILITY OF HEALTH SERVICES IN DUBTI

Name of facility	Type of facility	Services provided						
		HCT	TB diagnosis	TB treatment	ART	PMTCT	STIs	OIs
Dubti Zonal Hospital	Public	√	√	√	√	√	√	√
Meskel Lower Clinic	Private		√				√	
Selam Lower Clinic	Private		√				√	
Tindaho	Other government		√				√	

2.2.3 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

I-TECH and RPM-Plus, two international programs, support an ART and opportunistic infection (OI) program at Dubti Zonal Hospital.

TABLE 13: NON-GOVERNMENTAL AND COMMUNITY-BASED ORGANIZATIONS PROVIDING HIV/AIDS CARE AND SUPPORT ACTIVITIES IN DUBTI

Name of organization	HIV/AIDS-related services provided										Target groups
	BCC	CT	PMTCT	ART	OI	STI	Income-generating activities	Nutrition	HBC	OVC	
I-TECH		√		√					√		People living with HIV/AIDS and their families
RPM Plus				√							People living with HIV/AIDS

2.2.4 COUNSELING AND TESTING SERVICES

According to informants the knowledge and awareness of HIV and STI prevention and control in the town is good. Access to HCT, however, is limited to only Dubti Zonal Hospital.

According to respondents, the demand for HCT services in the community is high. WoHO and HAPCO officials welcomed the idea of mobile HCT. The respondents suggested that mobile HCT be provided before noon because of high temperatures and the tradition of *khat* ceremonies in the afternoon. As a Dubti Zonal Hospital representative said, “Many people will use mobile HCT services if it is conducted in the morning. In the afternoon, it is too hot and people have *khat* chewing ceremony called *Bercha* time. Sunday is preferred to get many migrant workers in the

camp.” Informants recommended that awareness creation and community mobilization involving clan leaders (*gosa*) precede the introduction of mobile services.

3. DISCUSSION AND CONCLUSIONS

The focus towns host a large number of migrant day laborers, plantation workers, uniformed men, and truckers. Truck drivers often spend the night in Awash Arba on their way to Addis Ababa from Djibouti. The migrant day laborers temporarily stationed in these towns are separated from their families for a long period of time. These groups have wide sexual networks that include FSWs and transactional and cross-generational sex with youths. Furthermore, this large potential client base attracts FSWs from neighboring towns as well.

Transient FSWs, who come from Wollo, Dire Dawa, and Djibouti, usually operate in medea houses. The main clients for these FSWs are migrant workers, uniformed men, and truckers. FSWs said that the low supply of condoms in the two towns affects consistent condom use. FSWs also noted that condom use among migrant daily laborers is low because this group believes that condoms are infected with HIV or reduce sexual pleasure. These types of beliefs about condom use are widespread throughout Ethiopia according to the *2005 Behavioral Surveillance Survey*. Similar findings were noted in the mobile HCT assessments conducted in 40 towns in Afar, Amhara, and Oromia National Regional States by PSP-Ethiopia.^{4,5,6} Informants from town health offices noted that most men use condoms while having sex with hotel-based FSWs but not with non-paying partners such as young girls (*yebet lij*).

Transactional and cross-generational sexual practices are common in the two towns. Polygamy is widely accepted and practiced in Afar. This behavior contributes to fueling the spread of HIV/AIDS.

Each town has access to at least one government health facility that provides HIV/AIDS prevention, care, and treatment services. There are no NGOs in the towns providing community-level HCT services. The informants noted that uptake of existing services is low, particularly of HCT, ART, and STI services because of the perceived lack of confidentiality and stigma attached to HIV/AIDS and STIs. Self-treatment and the use of traditional medicine for STIs is a common practice in the study towns.

This study found a high demand for mobile HCT services in the two towns. The absence of NGOs was cited as a challenge in addressing the HCT needs of the community. Local officials appreciate the concept of mobile HCT and view it as a good opportunity to reach target groups (such as migrant day laborers). Health officials suggested that mobile HCT should be organized near the plantations and sugar factory to facilitate access for workers. Mobile HCT services should be provided on the weekend to increase access for migrant day laborers. Marketplaces were suggested as potential sites to reach the general population and other target groups. The interviewees recommend that services be provided in the morning due to the heat and the practice of chewing *khat* in the afternoon.

Finally, informants stressed the importance of rigorous community mobilization for maximum uptake of the mobile HCT services. Clan leaders (*gosa*) are respected in the community and should have a key role in community mobilization. The *woreda* HAPCO and health office officials also suggested using megaphones to advertise the services.

4. RECOMMENDATIONS

Government and Development Partners

- Youths and FSWs should be empowered through income-generation activities. This strategy might reduce the rapid spread of HIV/AIDS among the vulnerable groups in the area.
- Regulations and control mechanisms should be created that prohibit the widespread presence of *khat* houses, which are often the sites for unsafe sexual practices

Health Offices and Institutions

- The *woreda* HAPCO and health institutions should provide tailored information, education, and communication and behavior change communication messages to migrant workers and youths about preventive methods—particularly on the use of condoms, HCT, and misconceptions. They should invite other NGOs to come to the area and conduct similar interventions.

PSE-Ethiopia and Other Partners

- Like other sites previously studied, the demand for mobile HCT was high in the towns profiled in this report. In collaboration with the health offices, local community leaders, and NGOs, PSP-Ethiopia should expand mobile HCT in the area.
- Community mobilization is a prerequisite for successful mobile HCT services. *Gosas* are well regarded and should be engaged to generate demand for HCT services.
- Services should be provided before noon.
- To access all day laborers and migrant workers, mobile HCT should be conducted on the weekend in all towns.
- Services should be located in marketplaces (to attract the general population) as well as workplaces (near plantations and the sugar factory) to increase access for workers.
- Increase supply to condoms by distributing condoms to mobile HCT clients.
- To address the confidentiality issue, health workers from other areas should be used to provide the service.

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