

OROMIYA REGION THIRD BASELINE ASSESSMENT FOR MOBILE HIV COUNSELING AND TESTING PROGRAM

THIRD ASSESSMENT TOWNS: FICHE, JIMMA,
WOLISO, AMBO AND ASSELA



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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
ART	Antiretroviral therapy
BCC	Behavior change communication
BSS	Behavioral Surveillance Survey
CBO	Community-based organization
CT	Counseling and testing
FGAE	Family Guidance Association–Ethiopia
FGD	Focus group discussion
FSW	Female sex worker
HAPCO	HIV/AIDS prevention and control offices
HCT	HIV counseling and testing
HIV	Human Immunodeficiency Virus
I-CAP	International Center for AIDS Care and Treatment Program
IEC	Information, education, and communication
MARP	Most-at-risk population
NGO	Non-governmental organization
OI	Opportunistic infection
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PSP-Ethiopia	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 Oromiya Regional Health Bureau in five towns in Oromiya Region to inform the design of mobile HCT services. 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 assessment was conducted in Fiche, Woliso, Jimma, Ambo, and Assela towns in Oromiya National Regional State. These towns have a number of most-at-risk population (MARP) groups, including students, youths, female sex workers (FSWs), truckers, and uniformed men. This assessment aims to identify the magnitude and concentration of MARPs in these towns and develop recommendations to design effective mobile HCT services that target them.

The assessment used quantitative and qualitative methods. Interviews with informants and service mapping were conducted in each town. Interviews with FSWs and focus group discussions (FGDs) with youths, day laborers, and adult women were conducted in Jimma and Fiche. The information solicited from these sources was triangulated to learn about the knowledge and attitude of the MARPs about HIV preventive methods—especially HCT and use of condom.

This assessment found that Jimma, Ambo, and Fiche have large number of college students, youths, and uniformed men. All five towns have many FSWs, truckers, and migrant day laborers. These groups have complex sexual networks, with transactional, cross-generational, and extra-marital sexual practices being common. Students, particularly college ones, and FSWs exchange sex in return for money or gifts. Despite these risky sexual activities, youths, students, and informal FSWs (those who operate in local brewhouses) do not use condoms consistently. Excessive consumption of alcohol and use of *khat* and *shisha* were cited as the major barriers to condom use.

In each town there is at least one public health institution and one NGO that provides comprehensive HIV/AIDS services. The assessment study identified that the demand for counseling and testing was high in all of the study towns. Many of the FGD participants, particularly youths and FSWs, were counseled and tested at least once. Several reasons were given for low utilization of HCT in public health facilities, including poor service quality, fear of stigma and discrimination, and the perceived lack of confidentiality. People prefer accessing HCT services through non-governmental organizations (NGOs) such as the Family Guidance Association of Ethiopia and the Organization for Social Services for HIV/AIDS. Community members and health offices like the concept of mobile HCT. Interviewees suggested collaborating with NGOs to provide mobile HCT services and suggested providing the services on the weekend and at workplaces.

I. INTRODUCTION

I.1 BACKGROUND

Ethiopia is one of the Sub-Saharan countries HIV/AIDS affects heavily. In year 2008, the single-point estimates indicate that the national adult HIV prevalence is 2.2 percent (1.8 percent for males and 2.6 for females). The prevalence in Oromia National Regional State is estimated to be 1.5 percent (1.2 percent for males and 1.8 for females). Previous reports showed a high concentration of HIV in urban and semi-urban areas compared to rural ones; for instance, the single-point estimates for the national urban and rural prevalence were 7.7 and 0.9 percent respectively.¹

Heterosexual sex is the most common mode of HIV transmission in Ethiopia. Unprotected premarital and extramarital sex is common in parts of the country. Some widespread traditional and cultural practices are responsible for the spread of HIV/AIDS; the more significant ones are early marriage, marriage by abduction, polygamy, cross-generational sex, and an accepted custom allowing a man to have sex with other women if his wife has not delivered for some years). In- and out-of-school youths in particular are at a higher risk for contracting HIV/AIDS because of their lack of knowledge about and experience with safe sex negotiation, alcohol and *khat* abuse, peer influence, frustration by their extreme poverty, and short sightedness. In Oromiya Regional State, transactional and cross-generational sexual practices whereby youths and female sex workers (FSWs) sell sex are common. Cultural practices such as *jala jalto*, rape, and abduction are common in Oromiya. These sexual practices along with the low utilization of condoms among the most-at-risk population (MARPs) groups fuels the spread of HIV/AIDS. *Khat* and *shisha* aggravate the problem; more than 85 percent of youths in the region chew *khat*.^{2,3,4,5}

Cognizant of those facts, there is a need to expand comprehensive HIV/AIDS services targeting the MARPs. Among other services, mobile HIV counseling and testing (HCT) should be accessible to the MARPs near to their place of work or residence. The Private Sector Program-Ethiopia (PSP-Ethiopia), funded by the United States Agency for International Development (USAID) and led by Abt Associates Inc., is the leader in implementing and expanding MCT.^{4,5,6}

PSP-Ethiopia conducted this assessment in coordination with the Oromiya Regional Health Bureau to identify the magnitude and distribution of the MARPs in selected towns of Oromiya. Based on the findings, recommendations are developed to assist PSP-Ethiopia and other partners to design MCT services targeting MARPs. The recommendations also will inform the design of mobilization strategies so that the MARPs can utilize the MCT service effectively.

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 Oromiya 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 assessment was conducted in five towns in the West Shewa, North Shewa, Arsi, and Jimma zones of Oromia National Regional State: Jimma, Fiche, Woliso, Ambo, and Assela. The study towns have large populations, and several of them are the seat for their zonal administration. All study towns had high schools or preparatory schools with a large student population. Jimma and Ambo each have a large public university. Several towns grow cash crops and have a large migrant worker population. All five towns have numerous bars and hotels. The locations of the study towns are summarized in Table 1.

TABLE 1: DESCRIPTION OF THE STUDY TOWNS IN THE OROMIYA NATIONAL REGIONAL STATE

Town's name	Name of route	Region and location	Distance from Addis Ababa (km)
Fiche	Addis Ababa-to-Metema	Oromiya, North Shewa zone	112
Woliso	Addis Ababa-to-Jimma	Oromiya, West Shewa zone	116
Jimma	Addis Ababa-to-Jimma	Oromiya, Jimma zone	346
Ambo	Addis Ababa-to-Assosa	Oromiya, West Shewa zone	126
Assela	Addis Ababa-to-Moyale	Oromiya, Arsi zone	175

1.3.2 STUDY DESIGN

The study used a cross-sectional design using 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. Other informants in the study included FSWs, in-school youths, migrant workers, and day laborers.

1.3.3 DATA COLLECTION, DATA MANAGEMENT, AND ANALYSIS

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

Six FGDs were conducted in Jimma and Fiche. In each town three FGDs were conducted with youths, adult women, and day laborers, and 20 interviews (10 from each town) were conducted with

FSWs. Twenty-five informants were interviewed from the WoHO and *woreda* HAPCO, NGOs, CBOs, and people living with HIV/AIDS (PLWHA) associations across all five towns.

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

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

1.3.4 ETHICAL CONSIDERATIONS

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

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

1.3.5 LIMITATIONS

At the request of the RHB, the assessment included Assela and Ambo, which are outside of the routes. MARPs in these towns may have different behavioral characteristics compared to the other towns.

Incomplete data regarding out-of-school youth and uniformed men reduced the comprehensiveness of this assessment. The FGD and interviews did not include truckers and informal traders, both important MARP groups. Therefore, the behaviors of these groups could not be assessed in detail.

2. RESULTS

Five towns were assessed in the North Shoa, West Shoa, Arsi, and Jimma zones of Oromia National Regional State. The results of the baseline assessment for each town are described in detail in this section.

2.1 FICHE

Fiche is located in the North Shewa Zone of Oromiya region, 112 kilometers northwest of Addis Ababa. The town has a population of 49,129 (22,820 males and 26,309 females). Fiche has better infrastructure (schools and health institutions) than other towns in North Shewa. It has one college, one hospital, and one health center. Tuberculosis (TB) and HIV/AIDS are the major public health problems in the town.

2.1.1 MOST AT-RISK POPULATIONS

The following populations were identified as most-at-risk in Fiche: FSWs, in-school youths and college students, construction workers, and truck drivers. According to key informant interviews, the number of FSWs increased during the arrival of the new military force in the area. Informants suggested that these groups are at a higher risk for contracting HIV because of riskier sexual behaviors (such as having transactional sex and multiple sexual partners). In addition alcohol and substance (*khat* and *shisha*) abuse, inconsistent condom use, and viewing of pornographic videos is high in these groups. Stigma is also an issue in Fiche. Furthermore, an interviewed FSW said, “I know people who are HIV positive but deliberately infect others.”

TABLE 2: SIZE OF TARGET POPULATIONS IN FICHE

Target population	Estimated number
College students (private and public)	1,643
Construction workers	362
FSWs	500
Informal traders and market sellers (such as <i>suq bederete</i> , lottery <i>azuari</i> , and unregistered street traders)	70
In-school youth (excluding college students)	10,786
Out-of-school youths	Data not available
Truck drivers	59
Uniformed government workers (such as customs officers, police, soldiers, and immigration agents)	Data not available

Female Sex Workers

About 500 (425 permanent and 75 transient) hotel-based and informal FSW were identified in Fiche. The informal FSWs operate in small, rented brewhouses called *areki bets* that are situated along the main road and in Made Abera Sefer, Mehale Comando Sefer, Addis Ketema, Menaharia, Fiche Ketema police station, and around Mentera. Farmers and construction workers frequently visit these FSWs. Anecdotal information suggests that hotel-based FSWs use condoms more frequently than informal FSWs. Informal FSWs often receive extra money from their clients to have sex without a condom. Barriers to condom use by FSWs include excessive use of alcohol and *khat* by their clients, a shortage of condoms, and a lack of awareness. One FSW said, “They gave us four condoms per

week which is not enough. Some of our clients use two condoms at the same time.” Men who have *kimit* also are reluctant to using condoms. A 45-year old woman said, “My husband has another wife in [a] rural area. When I gave him [a] condom, he throws it away claiming that he can’t have HIV while he has good bodily appearance.”

A significant number of FSWs said that they had been counseled and tested for HIV at least once. FSWs approve of the idea of mobile HCT (see section 2.1.4).

TABLE 3: LOCATIONS IN FICHE WHERE FEMALE SEX WORKERS OPERATE

Category	Name and location
Hotels and bars	<ul style="list-style-type: none"> • Bahirdar Hotel, Mehal Komando • Temgn Hotel, Mehal Komando • Alem Hotel, Mehal Komando • Lominat Hotel, in front of Fitcha Ketema police station
Streets	<ul style="list-style-type: none"> • Around Fiche Open Market • Around Bousene Sefer • In some hotels and bars around the main route
<i>Areki, tella, and tej</i> bets	<ul style="list-style-type: none"> • Ayelu <i>Areki</i> Bet, around old bus station • Mulu <i>Areki</i> Bet, around old bus station • Kedir <i>Tella</i> Bet, around old bus station • Metshet <i>Tella</i> Bet, around old bus station • Ergech <i>Tella</i> Bet, around old bus station • Beyenech <i>Tella</i> Bet, around old bus station

Informal Traders and Market Sellers

About 70 informal traders operate small-scale businesses in Fiche. Informal traders operate in open markets in Kebele 01, behind the Menharia bus station, and Komando Sefer. Many of the informal traders are young girls and boys who practice unsafe sex with their peers. These traders also engage in sex with construction workers and uniformed men.

Truckers and Intercity Bus Drivers

Approximately 59 trucks and intercity buses pass through Fiche each day. Of these, 10 usually park overnight in Komando Sefer and along the main roads. Truckers frequently visit hotels and bars to consume alcohol and meet hotel-based FSWs. Information gathered from interviews indicates that truckers use condoms consistently with hotel-based FSWs, but not with young girls whom they perceive as being free of HIV.

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

Selected information	Details
Times	<ul style="list-style-type: none"> • Morning (25) • Mid-day (9) • Night (15) • Staying overnight (10)
Overnight parking locations	<ul style="list-style-type: none"> • All the way along the route particularly around Komande Sefer
Bars, clubs, and inns visited	<ul style="list-style-type: none"> • Bahirdar Hotel, Mehal Ketema, Komande Sefer • Tengnu Hotel, Mehal Ketema, Komande Sefer • Midre Genet Hotel, Mehal Ketema, Komande Sefer

Selected information	Details
Truck and bus companies	<ul style="list-style-type: none"> • Memeka Hotel, Mehal Ketema, Komande Sefer • Tikur Abay Transportation • Kajuma Transportation • Salini Transportation • Mesfin Engineering Transportation

Adolescents and Youths

Youths in Fiche engage in risky sexual behaviors that put them at a higher risk of HIV. The age of sexual debut is approximately 14, usually starting with their peers. Adolescents, however, also engage in sex with civil servants and uniformed men. They do not use condoms consistently, citing trust in their partners and lack of awareness as major reasons for not using condoms.

TABLE 5: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTHS IN FICHE

School level	Number of schools by type			Student enrollment			Total
	Private	Public	NGO	Private	Public	NGO	
Primary (grades 1-8)	5	6	0	457	7,167	0	7,624
Secondary (grades 9-10)	0	2	0	0	3,162	0	3,162
Tertiary (college and higher)	2	2	1	525	1,112	33	1,670
Total	7	10	1	982	11,441	33	12,456

Day Laborers and Construction Workers

More than 300 construction workers are employed around the Fiche open market and construction sites along the main road. Most day laborers know that they are at higher risk for contracting HIV/AIDS than the general population. Day laborers have strong sexual networks with FSWs operating in local brewhouses. These workers consume excessive amounts of *areki* and practice unsafe sex. Information from the FGD with day laborers revealed that none of them had been tested for HIV because of lack of geographic access. Almost all day laborers, however, expressed a desire to be counseled and tested through the mobile services.

2.1.2 HEALTH SERVICES

The two public health facilities, Fiche Zonal Hospital and Fiche Health Center, provide comprehensive HIV/AIDS services. In terms of sexually transmitted infection (STI) treatment, people seek care at the health center, paying 15 to 20 birr. The cost of similar treatment at a private clinic is three times higher.

TABLE 6: AVAILABILITY OF HEALTH SERVICES IN FICHE

Name of facility	Type of facility	Services provided						
		HCT	TB diagnosis	TB treatment	ART	PMTCT	STIs	OIs
Fiche Zonal Hospital	Public	√	√	√	√	√	√	√
Fiche Health Center	Public	√	√	√	√	√	√	√
Fitsum Drug Store	Private	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Zelalem Drug Store	Private	N/A	N/A	N/A	N/A	N/A	N/A	N/A
St. Gebrel Drug Store	Private	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Abyssinia Drug Store	Private	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tewdros Drug Store	Private	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Addis Alem Rular Drug Vendor	Private	N/A	N/A	N/A	N/A	N/A	N/A	N/A

2.1.3 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

There are several local and international NGOs that provide HIV/AIDS services, as indicated in Table 7. International Center for AIDS Care and Treatment Program (I-CAP) supports the ART program at Fiche Zonal Hospital. Other NGOs focus on services related to BCC and OVC.

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

Name of organization	HIV/AIDS-related services provided										Target groups	
	BCC	HCT	PMTCT	ART	Ois	STI	Income-generating activities	Nutrition	HBC	OVC		
Abebech Gobena	√										√	PLWHA and their families
African Network for the Prevention and Protection against Child Abuse and Neglect							√					PLWHA and their families
Genet Church											√	PLWHA and their families
I-CAP				√	√							
Mekane Eyesus Church	√										√	PLHA and their families
Society for Women and AIDS in Africa											√	PLWHA and their families

2.1.4 COUNSELING AND TESTING SERVICES

A number of FGD participants and FSWs had been counseled and tested at least once previously. A 26-year-old widow said, “Two years back, I was counseled and tested and the doctor told me I had

HIV and my cells was very low. I immediately started treatment and I am ok now just like other people.”

Information collected from different sources showed that many people desire to be counseled and tested. People do not want to go to a health facility, however, citing the poor quality of services, long waits, and the lack of trained staff. Interviewees welcomed the idea of mobile HCT services. A 22-year-old single day laborer said, “I haven’t thought of HCT till now. But, currently, I have to be counseled and tested to know myself and plan accordingly.”

Youths suggested that the mobile services be offered in marketplaces and the bus station to attract clients. Others, including married women, recommended situating the service in the *kebele*. All day laborers interviewed preferred services on Saturday or Sunday in Fiche Ber.

2.2 JIMMA

Jimma, located in Oromiya region, 347 kilometers southwest of Addis Ababa, has a population of 164,366 people (77,716 males and 86,650 females). Jimma is known for its coffee plantation. The town also has several colleges including Jimma University, the second largest university in Ethiopia. Malaria, TB, HIV, and intestinal parasites are the major public health problems.

2.2.1 MOST-AT-RISK POPULATIONS

As shown in Table 8, Jimma hosts a large number of youths, students, FSWs, construction and plantation workers, and uniformed men. Almost all participants of the FGD and interviews perceived that youths, university students, married women, and illiterate day laborers are the segment of society HIV/AIDS most affects. FSWs have different clients, such as truckers, businessmen, and day laborers. FSWs and college students commonly practice transactional sexual activity. University students meet their clients in hotels with the help of brokers. Extramarital sex is common in the town. There are also a number of male youths who have sex with other men.

TABLE 8: SIZE OF TARGET POPULATIONS IN JIMMA

Target population	Estimated number
College students (private and public)	18,384
Construction workers	7,000
Farm plantation workers	8,000
Female sex workers	1,168
Informal traders and market sellers (such as <i>suq bederete</i> , lottery <i>azuari</i> , and unregistered street traders)	300
In-school youth (excluding college students)	21,027
Migrant day laborers	2,400
Out-of-school youths	Data not available
Truck drivers	156
Uniformed government workers (such as customs officers, police, soldiers, and immigration agents)	Data not available

Female Sex Workers

Jimma has an estimated 1,168 permanent and transient FSWs, primarily operating in hotels and bars around the bus station and in Shewa Ber, Bacho Ber, and Ginjo Guduru Sefer. According to FSWs, most of their clients are married men who often insist on having sex without a condom. FSWs believe that these unfaithful men carry HIV back home to their wives. A 25-year-old FSW said,

“[The] majority of our clients are married men. We have to do sex with them to get money but [we feel] sorry for their wives.”

Another 19-year-old FSW said, “Some of our clients usually requested us to have sex without condom with more money. We refuse unprotected sex as we are certain that money can’t save our lives.”

TABLE 9: LOCATIONS IN JIMMA WHERE FEMALE SEX WORKERS OPERATE

Category	Name and location
Hotels and bars	<ul style="list-style-type: none"> • Hermat Hotel, Seka Ber • Meskerem Hotel, Mesgid Area • Bogalech Hotel, Mesgid Area • Holiday Hotel, Hermata Sefer • Fantu Hotel, B/Kitto • Birhanu Hotel, Hermata Sefer • Hawasi Hotel, Hermata Sefer • Belaynesh Hotel, Hermata Sefer • Shewa Hotel, Hermata Sefer • Yitaysh Hotel, Hermata Sefer • Peacock Bunabet, Hermata Sefer • Betii Grocery, Hermata Sefer • Yohans Yordanus Grocery, Hermata Sefer • Tiru sew Grocery, Hermata Sefer • Filorid Grocery, Hermata Sefer • Iledadu Grocery, Hermata Sefer • Omeditta Grocery, Hermata Sefer • Gambell Grocery, Hermata Sefer
Streets	<ul style="list-style-type: none"> • Bus Station Area • Shewa Ber, 01 Kebele • Bacho Ber • Ginjo Guduru Sefer
<i>Areki, tella, and tej bets</i>	<ul style="list-style-type: none"> • Zenebech Herna Bet in Mentina Sefer • Askale Gameda Bet in Mesgid Sefer • Askale Getachew Bet in Mesgid Sefer

Informal Traders and Market Sellers

Three hundred informal traders operate in the open markets in Kebele 06 and Kebele 03 in Jimma. The town has market days twice per week. Major petty trading is done in the open market in Kidame and Rob Gebeya. The majority of these traders are younger than age 30, and they often sell sex to migrant workers and day laborers. Rape is a widespread in Jimma, with informal traders being a common victim of sexual violence.

Truckers and Intercity Bus Drivers

More than 150 trucks and intercity buses come through Jimma daily, with 75 trucks parking at Kulo Ber and Abab Sefer overnight. Most of the truckers engage in sexual activity with hotel-based FSWs and reportedly use condoms consistently. Some truckers also have sex with university students arranged by male brokers.

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

Selected information	Details
Times	<ul style="list-style-type: none"> • Morning (67) • Mid-day (40) • Night (49) • Staying overnight (75)
Overnight parking locations	<ul style="list-style-type: none"> • Arab Sefer • Degitu Hotel • Jimma Hotel • Waldiya Hotel • Kulo Ber • Teka Yegenu
Bars, clubs, and inns visited	<ul style="list-style-type: none"> • Walde Abagaz Hotel • Merdina Hotel • Tewabech Hotel • Temkil Green Hotel • Muger Hotel
Truck and bus companies	<ul style="list-style-type: none"> • Waliya • Anbesa • Addis Alem • Jimma and Firew • Africa • Ethiopia • Andinet • Hibret • Biherawi • Dashen

Adolescents and Youths

Most FGD participants and informants perceived that HIV/AIDS is spreading at alarming rate among youths, particularly college students, because of excessive alcohol and *khat* use, limited job opportunities, and inconsistent condom use. A 20-year-old said, “Males invite female students in hotels and they intoxicate them with alcohol and do practice unsafe sex.”

High school students do not use condoms consistently as a result of limited access to them. One youth said, “[Condoms are] freely available in the health center, but in our area we have to buy it with two birr, sometimes up to 4 birr.” Old rich men and students practice unsafe sex with youths who live with their parents (called “*yebet lij*”). Many people assume that these young girls are virgins and free of HIV.

TABLE 11: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN JIMMA

School level	Number of schools by type			Student enrollment			Total
	Private	Public	NGO	Private	Public	NGO	
Primary (grades 18)	0	12	0	0	16,594	0	16,594
Secondary (grades 910)	0	3	1	286	4,147	0	4,433
Tertiary (college and higher)	2	5	0	1,743	16,641	0	18,384
Total	2	19	2	2,029	37,382	0	39,411

Migrant Day Laborers and Plantation Workers

More than 10,000 low-paid day laborers work in farms and road construction in Jimma. Limmu coffee plantation has an estimated 8,000 permanent and contractual employees. These day laborers engage in sex with FSWs, usually intoxicated by local brews, and they rarely use condoms.

2.2.2 HEALTH SERVICES

Jimma University Teaching and Zonal Hospital and Jimma Health Center provide a range of HIV/AIDS-related services including HCT, prevention of mother-to-child transmission (PMTCT), antiretroviral therapy (ART), and clinical care. There are several private higher clinics and NGOs in Jimma, three of which provide ART. STI clients visit public health facilities for treatment at a cost of 10 to 15 birr, although many people complain about the quality of service. More affluent individuals visit private clinics for treatment at a cost of 200 birr.

TABLE 12: AVAILABILITY OF HEALTH SERVICES IN JIMMA

Name of facility	Type of facility	Services provided						
		HCT	TB diagnosis	TB treatment	ART	PMTCT	STIs	OIs
Jimma Teaching and Zonal Hospital	Public	√	√	√	√	√	√	√
Jimma Health Center	Public	√	√	√	√	√	√	√
Hosher Nucleus Health Center	Public	√	√	√	√		√	
Jiren Health Post	Public		√	√			√	
Furusav Health Post	Public		√	√			√	
Jimma Higher Clinic	Private		√		√		√	
Dr. Becosar Higher Clinic	Private		√		√		√	
Africa Higher Clinic	Private		√		√		√	
Defence General Hospital	Other government						√	
General Hospital	Other government	√	√				√	
Organization for Social Services for HIV/AIDS	NGO	√					√	

Name of facility	Type of facility	Services provided							
		HCT	TB diagnosis	TB treatment	ART	PMTCT	STIs	OIs	
Missionary Medium Clinic	NGO	√	√					√	
Charity Medium Clinic	NGO	√						√	
FCA Medium Clinic	NGO	√						√	
Medhan Act	NGO	√						√	

2.2.3 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

There are five NGOs in Jimma that provide community-based HIV/AIDS services, indicated in Table 13.

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

Name of organization	HIV/AIDS-related services provided										Target groups	
	BCC	CT	PMTCT	ART	OIs	STI	Income-generating activities	Nutrition	HBC	OVC		
Family Guidance Association– Ethiopia FAYYA	√	√				√	√					Youth and the general population
Life in Abundance											√	Orphans and vulnerable children
Medhan Act		√					√			√		General population, youth and PLWHA
Organization for Social Services for HIV/AIDS	√	√								√		General population and PLWHA

2.2.4 COUNSELING AND TESTING SERVICES

The demand for HCT among MARPs is high. The services health facilities provide, however, are not satisfactory. Some participants said that health workers are not polite to clients and do not maintain confidentiality. Construction workers mentioned that the hours of operation are inconvenient for them. Some people mentioned that language is a major barrier at health facilities as counselors may not speak the local language. The interviewees suggested that mobile HCT is a good strategy to fulfill the needs in Jimma. Most participants believed that mobile HCT will be fast and ensure

confidentiality. Interestingly, many of the FSWs and youths interviewed had been tested at least once previously.

People usually prefer Family Guidance Association–Ethiopia (FGAE) for counseling and testing. FSWs suggested that FGAE or *kebele* administrations should participate in the mobile HCT program. Day laborers and construction workers suggested that the mobile services be conducted on weekends in Seka Ber or Kulo Ber. Students recommended conducting mobile HCT at schools. Informants suggested that an awareness-creation program using megaphones and the Jimma University FM radio should precede the mobile services. They also suggested that the mobile HCT would be successful if it were integrated with services like the diagnosis and treatment of malaria.

2.3 WOLISO

Woliso is located in West Shewa, Waliso zone, 120 kilometers from Addis Ababa. The town has a population of 54,248 people (28,620 males and 25,628 females). Woliso, a rapidly growing town, has one hospital, one health center, and three private colleges. Diarrheal diseases, malaria, and HIV/AIDS are major health problems.

2.3.1 MOST-AT-RISK POPULATIONS

This study identified 300 hotel-based, bar-based, and informal FSWs in Woliso. Woliso also hosts a large number of construction and plantation workers and in-school youths. FSWs and college students commonly practice transactional and cross-generational sex. Young girls and students meet with older and rich men to sell sex in return for money or gifts.

TABLE 14: SIZE OF TARGET POPULATIONS IN WALISO

Target population	Estimated number
College students (private and public)	4,623
Construction workers	2,000
Farm plantation workers	2,500
FSWs	300
Informal traders and market sellers (such as <i>suq bederete</i> , lottery <i>azuari</i> , and unregistered street traders)	90
In-school youths (excluding college students)	13,335
Out-of-school youths	Data not available
Migrant day laborers	170
Truck drivers	37
Uniformed government workers (such as customs officers, police, soldiers, and immigration agents)	Data not available

Female Sex Workers

The town hosts an estimated 300 FSWs who operate in hotels, bars, and local brew-selling houses. The clientele of FSWs include farmers, students, and civil servants. Informal sex workers operate in local brewhouses (*areki bets*) and often practice unsafe sex because of their lack of awareness and the need for extra money from clients who pay more to have sex without a condom. Bar- and hotel-based FSWs reportedly use condoms more consistently than informal FSWs.

TABLE 15: LOCATIONS IN WALISO WHERE FEMALE SEX WORKERS OPERATE

Category	Name and location
Hotels and bars	<ul style="list-style-type: none"> • Mulu Hotel • Liban Hotel • Birhan Hotel • Shuferoch Hotel • Gete Hotel • Wenchi Hotel • Giyor Hotel • Lafer of Hotel
Streets	<ul style="list-style-type: none"> • Addis Ababa-Jimma main road
<i>Areki, tella, and tej bets</i>	<ul style="list-style-type: none"> • Shelemu Teshome Arake Bet • Tadelu Geleta Arake Bet • Askale Jifara Arake Ber • Meskerem Demissie Areki Bet • Desta Kehiner Arake Bet • Askale Teffera Areki Bet • Birhanu G/Meskel Areki Bet • Sisay Yifira Areki Bet • Likiresh Mulet Areki Bet

Informal Traders and Market Sellers

Woliso hosts an estimated 90 informal traders operating in the Kochii open market in Kebele 03. Information collected from the informants indicated that informal traders have multiple sexual partners such as migrant workers, peers, and local businessmen. Despite this risky sexual behavior, consistent use of condoms is rare in these MARPs.

Truckers and Intercity Bus Drivers

There are few truckers and intercity bus drivers who stop for the night in Woliso. These limited numbers of truckers engage in sex with hotel-based FSWs and youths in the town. Informants noted that truckers do use condoms consistently with hotel-based FSWs.

TABLE 16: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES PASSING THROUGH WALISO

Selected information	Details
Times	<ul style="list-style-type: none"> • Morning (14) • Mid-day (8) • Night (15) • Staying overnight (22)
Overnight parking locations	<ul style="list-style-type: none"> • Total, Rafera Hotel • Andarge Hotel • Tele Sefer
Bars, clubs, and inns visited	<ul style="list-style-type: none"> • Shuferoch Hotel • Libar Hotel • Birhan hotel • Andarge Hotel • Rafera No 2 Hotel
Truck and bus companies	<ul style="list-style-type: none"> • Waliya • Anbessa • Addis Alem • Jimma and Firew

Selected information	Details
	<ul style="list-style-type: none"> • Africa • Ethiopia • Andinet • Hibret • Biherawi

Adolescents and Youths

Waliso has a large number of youths, including more than 17,000 students. Most youths in Waliso start sexual intercourse at the age of 14 due to peer pressure. Having multiple partners and transactional sex is common among youths. Consistent condom use among peers is rare. Most youths trust their partner after two episodes of sexual contact. A representative from FGAE said, “Inconsistent use of condom[s] is evidenced by higher rate[s] of unwanted pregnancy.”

TABLE 17: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN WALISO

School level	Number of schools by type			Student enrollment			Total
	Private	Public	NGO	Private	Public	NGO	
Primary (grades 1-8)	1	4	0	786	6,821	0	7,607
Secondary (grades 9-10)	0	1	0	0	5,728	0	5,728
Tertiary (college and higher)	3	1	0	1,014	3,609	0	4,623
Total	4	6	0	1,800	16,158	0	17,958

Migrant Day Laborers and Plantation Workers

There are more than 2,500 flower plantation workers living in Waliso. The town also hosts an estimated 2,000 road construction workers operating under the Oromia Road Authority, 36 kilometers from Waliso. These construction workers regularly visit the town and spend time at local brewhouses where they meet with FSWs. As a result of excessive alcohol use, most workers practice unsafe sex with the informal FSWs.

2.3.2 HEALTH SERVICES

Waliso Health Center and St. Luke Hospital deliver comprehensive HIV/AIDS-related services including HCT, PMTCT, ART, and treatment for opportunistic infections (OIs). There are also five private clinics that provide STI services (100 birr for treatment). Although some clients go to public facilities for STI treatment because of the low cost (20 birr), many people with STIs prefer to seek help from traditional healers.

TABLE 18: AVAILABILITY OF HEALTH SERVICES IN WALISO

Name of facility	Type of facility	Services provided						
		HCT	TB diagnosis	TB treatment	ART	PMTCT	STIs	OIs
Waliso Health Center	Public	√	√	√	√	√	√	√
Beteseb Medium Clinic	Private		√				√	
Gibe Medium Clinic	Private		√				√	

Name of facility	Type of facility	Services provided						
		HCT	TB diagnosis	TB treatment	ART	PMTCT	STIs	OIs
Abdi Health Center	Private		√				√	
Kiya Health Center	Private		√				√	
Woliso Medium Clinic	Private		√				√	
St. Luke Hospital	NGO	√	√		√	√	√	√
FGAE	NGO	√				√	√	

2.3.3 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

FGAE is the major NGO in Woliso providing community-based HIV/AIDS services.

TABLE 19: NON-GOVERNMENTAL AND COMMUNITY-BASED ORGANIZATIONS PROVIDING HIV/AIDS CARE AND SUPPORT ACTIVITIES IN WALISO

Name of organization	HIV/AIDS-related services provided										Target groups
	BCC	CT	PMTCT	ART	OI	STI	Income-generating activities	Nutrition	HBC	OVC	
Abdi Waqyou PLWHA Association	√								√		PLWHA and their families
FGAE	√	√				√					Women of reproductive age

2.3.4 COUNSELING AND TESTING SERVICES

Similar to the other study sites in the Oromiya region, demand for HCT was high. Mobile HCT was viewed as the best strategy to access all MARPs. A representative from the health center said, “I am sure there will be many people who want to use the service. However, it should be preceded by awareness creation and involvement of local stakeholders.” Similar suggestions were given from the local NGOs. Some stakeholders suggested providing the services in the market to attract many clients. Some informants suggested working with St. Luke Hospital on service provision as the local community trusts it.

2.4 AMBO

Ambo town is located in West Shewa zone, 100 kilometers from Addis Ababa. The town has a total population of 56,883 (27,882 males and 29,001 females). A record review showed that malaria, intestinal parasites, TB and HIV/AIDS are the major health problems of the town.

2.4.1 MOST-AT-RISK POPULATIONS

Ambo has a large number of college students and youths as shown in Table 20. The town also hosts other MARPs such as FSWs, migrant and construction workers, truckers, and uniformed men. FSWs

have a variety of clients including such as truck drivers, farmers, students, civil servants, and uniformed men. Students and FSWs often practice unsafe transactional sex in *khat* houses. Male brokers play a key role in creating links between sexual partners. Married farmers and civil servants often practice extramarital intercourse with FSWs but do not use condoms consistently.

TABLE 20: SIZE OF TARGET POPULATIONS IN AMBO

Target population	Estimated number
College students (private and public)	12,649
Construction workers	840
FSWs	105
Informal traders and market sellers (such as <i>suq bederete</i> , lottery <i>azuari</i> , and unregistered street traders)	300
In-school youths (excluding college students)	13,423
Migrant day laborers	165
Out-of-school youths	Data not available
Truck drivers	83
Uniformed government workers (such as customs officers, police, soldiers, and immigration agents)	402

Female Sex Workers

The town hosts an estimated 105 FSWs who operate in hotels and bars and *areki* and *tella* houses, concentrated in Kebele 01 and 03. According to informants, hotel-based FSWs use condoms consistently compared to the informal FSWs.

TABLE 21: LOCATIONS IN AMBO WHERE FEMALE SEX WORKERS OPERATE

Category	Name and location
Hotels and bars	<ul style="list-style-type: none"> • Barambaras Yifru Hotel, 03 Kebele • Tekete Gidaye Hotel, 03 Kebele • Mamitu Merkebe Hotel, 03 Kebele • Melake Berhana Hotel, 01 Kebele • Darara Hotel,
Streets	<ul style="list-style-type: none"> • Not identified
<i>Areki</i> , <i>tella</i> , and <i>tej</i> bets	<ul style="list-style-type: none"> • Dilgale <i>Tej</i> Bet, 03 Kebele • Birhanu <i>Tej</i> Bet, 03 Kebele • Hirpa Benge <i>Tej</i> Bet, 03 Kebele • Tigist <i>Tej</i> Bet, 03 Kebele

Informal Traders and Market Sellers

Of the estimated 300 informal traders in Ambo, most operate small-scale businesses in open markets such as selling roasted grains (*kollo*). Many of them frequently consume locally made alcohol in *areki* houses. Informal traders have sexual networks with peers and uniformed men. Many of the young informal traders sell sex without condoms.

Truckers and Intercity Bus Drivers

Each day an estimated 83 truckers and intercity bus drivers enter and leave the town. Approximately 68 trucks and buses park overnight in Ambo each night. Truckers usually meet students and hotel-based FSWs in hotels with the help of male brokers. Information solicited from different sources indicates that truckers use condoms consistently with FSWs but not with students.

TABLE 22: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES PASSING THROUGH AMBO

Selected Information	Details
Times	<ul style="list-style-type: none"> • Morning (47) • Mid-day (11) • Night (25) • Staying overnight (68)
Overnight parking locations	<ul style="list-style-type: none"> • All over the main road • Tibat Hotel
Bars, clubs, and inns visited	<ul style="list-style-type: none"> • Barambaras Yifru Hotel • Mamitu Makebe Hotel • Lela Urge Hotel • Damara Hotel
Truck and bus companies	<ul style="list-style-type: none"> • Addis Alem • Awash • Tana • Woira • Africa

Adolescents and Youths

There are more than 13,000 primary and secondary school students and 12,000 college students in Ambo. Many of these students practice unsafe sex with peers and civil servants. Representative from HAPCO states, “Even though condom is available in health institutions, hotels and shops, proper use of condom is rare among students. This is evidenced by high rate of unwanted pregnancy among youth and students.”

TABLE 23: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN AMBO

School level	Number of schools by type			Student enrollment			Total
	Private	Public	NGO	Private	Public	NGO	
Primary (grades 1-8)	0	7	0	0	10,233	0	10,233
Secondary (grades 9-10)	0	1	0	0	3,190	0	3,190
Tertiary (college and higher)	6	4	0	3,276	9,373	0	12,649
Total	6	12	0	3,276	22,796	0	26,072

Day Laborer and Construction Workers

The study identified 1,000 low-skill workers employed in construction. Migrant day laborers and construction workers drink *areki* and meet FSWs in *areki* houses. Most of these workers do not use condoms because of their lack of inhibition resulting from excessive alcohol consumption.

2.4.2 HEALTH SERVICES

Ambo Zonal Hospital and Ambo Health Center provide a wide range of HIV/AIDS services in coordination with the HAPCO and WoHO. This study assessed the health-seeking behaviors of the community towards STI treatment. Many STI patients seek help from traditional healers or use holy water for treatment. Patients who can afford treatment visit private clinics (200 birr for treatment) or visit health facilities in Addis Ababa.

TABLE 24: AVAILABILITY OF HEALTH SERVICES IN AMBO

Name of facility	Type of facility	Services provided						
		HCT	TB diagnosis	TB treatment	ART	PMTCT	STIs	OIs
Ambo Zonal Hospital	Public	√	√	√	√	√	√	√
Ambo Health Center	Public	√	√	√			√	√
Ambo MCH clinic	Public	√				√	√	
Shalom Medium Clinic	Private		√				√	
Ambo Medium Clinic	Private		√				√	
Adonay Medium Clinic	Private		√				√	
Fasika Medium Clinic	Private		√				√	
Shewa Medium Clinic	Private		√				√	
Arada Medium Clinic	Private		√				√	
Mary Stops	NGO	√					√	

2.4.3 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

Marie Stopes Clinic is the main NGO in Ambo that provides behavior change communication (BCC), counseling and testing (CT), and STI treatment to the community. There is also one PLWHA association that provides some community-based HIV/AIDS services.

TABLE 25: NON-GOVERNMENTAL AND COMMUNITY-BASED ORGANIZATIONS PROVIDING HIV/AIDS CARE AND SUPPORT ACTIVITIES IN AMBO

Name of organization	HIV/AIDS-related services provided										Target groups
	BCC	CT	PMTCT	ART	OI	STI	Income-generating activities	Nutrition	HBC	OVC	
Biftu PLWHA Association	√								√		PLWHA and their families
Marie Stopes Clinic		√				√					General population

2.4.4 COUNSELING AND TESTING SERVICES

Most people desire to be counseled and tested. Information from the assessment indicates that people prefer mobile HCT services because of the quicker service, confidentiality, and no-cost. A representative from Marie Stopes Clinic said, “People pay 10 birr to get VCT [voluntary counseling and testing] in this town. Mobile HCT is a good opportunity for such clients.” A HAPCO representative said, “People definitely will use mobile HCT since clients are not afraid of the new service providers, [feeling that] confidentiality is ensured.”

According to informants, awareness creation using megaphones and involving local stakeholders is critical for the effective implementation of mobile HCT.

2.5 ASSELA

Assela, located 175 kilometers from Addis Ababa in the Arsi zone, has a population of 87,999 people (43,119 males and 44,880 females). TB, typhoid, diarrheal diseases, and HIV/AIDS are the common public health problems.

2.5.1 MOST-AT-RISK POPULATIONS

Assela has a large number of youths and college students. The town has also a number of FSWs, migrant workers, and truckers. These at-risk population groups have interwoven sexual networks. FSWs sell sex to farmers, local businessmen, migrant workers, and civil servants in exchange for money or gifts. Married farmers and civil servants also have steady FSW partners.

TABLE 26: SIZE OF TARGET POPULATIONS IN ASSELA

Target population	Estimated number
College students (private and public)	11,491
Construction workers	1,526
FSWs	177
Informal traders and market sellers (such as <i>suq bederete</i> , lottery <i>azuari</i> , and unregistered street traders)	100
In-school youths (excluding college students)	20,206
Migrant day laborers	200
Out-of-school youths	Data not available
Truck drivers	57
Uniformed government workers (such as customs officers, police, soldiers, and immigration agents)	Data not available

Female Sex Workers

Assela hosts about 177 FSWs (102 permanent and 75 transient). The study identified two types of FSWs: hotel-based ones and informal ones who operate in small *areki* houses in Menahria Sefer and around the main road. FSWs have wide sexual networks with local businessmen, civil servants, and truckers. The informal FSWs meet their clients in *khat* and *shisha* houses and engage in unsafe sex after consuming alcohol, *khat*, and *shisha*. According to key informants, hotel-based FSWs use condoms more frequently compared to informal FSWs.

TABLE 27: LOCATIONS IN ASSELA WHERE FEMALE SEX WORKERS OPERATE

Category	Name and location
Hotels and bars	<ul style="list-style-type: none"> • Lakew Hotel, Menahria Sefer • Tinsaie Hotel, Menahria Sefer • Kifle Hotel, Menahria Fitlefit • Katar Hotel, Menahria Sefer
Streets	<ul style="list-style-type: none"> • Menahria Sefer • Main Asphalt Road • Menahria Jerba
<i>Areki</i> , <i>tella</i> , and <i>tej</i> bets	<ul style="list-style-type: none"> • 04 Kemenahria Jerba

Informal Traders and Market Sellers

There are approximately 100 informal traders working in the open market along the main road in Menaheria Sefer. These informal traders occasionally spend their time in *khat* houses. Informants noted that informal traders have multiple sexual partners among their peers, local businessmen, and migrant workers. They rarely use condoms, because most of them believe that condoms do not prevent HIV.

Truckers and Intercity Bus Drivers

The town hosts an estimated 57 truckers and intercity bus drivers each day. On average, about 25 trucks and intercity buses park overnight at the bus station in Assela. Truckers often have sexual relationships with FSWs and students. According to the respondents, most truckers use condoms consistently with hotel-based FSWs.

TABLE 28: INFORMATION ON TRUCKS AND LONG-DISTANCE BUSES PASSING THROUGH ASSELA

Selected information	Details
Times	<ul style="list-style-type: none"> • Morning (15) • Mid-day (27) • Night (15) • Staying overnight (25)
Overnight parking locations	<ul style="list-style-type: none"> • Bus Station
Bars, clubs, and inns visited	<ul style="list-style-type: none"> • Tinsie Hotel • Kifle Hotel • Katar Hotel • Lakew Hotel
Truck and bus companies	<ul style="list-style-type: none"> • Abaya • Hibret Ageer Akuarach • Debub Kember • Addis Alem • Africa • Tana • Awash • Woira

Adolescents and Youths

As shown in Table 29, there are more than 30,000 students in Assela. Most adolescents start sexual intercourse by age 14 due to peer pressure and substance abuse. Adolescents have multiple sexual partners including peers, civil servants, and local businessmen, but they do not use condoms consistently. Barriers to condom use include trusting partners, negative attitudes towards condoms, and lack of awareness.

TABLE 29: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTHS IN ASSELA

School level	Number of schools by type			Student enrollment			Total
	Private	Public	NGO	Private	Public	NGO	
Secondary (grades 9-10)	0	10	0	0	13,099	0	13,099
Tertiary (college and higher)	0	2	1	0	7,026	81	7,107
Secondary (grades 9-10)	4	6	0	3,229	8,262	0	11,491
Total	4	18	1	3,229	28,387	81	31,697

2.5.2 HEALTH SERVICES

Assela Zonal Hospital and Assela Health Center provide comprehensive HIV/AIDS services, including CT, PMTCT, ART, and treatment of OIs. All four private clinics provide TB diagnosis and STI diagnosis and treatment. Many clients with STIs seek treatment at the hospital at a cost of 25 birr.

TABLE 30: AVAILABILITY OF HEALTH SERVICES IN ASSELA

Name of facility	Type of facility	Services provided						
		HCT	TB diagnosis	TB treatment	ART	PMTCT	STIs	OIs
Assela Zonal Hospital	Public	√	√	√	√	√	√	√
Assela Health Center	Public	√	√	√	√	√	√	√
Menahria Medium Clinic	Private		√				√	
Milki Medium Clinic	Private		√				√	
Hiwot Medium Clinic	Private		√				√	
Arsi Medium Clinic	Private		√				√	
Merystop	NGO	√					√	
Catholic Medium Clinic	NGO	√					√	
D/Gidus Medium Clinic	NGO	√					√	

2.5.3 ORGANIZATIONS PROVIDING HIV/AIDS SERVICES

Five NGOs provide community-based HIV/AIDS services in Assela. FGAE is the only one that offers HCT services.

TABLE 31: NON-GOVERNMENTAL AND COMMUNITY-BASED ORGANIZATIONS PROVIDING HIV/AIDS CARE AND SUPPORT ACTIVITIES IN ASSELA

Name of organization	HIV/AIDS-related services provided										Target groups	
	BCC	CT	PMTCT	ART	OI	STI	Income-generating activities	Nutrition	HBC	OVC		
Alliance for Development	√									√		PLWHA and their families
Child Aid Ethiopia											√	Children and their guardians
Ethiopian Orthodox Church	√									√		General population and PLWHA
FGAE		√				√	√			√		General population
Marie Stopes International	√					√						Women of reproductive age groups

2.5.4 COUNSELING AND TESTING SERVICES

Evidence collected from the different sources indicate that most people in Assela are eager to be counseled and tested. People, however, think that the quality of services is poor at government health institutions. In line with this belief, most people feel that mobile HCT given by trusted NGOs like FGAE will address the needs of all MARPs.

3. DISCUSSION AND CONCLUSIONS

This assessment identified diverse and large at-risk population groups in the study towns of Oromiya Regional State. Fiche, Ambo, and Jimma host large numbers of uniformed men. Jimma and Ambo have many adolescents and college students. The coffee plantation in Jimma and flower plantation in Woliso attract migrant workers. A significant number of FSWs, day laborers, and truckers are in each town.

The aforementioned MARPs have interwoven sexual relationships that facilitates the rapid transmission of HIV/AIDS. Evidence from the different sources indicates that youths, students, and informal FSWs are at higher risk of contracting HIV/AIDS because of their risky sexual behaviors. Transactional and cross-generational sexual practices were common among these at-risk population groups. Youths, college students, and FSWs sell sex to different clients for money or gifts. These types of sexual practices whereby young women exchange sex to get funds to cover their living or education-related expenses and gain connections in social networks also are observed elsewhere.^{2,4,5,7,8,9,10} Extramarital affairs also were identified as prevalent in Jimma and Ambo. Similar sexual practices were observed in Arbaminch and Hawassa. Previous literature indicated that significant numbers of married men had unsafe, extramarital sexual practices with FSWs.¹² The 2005 *HIV/AIDS Behavioural Surveillance Survey* (BSS) report also showed that married women are among the MARPs because of extramarital sexual practices of their husbands.²

Despite the previously mentioned risky sexual behaviors, consistent use of condoms is rare among youths, informal sex workers, and college students. Similar findings were obtained in the previous CT assessments and the 2005 BSS.^{2,4,5} The BSS reported that home-based FSWs were less likely to use condom consistently. Similarly, only 41 percent of sexually active youths had used condoms with non-commercial sex partners. Excessive use of alcohol in hotels and *areki* houses, substance abuse (such as with *khat* and *shisha*), misconceptions, and partners' trust adversely affect condom utilization. Similar reasons were mentioned in the 2005 BSS assessment, which indicated that 85 percent of youths in the Oromiya region were regular consumers of *khat*.²

At least one public health institution in each town provides comprehensive HIV/AIDS care and treatment. In most towns there is also at least one NGO that offers community-based HIV/AIDS services. In all towns MARPs desire to be counseled and tested, which is consistent with previous CT assessments.^{4,5} Many people, however, do not prefer government institutions due to their poor quality of services, inconvenience in time of delivery, lack of perceived confidentiality, and fear of stigma and discriminations. NGOs are preferred for CT services. All stakeholders (including health offices, communities, and NGOs) welcome the idea of a mobile HCT strategy. According to the views of informants in the different offices, mobile HCT would be successful if strong mobilization and awareness creation involving local stakeholders accompanies it.

4. RECOMMENDATIONS

Woreda Health and HIV/AIDS Prevention and Control Offices

- The WoHO in collaboration with local NGOs should help the health institutions to improve the quality of HIV/AIDS-related services through training health workers.
- Through appropriate channels, HAPCO and the WoHOs should educate youths and FSWs about using condoms. The education should focus on misperceptions about condoms. Condoms should be available at each corner of the town so that youths can obtain them.
- The health offices should provide intensive BCC about HCT and its benefits.

Universities

- University students are at great risk of HIV due to their risky sexual behaviors. Intensive and tailored information, education, and communication (IEC) and BCC should be given to students in collaboration with NGOs. Condoms should be available at every corner of the universities.
- Basic preventive concepts about HIV/AIDS should be inculcated in curricula.
- There should be a mechanism to help poor female students financially to avoid transactional sex.

PSP-Ethiopia

- PSP-Ethiopia has to strengthen and expand the mobile HCT program to MARPs in the study towns in collaboration with trusted NGOs and institutions like FGAE, the Organization for Social Services for HIV/AIDS, and St. Luke's Hospital (in Woliso). Services should be provided in marketplaces, *kebeles*, or the FGAE campus.
- The mobile HCT service should focus on university students and married women. Married women are at risk of HIV due to the rampant extramarital sexual practices of their husbands in the area.
- PSP-Ethiopia has to use the mobile HCT program as an opportunity to distribute condoms and give IEC about condoms.
- Mobilization using megaphones, microphones, and FM radio (in Jimma) should precede the mobile HCT service.
- To access all day laborers and migrant workers, mobile HCT should be conducted on Saturdays or Sundays in all towns. The preferred places are working areas, *kebeles*, or town square areas.
- For FSWs, MCT should be conducted at *kebeles* far from their hotel. Their preferred time is 10 to 11 a.m. or 1 to 3 p.m.
- PSP-Ethiopia has to use providers from other towns while conducting HCT services. Target groups in the towns are resistant to being counseled and tested by providers known to the community.

Local NGOs

HIV/AIDS interventions (such as BCC, community conversations, and condom distribution) should focus on the most neglected MARPs, such as married women, migrant workers, university students, and youth.

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