

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

SECOND ASSESSMENT TOWNS: DEBRE SINA, SHOAROBIT, ATAYE, BATI, DEJEN, BURE, CHAGNI AND ESTIE



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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

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

DEFINITIONS

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

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

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

Female sex worker – Woman who sells sex for money.

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

Kebele – Lowest administrative unit in Ethiopia.

Kimit or gultit – Economically well-to-do married men establish long-term sexual relationships with young women whom they support financially.

Mahiber – Informal association established by friends or similar religious followers. Membership depends on individuals’ closeness, interests, and background. A mahiber helps its members to regularly meet and share their common interest. Members contribute mutually agreed-on small amounts of money at specified intervals. The association often organize get-togethers to celebrate religious days and share members good and bad times; for instance, sharing in marriage and birthday celebrations, expressing condolences at the loss of family members, and providing psychological support at time of sickness.

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

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

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

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

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

Woreda – An administrative unit equivalent to a district.

Wushima – A sexual relationship between a married and with a younger women, carried on without the knowledge of the man’s wife and the community at large.

Yebetlegoch – In-school girls and young women who live with their families.

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

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EXECUTIVE SUMMARY

This assessment was conducted in eight towns of Amhara region, Ethiopia. The towns are situated along the two busiest roads to western and eastern Amhara, one running from Addis Ababa to Metema and the other from Addis to Kombolecha. Both are high-risk corridors for HIV. The assessment identified the density and distribution of most-at-risk populations (MARPs) for contracting the virus and solicited information on the target groups' behavior, availability, and utilization of HIV counseling and testing (HCT) services, and local stakeholders' perceptions of and receptivity to mobile HCT service delivery, an alternative modality to existing static HCT delivery sites in facilities. The assessment conducted institutional auditing to identify health facilities and community-based organizations that are actively engaging in HIV/AIDS prevention, care, and support services. This information will be used to design mobile HCT services and establish a referral network between mobile HCT services and facility and community-based HIV/AIDS services to ensure a continuum of care. The data gathered in this assessment will also help to design an effective social mobilization strategy to create demand for and access to mobile HCT services by the target population.

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

The study findings support the presence of dense concentrations of MARPs in all eight towns in the study. There is frequent transgenerational and transactional sex among in-school and young women and older men in return for money and gifts. Substance abuse, especially of khat and shisha, is widespread in all towns among in- and out-of-school youth, FSWs, truckers, and intercity bus drivers. Migrant daily laborers and farmers heavily consume locally brewed, strong alcoholic drinks such as *araki*, *teji*, and *tella* over the weekend and on weekly market days. There are various cultural and traditional practices that perpetuate HIV transmission in the study towns. Married men secretly establish long-term sexual relationships with married, single, and divorced women. These sexual liaisons often come to involve emotional ties, and condom use is uncommon. Because the men carry on the relationships concurrently with marriage, risk of HIV transmission is high, with further risk of transmission to the men's wives. Also, in Bati town, wife inheritance is widely practiced. These socio-cultural, traditional, and economic factors increase the risk of HIV infection, especially among girls and young women.

In all study towns, HCT services are limited to government health facilities. The utilization of these services, particularly by target at-risk populations, is very low because of perceived lack of confidentiality, long delays, and inability of the facilities to provide services outside of weekdays and regular working hours. Some target groups, for instance migrant daily laborers and FSWs, are at a disadvantage in getting information and services when they are provided only during normal office hours, on weekdays.

The key informants and the interviewed target groups stressed the absence of HCT mobilization and service delivery that specifically targets MARPs. All informants expressed their keen interest in mobile HCT services. Mobile HCT was viewed as a good strategy to bridge the unmet need for HCT services among the underserved target groups, including FSWs, truckers and their assistants, marginalized migrant daily laborers, the urban poor, and economically disadvantaged young women.

I. INTRODUCTION

I.1 BACKGROUND

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

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

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

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

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

The main objective of PSP-E is to enhance the public-private partnerships to mitigate HIV/AIDS and tuberculosis (TB) throughout the country. PSP-E has established strong partnerships with several private institutions and the public health sector at different levels in seven regional states in the country. The program is providing assistance to the private for-profit health sector to enhance its

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

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

Since 2007, PSP-E has partnered with the Amhara and Oromia RHBs to provide mobile HCT services in 20 towns (Melkamu 2007). The purpose of the current assessment was to collect information to scale up mobile HCT services to eight additional towns in the Amhara region. More specifically, it aimed to identify the size and distribution of MARPs in the towns of Debresina, Shoarobit, Ataye, Bati, Dejen, Bure, Chagni, and Estie. Findings will assist PSP-E and partners to design mobile HCT services that effectively link with ongoing HIV/AIDS continuum of care activities. The assessment will also contribute to the design of effective social mobilization strategies to reach MARPs and improve the uptake of mobile HCT services among these target populations.

I.2 OBJECTIVES

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

More specifically, the study's objectives were to:

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

I.3 METHODOLOGY

I.3.1 STUDY SITES

Amhara region is located in the northern part of Ethiopia and is the second most densely populated region in the country. Its total population is estimated to be nearly 20 million (19,113,127). Amhara is divided administratively into 10 zones, one special zone, 118 woredas, and 32,000 peasant associations and urban dwellers associations (or *kebeles*). According to the Amhara RHB, the region has a total of 17 government hospitals, 135 health centers, and 1,700 health posts (Amhara RHB 2007).

This assessment was conducted in eight towns in the eastern and western parts of Amhara in January 2008. Table I provides information on the location of the study towns. The towns were selected on the basis of their high population density and, more importantly, the density of their at-risk populations. Pre-designed selection criteria were used to identify the study towns: population size, HIV prevalence, central location, areas of high human traffic, level of urbanization, and availability of social and economic institutions that attract large numbers of MARPs (e.g. mining, plantations, prisons, and higher education institutions).

TABLE I: DESCRIPTION OF STUDY TOWNS, AMHARA REGION

| Town Name | Name of Route | Location | Distance from Addis Ababa (AA) (km) |
|------------------|----------------------|---|--|
| Debresina | AA to Dessie | North Shoa Zone; Tarmaber Woreda | 190 |
| Shoarobit | AA to Dessie | North Shoa Zone; Kewot Woreda | 220 |
| Ataye | AA to Dessie | North Shoa Zone; Ephrata and Gidim Woreda | 270 |
| Bati | AA to Dessie | Oromia Zone; Bati Woreda | 418 |
| Dejene | AA to Estie | East Gojjam Zone; Dejene Woreda | 230 |
| Bure | AA to Estie | West Gojjam Zone; Bure Woreda | 410 |
| Chagni | AA to Estie | Awi Zone; Guwangua Woreda | 505 |
| Este | AA to Estie | South Gondar Zone; Este Woreda | 675 |

1.3.2 STUDY DESIGN

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

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

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

1.3.3 DATA COLLECTION, MANAGEMENT, AND ANALYSIS

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

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

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

2. RESULTS

2.1 DEBRESINA TOWN

Debresina is situated in the North Shoa zone of Amhara region. The town is located in Tarmabir woreda, 190 kms to the northeast of Addis Ababa, and has an estimated total population of 13,559 (6,411 male and 7,148 female).

The key informants from government health offices and NGO staff indicated that respiratory tract infections, TB, malaria, HIV/STIs, intestinal parasitosis, and accidents/injuries are the common public health problems.

2.1.1 MOST-AT-RISK POPULATIONS

There is frequent transgenerational and transactional sex among drivers, drivers' assistants (*wolyalas*), intercity travelling men, and young girls engaged in petty trading, especially those selling roasted grains (*kolo shache*) along the main road. There is also high concentration of FSWs operating in hotels, bars, and brew selling houses that include *bets* (nightclubs) that sell locally brewed, strong alcoholic drinks such as *araki* and *tella*. FSW clients are primarily the farmers from the surrounding *woredas* (districts). The farmers are known for excessive alcohol consumption and low condom use. Table 2 provides a list of potential MARP groups with an estimated population size in the town.

TABLE 2: SIZE OF TARGET POPULATIONS IN DEBRESINA TOWN

| Target Population | Estimated Number |
|--|------------------|
| Migrant daily laborers | 13 |
| Uniformed government employees | — |
| In-school youth (secondary and tertiary) | 2,264 |
| Out-of-school youth | — |
| Petty traders/informal traders | 380 |
| Truckers and bus drivers (entering and leaving the town) | 8 |
| Commercial sex workers (FSW) | 300 |

Female Sex Workers

An estimated 300 FSWs permanently operate in hotels, bars, and local brew selling houses (*tella* and *araki bets*) in Debresina town. Recently, FSWs have started to meet their clients in *khat* and *shisha* houses. Risky sexual practices without condoms are common among drivers, *wolyalas*, and male passengers, and young girls who sell roasted grains. The clients for FSWs who are operating in the local brew selling houses were primarily farmers from the surrounding districts. The farmers come to town to sell their farm products and some remain behind for several days with their extended families in the town.

TABLE 3: LOCATIONS IN DEBRESINA TOWN WHERE FEMALE SEX WORKERS OPERATE

| Name | Location |
|---------------------------------------|--|
| Areki, tej, and tella bets | Kochera Sefer and around Geogris – Kebele 01 |
| Hotels and bars | Tinsaye Hotel Addismirafe Hotel Lij-Gizachew Hotel Axum Hotel Tossa Hotel Ergib Hotel Micheal Hotel Gishen Hotel Mariam Hotel Assfaw Hotel Agonafir Hotel Yifat-ber Hotel Molla Metasebiya Hotel |
| Bars *all are located in Kebele 01 | Tsigerda Bar Misirak Bar Mekele Bar Waliya Bar Geberewoch Bar |
| Street | Hotels, bars, and along the main road Local brew selling houses – Kochera sefer and around Georgis |

Informal Traders/Market Sellers

Informal traders in this town operate primarily in following areas: Gesho Tera – Kebele 02, Kebab Gebeya – Kebele 02, Debresina Gebeya – Kebele 03, Berberie and Shinkurit Tera – Kebele 02, Yej-tibeb Tera – Kebele 02, and Guasa Tera – Kebele 02.

Truckers and Intercity Bus Drivers

The numbers of mid- and long-distance buses entering and leaving Debresina town are very minimal. Intercity buses usually park around the town’s bus station, located in Kebele 01. The number of buses parked per night is not more than five.

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

| Selected Information | Details |
|-------------------------------|---|
| Times | Morning (3) Mid-day (1) Night (5) Overnight (5) |
| Overnight parking locations | Around bus station – Kebele 01 |
| Bars, clubs, and inns visited | Tinsaye Hotel – Main road (Kebele 01) Addis-Mirafe hotel – Main road (Kebele 01) |

Daily Laborers

Debresina town has very few migrant daily laborers – the ones present are engaged in loading and unloading services.

Adolescents and Youth

Debresina town has three public schools that at the time of the study enrolled a total of 4,393 students (2,323 male and 2,070 female). Table 5 provides a breakdown of the number of enrolled students by education level. As indicated in Table 5, girls' enrollment declines at the secondary and preparatory levels. At Debresina High School, the only secondary school, female students numbered 946 of the total student body of 2,031 students; Debresina Preparatory School (grades 11 and 12) enrolled 233 students, only 46 (20 percent) of them female.

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

| School Level | Schools by Type | | | Student Enrollment | | |
|------------------------------|-----------------|--------|------|--------------------|--------|-------|
| | Private | Public | NGOs | Male | Female | Total |
| Abiye Primary School | 3 | √ | - | 1051 | 1078 | 2129 |
| Debresina High School | - | √ | - | 1085 | 94 | 2031 |
| Debresina Preparatory School | - | √ | - | 187 | 46 | 233 |
| Total | 3 | 3 | - | 2,323 | 2,070 | 4,393 |

The key informants indicated early sexual debuts among adolescents and youth as low as ages 12-13 years. The sexual partners of school girls vary from student boyfriends to older men in return for money and gifts.

2.1.2 HEALTH SERVICES

Debresina town has a total of three public and private health facilities – a public health center, private medium clinic, and NGO clinic. The public Debresina Health Center provides comprehensive HIV prevention, care, and support activities including HCT, ART, PMTCT, TB and STI diagnosis and treatment, and drugs to treat opportunistic infections (OIs). The Family Guidance Association of Ethiopia (FGAE) specialized clinic provides HCT and STI diagnosis and treatment services to the general population.

TABLE 6: AVAILABILITY OF HEALTH SERVICES IN DEBRESINA TOWN

| Type of Facility | Number | Name of Facility | Services Provided | | | | | | |
|------------------------------|--------|--|-------------------|-------|-------|-----|-------|------|-----|
| | | | HCT | TB Dx | TB Rx | ART | PMTCT | STIs | OIs |
| Public primary health center | 1 | Debresina Health Center | √ | √ | √ | √ | √ | √ | √ |
| Private medium clinic | 1 | Hiwot Medhin Clinic | — | √ | — | — | — | √ | — |
| NGO specialized clinic | 1 | Family Guidance Association of Ethiopia (FGAE) | √ | — | — | — | — | √ | — |
| Drug vendor | 1 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

NGOs with HIV/AIDS Care and Support Programs

Three local NGOs are operating in the area of reproductive health/family planning (RH/FP) and HIV/AIDS prevention, care, and support. These NGOs are actively engaged in HIV/AIDS awareness creation and demand creation for HCT and RH services (Table 7).

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

| Name of Organization | HIV/AIDS Prevention, Care and Support Activities | | | | | | | | | | Target Groups |
|--|--|-------|-----|------|-----|------|-----------|--------|-----|-----|-----------------------|
| | HBC | RH/FP | OVC | STIs | ART | IGAs | Nut. Sup. | IE/BCC | OIs | HCT | |
| Family Guidance Association of Ethiopia (FGAE) | — | √ | — | √ | — | — | — | √ | — | √ | Adolescents and youth |
| Amanuel Development Association | — | — | √ | — | — | — | — | √ | — | — | PLHIV |
| Amhara Development Association | — | √ | — | — | — | — | — | √ | — | — | Youth and adults |

Note: OVC=orphaned and vulnerable children, IE/BCC=information and education/behavior change communication

Formal and Informal Community Organizations/Groups

There are eight community-based organizations (CBOs) (clubs and associations) established by different groups based on their members' interest. Some of these CBOs engage in HIV awareness creation both for their members and the local community at large. One CBO, the Tesfa Women's Association, was established to empower women of lower socioeconomic strata with income-generating activities (IGAs). Some organizations are established for only one population group; for example, Biruhtesfa Girls Clubs focus exclusively on enhancing girls' awareness of HIV and RH. Membership in these organizations varies from 10 to 40 persons.

2.1.3 HCT SERVICES

The public health center and FGAE clinic offer static HCT services. The key informants noted, however, that utilization of these HCT services is very low because of perceived lack of confidentiality and privacy. The idea of mobile HCT was welcomed by key informants and interviewed target population.

2.1.4 CONDOM USE

Free condoms are available at the Debresina Health Center, FGAE clinic, and Amhara Development Association's outlets. Key informants stated that condoms are also readily available in private drug stores, bars, and shops/kiosks at a cost of Ethiopian 0.50 cents to three birr (US\$0.05-0.35) depending on the brand. The informants further noted that condom use among young girls and rural farmers is low due to lack of safe sexual negotiation skills and extensive alcohol abuse.

2.2 SHOAROBIT TOWN

Shoarobit town is situated in the North Shoa zone, in Kewot woreda, 220 kms northeast of Addis Ababa. It has an estimated total population of 43,896 (21,860 male and 22,036 female).

2.2.1 MOST-AT-RISK POPULATIONS

Shoarobit has seen a great influx of rural women, especially divorced young girls who flee their husbands and families. These rural women come to the town with the anticipation of obtaining jobs, but many end up working in the local brew selling houses, doing commercial sex work. The town has a big tobacco plantation and one national prison, so there is an appreciable number of plantation workers and uniformed men/prisoners.

There many hotels, bars, and local brew selling houses (araki and tella bets) with FSWs. Farmers, especially young rural men who visit the town on Tuesdays (the weekly market day), are at higher risk of contracting HIV/STIs. According to key informants, it is common practice for farmers to make short stays in town, with their friends and extended families. Alcohol abuse is common

practice among the rural men and daily laborers. Substance abuse, especially of khat and shisha, is commonly observed among young men and women. These factors are believed to exacerbate HIV transmission in the aforementioned population segment. Table 8 provides a list of potential MARP groups in Shoarobit and their estimated size in the town.

TABLE 8: SIZE OF TARGET POPULATIONS IN SHOAROBIT TOWN

| Target Population | Estimated Number |
|--|------------------|
| Migrant daily laborers | 300 |
| Farm/Plantation workers | 560 |
| Uniformed government employees | — |
| Out-of-school youth | 2,804 |
| In-school youth (secondary and tertiary) | — |
| Petty traders/informal traders | 60 |
| Truckers and bus drivers (entering and leaving the town) | 30 |
| Commercial sex workers (FSWs) | 600 |

Female Sex Workers

Shoarobit hosts an estimated 600 FSWs, who operate in hotels, bars, and local brew selling houses. The majority of FSWs operate in the brew selling houses in Kewot ber and Bik-Enk Sefer. Khat and shisha houses are becoming places where FSWs meet with their clients. Men with particular marital, occupational, and economic status visit FSWs in different locations. FSWs operating at big hotels and bars often are visited by men with a better income, especially truckers, local traders, and government workers. FSWs at local brew houses are visited primarily by farmers and rural youth, who are traditionally expected to experiment with sex before marriage. FSWs at khat and shisha houses are frequently visited by truckers and their assistants, students, and out-of-school youth.

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

| Name | Location |
|---|---|
| Areki, tella, and tej bets | Kewot Ber and Bik-Enik Sefer – Kebele 03 and 01, respectively |
| Hotels *all are located in Kebele 01 | Frehiwot Hotel Shuferoch Hotel Kulbi Hotel Damote Hotel Geberewoch Hotel Dahilak Hotel Selamawit Hotel Birangete Hotel |
| Street | Hotels around the main road – Kebele 01 Araki bets located at Kewot Ber (at Kebele 03) and Bik-Enik Sefer Khat and shisha houses |

Informal Traders/Market Sellers

Informal traders in this town operate primarily in Shoarobi Gebeya and Zeti Gebeya.

Truckers and Intercity Bus Drivers

According to key informants, the number of truckers and intercity buses drivers parking for brief rests and/or overnight are very limited. Most drivers and their assistants who spend the night in town entertain themselves in hotels and bars, which lie along the main road at Kebele 01.

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

| Selected Information | Details |
|-------------------------------|--|
| Times | Morning (5) Mid-day (7) Night (18) Overnight (20) |
| Overnight parking locations | Hotels along the main road – Kebele 01 |
| Bars, clubs, and inns visited | Birangete Hotel – Kebele 01 Frehiwot Hotel – Kebele 01 Damote Hotel – Kebele 01 Kulibi Hotel – Kebele 01 Selamawit Hotel – Kebele 01 Shuferoch Hotel – Kebele 01 Dahilak Hotel – Kebele 01 |

Daily Laborers

Shoarobit is the home town to 300 daily laborers. Daily laborers earn their income from construction and plantation work and other activities including loading and unloading services. Daily laborers are densely populated around Shemane Tera in Kebele 01. They consume large amounts of alcohol, especially araki, in the local brew selling houses located at Kewot Ber. The FGDs held with daily laborers indicated that they prefer to visit FSWs in local brew selling houses, with whom they have better understanding and similar psychological make-up.

Adolescents and Youth

At the time of the study, Shoarobit town had 6,459 in-school students in the primary, secondary, and tertiary schools. Robi High School and Robi Preparatory School together enrolled a total of 2,804 students, 43 percent of the total in-school students in Shoarobit town. Table 11 provides a breakdown of the number of enrolled students by education level.

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

| School Name | School Category | School Type | | | Student Enrollment | | |
|-------------------------|-----------------|-------------|--------|--------|--------------------|--------|-------|
| | | Private | Public | Others | Male | Female | Total |
| Robi Primary School | Primary | — | √ | — | 1,820 | 1,835 | 3,655 |
| Robi High School | Secondary | — | √ | — | 1,353 | 1,070 | 2,423 |
| Robi Preparatory School | Tertiary | — | √ | — | 232 | 149 | 381 |
| Total | | — | 4 | — | 3,405 | 3,054 | 6,459 |

2.2.2 HEALTH SERVICES

According to key informants, malaria, HIV, TB, and diarrhea are the commonly observed diseases in the town. Shoarobit Health Center is the only governmental health facility that offers PLHIV comprehensive HIV/AIDS services such as HCT, condom distribution, ART, PMTCT, TB and STI diagnosis and treatment, and OI drugs. Though there were five private clinics in the town, their involvement in HIV services was limited to STI treatment and TB diagnosis and referral services. The government-owned tobacco plantation and the prison clinics serve their employees and prisoners, respectively.

TABLE 12: AVAILABILITY OF HEALTH SERVICES IN SHOAROBIT TOWN

| Type of Facility | Number | Name of Facility | Services Provided | | | | | | |
|------------------------------|--------|-------------------------|-------------------|-------|-------|-----|-------|------|-----|
| | | | HCT | TB Dx | TB Rx | ART | PMTCT | STIs | OIs |
| Public primary health center | 1 | Shoarobit Health Center | √ | √ | √ | √ | √ | √ | √ |
| Private medium clinic | 3 | Yifat Clinic | — | √ | — | — | — | √ | — |
| | | Beteliem Clinic | — | √ | — | — | — | √ | — |
| | | Saint Gabriel Clinic | — | √ | — | — | — | √ | — |
| Private lower clinic | 2 | Bahiru Clinic | — | √ | — | — | — | √ | — |
| | | Gelila Clinic | — | √ | — | — | — | √ | — |
| NGO health facility | 2 | Timbaho Monopol | — | √ | — | — | — | √ | — |
| | | Shoarobit Maremiya Bet | — | √ | — | — | — | √ | — |
| Drug store | 1 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Drug vendor | 4 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

NGOs with HIV/AIDS Care and Support Program

There are six local NGOs, FBOs, and CBOs providing HIV prevention, care, and support programs. These organizations target population sub-groups, such as in- and out-of school youth, PLHIV, and their families, to whom they provide a wide range of HIV intervention including community-level HIV awareness creation, stigma and discrimination reduction, home-based care (HBC), RH/FP services, and IGAs. Tesfa Letwuld Mahiber is the only PLHIV support association that provides ongoing counselling to support PLHIV's positive living and ART adherence.

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

| Name of Organization | HIV/AIDS Prevention, Care, and Support Activities | | | | | | | | | | Target Groups |
|--|---|-------|-----|------|-----|------|-----------|--------|-----|-----|---|
| | HBC | RH/FP | OVC | STIs | ART | IGAs | Nut. Sup. | IE/BCC | OIs | HCT | |
| Women's Support Association | — | — | — | — | — | — | — | √ | — | — | Adolescent and youth (in and out of school) |
| Tesfa Letwuld Mahiber/PLHIV Association | √ | — | — | — | √ | — | — | √ | — | — | PLHIV and their families |
| Kesidet Temelash Erdata Derejit | √ | — | √ | — | — | — | — | √ | — | — | PLHIV and their families |
| Mulu-wongel Church | √ | — | — | — | — | — | — | √ | — | — | PLHIV and their families |
| Family Guidance Association of Ethiopia (FGAE) | — | √ | — | √ | — | — | — | √ | — | √ | Youth and community |
| Amhara Development Association | — | √ | — | — | — | — | — | √ | — | — | Youth and community |

Formal and Informal Community Organizations/Groups

There are eight self-help and small-scale enterprises working on poultry and animal fattening, brick production, metal/wood work, and town cleaning. Membership in these organizations varies from 10 to 27 persons.

2.2.3 HCT SERVICES

According to most FSWs, fear and perceived lack of confidentiality are the main reasons for low use of static HCT at Shoarboit Health Center. The informants further noted that there were no target group-focused HCT services in the town. They suggested conducting an outreach and mobile HCT service around Kewot Ber, where there are large numbers of FSWs. For better HCT service utilization, however, they strongly recommended bringing in counsellors from outside of Shoarobit town.

The daily laborers noted that the inconvenient opening hours and long delays at Shoarobit Health Center impeded their use of static HCT services. The same was true with in- and out-of-school youth who have difficulties in accessing HCT services at the health center.

All key informants welcomed the idea of mobile HCT and they recommended holding HCT services on the weekend and weekly market day. They also recommended specific localities such as Kewot Ber, Bik Enki Sefer, Shemane Tera, and Maremiya bet (or, prison), to reach FSWs, daily laborers, and prisoners.

2.2.4 CONDOM USE

Free condoms are readily available at Shoarobit Health Center and are sold at fairly low prices in hotels, bars, and kiosks. According to FSWs, there is highly inconsistent condom use among less-educated and married men compared with young and educated ones. They further said that farmers and daily laborers are the least likely to use condoms. The informants also noted that it is common for men who are married to have concurrent sexual (and sometimes emotional) relationships with younger women and they believe that these young women are ashamed to ask the men to use condom.

2.3 ATAYE TOWN

Ataye town is located in the North Shoa zone, in the Ephrata and Gidim woreda, 270 kms northeast of Addis Ababa. Its estimated total population is 20,542 (9,858 male and 10,684 female).

According to the key informants, malaria, TB, and HIV/AIDS are the most common health problems in Ataye town.

2.3.1 MOST-AT-RISK POPULATIONS

Ataye town has several population groups that are at risk of contracting HIV and STIs. Transactional and transgenerational sex is common among young girls (both in- and out-of-schools) and older men in return for money and gifts. The town has number of FSWs working in the local brew selling houses, hotels, and bars. Young and older farmers who visit the town for the weekly market days spend the afternoon entertaining themselves in the local brew selling houses, where they meet FSWs. Farmers traditionally keep a secret out-of-wedlock lover commonly known as *kimit*. Table 14 provides a list of potential MARPs and their estimated size in the town.

TABLE 14: SIZE OF TARGET POPULATIONS IN ATAYE TOWN

| Target Population | Estimated Number |
|--|------------------|
| Migrant daily laborers | 200 |
| Uniformed government employees* | — |
| In-school youth (secondary and tertiary) | 2,854 |
| Out-of-school youth | — |
| Petty traders/informal traders | 50 |
| Truckers and bus drivers (entering and leaving the town) | 3 |
| Commercial sex workers (FSWs) | 150 |

Female Sex Workers

Ataye town hosts an estimated 150 FSWs who work in hotels, bars, and local brew selling houses. Most of the hotels and bars are located along the main road at Kebele 01. The local brew selling houses, however, are concentrated in the local marketplaces, namely, Kidame Gebeya and Aba-Loga. FSWs operating in hotels and bars are visited by single and married men from different walks of life but especially local businessmen, out-of-school youth, government workers, and demobilized soldiers. Their main clients, however, are farmers and migrant daily laborers.

TABLE 15: LOCATIONS IN ATAYE TOWN WHERE FEMALE SEX WORKERS OPERATE

| Category | Location |
|---|--|
| Araki, tella and tej bets | Kidame Gebeya and Aba-Loga – Kebele 02 |
| Hotels *all are located in Kebele 01 | Roman Hotel Walia Hotel Bereded Hotel Mamo Hotel Belyanesh Hotel Tadesse Hotel Gete Hotel Masresha Hotel Abebawu Hotel |
| Streets | Kebele 01 where there are modern hotels Kidame Gebeya and Abaloga – Kebele 02 |

Informal Traders/Market Sellers

Informal traders in this town operate primarily in the Kidame Gebeya – Kebele 02 area.

Truckers and Intercity Bus Drivers

Ataye town is not a preferred overnight-parking town for truckers and intercity bus drivers. On average, only 2-3 buses park there for the night, especially those of Selam Bus Company, which travel between Mekele town and Addis Ababa.

TABLE 16: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH ATAYE TOWN

| Selected Information | Details |
|-------------------------------|---|
| Times | Morning (1) Mid-day (0) Night (2) Overnight (3) |
| Overnight parking locations | Along the main road at the gate of Waliya Hotel |
| Bars, clubs, and inns visited | Roman Hotel – Kebele 01 Walia Hotel – Kebele 01 Bereded Hotel – Kebele 01 |

Migrant Daily Laborers

An estimated 200 migrant daily laborers work in Ataye town. They are among the main clients for FSWs operating in the local brew selling houses, especially those found in the neighborhood known as Kidame Gebeya Sefer. Few of the laborers have access to HIV-related information and services in fixed public and private health facilities. According to FSWs who participated in this study's IDIs, most of the laborers consume large quantities of alcohol, especially araki. The informants also noted that the laborers have little knowledge and skill in using condoms. These and other factors increase the laborers' risk of contracting HIV and STIs.

Adolescent and Youth

Ataye is home to 5,840 students (3,045 boys and 2,795 girls) enrolled in the three school categories. Of the nearly 6,000 students in the town, 3,085 (1,625 boys and 1,460 girls) were enrolled in the secondary and tertiary schools. Table 17 provides a breakdown of the number of enrolled students by education level.

TABLE 17: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN ATAYE TOWN

| School Name | School Category | School Number by Type | | | Student Enrollment | | |
|---------------------------------------|-----------------|-----------------------|--------|--------|--------------------|--------|-------|
| | | Private | Public | Others | Male | Female | Total |
| Epheson Number One | Primary | — | 1 | — | 853 | 821 | 1,674 |
| Epheson Number Two | Primary | — | 1 | — | 431 | 398 | 829 |
| Epheson Number Three | Primary | — | 1 | — | 136 | 116 | 252 |
| Ataye High School | Secondary | — | 1 | — | 990 | 846 | 1836 |
| Ataye Preparatory School | Tertiary | — | 1 | — | 470 | 548 | 1018 |
| Ataye Technique and Vocational School | Tertiary | — | 1 | — | 165 | 66 | 231 |
| Total | | — | — | — | 3,045 | 2,795 | 5,840 |

According to key informants, girls' sexual debut occurs at ages as low as 12-13 years. In-school girls commonly start having sex with fellow students or out-of-school youth. In the recent years, however, girls' sexual networking extends to older men, especially their teachers and government workers, in return for money and gifts. The key informants pointed out that some girls start sex with older men because of peer pressure. The informants further noted that some girls risk unprotected sex in return for simple gifts like cell phone equipment.

2.3.2 HEALTH SERVICES

Ataye Health Center is the only health facility in the town. There is no private or NGO health facility with the exception of two rural drug vendors that retail essential drugs. Ataye Health Center is located in Kebele 02; it provides a wide range of HIV related services; including HCT, ART, PMTCT, TB and STI diagnosis and treatment, and OI drugs for PLHIV.

According to informants, most STI patients seek treatment from traditional healers. A widely perceived lack of confidentiality discourages the utilization of STI services in the public health facility.

TABLE 18: AVAILABILITY OF HEALTH SERVICES IN ATAYE TOWN

| Type of Facility | Number | Name of Facility | Services Provided | | | | | | |
|------------------------------|--------|---------------------|-------------------|-------|-------|-----|-------|------|-----|
| | | | HCT | TB Dx | TB Rx | ART | PMTCT | STIs | OIs |
| Public primary health center | 1 | Ataye Health Center | √ | √ | √ | √ | √ | √ | √ |
| Drug vendor | 2 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

NGOs with HIV/AIDS Care and Support Program

The World Food Program is the only international NGO that offers HIV-related interventions focusing on care and support programs for people infected and affected by HIV/AIDS.

TABLE 19: HIV/AIDS-RELATED ACTIVITIES IMPLEMENTED BY NGOS/CBOS IN ATAYE TOWN

| Name of Organization | HIV/AIDS Prevention, Care and Support Activities | | | | | | | | | | Target Groups |
|----------------------|--|-------|-----|------|-----|------|-----------|--------|-----|-----|----------------------------|
| | HBC | RH/FP | OVC | STIs | ART | IGAs | Nut. Sup. | IE/BCC | OIs | HCT | |
| World Food Program | — | — | √ | — | — | √ | √ | √ | — | — | PLHIV, OVC, FSWs, students |

Formal and Informal Community Organizations/Groups

Ataye town has nine formal and informal self-help organizations, the membership of which ranges from eight to 30 persons. Birhan Le Tewlede is a PLHIV association that offers primarily HIV awareness creation, stigma reduction, and support to PLHIV and their families. Other civic organizations (or anti-AIDS clubs) that are active in HIV/AIDS prevention include Epheson Art and RH association and Hiber Theatre and Art Club. These clubs use local talents and target adolescents and youth.

2.3.3 HCT SERVICES

The Ataye Public Health Center is the only facility offering HCT information and services. However, HCT services are frequently compromised by stock-outs of rapid test kits. According to study informants, no are no specifically targeted HCT information and services with the exception of woreda HAPCO efforts to reach schools' communities with outreach services. The informants further noted that some people have to travel over 100 kms for HIV testing, especially to towns like Debrebirhan and Dessie.

The key informants welcomed the idea of mobile HCT services. They also suggested potential places for mobile HCT services, neighborhoods such as Kidame Gebeya (the marketplace), Jewuha, Bergibi, and Karakori.

2.4 BATI TOWN

Bati town is located in the Oromia zone, in Bati woreda, 418 kms northeast of Addis Ababa. Its estimated total population is 44,537 (23,854 male and 20,683 female). It lies along the main roads that run to towns in the Afar region and across the border to neighboring Djibouti.

Malaria and HIV/AIDS are among the most frequently observed public health problems in the town.

2.4.1 MOST-AT-RISK POPULATIONS

Bati town hosts diverse population groups at increased risk of contracting HIV/STIs. The town lies along the junction of the roads to the Afar region and Djibouti. Djiboutian businessmen and local traders from Afar enter and leave the town. Bati is the favorite parking location of truckers who travel to and from the port of Djibouti. There are several khat and shisha houses for truckers and their assistants and in- and out-of-school youth. There is also a big military camp within 5 km of the town. According to key informants, harmful traditional practices, such as *warsa* (wife inheritance) and *shinshena* (brush sex with a virgin girl) are widespread. These and other factors increase the risk of HIV transmission. Table 20 provides a list of potential MARP groups with their estimated size in the town.

TABLE 20: SIZE OF TARGET POPULATIONS IN BATI TOWN

| Target Population | Estimated Number |
|--|------------------|
| Migrant daily laborers | 300 |
| Uniformed government employees | — |
| In-school youth (secondary and tertiary) | 1,609 |
| Out-of-school youth | — |
| Petty traders/informal traders | 50 |
| Truckers and bus drivers (entering and leaving the town) | 47 |
| Commercial sex workers (FSWs) | 250 |

Female Sex Workers

The town hosts an estimated 250 FSWs, who operate in hotels, bars, local brew selling houses, and khat/shisha houses. According to informants, the number of FSWs peaks in June, with as many as 350–400 FSWs, when most FSWs who temporarily migrate to Djibouti town in the Afar region return to Bati. There are a great many bars and hotels along the main road in Kebele 01. The local brew selling houses, however, concentrate around Awsa-ber, Segno Gebeya, Atari-Genda Sefer, and the place called big Mosque (or, Meskid) around Kebele 01 and 02. Khat chewing and shisha smoking are common along the main road in places locally referred as “Medea Houses.”

Truckers, government employees, and local businessmen are the main clients for FSWs operating in the hotels and bars. Business for FSWs in local brew houses, however, is frequently from migrant daily laborers and farmers who come to town for the weekly market. FSWs in khat and shisha houses are frequently visited by truckers and their assistants and out-of-school youth.

TABLE 21: LOCATIONS IN BATI TOWN WHERE FEMALE SEX WORKERS OPERATE

| Category | Location |
|---|---|
| Araki, tella, and tej bets | Awussa ber, Bati quas meda, Sengo Gebeya, Guilt Gebeya, around big Meskid – Kebele 01 and 02 |
| Hotels *all are located in Kebele 01 | Saint George Hotel Bati Hotel Teshaye Hotel Awussa Hotel Chaprook Hotel |
| Bars *all are located in Kebele 01 | Fasika Bar and Restaurant Saba Bar Assab Bar Tsigereda Bar Koca Bar Mekedela Bar |
| Streets | Hotels along the main road Local brew selling houses around Awussa ber and Guilt Gebeya |

Informal Traders/Market Sellers

Informal traders in this town operate primarily in following areas: Segno Gebeya – Kebele 01 and Guilt Gebeya – Kebele 01.

Truckers and Intercity Bus Drivers

Bati lies along the routes to port of Djibouti and the Afar region. The port of Djibouti is the country’s main access to sea and a significant number of truckers engage in transport of goods in and out of the country. Bati town is favored by the truckers for short breaks and, often, for overnight parking. Truckers park at the main gate of bars and hotels situated along the main road where they accommodate.

TABLE 22: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH BATI TOWN

| Selected Information | Details |
|-------------------------------|--|
| Times | Morning (12) Mid-day (8) Night (27) Overnight (31) |
| Overnight parking locations | Along the main road (at hotels gate) – Kebele 01 |
| Bars, clubs, and inns visited | Saint George Hotel – Kebele 01 Fasika Bar and Restaurant – Kebele 01 Bati Hotel – Kebele 01 Saba Bar – Kebele 01 Assab Bar – Kebele 01 Tsigereda Bar – Kebele 01 Koca Bar – Kebele 01 Mekedela Bar – Kebele 01 Teshaye Hotel – Kebele 01 Awussa Hotel – Kebele 01 Chaprook Hotel – Kebele 01 |

Migrant Daily Laborers

There are about 200 migrant daily laborers in Bati town. Most of them engage in loading and unloading services. They commonly entertain themselves in the local brew selling houses that are located in neighborhood such as Awsa Ber, Segno Gebeya, and Atari-Genda Sefer. According to informants, the daily laborers heavily consume the very strong alcohol, araki, and are the clients of FSWs operating in the brew selling houses. The informants further noted that FSWs in local brew selling houses and laborers share a similar psychological make-up as both are generally from rural areas. Migrant daily laborers are less educated and highly marginalized in accessing HIV/STIs information and services, including HCT.

Adolescents and Youth

Bati town's three schools together enroll a total of 5,132 students (2,839 boys and 2,293 girls). The secondary and preparatory schools enrolled a total of 1,609 students, of which 1,002 (62 percent) are male and 607 (28 percent) are female. Table 23 provides a breakdown of the number of enrolled students by education level.

TABLE 23: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN BATI TOWN

| School Name | School Category | School Number by Type | | | Student Enrollment | | |
|--------------------------------------|-----------------|-----------------------|--------|--------|--------------------|--------|-------|
| | | Private | Public | Others | Male | Female | Total |
| Bati Atekalay Primary School | Primary | — | 1 | — | 1,837 | 1,686 | 3,523 |
| Bati Keymeskel 77 School | Secondary | — | 1 | — | 805 | 528 | 1,333 |
| Bati Keymeskel 77 Preparatory School | Tertiary | — | 1 | — | 197 | 79 | 276 |
| Total | | — | — | — | 2,839 | 2,293 | 5,132 |

According to key informants, the sexual debuts of in-school girls and boys occur at ages 12 and 15 years, respectively. The sexual liaisons of school girls vary from student boyfriends to older men, especially drivers of Izusus (medium-size trucks) in return for money. The informants also noted high substance abuse, khat chewing, and shisha smoking among youth.

2.4.2 HEALTH SERVICES

Bati Health Center provides basic HIV prevention, care, and support activities such as HCT, ART, PMTCT, TB and STI diagnosis and treatment, and OI drugs for PLHIV. The private clinics' contribution is limited to STI treatment and TB diagnosis and referral. No targeted HIV social mobilization and service are delivered, with the exception of the HAPCO's work with local partners (especially with anti-AIDS and ORDA) in awareness building for in-school adolescent and youth.

TABLE 24: AVAILABILITY OF HEALTH SERVICES IN BATI TOWN

| Type of Facility | Number | Name of Facility | Services Provided | | | | | | |
|------------------------------|--------|---------------------|-------------------|-------|-------|-----|-------|------|-----|
| | | | HCT | TB Dx | TB Rx | ART | PMTCT | STIs | OIs |
| Public primary health center | 1 | Bati Health Center | √ | √ | √ | √ | √ | √ | √ |
| Private medium clinic | 3 | Meskerm Clinic | — | √ | — | — | √ | — | — |
| | | Ayat Clinic | — | √ | — | — | √ | — | — |
| | | Wollo Medhin Clinic | — | √ | — | — | √ | — | — |
| Private lower clinic | 2 | Selam Clinic | — | √ | — | — | √ | — | — |
| | | Hayt Clinic | — | √ | — | — | √ | — | — |
| Pharmacy | 1 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Drug store | 1 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Drug vendor | 1 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

NGOs with HIV/AIDS Care and Support Program

ORDA is the only NGO that provides HBC for chronically ill patients including PLHIV. It also is engaged in HIV awareness creation and HIV stigma reduction for adolescents, youth, and PLHIV.

TABLE 25: NGOS WORKING IN HIV CARE AND SUPPORT ACTIVITIES IN BATI TOWN

| Name of Organization | HIV/AIDS Prevention, Care and Support Activities | | | | | | | | | | Target Groups |
|----------------------|--|-------|-----|------|-----|------|-----------|--------|-----|-----|--------------------|
| | HBC | RH/FP | OVC | STIs | ART | IGAs | Nut. Sup. | IE/BCC | OIs | HCT | |
| ORDA | √ | — | — | — | — | — | — | √ | — | — | Adolescents, PLHIV |

Formal and Informal Community Organizations/Groups

There are nine self-help associations in Bati town. These associations engage in specialized activities including brick production, wood and metal work, and preparation and retailing of spices.

2.4.3 HCT SERVICES

Despite the availability of static HCT services at the Bati Health Center, most people prefer to travel the 18 km to Dessie town for HIV testing. A perceived lack of confidentiality and privacy and fear are the main reasons for low use of HCT at Bati's only public health facility. The study informants welcomed the idea of mobile HCT and suggested sites such as the town's marketplace, and in the neighborhood such as Awsa Ber, Khat Tera, and Segno Gebeya.

2.5 DEJENE TOWN

Dejene town is located in the East Gojjam zone, in Dejene woreda, 230 kms northwest of Addis Ababa. Its estimated total population is 17,130 (7,965 male and 9,165 female).

The main public health problems in the town are pneumonia, TB, HIV, diarrhea, intestinal parasites, malnutrition, and trachoma.

2.5.1 MOST-AT-RISK POPULATIONS

Dejene is the home town of diverse population groups at increased risk of contracting HIV because of their occupation and lifestyle. The town hosts large number of FSWs, truckers, intercity bus drivers, migrant daily laborers, and construction workers. According to study informants, in-school and out-of-school girls have sexual relationships with the truckers and bus drivers. Farmers from the neighboring districts visit the town for the weekly market day and consume large amounts of araki in the local brew selling houses, where they meet FSWs. Married men commonly establish concurrent sexual relationships with young women (the aforementioned kimit, or *gulit*). These relationships usually involve emotional ties that discourage the consistent use of condom. Table 26 provides a list of the town's potential MARPs and their estimated size.

TABLE 26: SIZE OF TARGET POPULATIONS IN DEJENE TOWN

| Target Population | Estimated Number |
|--|------------------|
| Migrant daily laborers | 65 |
| Construction workers | 636 |
| Uniformed government employees | 37 |
| In-school youth (secondary and tertiary) | 3,501 |
| Petty traders/informal traders | 150 |
| Truckers and bus drivers (entering and leaving the town) | 50 |
| Commercial Sex Workers (FSWs) | 1,000 |
| Displaced population | — |

Female Sex Workers

Dejene town hosts an estimated 1,000 FSWs (900 permanent and 100 transient). FSWs operate in the hotels, bars, chefera bets, local brew selling houses, and, recently, in khat and shisha houses. Hotels and bars are densely concentrated along the main road, at Kebele 02. According to study informants, a significant number of young boys work as sex brokers for unemployed young women living with their families. These sex brokers approach and offer sex to intercity drivers who park in the town overnight. IDIs with FSWs revealed that their clients are men of differing marital and occupational status but mainly married men, truckers, daily laborers, construction workers, and farmers.

TABLE 27: LOCATIONS IN DEJENE TOWN WHERE FEMALE SEX WORKERS OPERATE

| Category | Location |
|---------------|--|
| Shisha houses | Kebele 02 |
| Hotels | Gudo Bahir Hotel – Kebele 01 Zemam Hotel – Kebele 02 Mesfin/Demeke Hotel – Kebele 02 Tensae Hotel – Kebele 01 |
| Streets | Hotels and local brews selling houses – Kebele 01 and 02 Shisha houses – Kebele 02 |

Informal Traders/Market Sellers

Informal traders in this town operate primarily in following areas: Dejen Gebeya (Tuesdays and Saturdays) in Kebele 02 and around tella, araki, and tea rooms in Kebele 02.

Truckers and Intercity Bus Drivers

On average an estimated 65 trucks and long distance buses park each night. Most truckers and intercity bus drivers park in front of hotels located along the main road (Kebele 02).

TABLE 28: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH DEJENE TOWN

| Selected Information | Details |
|-------------------------------|--|
| Times | Morning (51) Mid-day (43) Night (54) Overnight (65) |
| Overnight parking locations | Along the main road Alem Hotel – Kebele 02 Zemam Hotel – Kebele 02 Tezale Hotel – Kebele 02 Mesfin Hotel – Kebele 02 |
| Bars, clubs, and inns visited | Alem Hotel – Kebele 02 Zemam Hotel – Kebele 02 Tezale Hotel – Kebele 02 Mesfin Hotel – Kebele 02 |

Daily Laborers/Construction Workers

The number of daily laborers in Dejene town is increasing in response to the demand for unskilled labor jobs in road and housing construction. Most of the daily laborers are from rural areas and leave their families behind for months. According to study informants, daily laborers heavily consume araki and are the main clients for FSWs working in local brew selling houses.

Adolescents and Youth

Overall, there are 6,431 students (3,145 boys and 3,286 girls) enrolled Dejene’s five primary, secondary, and tertiary schools. Fifty-four percent (3,501) are enrolled in the secondary and tertiary schools. Table 29 provides a breakdown of the number of enrolled students by education level.

Girls and boys make their sexual debuts at the ages of 13 and 17 years, respectively. The informants identified some of the push factors for early sex initiation: peer pressure, high alcohol consumption, and substance abuse (khat and shisha). In-school girls’ sexual networks extend from school boyfriend to older men, especially drivers and civil servants.

TABLE 29: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN DEJENE TOWN

| School Name | School Category | School Number by Type | | | Student Enrollment | | |
|-------------------------------|-----------------|-----------------------|--------|--------|--------------------|--------|-------|
| | | Private | Public | Others | Male | Female | Total |
| Dejene Primary School | Primary | — | √ | — | 630 | 669 | 1299 |
| Adu Adem Primary School | Primary | — | √ | — | 74 | 107 | 181 |
| Dejene 02 Primary School | Primary | — | √ | — | 680 | 770 | 1450 |
| Gojjam Ber Secondary School | Secondary | — | √ | — | 1469 | 1448 | 2917 |
| Gojjam Ber Preparatory School | Tertiary | — | √ | — | 292 | 292 | 584 |
| Total | | — | 4 | — | 3,145 | 3,286 | 6,431 |

2.5.2 HEALTH SERVICES

Dejene town has three health facilities (one public and two private). Dejene Public Health Center is the only facility with basic HIV prevention, care, and support activities; including HCT, ART, PMTCT, TB and STI diagnosis and treatment, and OI drugs for PLHIV.

According to key informants, self-prescription of STI treatment is commonly practiced. A significantly greater number of STI patients seek services from traditional healers than from modern health providers.

TABLE 30: AVAILABILITY OF HEALTH SERVICES IN DEJENE TOWN

| Type of Facility | Number | Name of Facility | Services Provided | | | | | | |
|------------------------------|--------|----------------------|-------------------|-------|-------|-----|-------|------|-----|
| | | | HCT | TB Dx | TB Rx | ART | PMTCT | STIs | OIs |
| Public primary health center | 1 | Dejene Health Center | √ | √ | √ | √ | √ | √ | √ |
| Private lower clinic | 2 | Gebreyesus Clinic | — | √ | — | — | — | √ | — |
| | | Millennium Clinic | — | √ | — | — | — | √ | — |
| Drug vendor | 2 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

NGOs with HIV/AIDS Care and Support Program

There are few NGOs operating in HIV prevention, care, and treatment; of them, Efoyta PLHIV Association provides ongoing counseling and support for PLHIV and their families. IntraHealth International focuses on training and supervision support for PMTCT programs, offered only in the public health center.

TABLE 31: NGOS WORKING IN HIV CARE AND SUPPORT ACTIVITIES IN DEJENE TOWN

| Name of Organization | HIV/AIDS Prevention, Care and Support Activities | | | | | | | | | | | Target Groups |
|---------------------------|--|-------|-----|------|-----|------|-----------|--------|-----|-----|-------|---------------------|
| | HBC | RH/FP | OVC | STIs | ART | IGAs | Nut. Sup. | IE/BCC | OIs | HCT | PMTCT | |
| Efoyta PLHIV Association | √ | — | — | — | √ | — | — | — | — | √ | — | PLHIV and community |
| IntraHealth International | — | — | — | — | — | — | — | — | — | — | √ | Pregnant women |

Formal and Informal Community Organizations/Groups

Of the nine local organizations in Dejene, five are indigenous (*iddirs* and *mahibers*) and the remaining four are anti-AIDS clubs. With the community's increasing problem with HIV/AIDS, all *iddirs* and *mahibers* have started providing care and support, especially HBC, for PLHIV. The four anti-AIDS clubs are quite popular for community-based IE/BCC activities like promoting abstinence, faithfulness, and condom use. The anti-AIDS clubs make a meaningful contribution in community sensitization and awareness creation and in reducing PLHIV stigma and discrimination.

2.5.3 HCT SERVICES

Dejene Health Center is the only facility offering HCT services. The health center, in partnership with town's HAPCO, has conducted rounds of HCT outreach to schools and surrounding rural areas, including on major religious holidays like Epiphany. The key informants, however, noted that MARP utilization of both static and outreach HCT services is very low. In fact, most people prefer to travel over 70 km to the nearest town (Debreworkos) for HIV testing.

The respondents acknowledged great potential of mobile HCT in creating access to and demand for HCT services by target population groups. To increase use of mobile HCT services, they suggested bringing in counsellors who are not known by the community and extending service hours including weekend services.

2.5.4 CONDOM USE

Free condoms are available in Dejene Health Center and Efoita PLHIV Association. They also are available from drug vendors and small shops/kiosks for minimal fees that range from 0.50 cents to 1 Ethiopian birr, depending on the brand. Even though condoms are readily available, their use is highly compromised by fear and lack of sexual negotiation skills.

According to study informants, there are widespread misconceptions that affect condom use. For example, a common misconception, especially among the less-educated people like daily laborers, is that condom lubricants transmit the HIV virus. Though there is improved condom use with FSWs, most men still think that in-school girls and young women who live with their families (*yebetligoch*) pose a lower risk. The respondents further noted that condom use is compromised by men who heavily consume the local alcoholic beverages and among khat and shisha abusers.

2.6 BURE TOWN

Bure is situated in the West Gojjam zone, 410 km northwest of Addis Ababa. It has an estimated total population of 50,097 (24,542 male and 25,555 female).

Communicable diseases are the major public health problems in the town. Malaria, TB, HIV, pneumonia, diarrhea, and intestinal parasites are the most frequently occurring diseases.

2.6.1 MOST-AT-RISK POPULATIONS

Bure town lies adjacent to Shendi and Sekela towns and along the main route to Wollega zone of Oromia region. As a result, the town is frequented by businessmen from the three localities. The town hosts several population groups at increased risk of contracting HIV. According to study informants, there is a long-established tradition of married men having long-term sexual affairs with younger women (*kimit* or *gultit*). Other at-risk population groups noted are farmers, daily laborers, local businessmen, and youth having sex with FSWs. Table 32 provides a list of potential MARP groups in the town, and their estimated size.

TABLE 32: SIZE OF TARGET POPULATIONS IN BURE TOWN

| Target Population | Estimated Number |
|--|------------------|
| Migrant daily laborers | 230 |
| Farm/Plantation workers | — |
| Construction workers | — |
| Uniformed government employees | 36 |
| In-school youth (secondary and tertiary) | 5,831 |
| Petty traders/informal traders | 644 |
| Truckers and bus drivers (entering and leaving the town) | 20 |
| Commercial sex workers (FSWs) | 1,000 |

Female Sex Workers

Bure town has an estimated 1,000 (900 permanent, 100 transient) FSWs who operate in hotels, bars, local brew selling houses and tea rooms located in Kebeles 02, 03, and 04. IDIs with FSWs indicated that most FSW clients consume large amounts of alcohol. They noted that local businessmen, drivers, and the town's civil servants are the main clients for FSWs based in hotels and bars. The main clients for FSWs based in local brew selling houses and tea rooms are daily laborers, and in-school and out-of-school youth.

TABLE 33: LOCATIONS IN BURE TOWN WHERE FEMALE SEX WORKERS OPERATE

| Category | Location |
|------------------------------|---|
| Tella, araki, and tea houses | Kebeles 02, 03, 04 |
| Hotels | Woineshet Hotel - Kebele 02 Fasica Hotel - Kebele 04 Wude Gesesse Hotel - Kebele 03 Hibret Hotel - Kebele 02 Peacock Hotel - Kebele 02 Belay Zeleke Hotel - Kebele 02 Meskerem Hotel - Kebele 02 Hagere Genet Hotel - Kebele 02 New Plaza Hotel - Kebele 02 |
| Streets | Tella, araki, and tea houses and hotels - Kebeles 02, 03, and 04 |

Informal Traders/Market Sellers

Informal traders in Bure town operate primarily at the bus station and around the Shell fuel station and, on Tuesdays and Saturdays, at Gebeyas near the Shell station.

Truckers and Intercity Bus Drivers

Most of the truckers and intercity buses drivers park for the night at the main gate of hotels located along the main road.

TABLE 34: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH BURE TOWN

| Selected Information | Details |
|-------------------------------|--|
| Times | Morning (19) Mid-day (11) Night (16) Overnight (21) |
| Overnight parking locations | Most park across the main street Meskerem Hotel Fasica Hotel Woineshet Hotel |
| Bars, clubs, and inns visited | Woineshet Hotel – Kebele 02 Fasica Hotel – Kebele 04 Wude Gesesse Hotel – Kebele 03 Hibret Hotel – Kebele 02 Peacock Hotel – Kebele 02 Belay Zeleke Hotel – Kebele 02 Meskerem Hotel – Kebele 02 |

Daily Laborers

Bure is home for more than 230 daily laborers, most from the neighboring rural districts/woreda. They indicated in FGDs that they are disadvantaged in getting HIV-related information and services as they spend long hours searching for jobs. Some of them strongly believe that condom use reduces sexual pleasure while others think its lubricant contains the HIV virus. They also noted that they have sexual relations with *komarits* (FSWs working in the local brews selling houses).

Adolescents and Youth

In academic year 2007/08, 12,335 students (6,660 male and 5,675 female) enrolled in the three school categories (primary, secondary, and tertiary) in Bure. Of the total students in the town, 47 percent (5,831) were enrolled in the secondary and tertiary schools. Table 35 provides a breakdown of the number of enrolled students by education level.

TABLE 35: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN BURE TOWN

| School Name | School Category | School Number by Type | | | Student Enrollment | | |
|--------------------------------|-----------------|-----------------------|--------|--------|--------------------|--------|--------|
| | | Private | Public | Others | Male | Female | Total |
| Ediget Behibert Primary School | Primary | — | √ | — | 1287 | 1295 | 2582 |
| Bure Yohannes Primary School | Primary | — | √ | — | 708 | 778 | 1486 |
| Bure Primary School | Primary | — | √ | — | 1006 | 1084 | 2090 |
| Yeselam Chora (KG 1 and 2) | Primary | √ | — | — | 43 | 46 | 89 |
| Tinsaye Birhan (KG 1 and 2) | Primary | √ | — | — | 22 | 20 | 42 |
| Faris Kindergarten | Primary | — | √ | — | 31 | 29 | 70 |
| Bure 04 Kindergarten | Primary | — | √ | — | 44 | 45 | 89 |
| Bure 01 Kindergarten | Primary | — | √ | — | 35 | 31 | 66 |
| Ras Bitwoded Mengesha | Secondary | — | √ | — | 1839 | 1373 | 3212 |
| Shikudad Preparatory School | Tertiary | — | √ | — | 980 | 485 | 1465 |
| Bure TVET | Tertiary | — | √ | — | 665 | 489 | 1144 |
| Total | | — | — | — | 6,660 | 5,675 | 12,335 |

The sexual debuts of in-school girls occur at ages as low as 13-14 years. In-schools girls' sexual liaisons are with school boyfriends and older men in return to money and gifts. According to key informants, rural students attending the town's tertiary schools live in rented houses. Female students from rural areas, especially those with economic pressures, use paid sex as a coping mechanism. The informants further noted that there are sex brokers who match in-school girls with local businessmen, drivers, and intercity travellers.

According to in- and out-of-school FDG participants, there is great hopelessness and frustration among unemployed out-of-school youth. This may be a reason for the group's high levels of alcohol (araki and tella) consumption and substance abuse. The informants further noted that young boys commonly experiment with sex with FSWs. Condom use among inexperienced young boys is infrequent because of shame and lack of experience and skill in condom use.

2.6.2 HEALTH SERVICES

Bure Health Center provides a wide range of HIV/AIDS related services including HCT, ART, PMTCT, TB and STI diagnosis and treatment, and OI drugs for PLHIV. At the time of the study, the health center had recently started pre-ART and ART services for PLHIV.

According to the town health office and counsellors at the health center, efforts have been made to integrate TB and HIV services. According to town health office representative, Sr. Giorgis Higher Clinic is the only private health facility with static HCT services. The private sector's provision of TB services is limited to disease diagnosis and referral.

TABLE 36: AVAILABILITY OF HEALTH SERVICES IN BURE TOWN

| Type of Facility | Number | Name of Facility | Services Provided | | | | | | |
|------------------------------|--------|--------------------|-------------------|-------|-------|-----|-------|------|-----|
| | | | HCT | TB Dx | TB Rx | ART | PMTCT | STIs | OIs |
| Public primary health center | 1 | Bure Health Center | √ | √ | √ | √ | √ | √ | √ |
| Private higher clinic | 1 | St. Giorgis Clinic | √ | √ | — | — | — | — | — |
| Private medium clinic | 1 | Damot Clinic | — | √ | — | — | — | — | — |
| Private lower clinics | 2 | Medhanealem Clinic | — | √ | — | — | — | — | — |
| | | Bure Clinic | — | √ | — | — | — | — | — |
| Drug stores | 2 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Drug vendors | 4 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

NGOs with HIV/AIDS Care and Support Program

The Christian Voluntary Mission (CVM) provides technical and financial support for government health facilities, especially in bridging the acute shortage of HIV rapid test kits. CVM support extends to indigenous and local organizations, such as iddirs, PLHIV support associations, and anti-AIDS clubs. With the support of CVM, these local organizations provide a wide range of services such as HIV awareness creation, HBC, IGAs, and nutritional and financial support for PLHIV and OVC. IntraHealth International has provided capacity building (training and technical support) to the one public health center to initiate and strengthen PMTCT services.

TABLE 37: NGOS WORKING IN HIV CARE AND SUPPORT ACTIVITIES IN BURE TOWN

| Name of Organization | HIV/AIDS Prevention, Care, and Support Activities | | | | | | | | | | | Target Groups |
|-----------------------------|---|-------|-----|------|-----|------|-----------|--------|-----|-------|-----|---|
| | HBC | RH/FP | OVC | STIs | ART | IGAs | Nut. Sup. | IE/BCC | OIs | PMTCT | HCT | |
| Christian Voluntary Mission | — | — | √ | — | — | √ | — | — | — | — | √ | PLHIV and structural support to health office |
| IntraHealth International | — | — | — | — | — | — | — | — | — | √ | — | Training and supervision support |

Formal and Informal Community Organizations/Groups

There are nine local organizations (clubs and associations) established by different groups to meet their members' interest. Local organizations, especially youth associations, focus on building their members' HIV/AIDS awareness and soliciting funding and technical assistants for IGAs. PLHIV support groups do HIV/AIDS awareness creation and impact mitigation. For instance, Birhan PLHIV Association together with the Bure town HAPCO office provides HBC, IGAs, ongoing counselling for treatment adherence, community education for HIV stigma reduction, and other services.

2.6.3 HCT SERVICES

According to key informants, Bure Health Center together with town's HAPCO provides outreach HCT services to high schools and to surrounding rural areas. According to in-school FGD participants, however, it is the students who have not had sex who are tested for HIV at the schools. Indeed, town health office officials also said that this may account for the low HIV prevalence found during school-based HCT campaigns. A HCT counselor at the Bure Health Center said that most residents travel over 100 km to be tested in Debremarkos and Bahir Dar towns. The

same is true with FSWs, who are reluctant to use static HCT services at the health center for fear of losing their business if seen by their clients.

All respondents supported the idea of mobile HCT services. They suggested, however, more flexible service hours to attract working people and especially the at-risk populations such as daily laborers, in-school youth, and FSWs.

2.6.4 CONDOM USE

Bure Health Center provides condoms free of charge, and kiosks and small shops sell them for a reasonable price (Ethiopian birr 0.50–1.00). Condom use is inconsistent across various target groups including married men, in- and out-of-school youth, and truckers and intercity bus drivers.

2.7 CHAGNI TOWN

Chagni town is situated in Awi zone, in Guwangua woreda, 505 kms northwest of Addis Ababa. It has an estimated population of 37,500 (18,375 male and 19,125 female).

The most frequently observed public health problems include malaria, diarrhea, helminthes, respiratory tract infection, TB, and HIV/AIDS.

2.7.1 MOST-AT-RISK POPULATIONS

The risk of HIV infection in Chagni town has grown with the presence of highly mobile people (especially local traders) who travel to and from Benshangule Gumuz region (Region 6). A significant number of road construction workers and larger number of truckers transit through the town. There has been a high influx of FSWs attracted by the transient population and significant number of hotels and brothels in which to work. According to study informants, businessmen, construction workers, and truckers sexual relationships extend to in-school girls and young women who reside with their families (yebetligoch). Most men perceive having unprotected sex with these young women to be low risk. Table 38 provides a list of potential MARP groups and their estimated size.

TABLE 38: SIZE OF TARGET POPULATIONS IN CHAGNI TOWN

| Target Population | Estimated Number |
|--|------------------|
| Migrant daily laborers | 150 |
| Farm/Plantation workers | — |
| Construction workers | 200 |
| Uniformed government employees | 42 |
| In-school youth (secondary and tertiary) | 3,642 |
| Petty traders/informal traders | 200 |
| Truckers and bus drivers (entering and leaving the town) | 75 |
| Commercial sex workers (FSWs) | 530 |

Female Sex Workers

Chagni hosts an estimated total of 530 FSWs (500 permanent and 30 transient), who operate in hotels, bars, and local brew selling houses, mostly in Kebeles 02 and 03 (Table 39). According to study informants, a minimum of 20 FSWs operate in small hotels and chefera bets, for instance, the Megenagna Hotel, Two Brothers' Nightclub, and Sydney Bar. Businessmen (from the neighboring Benshangule-Gumuz region), truckers, and Berta Construction Company workers are among the main clients for FSWs operating in hotels, nightclubs, and bars. Farmers and migrant daily laborers frequently visit FSWs operating in local brew selling houses. The discussion held with daily laborers indicated that older, long-term FSWs are perceived as free of HIV and safe to have sex with.

TABLE 39: LOCATIONS IN CHAGNI TOWN WHERE FEMALE SEX WORKERS OPERATE

| Category | Location |
|----------------------|---|
| Araki and tella bets | Kebele 02 |
| Hotels | K.H.S Hotel – Kebele 02 Meskerem Hotel – Kebele 02 Metekel Hotel – Kebele 03 Yeshitila Hotel – around Shell Depo Tizita Hotel – Kebele 01 |
| Bars | Sydney Bar – Kebele 02 Two Brothers Nightclub – around Tele |
| Streets | Hotels and bars – Kebele 02 and 03 Araki and tella bets – Kebele 02 |

Informal Traders/Market Sellers

Informal traders in this town operate primarily at the bus station and, on Tuesdays and Saturdays at Chagni Gebeya, around the Shell Media.

Truckers and Intercity Bus Drivers

Approximately 75 truckers and intercity bus drivers enter and leave the town each day. Truckers who spend the night usually entertain themselves in hotels, nightclubs, and bars located in the vicinity of Tele sefer, Kebeles 02 and 03.

TABLE 40: INFORMATION ON TRUCK AND LONG-DISTANCE BUSES PASSING THROUGH CHAGNI TOWN

| Selected Information | Details |
|-------------------------------|--|
| Times | Morning (23) Mid-day (23) Night (29) Overnight (40) |
| Overnight parking locations | Around Shell Depo – Kebele 02 Around Hayat clinic – Kebele 02 At Lome – Kebele 02) At Tana Beles Hotel – Kebele 01 At Ethiopia Hotel – Kebele 02 |
| Bars, clubs, and inns visited | K.H.S Hotel – Kebele 02 Metekel Hotel – Kebele 03 Meskerem Hotel – Kebele 02 Ethiopia Hotel – Kebele 02 Lome Hotel – Kebele 02 Two Brothers Hotel – Around Tele |
| Truck and bus companies | Berta Project Metekel Yederek Chenet Mamelalesha Mahiber Yetnora Fright Transport Owners Association |

Migrant Daily Laborers

Chagni is home to 150 daily laborers who work in road construction work and other activities including loading and unloading services. They are poorly educated and usually are migrants from rural areas. The FGDs held with daily laborers revealed that they have misconceptions about HIV transmission, for instance, that older, long-term FSWs are free of HIV. They also have limited knowledge of and skills on condom use. This was supported by information solicited from IDIs with FSWs.

Adolescents and Youth

A total of 10,242 students (5,246 boys and 4,986 girls) are enrolled in the three school categories (primary, secondary, and tertiary). Of the total in-school population, approximately 36 percent (3,642) are enrolled in the secondary and tertiary schools; 2,106 (58 percent) are male, 1,536 (42 percent) female. Table 41 provides a breakdown of the number of enrolled students by education level.

TABLE 41: DISTRIBUTION OF IN-SCHOOL ADOLESCENTS AND YOUTH IN CHAGNI TOWN

| School Name | School Category | School Number by Type | | | Student Enrollment | | |
|---------------------------|-----------------|-----------------------|--------|--------|--------------------|--------|--------|
| | | Private | Public | Others | Male | Female | Total |
| Eshet Primary School | Primary | — | √ | — | 160 | 155 | 315 |
| Andnet Primary School | Primary | — | √ | — | 520 | 580 | 1,100 |
| Chagni 01 Primary School | Primary | — | √ | — | 1,441 | 1,686 | 3,127 |
| Chagni 03 Primary School | Primary | — | √ | — | 979 | 979 | 1,958 |
| Sovoze No. 1 and No. 2 | Primary | √ | — | — | 35 | 34 | 69 |
| Kids Paradise | Primary | √ | — | — | 6 | 8 | 14 |
| Helen | Primary | √ | — | — | 9 | 8 | 17 |
| Chagni Secondary School | Secondary | — | √ | — | 1,639 | 1,242 | 2,881 |
| Changi Preparatory School | Tertiary | — | √ | — | 377 | 114 | 491 |
| Tanabelese Health College | Tertiary | √ | — | — | 90 | 180 | 270 |
| Total | | 4 | 6 | — | 5,256 | 4,986 | 10,242 |

In-school girls' sexual networks extend from fellow students to older men, especially with their teachers, the town's civil servants, and local businessmen. According to key informants, there is frequent unplanned and quick casual sex that exposes the girls to teenage pregnancy and STI/HIV infection. Peer pressure and substance abuse, especially of khat, are the frequently cited factors for students' early sex initiation.

2.7.2 HEALTH SERVICES

Chagni Health Center is the only public health facility with basic HIV/AIDS services, such as HCT, ART, PMTCT, TB and STI diagnosis and treatment, and OI drugs for PLHIV.

Seven private health facilities operate in Chagni but their HIV-related services are limited to STI diagnosis and treatment and TB diagnoses. According to study informants, the uptake of STI diagnosis and treatment in the private sector is good compared with the government health center. However, self-prescription at local drug vendors is common practice for STIs.

TABLE 42: AVAILABILITY OF HEALTH SERVICES IN CHAGNI TOWN

| Type of Facility | Number | Name of Facility | Services Provided | | | | | | |
|------------------------------|--------|----------------------|-------------------|-------|-------|-----|-------|------|-----|
| | | | HCT | TB Dx | TB Rx | ART | PMTCT | STIs | OIs |
| Public primary health center | 1 | Chagni Health Center | √ | √ | √ | √ | √ | √ | √ |
| Private higher clinic | 1 | Metekel Clinic | — | √ | — | — | — | √ | — |
| Private medium clinics | 5 | Hayat Clinic | — | √ | — | — | — | √ | — |
| | | Selam Clinic | — | √ | — | — | — | √ | — |
| | | Menaheria Clinic | — | √ | — | — | — | √ | — |
| | | Universal Clinic | — | √ | — | — | — | √ | — |
| | | Meron Clinic | — | √ | — | — | — | √ | — |
| Private lower clinic | 1 | MihereteAb Clinic | — | √ | — | — | — | — | |
| Drug stores | 7 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Drug vendors | 3 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

NGOs with HIV/AIDS Care and Support Program

Two international NGOs provide HIV prevention, care, and support. IntraHealth International provides capacity building (training and supervision support) for the only public health center with PMTCT service. UNICEF works with the HAPCO on HIV/AIDS care and support programs to reach PLHIV and their families with IGAs and OVC support.

TABLE 43: NGOS WORKING IN HIV CARE AND SUPPORT ACTIVITIES IN CHAGNI TOWN

| Name of Organization | HIV/AIDS Prevention, Care and Support Activities | | | | | | | | | | | Target Groups |
|---------------------------|--|-------|-----|------|-----|------|-----------|---------|-----|-----|-------|---------------|
| | HBC | RH/FP | OVC | STIs | ART | IGAs | Nut. Sup. | IE/ BCC | OIs | HCT | PMTCT | |
| UNICEF | — | — | √ | — | — | √ | — | — | — | — | — | — |
| IntraHealth International | — | — | — | — | — | — | — | — | — | — | √ | — |

Formal and Informal Community Organizations/Groups

There are 14 local organizations (clubs and self-help associations) in the town. Eight are directly or indirectly engaged in HIV awareness creation and stigma reduction. Tesfa Chagni PLHIV Association is one of these organizations; it collaborates with the town's HAPCO on ongoing counselling and IGAs for PLHIV and their families. The remaining six organizations engage in production of goods and services such as homemade spice preparation, brick production, and small-scale retailing services.

2.7.3 HCT SERVICES

Fixed HCT services at Chagni Health Center are highly utilized by people from adjacent towns. The counselor at the health center supported alternative approach like mobile HCT to increase use by the town's target population groups.

2.7.4 CONDOM USE

There are widespread misconceptions about condom use; the most frequently cited reasons for not using a condom are that it reduces sexual pleasure and that the lubricant contains the HIV virus. Condom use is most common with FSWs; there is inconsistent use with in-school girls and yebetligoch.

2.8 ESTIE TOWN

Estie town is located in the South Gondar zone, 675 kms northeast of Addis Ababa. The estimated population is 15,413 (6,942 males and 8,471 females).

The main health problems in town are HIV/AIDS, typhoid fever, relapsing fever, and other non-communicable diseases including hypertension and diabetes. According to informants, malaria used to be the most frequently observed health problem.

2.8.1 MOST-AT-RISK POPULATIONS

There is a seasonal movement of younger men from Estie town and the surrounding rural districts to Wollega zone in Oromia region, to work on coffee plantations, and Humera town in Tigray region, to work on cotton/oil seed farms. Most of these men are away from home for several months, returning to Estie town at the end of the harvest season. These men are at higher risk of contracting HIV and potentially bring the virus back home to their spouses. Study informants noted the returning laborers' sexual network extends to young in- and out-of-school women; these relationships perpetuate the spread of HIV in the community.

The informants further noted that most married men secretly establish sexual relationships with relatively young women (*wushima*). Similarly, economically better-off married men establish long-term illicit relationships with young women whom they support financially (*kimit* or *gultit*). According to the informants, these sexual relationships may last for many years and commonly involve emotions that discourage consistent use of condoms and increase the risk of contracting HIV. Table 44 provides a list of potential MARPs in the town and their estimated size.

TABLE 44: SIZE OF TARGET POPULATIONS

| Target Population | Estimated Number |
|--|------------------|
| Migrant daily laborers | — |
| Uniformed government employees | 55 |
| In-school youth (secondary and tertiary) | 5,009 |
| Petty traders/informal traders | 60 |
| Truckers and bus drivers (entering and leaving the town) | — |
| Commercial sex workers (FSWs) | 100 |

Female Sex Workers

Estie is a small town where about 100 FSWs operate in local brew selling houses, hotels, and bars. FSW clients include farmers, local businessmen, civil servants, and students.

TABLE 45: LOCATIONS IN ESTIE TOWN WHERE FEMALE SEX WORKERS OPERATE

| Category | Location |
|----------------------|--|
| Araki and tella bets | Kebele 02 |
| Hotels | Tizalegn Hotel – Kebele 01 Selam Hotel – Kebele 01 Senay Hotel – Kebele 01 |
| Streets | Local brew selling houses – Kebele 02 Hotels and bars – Kebele 01 |

Informal Traders/Market Sellers

Informal traders in this town operate primarily near the bus station and at the Adebabay and Este Gebeya on Mondays, Thursdays, and Saturdays.

Truckers and Intercity Bus Drivers

Este town is off the main road and has very limited public transportation facilities.

Migrant Daily Laborers

There are no migrant daily laborers in the town. As noted above, most men from Estie town migrate to Wollega zone in Oromia and Humera town in Tigray during coffee and oil seed harvests.

Adolescents and Youth

A total of 9,451 students (5,391 boys and 4,060 girls) are enrolled in the three school categories (primary, secondary, and tertiary). Approximately 53 percent (5,009) of all students are enrolled in secondary and tertiary schools; males number 3,199 (64 percent), females 1,810 (36 percent). Table 46 provides a breakdown of the number of enrolled students by education level.

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

| School Name | School Category | School Number by Type | | | Student Enrollment | | |
|---|-----------------|-----------------------|--------|--------|--------------------|--------|-------|
| | | Private | Public | Others | Male | Female | Total |
| Mekane-Eyesus Primary and Junior Secondary School | Primary | — | √ | — | 945 | 879 | 1824 |
| Mabe Abo Primary and Junior Secondary School | Primary | — | √ | — | 903 | 976 | 1879 |
| Wub Terara Primary School | Primary | — | √ | — | 226 | 245 | 471 |
| Gafat Primary School | Primary | — | √ | — | 118 | 150 | 268 |
| Mekane-Eyesus High School | Secondary | — | √ | — | 2221 | 1281 | 3502 |
| Mikri High School | Secondary | — | √ | — | 274 | 290 | 564 |
| Mekane-Eyesus Preparatory School | Tertiary | — | √ | — | 626 | 219 | 845 |
| Fana College | Tertiary | √ | — | — | 78 | 20 | 98 |
| Total | | 1 | 7 | — | 5,391 | 4,060 | 9,451 |

According to study informants, most students in the secondary and tertiary schools are from the neighboring woredas/districts. These young people often live in a rented house in Estie town. In addition to the freedom that this provides, the rural youth are highly influenced by their peer groups to adopt a new lifestyle, including alcohol and substance abuse and unsafe sexual practices. The key informants witnessed several rural girls who experienced unwanted pregnancies.

2.8.2 HEALTH SERVICES

Estie Health Center is the only health facility with a wide range of HIV prevention, care, and support activities including HCT, ART, PMTCT, TB and STI diagnosis and treatment, and OI drugs for PLHIV. The HIV-related activities of the town's only private health facility are limited to STI treatment and TB diagnosis/referral services. Study informants noted that self-prescription and use traditional healers for STI treatment are common.

TABLE 47: AVAILABILITY OF HEALTH SERVICES IN ESTIE TOWN

| Type of Facility | Number | Name of Facility | Services Provided | | | | | | |
|------------------------------|--------|---------------------|-------------------|-------|-------|-----|-------|------|-----|
| | | | HCT | TB Dx | TB Rx | ART | PMTCT | STIs | OIs |
| Public primary health center | 1 | Estie Health Center | √ | √ | √ | √ | √ | √ | √ |
| Private medium clinic | 1 | Betlehem Clinic | — | √ | — | — | — | — | — |
| Drug vendors | 2 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

NGOs with HIV/AIDS Care and Support Program

There is no local or international NGO offering HIV prevention, care, and support activities.

Formal and Informal Community Organizations/Groups

There are eight local groups/organizations established to meet their members' interest. For instance, Beza Mahiber, a PLHIV support group, has a good reputation in working with the town's HAPCO on community HIV awareness creation and stigma reduction. Three iddirs (funeral funds) have a total membership of 390 household heads. These iddirs are known as Mekane Eyesus Iddir, Meskel Adebebay Iddir, and Fanaber Iddir (or, Genet Sefer Iddir). According to key informants, iddirs are highly valued by the communities; their leaders are highly influential and respected individuals. The remaining four groups are self-help organizations that specialize in production of goods and services such as baked goods and sand distribution.

2.8.3 HCT SERVICES

Estie Health Center and the town's HAPCO conducted HCT outreach services to reach secondary schools, but the programs were interrupted by the lack of test kits. According to HCT counselor at Estie Health Center, MARPs prefer to travel to other towns, like Bahir Dar (200 km from Estie), to be tested. All respondents welcomed the idea of mobile HCT services, strongly believing that it will offer confidential testing for at-risk population who currently seek HIV tests elsewhere.

2.8.4 CONDOM USE

According to key informants, there are many misconceptions about condom use; for instance, most people believe condoms carry the HIV virus and others believe condoms should be used with FSWs. According to key informants, inconsistent condom use is common in casual sex with in-school girls and other young women, perceived by most men as low-risk groups.

3. DISCUSSION AND RECOMMENDATIONS

The Amhara towns in this study lie along the two high-risk corridors that commonly referred as Addis to Metema and Addis to Kombolecha routes. Some of the towns are located along the busiest cross-country road, which links Ethiopia to the port of Djibouti; other towns share borders with the neighboring three regional states (Benshangul Gumuz, Afar, and Oromia). The towns are home to large number of mobile workers such as truckers, intercity bus drivers, and travelling businessmen. Most of the towns have a significant number of rural migrant people who moved to the town in anticipation of getting a job. All study towns are markets for the surrounding rural districts, and a large number of farmers come to town on the weekly market days.

The study towns host large numbers of FSWs who operate in hotels, bars, and local brew selling houses. They work as waitresses in these places, and meet clients that way. Hotels and bars are flourishing in the towns in response to the demand for services by the large transient populations. The same is true for a large number of local brew selling houses that are used primarily by locals, migrant daily laborers, farmers, and unemployed youth. One town, Shoarobit, has a large tobacco plantation with many workers and the national prison with uniformed employees. Men from Estie town migrate to Wollega province and Humera town during the coffee, cotton, and oil seed harvest seasons. These men are away from home for many months and are believed to bring HIV to their spouses upon their return home.

Various cultural and traditional practices exacerbate HIV transmission in the study towns. The key informants from all the towns consistently stated that married men secretly establish long-term relationships with married, single, and divorced women (wushima). Similarly, economically well-to-do married men have affairs with younger women whom they support financially (kimit or gult). These long-term sexual relationships produce emotional ties that make use of condoms difficult. There is high likelihood for married men in concurrent sexual relationships contracting HIV and infecting their wives. In town like Bati, there is the widespread harmful practice of wife inheritance (warsa), and boys have brush sex with virgins (shishena). These and other socio-cultural, traditional, and economic factors increase the risk of HIV infection in the study towns, especially among girls and young women.

Transgenerational and transactional sex is common in all study towns, especially between older men and secondary and college in-school girls. Study informants in all towns confirmed that men with better incomes establish sexual relationships with in-school girls; this is especially true with truckers, long- and mid-distance bus drivers, intercity travelling men, local businessmen, government employees, and construction workers. All study towns have secondary and tertiary schools that serve both the town and students from neighboring rural woredas/districts. Students from rural areas commonly live in rented houses while pursuing their education and they have a sense of freedom for the first time in their life. They usually are influenced by their peer groups to adopt a new lifestyle that includes alcohol consumption, khat chewing, and sex. According to key informants, in-school girls are at higher risk of contracting HIV as they start having sex with older men but lack negotiation skills to ensure protected sex. Similarly, economically disadvantaged out-of-school adolescents and young girls are more vulnerable to HIV as they use paid sex as a survival strategy. In Debresina town, for instance, drivers, drivers' assistants (wolyala), and intercity travelling men have transactional sex with economically disadvantaged adolescent girls; especially with those engaged in selling roasted grains (kolo shache) along the main road.

Alcohol abuse is common among daily laborers and rural men who visit the study towns on market days and among farmers who remain in town for some time with their friends and extended families.

Khat and shisha abuse is common among drivers and their assistants and in- and out-of-school youth. These factors perpetuate the unchecked spread of HIV transmission in the study towns.

Free condoms are available in places like Shoarobit Health Center and they are available at fairly low prices in hotels, bars, and kiosks. According to FSWs, there is highly inconsistent condom use among less-educated and married men compared with educated young ones. They further said that farmers and daily laborers use condoms least frequently. The informants also noted that sex among married men and younger women is commonly observed in town, and they believe that these young women are ashamed to insist on condom use. Many misconceptions are still attached to condom use, the most frequent being that condom lubricants carry HIV infection. Condom use is still taken seriously with FSWs. However, key informants across all towns noted that condom use is infrequent for casual sex, especially with non-pay partners such as in-school girls and young women still living with their families (yebetligoch) and extramarital sex.

The demand for HCT services is very high in all the study towns. HCT services are provided by public health facilities in the towns. Few private health facilities and NGOs are involved in HCT service delivery. The woreda HAPCO in partnership with public health facilities conducted a series of outreach HCT services, especially at high schools and in semi-urban and rural communities. The informants, however, noted that the uptake of these outreach HCT services was found to be very low, especially by at-risk populations. Similarly, public health facilities' static HCT utilization was found to be very low due to perceived lack of confidentiality and privacy. Migrant daily laborers, in-school youth, and others have difficulty in accessing HCT services during regular facility office hours. According to informants, most at-risk people preferred to go to other towns, often more than 100 kms distant, to be tested.

All study towns have at least one public health facility with comprehensive HIV services, such as ongoing counseling, pre-ART and ART services, TB/HIV services, and other chronic care services. The assessment, however, found only limited CBO involvement in HIV care and support, especially in ongoing counseling, HBC, and OVC services. In most study towns, civic organizations, such as PLHIV support associations and anti-AIDS clubs, and CBOs, such as iddirs had experience in HIV awareness building, IGAs for PLHIV and their families, and community mobilization. These CBOs in particular enjoyed technical and financial support from their respective woreda HAPCO.

The concept of mobile HCT service was welcomed by all key informants and target populations. All respondents expressed their keen interest and enthusiasm for mobile HCT service. They believe that it will reach the marginalized and disadvantaged at-risk population groups. The informants underlined, however, that good uptake of mobile HCT by target populations and the community at large depends on the deployment of counsellors who are from other towns but are well acquainted with the culture and lifestyle of the local residents, and in particular know the local language. They further noted that mobile HCT should be provided on weekends and beyond regular hours to enable access to diversified at-risk populations.

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