RES
016
C2

Pact

Assessment Study of HIV/AIDS Implementing Organizations

CCRDA

Pact Ethiopia

Addis Ababa, Ethiopia

July 2000

D-104

Acronym

Name of Organisations	Acronym
Aba Wolde Tensay Gizaw's Mother's and Children Walfar As	AWWA
Action Aid - Ethiopia	AAE
Addis Ababa Health Bureau	AAHB
African AIDS Instiative	AAI
Agency For Coorperation and Research and Development	ACORD
Amhara Regional Health Bureau	ARHB
Bethzatha Medical Center	
CARE- Ethiopia	CARE
Catholic Relief Services - Ethiopia	CRS
Centro Voluntary Marchginani	CVM
Centro Volunteeri Marchiegan	CVM
Christian Rlief and Development Association	CRDA
CONCERN ETHIOPIA	CONCERN-E
Dawn of Hope - Ethiopia	DH-E
Dawn Of Hope - Ethiopia	DH-E
Denk Kestet Letena	DKT
Denk Kestete Letena	DKT
Denke Kestet Letena	DKT
Dire Dawa Administrative council health office	DDACHO
Ethio- Netherlands AIDS Research Project	ENARP
Ethiopian Catholic Church	ECC
Ethiopian Evangelical Church Mekane Yesus	EECMY
Ethiopian Evangelical Church Mekane Yesus	EECMY
Ethiopian Family Guidance Association	EFGA
Ethiopian Orthodox Church Development Inter-Church AID	EOC-DICAC
Ethiopian Red Cross Society	ERCS

CCRDA

Name of Organisations	Acronym
Harari Regional Health Bureau	HRHB
Integrated Holistic Approach Urban Development Projrct	IHA-UDP
Integrated Service For AIDS Project Support Organisation	ISAPSO
Love To Human Beings Ethiopian AIDS Prevention Society	LHEAPS
Marie Stopes International Ethiopia	MSIE
Mary Joy Aid Through Development	MJ-ATD
Medecines Sans Frontines	MSF Belguim
Medical Missionaries of Mery Counseling	MMM
Mekdim HIV+ persons and AIDS orphans Association	Mekdim
Norwegina Church AID	NCA
Organisation For Social Service for AIDS	OSSA
Organistion for Social Service for AIDS	OSSA
Organistion for Social Support for AIDS	OSSA
Organization for Social Service on AIDS	OSSA
Oromia Region Health Bureau	ORHB
Pro-Pride	PP
Radio Fana Enterprise	RF
Save Your Generation Association	SYGA
Society For Women Againist AIDS in Africa Ethiopia	SWAA-E
Tigray Regional Office and AIDS prevntion	TROAP
World Vision Ethiopia	WVE

CCRDA

Contents **Page**

1. Introduction 3
2. Executive Summary 4
3. Objectives..... 6
4. Methodology 6
5. Current status of the epidemic..... 7
6. The role of the international Community in HIV/AIDS Control efforts 9
7. Policy Environment for AIDS Control in Ethiopia..... 11
8. Findings of the assessment study..... 13
9. HIV/AIDS implementing organizations at National level (Fig. 2)..... 15
10. Implementing organizations at regional level (Fig. 3)..... 16
11. Implementing organizations by funding agencies..... 17
12. Organizations Vs target group (Fig. 4)..... 18
13. Implementing organizations producing IEC materials (Fig 5)..... 19
14. Organizations implementing condom programming 20
15. Organizations implementing STD control activities..... 21
16. Organizations implementing blood safety activities..... 22
17. Organizations implementing universal precautions..... 24
18. Organizations implementing on care & support..... 25
19. Organizations addressing alleviation of social-economic Impact of HIV/AIDS..... 28
20. Organizations providing training..... 30
21. Organizations implementing community based activities..... 32
22. Organizations conducting research on HIV/AIDS..... 35
23. Major achievements of the organization in HIV/AIDS control activities..... 37
24. Shortcomings of the study Major problems faced..... 40
25. Conclusion & recommendations..... 41

CCRDA

Introduction

According to UNAIDS Global update report (2000), approximately 53 million people have been infected so far by HIV/AIDS which includes 34 million people living with HIV/AIDS by the end of 1999 and 19 million individuals who are estimated to have lost their lives. The majority of HIV infected people are from the developing world, among which a large portion is from Sub-Saharan Africa.

Ethiopia is one of the countries highly affected by the AIDS epidemic. In fact, 9% of the global infections are estimated to be in Ethiopia.

Much has been achieved so far in the effort to curb the AIDS pandemic. The range of efforts includes raising awareness of the community about HIV/AIDS, production and distribution of IEC materials, provision of care and support for people living with HIV/AIDS (PLWHAs) and their dependants, control of STDs, and risk reduction activities. In Ethiopia the activities mentioned above have been carried out by government sectors (mainly central Ministry of Health and the Regional Health Bureaus and other Ministries like Labor and Social Affairs), and religious and non-governmental organizations (NGOs) Nevertheless, these efforts have not been well coordinated and most of the organizations have focussed on only a few components of the control package (mainly prevention).

Moreover, the majority of the organizations have been providing the services only in selected regions, leaving other regions without any sort of HIV/AIDS services.

This study attempts to map out national, international and local organizations including NGOs and CBOs involved in HIV/AIDS control activities in the country, the activities they are carrying out, and the geographical areas of the country where they are rendering these services.

CCRDA

Executive Summary

Ethiopia is one of the countries in Africa, which is highly affected by the HIV epidemic. It is estimated that about 9% of the global infections are in Ethiopia.

An assessment study was carried out between April and June of 2000 in 7 regions of the country in order to map out which organizations are involved in HIV/AIDS activities and what they are doing, analyze the findings and identify best practices in order to draw recommendation for future directions. Secondary data (from studies and reports), focus groups discussions as well as structured questionnaire interviews were used to collect the information. A total of 47 organizations (government, non-government, voluntary associations , Private sector and religious groups) were identified as key players in the fight against the epidemic in these regions. The range of activities that they are carrying out include provision of training in HIV/AIDS, STDs control, blood safety, promotion of universal precaution socio-economic impact alleviation and empowerment of the vulnerable groups.

The outstanding finding of the assessment include: -

- Insufficient involvement of the government sectors in the implementation of HIV/AIDS activities
- Lack of coordination among key players in terms of geographic and program component coverage;
- Very little done in some of the program components such as socio-economic impact alleviation;
- Very limited visible community involvement efforts in the fight against the epidemic. Through the assessment exercise the major problems that the organization encounter in carrying our HIV/AIDS control activities have been identified. They are inadequate funding shortage of supplies of all sorts, lack of political government support, inadequate community involvement in the process, acute shortage of skilled human

CCRDA

resources. In order to fill these gaps, the following conditions are suggested on future direction:-

Suggestions for future direction: -

- Consider making the HIV control services available to all regions (esp. the services that are rendered by NGOs);
- Establish a support system to fulfill technical, financial and material shortage of efficient organizations;
- Encourage and motivate the different agencies to address socio-economic impact of HIV/AIDS;
- Support capacity building of both government and NGOs that are involved in HIV/AIDS control activities;
- Encourage the private sector and other organizations to incorporate HIV/AIDS component in their program;
- Establish a support system to strengthen community involvement in HIV/AIDS control efforts;
- Encourage and support HIV/AIDS research activities.

CCRDA

Objectives of the Study

1. To map out which organizations are doing what in the area of HIV/AIDS.
2. To analyze the findings of the mapping in terms of effectiveness and Identify best practices.
3. To draw conclusions and recommendations for future directions.

Methodology

Information for the different component of the study was collected and compiled using the following approaches:

- Information on the current situation of HIV/AIDS and the trends of the epidemic in the country was compiled from syntheses of HIV/AIDS studies that were carried out in different settings, including specially the HIV sentinel surveillance surveys carried out by the Ministry of Health.
- The report on the involvement of the International Organizations including UN agencies in the HIV/AIDS control activities is taken from another study that was carried out by the Ministry of Health and UNAIDS - Ethiopia during the 3rd quarter of 1999.
- Major findings of the study on "HIV/AIDS Policy Environment", that was carried out at the beginning of this year by the Ministry of Health and the POLICY project were selected and included.
- The major part of the study is mapping out what the different organizations (GOs, NGOs and religious organizations) are doing in the area of HIV/AIDS including their geographical distribution of service. For this component, structured questionnaires were designed to collect information. Potential actors were identified from records of MOH, UNAIDS and DPPC. Each of these organizations was visited to collect data using the questionnaires. Seven regions were covered. The other four regions (Afar, Benshangul-Gumuz, Gambella and Somali) were our since it is believed that there are only a few NGOs in these regions that are active in HIV/Aids. Data collected were analyzed using EPI-INFO.

CCRDA

I. Current Status of the Epidemic

More than 95% of all HIV infected people now live in the developing world, and 95% of all deaths from AIDS are among young adults who would normally be in their peak productive and reproductive years. The multiple repercussions of these deaths are reaching crisis levels in some parts of the world. Sub-Saharan Africa is home to over 70% of the people infected so far. It is also the region in which four fifths of all AIDS deaths have occurred. While no country in Africa has escaped the virus, some are more severely affected than others are. The bulk of new infections continue to be concentrated in eastern and especially in southern Africa.

It is now almost 16 years since the epidemic started in Ethiopia. A retrospective analysis of sera from patients and from blood donors in 1983 didn't test positive for HIV whereas sera collected in 1984 from 167 patients with Bell's palsy showed the first two HIV positive sera reported from Ethiopia. There are now clear indications that the epidemic has affected a large segment of society since then and that no region or zone in the country is spared.

Since 1984, the epidemic has continuously expanded in various population groups. Results of sero-surveys conducted among pregnant women attending ante-natal clinics and blood donors are often used to describe the magnitude of HIV infections in developing countries including Ethiopia as they are more likely to represent the "general population".

CCRDA

Table a. Recent Sero-Surveys among groups of blood donors And antenatal care attendees (ANC).

Year	Place	Population	Sample size	Prevalence (%)
1999	- Atat Hosp.	ANC attendees	400	4.0
	- Hossana Hosp.	ANC attendees	400	4.8
	- Sodo HC	ANC attendees	307	10.7
	- Awassa HC	ANC attendees	400	11.5
1999	- Dilla Hosp	ANC attendees	400	11.8
1999	Addis Ababa	ANC attendees	1143	15.1
1999-00	Gambella town	ANC attendees	300	19.0
1999	Dire Dawa	ANC attendees	375	13.6
1999	Bahirdar	ANC attendees	260	20.8
1999	Addis Ababa	Blood donors	11,587	6.4
1999	Urban centers	Blood donors		3.8-7.9
1999	Addis Ababa	Visa applicants	10,930	9.1

Table "a" shows recent sero-survey results for HIV among different population groups. In general, sero-prevalence data based on ANC surveillance both in Addis Ababa and the regions indicate a fairly high prevalence of HIV among women. Moreover, data available from blood donors and ANC attendees indicate that the sizeable proportion of infections are found among the 15 - 24 age category. In Dire Dawa the prevalence of HIV among young women attending ANC was 14%. Infection in this group accounted for 57% (15-24) of the total infected women. In Gambela the prevalence among this group was 12.1% and accounts for 65.6% of all infections among ANC attendees.

There is little data available, to indicate trends of change in sexual behavior. A few serial data are available from Addis Ababa and Gondar on condom use among students from studies that were carried out between 1993 - 1996. These studies indicate that although the level of condom use has increased over the years, a large majority of the youth population still practices unsafe sex (not using the condom for casual sex).

Although we know that another indicator for sexual behavior is data on the occurrence of Sexually Transmitted Diseases (STDs), the information on STDs in the country is not adequate to describe trends.

Looking at AIDS morbidity data, a total of 83,487 AIDS cases have reported to the Ministry of Health through March 2000. Because of under diagnosis and under reporting, AIDS case reporting is far from accurate in Ethiopia and in most developing countries around the world.

In conclusion, there is enough evidence to show that the HIV/AIDS epidemic has affected a large segment of the urban population and continues to expand into the rural population of Ethiopia. There are no adequate data describing the situation of the epidemic in the rural settings.

CCRDA

II. The Role of the International Community in HIV/AIDS Control Efforts

The Ministry of Health and the Regional health Bureaus, in collaboration with UNAIDS, coordinated the formulation of the National HIV/AIDS strategic plan for 2000 - 2004. The government has already endorsed the national plan. To prepare the launch and implementation of the strategic plan, the MOH in collaboration with UNAIDS recently attempted (at the end of 1999) to identify potential supporters for the AIDS control activities including the different program components that these donors could support. The approach used in realizing this objective was through the use of survey forms for data collection to generate information on HIV/AIDS major program components, sub programs and activities. In addition, the data collection forms were designed to solicit information on current and projected financial support that the donor community (including donor NGOs) would allocate for HIV/AIDS/STDs control activities. Targeted organizations for the survey included the UN agencies and bilateral / multilateral donors.

A total of seven bilateral and eleven multilateral donors and seven funding NGOs participated in the survey. There were also organizations, which are not currently involved in the support of HIV/AIDS, but could be considered in the future as potential supporters.

The modalities of support frequently expressed by the donors were indicated follows:

- Some organizations directly support activities addressing HIV/AIDS.
- Other, mainly bilateral donors, provide financial support directed to components set in the Health Sector Development Program (HSDP).
- There are organizations (mainly NGOs) that don't design specific programs targeted to HIV/AIDS prevention and control. It is treated as part of the Primary Health Care (PHC) program.
- The funding NGOs make available earmarked funds for major program Components of HIV/AIDS to local NGOs and grass - root development organizations.

CCRDA

- An important document that was referred to for information on external support was HSDP. The allocations were made in terms of lump sum and this system pre-supposes that MOH, RHB etc set their priorities and, accordingly allocate the budget.

According to the findings of the study, funding is made available through bilateral and multilateral donors and NGOs for anti-HIV/AIDS/STDs activities. Funds are forwarded to implementing organizations generally. The bilateral and multilateral agencies provide funds to the government. Invariably, the NGOs provide their funds to local NGOs.

Areas of support include:

- HIV/STDs prevention
- Care of people living with HIV/AIDS
- Reducing vulnerability
- Impact reduction / alleviation
- HIV/AIDS surveillance and research
- Strengthening management capacity

However, there has always been a disparity of support between activities within the major program components; the largest financial allocation is made for HIV/STD prevention while the amount allocated for impact reduction / alleviation and care of people living with HIV/AIDS is almost insignificant.

In conclusion, a large number of bilateral and multilateral agencies and NGOs are supporting activities directed towards curtailing the spread of HIV/AIDS. Still, there is a need to further alleviate the financial burden of the government and expand activities through mobilization of additional resources for the implementation of the Five Year Multi-sectoral strategic plan. At the operational level, there is a need for adequate coordination, equitable distribution of services and avoidance of duplication. Table 1. shows the major donors and geographical location of their support (and whether the support covers a couple of regions or is just limited to one particular region).

CCRDA

III. Policy Environment for AIDS Control in Ethiopia

A supportive policy environment is crucial to the implementation of successful programs that prevent the spread of HIV, deliver care to those infected, and mitigate the impacts of the epidemic. An appropriate policy environment is essential in supporting efforts to ensure that human rights are respected and to eliminate stigmatization and discrimination associated with HIV/AIDS.

In early 2000, MOH and the USAID-POLICY Project elicited responses on the Policy Environment that surrounds the National AIDS Control Program in the country and carried out a study. Seven major components were included in the Policy Environment Scoring Process: - political support, policy formulation, organizational structure, program resources, evaluation and research, legal and regulatory environment and program components. For each of the seven categories of issues, 3 - 13 questions were designed each with a rating scale of 1 -5 (5 means a better or more satisfactory rating). Overall a total of 55 questions were designed.

The results of this study (i.e. scores) were compared with the results of a similar study that was carried out in 1998 as shown in tables "b" and "c" below. People who responded to the questionnaires were from central sectoral ministries, international communities and UN agencies, NGOs active in HIV/AIDS, Regional Bureaus (Education, Health) and Religious Organizations.

CCRDA

Table b. Scoring pattern of year 2000 study compared to the scores in 1999

Policy Environment Components	Max. Score This Year (2000)	Score This Year (2000)	Score, Last Year (1999)
Policy Support	900	578	320
Policy Formulation	680	412	302
Organization and Structure	560	250	179
Program Resource	752	283	237
Research and Evaluation	292	85	66
Legal and Regulatory	1296	942	888
Program Components	1400	684	630
TOTAL	**5860**	**3234**	**2650**

Table c. Comparison mean score between 1998 and 2000

Policy Environment Components	1998	2000	Change
Policy Support	42	65	23
Policy Formulation	37.5	60	22.5
Organization and Structure	30.0	45	15.0
Program Resource	45	72.5	27.5
Research and Evaluation	25.0	40	15.0
Legal and Regulatory	75	50	-25
Program Components	45	20	-25
TOTAL	**44.8**	**50.3**	

This study shows a significant improvement in the scoring pattern of the different components of Policy Environment. Also, we have recent developments such as the official launching of the National AIDS Council and the Secretariat, and the establishment of Regional HIV&AIDS councils in some of the regions long before the launching of the National AIDS Council. All of these achievements will obviously create a more enabling environment to contribute towards HIV/AIDS control efforts. Nevertheless, there are still areas that are not well addressed for example, like the implementation of the HIV/AIDS Policy, which was officially endorsed about 2 years ago but with no adequate guideline developed to put it into practice.

CCRDA

IV. Findings of the Assessment Study

The assessment was done in seven administrative regions of Ethiopia and it is felt that the results give a good representation of what is going on in the country. Various organizations, including government, non-government, and religious groups are involved in different HIV/AIDS activities in Ethiopia.

The range of activities that they carry out and the services that they render include:

a) General HIV/AIDS prevention
b) Training of personnel
c) Control of STDs
d) Blood safety
e) Care and support
f) Socio-economic impact alleviation
g) Vulnerable group empowerment
h) HIV/AIDS studies (research)

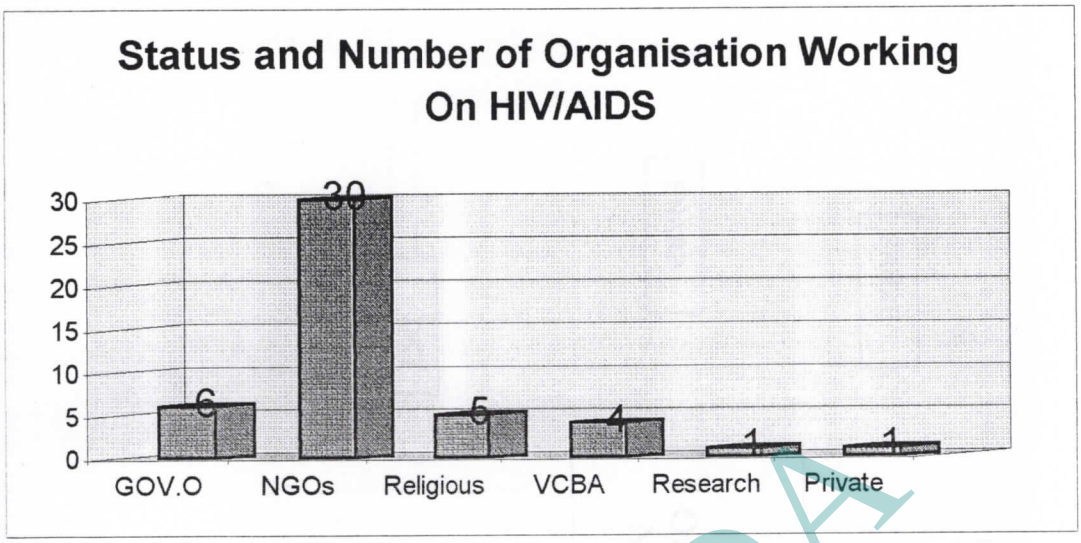
The finding in these different areas of interventions will be discussed in this section.

1. Organizations Involved in HIV/AIDS Activities

A total of 47 organizations, 30 NGOs, 6 Government organization 5 Religious Groups 1 Research Institution, 4 Voluntary Community Based Associations and 1 Private Sector were assessed both at national and regional level. 35 organizations are operating in Addis Ababa City Administrative Council, 9 organizations in Oromia Regional State Government, 7 in Amhara Region State Government, while the others are implementing in the other regions and at national level.

CCRDA

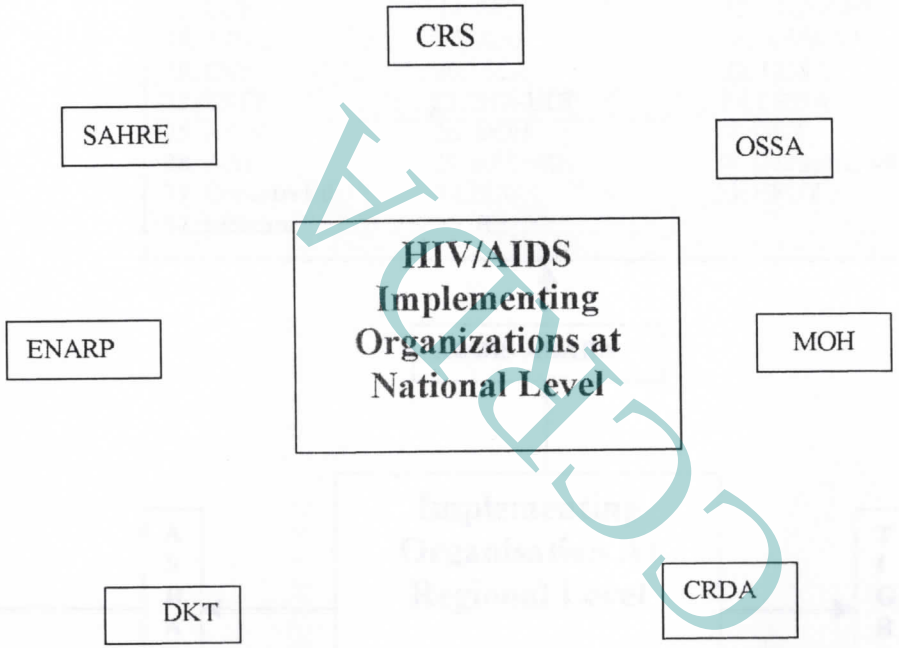
Fig.1



Most of the organizations, especially the NGOs, are concentrated in Addis Ababa, while in some of the regions, like Tigray, there are only 3 NGOs that are active in HIV/AIDS. This would mean that mainly areas in the capital city and its vicinity are taking advantage of this service. This will obviously result in a duplication of efforts in Addis Ababa and mal-distribution of the service for the other regions. In fact, there are regions, like Afar, where there are basically no NGOs active in the area of HIV/AIDS control. Fig. 2 shows the list of organizations that have HIV/AIDS activities at national level while Fig. 3 shows the distribution of these organizations by region.

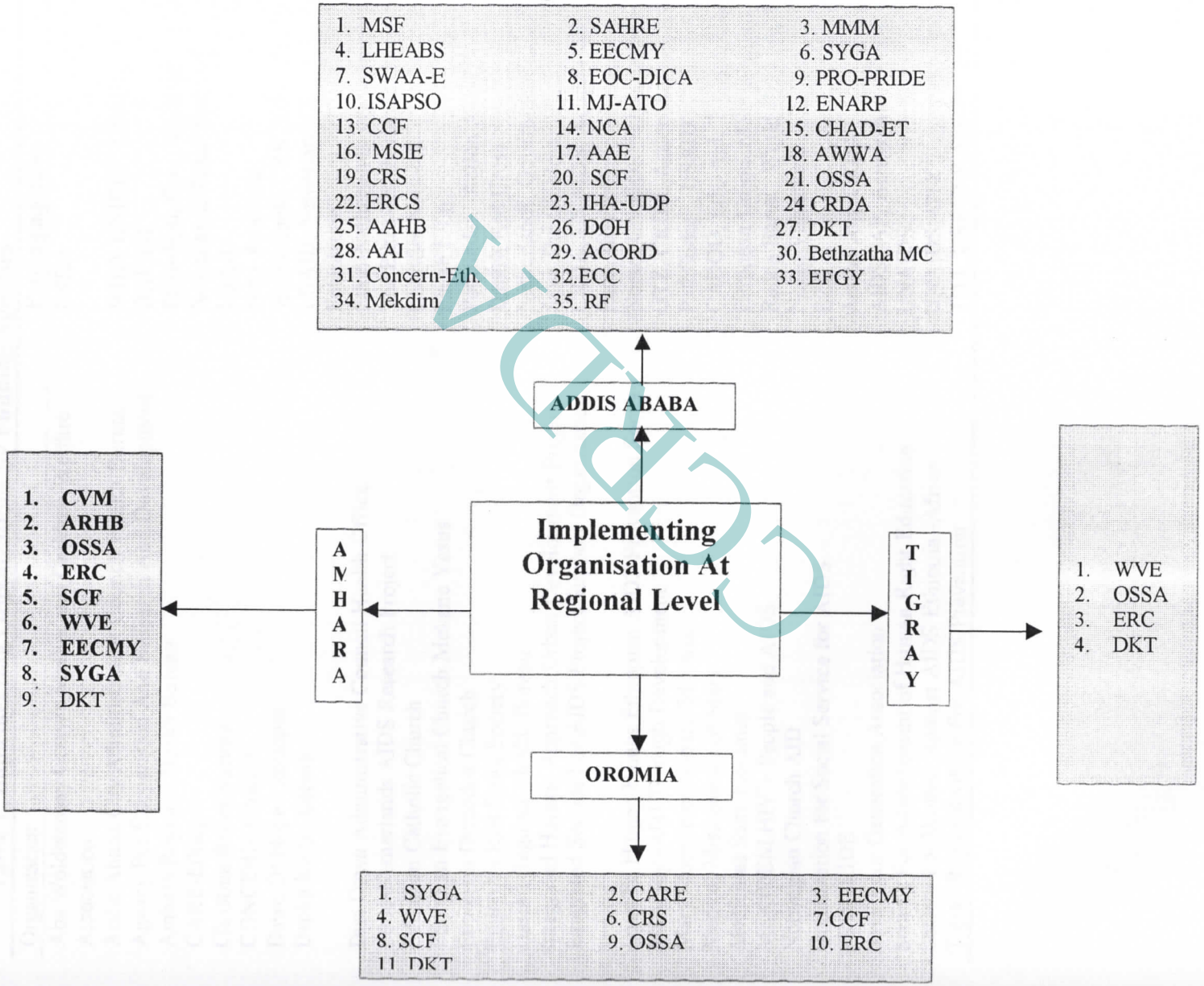
CCRDA

Fig. 2


CRS
SAHRE
OSSA
HIV/AIDS Implementing Organizations at National Level
ENARP
MOH
DKT
CRDA

CRDA

Fig. 3


1. MSF
2. SAHRE
3. MMM
4. LHEABS
5. EECMY
6. SYGA
7. SWAA-E
8. EOC-DICA
9. PRO-PRIDE
10. ISAPSO
11. MJ-ATO
12. ENARP
13. CCF
14. NCA
15. CHAD-ET
16. MSIE
17. AAE
18. AWWA
19. CRS
20. SCF
21. OSSA
22. ERCS
23. IHA-UDP
24 CRDA
25. AAHB
26. DOH
27. DKT
28. AAI
29. ACORD
30. Bethzatha MC
31. Concern-Eth.
32.ECC
33. EFGY
34. Mekdim
35. RF
ADDIS ABABA
Implementing Organisation At Regional Level
1. CVM
2. ARHB
3. OSSA
4. ERC
5. SCF
6. WVE
7. EECMY
8. SYGA
9. DKT
AMHARA
TIGRAY
1. WVE
2. OSSA
3. ERC
4. DKT
OROMIA
1. SYGA
2. CARE
3. EECMY
4. WVE
6. CRS
7.CCF
8. SCF
9. OSSA
10. ERC
11. DKT

CRDA

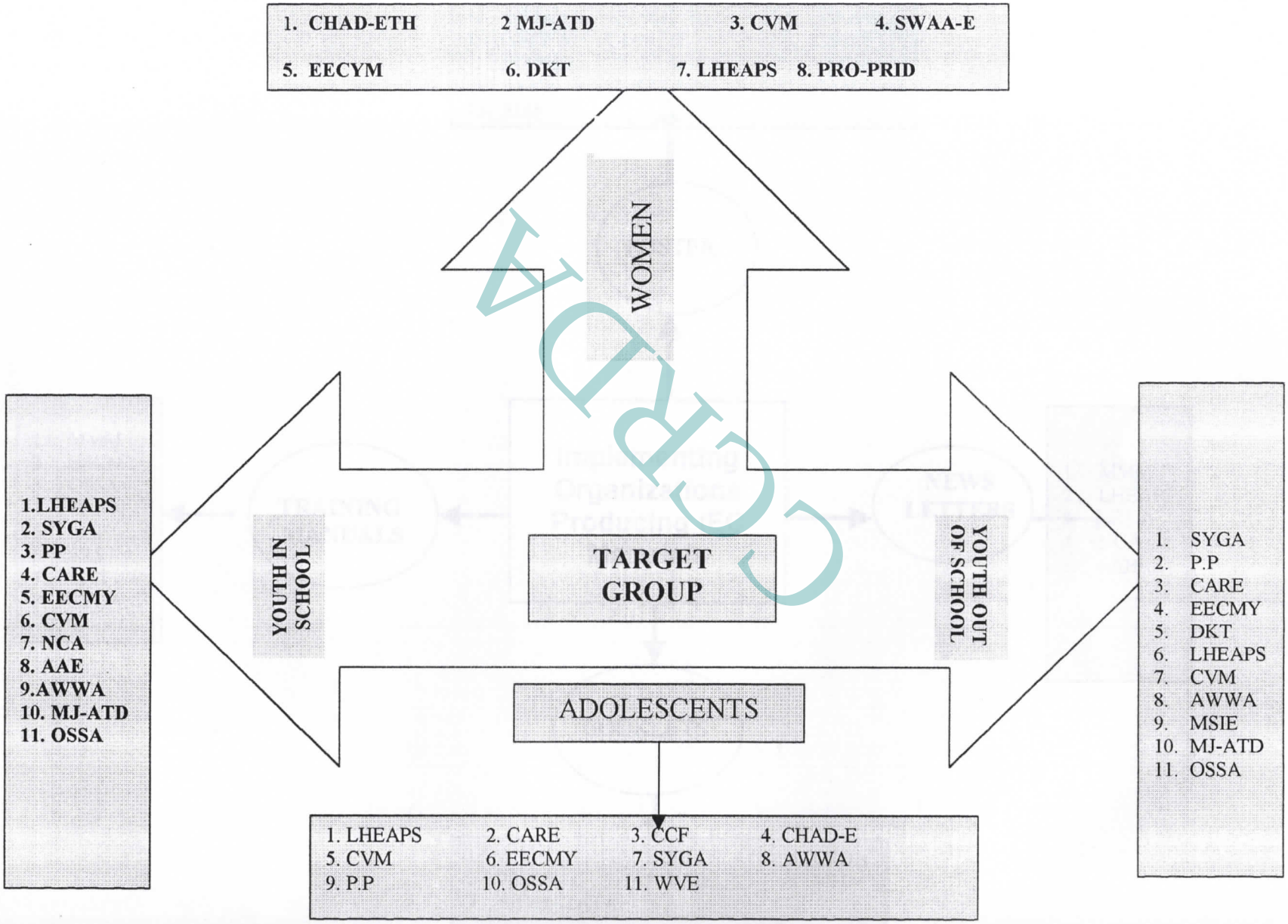
The different implementing organizations are securing funds from different sources as shows in Table 1

Table 1. Implementing Organizations by Funding Agencies

Organization	Funding agencies
Aba Woldetensay Gizaw's Mother and Children Welfare Association	CRDA
Addis Ababa City Administration Council Health Bureau	WHO, UNICEF, USAID
Agency For Cooperation And Research And Development	OXFAM
Amhara Regional Health Bureau	Ethio-Neth.Gov , UNICEF
CARE-Ethiopia	Netherlands Royal Embassy
Christina Relief Society	USAID
CONCERN-Ethiopia	Not - Available
Dawn Of Hope - Ethiopia	World Bank, CRS , UNICEF, Pact
Denke Kestet Letena	USAID, Netherlands Royal Embassy, Packard Foundation.
Dire Dawa Administrative Council Health Office	Ethio-Netherlands - Government, UNICEF
Ethio-Netherlands AIDS Research Project	The Ethio - Netherlands Gov.
Ethiopian Catholic Church	Charities Network
Ethiopian Evangelical Church Mekane Yesus	Finish E/Lu
Ethiopian Orthodox Church	Pathfinder, Action Aid
Ethiopian Red Cross Society	Danish Red Cross
Harrari Regional Health Bureau	Netherlands .Government
Integrated Holistic Approach Urban Development Project	Save The Children
Integrated Service For AIDS Project Support Organization	CRDA, UNAIDS, Action - Aid, Pathfinder % Pact , UNFPA
Love To Human Beings Ethiopian AIDS Prevention Society	Norad, UNAIDS, WHO
Mary Joy -AID Through Development	GTZ, CRDA, Action Aid
Mary Stops International Ethiopia	Pathfinder , USAID
Medical Missionaries of Mary	CADOD, Eth.-Aid, Trocare, Oxfam
Medicines Sans Frontines	European Union, MSF Belgium
MEKIDEM HIV + People and AIDS	Radda Barna , World Bank, Action - Aid
Norwegian Church AID	Norad Volunteers
Organization for Social Service for AIDS	EZE
PRO-PRIDE	Action Aid, CRDA
Save Your Generation Association	AIDSCAP, Action-Aid, OSSA, DSW
Society For Advancement of Human Right Education	UNAIDS
Society For Women Against AIDS Ethiopia -Africa	UNAIDS, GTZ
Tigray Regional Office For AIDS Prevention	TDA, USAID-Policy-Project

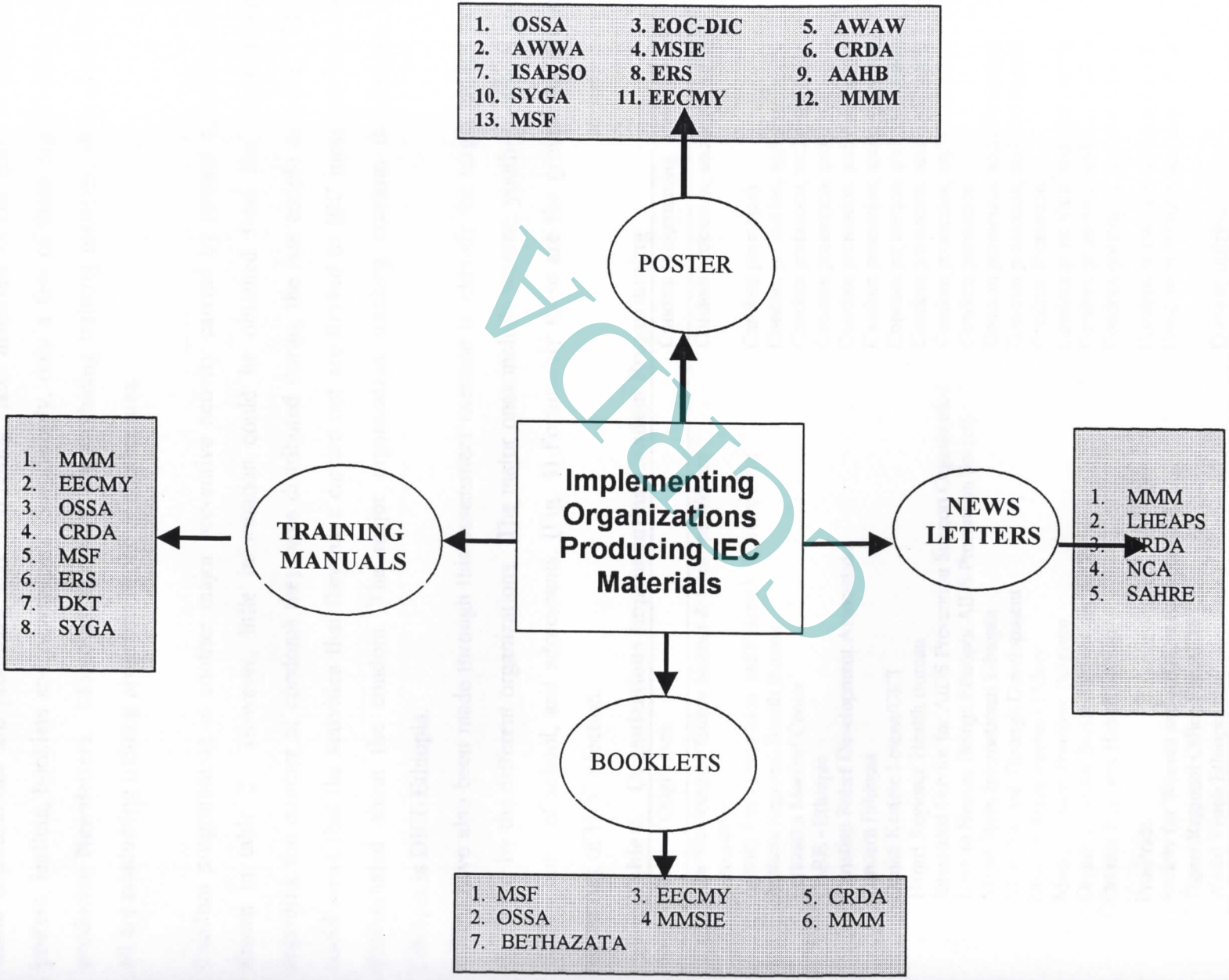
CCRDA

Fig. 4


1. CHAD-ETH
2 MJ-ATD
3. CVM
4. SWAA-E
5. EECYM
6. DKT
7. LHEAPS
8. PRO-PRID
WOMEN
1.LHEAPS
2. SYGA
3. PP
4. CARE
5. EECMY
6. CVM
7. NCA
8. AAE
9.AWWA
10. MJ-ATD
11. OSSA
YOUTH IN SCHOOL
TARGET GROUP
YOUTH OUT OF SCHOOL
1. SYGA
2. P.P
3. CARE
4. EECMY
5. DKT
6. LHEAPS
7. CVM
8. AWWA
9. MSIE
10. MJ-ATD
11. OSSA
ADOLESCENTS
1. LHEAPS
2. CARE
3. CCF
4. CHAD-E
5. CVM
6. EECMY
7. SYGA
8. AWWA
9. P.P
10. OSSA
11. WVE

CCRDA

Fig 5


1. OSSA
2. AWWA
3. EOC-DIC
4. MSIE
5. AWAW
6. CRDA
7. ISAPSO
8. ERS
9. AAHB
10. SYGA
11. EECMY
12. MMM
13. MSF
POSTER
Implementing Organizations Producing IEC Materials
TRAINING MANUALS
1. MMM
2. EECMY
3. OSSA
4. CRDA
5. MSF
6. ERS
7. DKT
8. SYGA
NEWS LETTERS
1. MMM
2. LHEAPS
3. CRDA
4. NCA
5. SAHRE
BOOKLETS
1. MSF
2. OSSA
3. EECMY
4 MMSIE
5. CRDA
6. MMM
7. BETHAZATA

CRDA

2. Preventive Activities

Some organizations are producing and distributing, IEC materials in the form of manuals, posters, leaflets, booklets and newspapers. Surprisingly, only a few of these organizations are producing **Newsletters**. Moreover, not many are producing training manuals, although almost all are conducting training programs in one or another area.

Condom programming is another major preventive activity carried by several agencies as is shown in table 2. However, little information could be obtained from the organizations regarding the number of condoms they have distributed during the last couple of years. This could mean that the activities that they have carried out are limited to IEC messages that are disseminated about the condom. The major organization tracking condom distribution in Ethiopia is DKT-Ethiopia.

Efforts have also been made through this assessment exercise to identify the target groups that are served by the different organizations. The major ones include women, youth-in -school and youth - out - of school, and adolescents. (Fig. 4) Fortunately these are the groups that are at higher risk of HIV infection.

Table 2. Organizations Implementing Condom Programming

Name of Origination	Condom Programming
Aba Woldetensay Gizaw Mother & Children Welfare Association	Condom promotion, and distribution
Agency For Cooperation and Research Development	Condom promotion
Amhara Regional Health Bureau	Condom promotion, and distribution
Bethzatha Medical Center	Condom promotion, and distribution
CARE - Ethiopia	Condom promotion, and distribution
Christian Relief Development Association	Condom promotion, and distribution
Concern Ethiopia	Condom promotion, and distribution
Denke Kestete Letena/DKT	Condom promotion, and distribution
Harari Regional Health Bureau	Condom promotion, and distribution
Integrated Service for AIDS Prevention Support Organization	Condom promotion, and distribution
Love to Human Beings Ethiopia AIDS Prevention Society	Condom promotion
Marie Stops International Ethiopia	Condom promotion, and distribution
Mary Joy Aid Through Development	Condom promotion, and distribution
Medical Missionaries of Mary	Condom Promotion
Medicins Sans Frontiere Belgium	Condom promotion, and distribution
Organization for Social Support for AIDS	Condom promotion, and distribution
Oromia Regional Health Bureau	Condom promotion, and distribution
Pro-Pride	Condom promotion, and distribution
Society for Women and AIDS in Ethiopia Africa	Condom promotion, and distribution
Tigray Regional Office For AIDS	
World Vision Ethiopia	Condom distribution

CCRDA

The other major preventive that is undertaken by the different implementing organization is production of IEC materials as is indicated in Fig. 5

3. Control of STDs

There are several organizations that are active in the control of STDs. However, only 12 are actually involved in medical treatment provision and partner management components of the STD control package. The other organizations are in fact rendering services such as condom promotion and IEC activities, which could be of support to a STD control package. (Tables 3 and 4)

Table 3. STD Control Activities

Activities	Freq. N=29	%
Provision of medical Rx	12	30.0%
Condom Promotion	24	60.0%
Counseling /IEC	26	65.0%
Partner Management	12	30.0%

Table 4. Organizations Implementing STD Control Activities

Name of Organization	STD control activities
Aba Woldetensay Gizaw Mother & Children Welfare Association	Condom promotion, Counseling
Addis Ababa City Council Administration Health Bureau	Provision of medical Rx , Condom promotion, Counseling, partner management
Agency for Cooperation and Research and Development	Provision of medical Rx , Condom promotion, Counseling, Partner management
Amhara Regional Health Bureau	Provision of medical Rx , Condom promotion, Counseling, partner management
Bethzatha medical Center	Counseling
CARE-Ethiopia	Counseling
Centro Volontari Marchigiani	Counseling
Christian Relief Service	Provision of medical Rx , Condom promotion, Counseling, Partner

CCRDA

	management
CONCERN-Ethiopia	Condom promotion, counseling
Denke Kestet le Tena/DKT	Condom promotion
Ethiopian Evangelical Church Mekane Yesus	Provision of medical Rx, Counseling , Partner management
Harari Regional Health Bureau	Provision of medical Rx , Condom promotion, Counseling, Partner management
Integrated Holistic Approach urban Development Project	Condom promotion, Counseling
Love to Human beings Ethiopia AIDS Prevention Society	Condom promotion, counseling
Marie Stops International Ethiopia	Provision of medical Rx , Condom promotion, Counseling,
Mary Joy Aid Through Development	Provision of medical Rx , Condom promotion, Counseling, partner management
Medical Missionaries of Marry	Condom promotion, Counseling
Medicines Sans Frontines	Provision of medical Rx , Condom promotion, Counseling, Partner management
Organization for Social Support For AIDS	Condom promotion , counseling, partner management
Oromia Regional Health Bureau	Provision of medical Rx , Condom promotion, Counseling
Pro-Pride	Provision of medical Rx , Condom promotion, Counseling, Partner management
Save Your Generation Association	Condom promotion, Counseling, Partner management
Tigray Regional Office For AIDS	Condom promotion, Counseling

CCRDA

4. Blood safety and universal precaution

Unfortunately, only on few organizations are involved in blood safety activities and most of these are from the government sector (Table 5). However, it is encouraging to note that several non-governmental organizations are supporting the universal precaution strategy through the provision of protective and disposable materials. (Tables 6,7,8)

Table 5. Blood Safety Activities

Activities	Freq. N=8	%
Blood Screening for transfusion	5	12.5%
Provision of HIV test service	6	15.0%
Kits and lab. supplies provision	8	20.0%

Table 6. Promotion of Universal Precautions

Variables	Freq. N=13	%
Provision of protective materials (gloves, aprons, etc)	11	27.5%
Provision of disposable materials (syringes, needles, etc)	12	30.05

Table 7. Organizations Implementing Blood Safety Activities

Name of organization	Blood safety activities
Amhara Regional Health Bureau	Blood screening for transfusion, provision of HIV test service, Kits and Lab supplies provision
Bethzatha medical center	Provision of HIV test service, Kits and Lab supplies provision
Centro Volontari Marchigiani	HIV Kits and Lab. supplies provision
Dire Dawa City Administration Council Health Office	Blood screening for transfusion, provision of HIV test service, Kits and Lab supplies provision
Ethiopian Evangelical church Mekane Yesus	Blood screening for transfusion, provision of HIV test service
Ethiopian Red Cross Society	Blood screening for transfusion, provision of HIV test service
Harari Regional Health Bureau	Blood screening for transfusion, provision of HIV test service, Kits and Lab supplies provision
Oromia Regional Health Bureau	Blood screening for transfusion, provision of HIV test service, Kits and Lab supplies provision

CSRDA

Table 8 Organizations Implementing Universal Precautions

Name of Organization	Promotion of Universal Precaution
▪ Aba Woldetensay Gizaw Mother & Children Welfare Association	▪ Provision of disposable materials (Syringes, needles, etc)
▪ Addis Ababa City Council Administration Health Bureau	▪ Provision of protective materials (gloves, aprons. etc), Provision of disposable materials (Syringes, needles, etc)
▪ Amhara Regional Health Bureau	▪ Provision of protective materials (gloves, aprons. etc), Provision of disposable materials (Syringes, needles, etc)
▪ CARE-Ethiopia	▪ Provision of protective materials (gloves, aprons. etc) Provision of disposable materials
▪ Centro Voluntary Marchiginani	▪ Provision of protective materials (gloves, aprons. etc) Provision of disposable materials (Syringes, needles, etc)
▪ Ethiopian Red Cross Society	▪ Provision of protective materials (gloves, aprons. etc), Provision of disposable materials (Syringes, needles, etc)
▪ Harari Regional Health Bureau	▪ Provision of protective materials (gloves, aprons. etc), Provision of disposable materials (Syringes, needles, etc)
▪ Integrated Holistic Approach Urban Development	▪ Provision of protective materials
▪ Mary Joy AID Through Development	▪ Provision of protective materials (gloves, aprons. etc), Provision of disposable materials (Syringes, needles, etc)
▪ Medicines Sans Frontiere Belgium	▪ Provision of protective materials (gloves, aprons. etc), Provision of disposable materials ((Syringes, needles, etc)
▪ Oromia Regional Health Bureau	▪ Provision of protective materials (gloves, aprons. etc), Provision of disposable materials (Syringes, needles, etc)
▪ Pro-Pride	▪ Provision of protective materials

CCRDA

5. CARE & SUPPORT

Diverse services are provided under the care and support component of the control strategy, ranging from institution based care to financial and material support for people infected and affected. Also, quite a number of organizations are active in the care and support component. This would mean that strengthening and expansion of care and support services could be achieved easily with the experience gained over the past years, if sufficient resources could be mobilized. (Tables 9 and 10)

Table 9. Provision Of Care & Support for People Infected and Affected By HIV/AIDS/STD

Variables	Freq. N=24	%
Institutional Based clinical care	9	22.5%
Drugs for the Rx of opportunistic infections	14	35.0%
Home/community based care	13	32.5%
Voluntary HIV testing and counseling	3	7.5%
Pre test , Post test and ongoing counseling	17	42.5%
Legal support and protection of human rights for PLWHAs	8	20.0%
Financial support	10	25.0%
Material Support	10	25.0%

Table 10. Organizations Implementing on Care & Support

a. Organizations Providing Institutional Based Clinical Care

- Ethiopian Evangelical Church Mekane Yesus
- Mary Joy AID Through Development
- Christian Relief Development Association
- Addis Ababa City Council Administration Health Bureau
- Dire Dawa City Council Administration Health Office
- Harari Regional Health Bureau
- Oromia Regional Health Bureau

CCRDA

b. Organizations Providing Drugs for the Rx of Opportunistic Infections

- Organization For Social Services For AIDS
- Medical Missionary of Mary
- Mary Joy AID Through Development
- Ethiopian Evangelical Church Mekane Yesus
- Medical Sans Frontiere Belgium
- Catholic Relief Service
- Christian Relief and Development Association
- Pro-Pride
- Addis Ababa City Council Administration Health Bureau
- Harari Region Health Bureau
- Dire Dawa City Council Administration Health Office

c. Organizations Providing Home / Community Based Care

- Organization For Social Support For AIDS
- Medical Missionary of Mary
- Ethiopian Evangelical Church Mekane Yesus
- Catholic Relief Service
- Christian Relief Development Association
- Pro-Pride
- Amhara Regional Health Bureau
- Mary Joy Aid Through Development
- Mekidem HIV/AIDS + People Association
- Centor Volontari Marchigiani
- Bethzatha Medical Center.

d. Organizations Providing Voluntary HIV Testing and Counseling

- Bethzata Medical Center
- Amhara Regional Health Bureau
- Harari Regional Health Bureau

e. Organizations Providing Pre-Test , Post –Test And Ongoing Counseling Service

- Organization For Social Services For AIDS
- Medical Missionary Of Mary
- Ethiopian Evangelical Church Mekane Yesus
- Ethiopian Orthodox Church Development And Inter-Church Aid Commission
- Christian Relief And Development Association
- Pro-Pride
- Amhara Regional Health Bureau
- Mary Joy Aid Through Development
- Centro Volontari Marchiginani
- Addis Ababa City Council Administration Health Bureau
- Harari Regional Health Bureau
- Dire Dawa City Council Administration Health Office

ECRDA

f. Organizations Providing Legal Support & Protection

- Medical Missionary of Mary
- Christian Relief and Development Association
- Save Your Generation Association
- Pro-Pride
- Amhara Regional Health Bureau
- Mekidem HIV/AIDS + People Association
- Bethezatha Medical Center
- Society for the Advancement of Human Right Education

g. Organizations Providing Financial Support

- Organization For Social Support For AIDS
- Medical Missionary of Mary
- Ethiopian Evangelical Church Mekane Yesus
- Catholic Relief Service
- Christian Relief Development Association
- Society for Women Against AIDS in Africa – Ethiopia
- Centro Volontari Marchigiani
- Mekidem HIV/AIDS + People Association
- Dawn of Hope Ethiopia

h. Organizations Providing Material Support

- Organization For Social Services For AIDS
- Medical Missionary of Mary
- Ethiopian Evangelical Church Mekane Yesus
- Catholic Relief Service
- Christian Relief Development Association
- Society for Women Against AIDS in Africa – Ethiopia
- Mekidem HIV/AIDS + People Association
- Mary Joy Aid Through Development
- Pro-Pride

SCRDA

6. Socio-Economic Impact Alleviation

There have already been attempts made (very minimal) to alleviate the socio-economic impacts of the epidemic and empower the vulnerable groups. One organization has already started promotion of the human right of people living with HIV/AIDS while others are involved in activities such as prevention of social stigma and promotion of income generating schemes, as is shown in Tables 11,12,13.

Table. 11 Alleviation of Socio-Economic Impact

Variables	Freq. N=21	%
Financial & Material Support of Orphans	10	25.0%
Promote human right of PLWHAs	12	30.0%
Prevention of Social Stigmatization	19	47.5%

Table. 12 Empowerment of Vulnerable Groups

Variables	Freq. N=23	%
Encourage and support the participation of girls in school	17	42.5%
Address the issue of harmful traditional practices	19	47.5%
Establish savings and credit groups for women at risk and other women	8	20.0%
Community economic project and income generating schemes	11	27.5%

CCRDA

Table 13 Organizations addressing on Alleviation Social - Economic Impacts of HIV/AIDS

Name of Organization	Alleviation of Social Economic impact
Aba Weldetensay Gizaw Mothers and children Welfare Association	Promote human rights of PLWHA
Amhara Regional Health Bureau	Promote human rights of PLWHA, prevention of social stigmatization
Catholic Relief Service	Financial & material support of orphans
Christian Relief Development Association	Financial & material support of orphans, Prevention of social
Control Volontari Marchigiani	Prevention of social Stigmatization
Dawn of Hope Ethiopia Association	Financial and material support of orphans , Promote human rights of PLWHA, prevention of social stigmatization
Dire Dawa Administrative City Council Health Office	Prevention of social stigmatization
Ethiopian Evangelical Church Mekane Yesus	Financial & material support of orphans, Promote human rights of PLWHA, Prevention of social sigma
Ethiopian Orthodox Church Development & Inter - Church AID Commission	Prevention of social sigma
Love to Human Beings Ethiopian AIDS Prevention Society	Financial & material support of orphans, Promote human rights of PLWHA, Prevention of social sigma
Mary Joy Aid Through Development	Promote human rights of PLWHA, prevention of social stigma
Medical Missionaries of Mary	Financial & material support of orphans, Promote human rights of PLWHA, Prevention of social sigma
Medicines Sans Frontiere Belgium	Prevention of social sigma
Mekidem HIV/AIDS + Persons Association Non-Government Organization	Financial and material support of orphans , Promote human rights of PLWHA, prevention of social stigmatization
Organization for Social Support For AIDS	Financial & material support of orphans, Promote human rights of PLWHA,
Oromia Regional Health bureau	promote human rights of PLWHA
Pro-Pride	Promote human rights of PLWHA
Society for the Advancement of Human Rights Education	Promote human rights of PLWLHA, Prevention of social stigma

CCRDA

7. Training Services

Training opportunities in the different aspects of HIV/AIDS control programs are provided by many of these organizations. Nevertheless, no in depth assessment has been done regarding the quality of the training, qualification of trainers, number of training days, materials made available for the training etc. However, it would not be difficult to assume that problems would exist in all these areas. Tables14 and 15 outline the areas of training and organizations that are providing the training (GOV, non-GOV and religious groups)

Table 14. Number and Percentage of Organization Providing Training

Area Of Training	Freq. N=34	Percent
HIV/AIDS control package	26	66.7%
Counseling	25	64.1. %
Peer Education	25	64.1%
IEC	26	66.7%
Universal precaution	10	25.6%
STDs	23	59.0%
Income generating skills	12	30.8%

Table 15. Organizations Providing Training

a. Religious Organizations Providing Training

Name of Organization	Area of training
Medical Missionaries of Mary	HIV/AIDS control package, counseling, Peer Educators, IEC, STDs, Income generating skills
Ethiopian Orthodox Church Development & Inter - Church AID Commission	HIV/AIDS package, Counseling , IEC,
Ethiopian Catholic Church	Counseling
Ethiopian Evangelical Church Mekane Yesus	HIV/AIDS Control Package, Counseling, Peer Education, IEC , Universal Precaution, STDs , Income Generating Skills

CCRDA

b. Non-Gov. Organizations Providing Training

Name of Organization	Area of training
Aba Woldetensay Gizaw Mothers & Children Welfare Association	Counseling , Peer education, IEC, STDs
CARE-Ethiopia	HIV/AIDS control package, counseling, peer education, IEC, STDs
Christina Relief Development Association	HIV/AIDS control package , IEC STDs. counseling, Universal precaution
CONCERN Ethiopia	Counseling, Peer education, IEC, STDs
Denk Kestet Letana /DKT	HIV/AIDS control package, counseling, IEC, STDs,
Ethiopian Red Cross Society	Peer education, IEC
Integrated Holistic Approach Urban Development	HIV/AIDS control package, counseling, peer education, IEC, STDs , Income generating skill
Love to Human Beings Ethiopia AIDS Prevention Society	Peer Education
Marie Stops international Ethiopia	HIV/AIDS control package, counseling , Peer education, IEC, STDs
Mary Joy Aid Through Development	Counseling, peer education IEC, Universal precaution, STDs
Medicines Sans Frontiere Belgium	HIV/AIDS control package, Peer education, IEC, Universal precaution, STDs, Income generating skills,
Organization for Social Support For AIDS	HIV/AIDS, counseling , Peer education , IEC, STDs, Income generating skills
Pro-Pride	HIV/AIDS control package, counseling, peer education, STDs, income generating skill
Save your generation Association	HIV/AIDS control package, peer education, IEC, Income generating
Society for Women Against AIDS in Africa-Ethiopia	HIV/AIDS control package

c. Gov. Organizations Providing Training

Name Of Organization	Area Of Training
Addis Ababa City Council Administration Health Bureau	HIV/AIDS control package, IEC STDs, Counseling, Universal precaution,
Agency for cooperation and Research Development	HIV/AIDS Control Package
Amhara Regional Health Bureau	HIV/AIDS Control package, Counseling, STDs
Centro Voluntary Marchginani	HIV/AIDS Control package, Counseling, Peer education, IEC, STDs
Dire Dawa Council Administrative Health Office	HIV/AIDS Control package, STDs
Harari Regional Health Bureau	HIV/AIDS Control package, Counseling, Peer education, IEC, STDs, Universal precaution
Mekidem HIV + persons and AIDS association	Counseling, Peer education
Oromia Regional Health Bureau	HIV/AIDS Control package , IEC STDs Counseling, Universal precaution
Tigray Regional Office of AIDS	HIV/AIDS control package, IEC, STDs, Counseling, Universal precaution, Income generating skills,

CCRDA

8. Community Level Interventions

Some of the organizations assessed have indicated that they are also doing community based HIV/AIDS activities through "Kebele" offices, "Edir," "Ekub" and "Tsewa Mahber". However, adequate information regarding the scope of activities that are carried out couldn't be obtained. In fact, some of the organizations do not have records of the number of community based organizations they are serving / have contacted in the area of HIV/AIDS activities.

It seems that the activities that the assessed organizations are doing are mainly institution based and probably don't have deep - rooted community involvement and community impact.

Table 16. Organizations Implementing Community Based Activities

a. "EDIR"

Name of Organization	Number Of "Edir"	Total Member	Year Established
Aba Woldetensay Gizaw Mother and Children Welfare Association	11	4400	
Agency For Cooperation & Research Development	53	1000	1995
CARE - Ethiopia			
Catholic Relief Services			
Centro Volontari Marchigiani			
Ethiopian Red Cross Society			
Mary Joy Aid Through Development	32	5100	1996
Medical Missionaries of Mary			
Mekidem HIV + Persons and AIDS Association	4	2500	2000
Norwegian Church AID			
Organization For Social Services For AIDS	7	500	2000
Pro-Pride			
Society For The Advancement of Human Rights Education			

ECRDA

b. "TSEWA MAHABER"

Organization For Social Service For AIDS
Centro Volontari Marchigiani
Ethiopian Orthodox Church Development and Intr-Church AID Commission
Medical Missionaries of Mary

c. "EKUB"

Ethiopian Red Cross Society

Organization for Social Service for AIDS

d. "KEBELE OFFICES"

- Ethiopian Red Cross Society
- Organization For Social Service For AIDS
- Norwegian Church AID
- Love To Human Beings Ethiopian AIDS Prevention Society
- Aba Woldetensay Gizaw Mother And Children Welfare Association
- Catholic Relief Service
- Mary Joy Aid Through Development
- CARE – Ethiopia
- Integrated Holistic Approach Urban Development
- Society For The Advancement of Human Right Education
- Marie Stops International – Ethiopia

CCRDA

e. Other Community Based Activities

Name of Organization	Community based activities
Addis Ababa Health bureau	Woreda Health Office
Ethiopian Orthodox Church Development and Inter-Church AID Commission	Sunday School session HIV/AIDS
Love to Human Beings Ethiopia AIDS Prevention Society	Strengthen Anti- AIDS clubs
Medical Missionaries of Mary	House to House HIV/AIDS education
Mekidem HIV/AIDS + persons Association	Women, and youth
Organization for Social Service for AIDS	Meredaga "Mahaber", Islamic Affair, AIDS Clubs
Pro-pride	"Senbete"
Society For Women Against AIDS in Africa-Ethiopia	House to House HIV/AIDS education

CCRDA

9. Surveillance and research works

A few of the organizations (and mainly the Regional Health Bureaus) have conducted surveillance and KAP studies. However, their participation in this area has been quite minimal and probably a one time experience for most of the organizations. Attempt has been made to list some of the research works and surveillance activities that were carried out by the different organizations as shown in table 17.

Table 17. Organizations Conducting Research on HIV/AIDS

Name Organization	Title Of The Study	Geographical Area	Year
Addis Ababa HB	▪ PPI Survey	Addis Ababa	1994
Amhara RHB	▪ PPI Survey	Bahir Dar	
	▪ KAP Survey	Gonder	
Amhara Regional Health Bureau	▪ Sentinel Surveillance	Bahir Dar	1999
Bethzatha Medical Center	▪ KAP Related To Voluntary Council	Addis Ababa	
	▪ Sentinel Surveillance	Dire Dawa	
Dire Dawa Administration Council Health Office	▪ Sentinel Surveillance	Dire Dawa Hospital	1999
DKT	▪ Market Assessment	Addis Ababa	
ENARP	▪ HIV Test 1 Sub-Type	Addis Ababa	
	▪ Identification Of Cohort Study	Wonji Akaki	
	▪ Sexual Behavior Perception	Wonji Akaki	
ENARP	▪ Sentinel Surveillance	Addis Ababa	2000
ERCS	▪ K.A.P On HIV/Aids	Jima Zone	
Gambella Region	▪ Sentinel Surveillance	Gambella Hospital	1999
Harari RHB	▪ HIV/AIDS Prevention And Control	Harar	
	▪ Need Assessment		
ISAPSO	▪ KAP Survey On Long Distance Bus Drivers	Addis Ababa	1997
		Addis Ababa	
	▪ Kap Survey On Construction Workers	Addis Ababa	2000
		Addis Ababa	
	▪ KAP Survey On House Wives	Addis Ababa	1998
	▪ Rapid Assessment		
	▪ KAP Survey On HIV/AIDS A.A.U		

CRDA

Marie Stops International Ethiopia	▪ KAP Survey	Addis Ababa	
Mekidem HIV/AIDS Association	▪ Diwarming Research	Addis Ababa	
MMM	▪ Effectiveness Of Counseling Service	Addis Ababa	1997
NCA	▪ Fgm HIV/AIDS	Sebeta	
Oromia Health bureau	▪ Sentinel Surveillance	Shashmene Zone	2000
	▪ Sentinel Surveillance	Gambo	2000
	▪ Rural Sero-Survey	Arsi	
OSSA	▪ KAP On Adolescence Sexual Behavior	Dire Dawa	
Save Your Generation	▪ KAP Survey	Addis Ababa, Nazareth	
	▪ KAP Survey, Evaluation		
Tigray Regional Health bureau	▪ KAP Survey On Reproductive health	Tigray Region	
Tigray Regional Office Of Aids	▪ Assessment Of HIV/AIDS Related Problem	Tigray	
	▪ Rural Urban Dwellers	Tigray	
	▪ KAP On High School Student	Tigray	
	▪ KAP CSWs	Tigray	

CCRDA

10. Achievements

The major achievements of the different organization are listed in Table 18. Reviewing the achievements by these organizations so far, there is no doubt that a lot has been done in different areas. However, most of the attempts were in the area of prevention activities. Little has been done in properly addressing the other components of the AIDS control packages such as alleviation of socio-economic impacts, empowerment of the vulnerable groups and research .

Table 18. Major Achievements of the Organization in HIV/AIDS Control Activities

	Organization	Achievement
1	CONCERN ETHIOPIA	▪ Established Anti-AIDS clubs in woreda 4 ke. 37, 36, 27 are currently carrying out HIV/AIDS awareness and prevention education in different schools and with other community groups. They are actively participating in world AIDS day program celebrated each year
2	Control Voluntary Marchigaini - Bahrdar	▪ Awareness among public teachers development agents ▪ Support counseling services ▪ Provision of protective materials and HIV testing lab. equipment
3	Agency for cooperation and research and development	▪ Increase awareness ▪ In DD and Shashmene perform a lot ▪ Involvement of ACCORD in the joint forum which is established under the AA AIDS control task force which may enables the community to be involved actively in HIV/AIDS control activities
4	Amhara Regional Health Bureau	▪ Establishment of Mulit-sectroal HIV/AIDS Controlling committee ▪ Revitalization of HIV/AIDS sentinel surveillance activities ▪ Increase awareness of the general public ▪ Expansion of HIV/AIDS laboratory - about 10 in the region ▪ Good relation with local media people
5	Christina Relief And Development Association	▪ Break the silence , policy ▪ Training manual ▪ To Break the stigmatization ▪ Produce IEC materials

CCRDA

6	CVM-Addis Ababa	▪ Training of counselors ▪ Strong HIV/AIDS working groups ▪ Increasing awareness ▪ Support for Health Institutions ▪ Capacity building ▪ Counseling services up to community level ▪ Strengthening working body
7	Dawn of Hope Ethiopia Association	Behavioral Change
8	Dawn of Hope Ethiopia Association	▪ Home based care ▪ Counseling , teaching the genera public
9	Diredawa City Administration Council Health Office	▪ Blood screening + HIV testing and counseling ▪ Health Education ▪ Clinical Care for HIV/AIDS cases ▪ STD treatments
10	DKT - Addis Ababa	▪ Distribution of condoms ▪ Distribution of O.C ▪ Training and IEC activities
11	DKT - Awassa	▪ High condom promotion and distributions
12	DKT- Bahrdar	▪ Very High condom promotion and distribution activities (98%)
13	Ethiopian Catholic Church	▪ MMM activities support
14	Ethiopian Evangelical Church Mekane-Yesus	▪ Awareness raising , media , training IEC ▪ Care and Support for PLWHAs families and orphans ▪ Rehabilitation for multi-partner sexual contacts
15	Ethiopian Evangelical Church Mekan Yesus	▪ Increasing awareness by mobilizing community leaders
16	Ethiopian Family Guidance Association - Awassa	▪ Increasing awareness ▪ Establishment of youth counseling center in Awassa - It has counseling , clinical and indoor and out door games as a service
17	Ethiopian Orthodox Church Development Inter Church AID commission	▪ Willingness and commitment of the religious groups to work on prevention and control HIV/AIDS ▪ Create means of establishing networking system between all religious groups
18	Ethiopian Red Cross Society	▪ Awareness creation among youth
19	Harari Regional Health Bureau	▪ Creation of awareness ▪ Capacity building of HCWS ▪ STD control activities

CCRDA

		▪ Medical care of HIV/AIDS cases & blood screening
20	Integrated Service for AIDS Support Project	▪ Sensitization ▪ Research actives ▪ IEC material production
21	Marie Stops Intentional Ethiopia	▪ The number of reported condom use by the target population with non regular sexual partners has increased ▪ Many of the target groups members have reduced their sexual partners ▪ Knowledge on the HIV mode of transmission has increase ▪ Attitude i.e. concerned about the intensity of the diseases has increased
22	Medical Missionaries of Mary Counseling	▪ Counseling (as a resource center) ▪ Prevention health education ▪ Care and support (including home based care)
23	Norwegian Church AID	▪ Hope Project initiative -organized ▪ Capacity in creating self help ▪ Automotive Anti-AIDS clubs
24	Organization for social service on AIDS	
25	Organization for Social Support for AIDS Harari	▪ Prevention of HIV/AIDS ▪ Counseling in all steps ▪ Medium range care and support
26	Organization for Social Support For AIDS-Awassa	▪ Prevention of HIV/AIDS ▪ Prevention of Stigmatization ▪ Income generating activities ▪ Promotion of integration of other sectors
27	Oromia Regional Health Bureau	▪ Initiation of sentinel surveillance ▪ KAP study in collaboration with family planning ▪ Strengthen the lab. equipment's
28	Radio Fana Enterprise	▪ Promoting sustained regular programs in the areas of prevention , Care and Support ▪ Advocacy practices about the need for formulation and implementation of national AIDS policy ▪ Conducted a nation wide participatory and
30	Society For Women Against AIDS in Ethiopia	▪ House to House education ▪ Peer Education

CCRDA

11. Short-Comings of the Study

The assessment exercise has the following pit-falls:

a). It was not possible to carry out an in-depth analysis of many of the issues identified during this assessment. A typical example is the data collected in the area of training. Sufficent information has been gathered on the types and extent of training carried out by the different organizations.

However, no information is available regarding the specialty of trainers, availability of training materials, number of training day's etc. It may be very difficult for a study of this sort to address each and every issue in depth.

b) The information for this assessment exercise mainly were collected using structured Questionnaires through self-reporting approach. No attempt has been done to verify the responses through such approaches as compiling and reviewing the IEC materials that some of the organizations were reported to have produced.

12. Problem Faced

The major problem that the implementing organizations are facing is listed in Table 19.

Table 19. Major Problems Organizations Faced

Variables	Freq.	%
Inadequate fund	25	86%
Shortage of Materials	19	65.5%
Shortage of Skilled Human resource	16	55.2%
Lack of Community Involvement	12	41.4%
Low Implementation Capacity	11	37.9%
Lack of Political and Government support	16	55.5%

CCRDA

Conclusions and Recommendation

The assessment study has clearly indicated that only a few organizations are active in HIV/AIDS activities in the country compared to the magnitude and seriousness of the problem. Obviously, this is a spirit of multi sectoriality in the different regions in the control efforts that are in place. However, the actual response is not yet extensive and intensive enough to address the different multi-faced problems that are related to the epidemic. Based on the findings of the assessment study, the following conclusions and recommendations could be made: -

1. There is clear mal-distribution of HIV/AIDS/STDs related services that are provided by NGOs. Actually, there is a concentration of distribution in a few regions leaving the others completely under served. On the other hand, if we closely look at the extent of the epidemic in the country, obviously it essential to consider making HIV/AIDS/STDS control service available to all regions (particularly, services that are provided by NGOs)
2. Several of the NGOs are involved in different components of the epidemic control, which range from preventive activities, care and support to alleviating the impacts of the epidemic. It is fact that such attempts especially by the smaller NGOs would be difficult due to several reasons: - limited implementation capacity, lack of experience, resource limitations (financial as well as human.) It is probably advisable that the NGO "specialize" in particular prevention and control component. This approach could probably avoids duplication of efforts (which is commonly seen now days) and improve the quality of service provided. It would also ensure that the different problems related to the epidemic are addressed.
3. The commitment of several of the NGOs in HIV/AID/STDs control efforts has been very encouraging over the last couple of years. However, they are facing many problems, which impede sufficient translation of the commitment in to action. The assessment exercise has identified major problems that these organizations (esp. the NGOs) are facing. Thus a reliable and accessible support system (technical, financial, material enabling environment) should be established for these organizations in order to enable them to effectively carry out HIV/AIDS/STDs control activities in their areas of "specialty" on sustainable basis.

CCRDA

4. A lot problems (social, economic etc.) will emerge as the impacts of the epidemic unfold. The experience in Ethiopia is that we are already facing several of these problems. However, if we closely look at the intervention that are in place they are mainly prevention oriented, leaving the other aspects (especially the impact) not adequately addressed. It is a high time that all the organizations that are active in HIV/AIDS be encouraged and motivated to address this aspect of the epidemic.

5. There is insufficient involvement of the different government sectors in the. Actual Implementation of HIV/AIDS/STDs control activities at the federal levels as well the regions. Apart from the activities that is carried out by the Ministry of Health, the Regional Health Bureaus and a few Ministries (at central and regional Levels). Prompt action should be taken To involve all government sectors and the implementation of the initial phase of the five years Multi-sectoral HIV/AIDS strategic plan 2000-2004 (formulated by different stakeholders- GOs, NGOs religious organizations and coordinated by the MOH) could be an entry point in Involving all sectors in the fight against the epidemic.

6. It has also been noted that the private sector and the business community have not yet become actively involved in developing work place policies and intervention programs. Advocacy activities organized through groups of business leaders through the Trade Union could stimulate much more active business involvement in HIV/AIDS activities.

7. Also it seems that the involvement and participation of the community organizations in HIV/AIDS activities are very limited. The information gathered) indicate that not much has been done in creating an enabling environment for community organizations (like "Kebele", Edir", etc) to seriously take HIV/AIDS as a priority agenda and work out feasible Intervention strategies. Thus, the organizations that is working in close collaboration with the different communities should be supported to initiate meaningful HIV/AIDS Interventions.

CCRDA

8. The capacity of this organization in terms of human resources to implement the different HIV/AIDS activities is a critical issue to look at closely. It would not be wrong to assume that often times there is inadequacy (lack of basic training, skills in specific areas etc.) in this area in most of the organizations that are involved in HIV/AIDS activities. The assessment study has clearly identified this issue as a critical problem. Thus, it would always he advisable to consider capacity building in human resource development as an area that needs to be given a priority area, especially at community and wereda levels.

9. There are a lot of efforts and initiatives that have been developed for Africa in order to expand the response to the epidemic - to ensure a response/ an action as broad as the epidemic itself. Some of these initiatives include the International Partnership Against AIDS in Africa (IPAA) which is the UNAIDS initiative for an intensified action. Another "Umbrella program" is the ACTafrica, the AIDS Campaign Team for Africa which is a multi-sectoral response of the World Bank Africa AIDS Corps is an another initiative by PACT which is a movement of hope calling for every one's engagement in the fight against the epidemic. These initiatives at regional and country levels are too few to address the diverse problems that are related to the epidemic; they should he considered as initial steps of a very long journey. Ethiopia is in the process of taking fully advantage of these initiatives which should be implemented in a coordinated manner to ensure they are complementary and not competitive. The results of this assessment study will help to facilitate the implementation of the initiatives.

CCRDA

Organisations Implementing on HIV/AIDS

Name of Organisations	Acronym	Status	Town	Fax	Tel	Email	POBOX
Aba Wolde Tensay Gizaw's Mother's and Children	AWWA	NGO	Addis Aba		614110		20110
Action Aid - Ethiopia	AAE	NGO	Addis Aba		654671		1261
Addis Ababa Health Bureau	AAHB	GOV.	Addis Aba	515689	153939	aahb@telecom.net.et	30738
African AIDS Instiative	AAI	NGO	Addis Aba		444033		60035
Agency For Coorperation and Research and Devel	ACORD	NGO	Addis Aba		534809		19133
Amhara Regional Health Bureau	ARHB	GOV.	Bahrdar	201487	200051		495
Bethzatha Medical Center		Private	Addis Aba	519640	514470	Bethzatha@telecom.net	
CARE- Ethiopia	CARE	NGO	Addis Aba		613422	care.eth@telecom.net.e	4710
Catholic Relief Services - Ethiopia	CRS	NGO	Addis Aba	654450	653588	crs@telecom.net.et	6592
Centro Voluntary Marchginani	CVM	NGO	Bahrdar		201137		190
Centro Volunteeri Marchiegan	CVM	NGO	Addis Aba	655600	164009	cvm@telecom.net.et	8429
Christian Rlief and Development Association	CRDA	NGO	Addis Aba	652280	650100	crda@telecom.net.et	5674
CONCERN ETHIOPIA	CONCERN	NGO	Addis Aba	611544	610955		2434
Dawn of Hope - Ethiopia	DH-E	NGO	Addis Aba	0	560154		0
Dawn Of Hope - Ethiopia	DH-E	NGO	Awassa		204667		982
Denk Kestet Letena	DKT	NGO	Bahrdar		200112		0
Denk Kestete Letena	DKT	NGO	Awassa	0	202665		

COPY

Name of Organisations	Acronym	Status	Town	Fax	Tel	Email	POBOX
Denke Kestet Letena	DKT	NGO	Addis Aba	519966	519300		8744
Dire Dawa Administrative council health office	DDACHO	GOV	Diredawa		111842		1377
Ethio- Netherlands AIDS Research Project	ENARP	Research.I	Addis Aba	756329	765340	mathias@enarp.com	1252
Ethiopian Catholic Church	ECC	Religious.O	Addis Aba	553113	500300		2454
Ethiopian Evangelical Church Mekane Yesus	EECMY	Reliougs.O	Awassa	0	201636		9
Ethiopian Evangelical Church Mekane Yesus	EECMY	Religious.O	Addis Aba		531919		2087
Ethiopian Family Guidance Association	EFGA	NGO	Awassa		200249		606
Ethiopian Orthodox Church Development Inter-Ch	EOC-DICA	Regious.O	Addis Aba	551455	553566	eoc.dicac@telecom.net.	503
Ethiopian Red Cross Society	ERCS	Association	Addis Aba		503009		
Harari Regional Health Bureau	HRHB	GOV.	Harari		661733		894
Integrated Holistic Approach Urban Development	IHA-UDP	NGO	Addis Aba	512177	714671		6889
Integrated Service For AIDS Project Support Orga	ISAPSO	NGO	Addis Aba	555179	116787		27320
Love To Human Beings Ethiopian AIDS Preventio	LHEAPS	Volu.CBA	Addis Aba		560406	lovethio@telecom.net.et	19869
Marie Stopes International Ethiopia	MSIE	NGO	Addis Aba	512435	516642	Msie@telecom.net.et	5775
Mary Joy Aid Through Development	MJ-ATD	NGO	Addis Aba		792108		12939
Medecines Sans Frontines	MSF Belgui	NGO	Addis Aba	610533	610011	msfbaa@telecom.net.et	2421
Medical Missionaries of Mery Counseling	MMM	Religious.O	Addis Aba	552950	559960	counscen@telecom.net.	19934
Mekdim HIV+ persons and AIDS orphans Associat	Mekdim	Association	Addis Aba		560380		31218
Norwegina Church AID	NCA	NGO	Addis Aba	518167	512922	nca@telecom.net.et	1248
Organisation For Social Service for AIDS	OSSA	NGO	DireDawa		113247		854

COPY

Name of Organisations	Acronym	Status	Town	Fax	Tel	Email	POBOX
Organistion for Social Service for AIDS	OSSA	NGO	Awassa		201272		520
Organistion for Social Support for AIDS	OSSA	NGO	Harari		662310		603
Organization for Social Service on AIDS	OSSA	NGO	Addis Aba	515306	518424		2385
Oromia Region Health Bureau	ORHB	GOV.	Addis Aba	533629	510808	Oromiaaids@hotmail.co	24341
Pro-Pride	PP	NGO	Addis Aba		137718		13047
Radio Fana Enterprise	RF	NGO	Addis Aba	515039	516777	Radiofana@telecom.net	21814
Save Your Generation Association	SYGA	Vol.CBA	Addis Aba		123882	SYG@telecom.net.et	14865
Society For Women Againist AIDS in Africa Ethiop	SWAA-E	NGO	Addis Aba		622787		170265
Tigray Regional Office and AIDS prevntion	TROAP	GOV.	Tigray		406578		
World Vision Ethiopia	WVE	NGO	Addis Aba	610951	611704		3330

CRDA