

SNNPR HEALTH BUREAU

**Strategic Plan for HIV/AIDS
1999 - 2003**

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Sector*

(Final Document)

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Acronyms

AAC	Anti-AIDS Club
AAE	Action Aid Ethiopia
AIDS	Acquired Immunodeficiency Syndrome
ANC	Anti-Natal Care
ARV	Anti Retroviral Drug
CBO	Community Based Organization
CC	Community Conversation
CCE	Community Capacity Enhancement
CCF	Community Conversation Facilitator
CSW	Commercial Sex Worker
DCI	Development Cooperation Ireland
EAF	Emergency AIDS Fund
EMSAP	Ethiopian Multi- Sector AIDS Response Program
FBO	Faith based Organization
FM	Frequency Modulation
FTC	Farmers' Training Centre
GO	Governmental Organization
HAPCO	HIV/ AIDS Prevention & Control Office
HBC	Home-based Care
HIV	Human Immune Deficiency Virus
IEC	Information Education Communication
IGS	Income Generating Scheme
LAN	Local Area Network
M & E	Monitoring and Evaluation
MIS	Management Information System
NFPE	Non-formal Primary Education
NFPPE	Non-formal Pre-primary Education
NGO	Non-governmental Organization
OVC	Orphans & Vulnerable Children
PLWHA	People Living with HIV/ AIDS
PMTCT	Prevention of Mother to Child Transmission
RAC	Regional AIDS Council
RBA	Regional Bureau of Agriculture
RBE	Regional Bureau of Education
RBH	Regional Bureau of Health
RBIC	Regional Bureau of Information and Culture
RBJAA	Regional Bureau of Justice and Administration Affairs
RBLSA	Regional Bureau of Labour and Social Affairs
RBYS	Regional Bureau of Youth and Sport
RHAPCS	Regional HIV&AIDS Prevention and Control Sector
SNNPR	Southern Nations, Nationalities and Peoples Region
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendants
UN	United Nations
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteer
USD	Unites States Dollar
VCT	Voluntary Counselling and Testing
VSO	Voluntary Service Overseas
WACS	Woreda AIDS Council Secretariat
ZACS	Zone AIDS Council Secretaria

Introduction

The SNNPR, Southern Nations, Nationalities, Peoples Region is a region composed of multitude of nationalities each having their own culture, language and independent way of life. It is the most diverse region in the country in terms of the cultural groups it encompasses. However, even considering the diversity of the region, there are many similarities, common characteristics and habits of the people, including the working language of Amharic. The region encompasses an area of 118,881square km and represents about 10% of the nation's landmass, bordering Kenya to the south, Sudan to the southwest, Gambela regional state to the west and Oromiya regional state to the north and northeast.

SNNPR has 13 zones and 104 woredas, of which 8 are identified as special woredas. Unlike other regions of Ethiopia that are moving away from zone level administration, zones and special woredas are still an important part of the administrative structure in SNNPR.

Its population in 2004¹ was estimated at 14.5 million. It is estimated that 87% of the population is rural and 13% urban. There are published materials stating that survival probabilities and life expectancy at birth are very low – 48.6 years, infant mortality rate as high as 128/1000, a total fertility rate of 5.9 and very low, 5.9% contraceptive prevalence (AIDS Profile, SNNPR. RBH & HAPCO, 2003)

With the very poor health care conditions, HIV&AIDS epidemic has been fuelled by the already existing poverty in the region. In addition, the presence of AIDS has negatively affected economic, social and demographic characteristics that could otherwise have improved.

All the above facts have necessitated an urgent, extensive and coordinated effort against the epidemic. Realizing the overwhelming effect of this disease, there are already measures underway at national, regional and local levels, however the effort to date has been insufficient in comparison to the problem of HIV&AIDS.

A necessary prerequisite to an effective response is to understand the present situation, the infrastructure and institutions in place now and an analysis of the stakeholders involved in the fight against HIV&AIDS in the region. Then, an effective plan can be put in place to address the needs, taking into account the present and potential capacity of the stakeholders in the region.

The strategic plan must be dynamic and subject to change as the conditions in the region change, however it is important to set goals and objectives now and organise activities in a systematic way to increase the effectiveness of regional response to HIV&AIDS with the limited resources available. Thus, the SNNPR HIV&AIDS Prevention and Control Sector forwarded this medium-term strategic plan document in order to coordinate networked interventions of different stakeholders in the region over the forthcoming five-year period. The objective of this plan is, thus, to:

¹ Years are in European calendar.

- Prioritise the areas in which limited resources can be focused for maximum impact.
- Set defined targets for the next five years so that the progress of HIV&AIDS prevention and control, and care and support programs in the region can be effectively monitored.
- Identify and estimate the input resources needed to effectively combat HIV&AIDS over the next five years, thereby plan for resource mobilization.

Executive Summary

With unfortunate demographic characteristics and very poor health care conditions, the HIV/ AIDS epidemic has been fuelled by the already existing poverty in the region. In addition, the presence of AIDS has negatively affected economic, social and demographic characteristics that could otherwise have improved. Notwithstanding the fact that there have been multi-sector measures underway at national, regional and local levels in response to the epidemic, realizing the potentially overwhelming unwanted impact of the disease have necessitated urgent, extensive and coordinated efforts of different stakeholders against the epidemic in the region.

Thus, SNNPR HAPCO puts forward this strategic plan document, for the period of five-years starting from 2005. This medium-term strategic plan, the second of its kind so far, is developed with the objectives of prioritising the areas in which limited resources can be focused for maximum impact, defining targets for each of the five years so that the progress made against HIV/AIDS in the region can be monitored, and identifying and estimating input resources needed to combat HIV/AIDS over the period, thereby plan for resource mobilization.

Following the analyses of existing situation, stakeholders, efforts made so far and SWOT of RHAPCO; those issues found to be strategic for the success of regional response include building implementation capacity, social mobilization, integration with healthcare development program, leadership & mainstreaming, coordination & networking as well as focus on special target groups.

Harmonized and effective coordination of comprehensive regional efforts of all partners to prevent and control the spread as well as reduce the impacts of HIV/AIDS being the very mission of RHAPCO, the over all goal set forth by same is to reduce the current incidence rate (0.44%) of new HIV infections among adults so that the regional prevalence rate kept flat – if not lowered, and mitigate its impact on 50 thousand individuals or 10 thousand families in the region at large. In so doing, however, the guiding & binding principles would be multi-sectoralism, empowerment, shared sense of urgency & result orientation, gender sensitivity, greater involvement of PLWHA and best use of resources.

By and large, such socio-economic sectors as health, education, agriculture, justice, information and culture as well as the community, leadership, civic societies, community based organizations and special target groups being at centre, a multifarious interventions against the pandemic are considered herein to be realized with a total cost estimated at about Birr 954 million over the said planning period and, of course, under the networked coordination of RHAPCO.

Governance and Institutional Arrangements

HIV&AIDS Councils and Executive Boards

The over all regional response to the epidemic is headed by the Regional AIDS Council (RAC) which is chaired by Regional Bureau of Health and is composed of regional bureaus of major socio-economic sectors, representatives of community groups, religious groups, civic societies and associations of people living with HIV&AIDS. In the meantime, coordination and follow up of intervention program activities in the response at large were shouldered by the Regional HIV&AIDS Prevention & Control Office, alias Secretariat of RAC, based in Awassa and reports to the RAC. Reporting to the Sector are Zone AIDS Council Secretariats (ZACS) – 13 in number, and Special Woreda AIDS Council Secretariat – 8 in number. Finally there are Woreda AIDS Council Secretariats (WACS) which report to the ZACS and are responsible for administering funding, monitoring and evaluating community level projects in the kebeles in their woredas.

The Regional HAPCO and ZACS were formed in 2002. While all zones are functioning regularly with permanent government employees, due to lack of manpower, high turnover, lack of resources and other problems there are few woredas where HAPCOs couldn't be set up and operate with permanent staff and office structures however. WACs are formed in all those included in Woreda Grant Program under EAF of EMSAP.

In the beginning of 2006 HAPCO was merged with RBH and became HIV&AIDS Prevention and Control Sector, including now also Care and Support. The sector has the following duties and responsibilities:

1. Based on decisions and work programs of the council, to coordinate the day-to-day activities carried out in the region to prevent and control HIV&AIDS, assure care and support for people living with HIV&AIDS and facilitate situations for their realisation;
2. To devise ways and means which enable that the objectives of the council are realised;
3. To coordinate, facilitate and follow up the activities of council members, organisations and individuals in the prevention and control, and care and support of HIV&AIDS;
4. To organise and facilitate regional and national conferences and workshops to enable people of the region be well aware of AIDS and its problems;
5. To gather and collect information concerning the profile of AIDS in the region, process the same and distribute the results to the concerned bodies;
6. In consultation with the concerned bodies to employ of the representatives of zone and woreda secretariats, and dismiss same if deemed necessary
7. To organise various committees, as the need arises, designate chairperson and secretary and to make a close follow up of their work and evaluate the same.
8. To prepare a draft short, medium and long range plan, submit same to the general assembly through the management board and, when it is approved, implement;
9. To transmit decisions of the general assembly and the board to executive bodies of regional government, follow up to ensure that they are implemented;
10. To prepare implementation directives in consultation with relevant bodies, and upon approval by management board, disseminate to executing bodies, assist, evaluate and report implementation;
11. To devise ways and means by establishing relations with various donors;
12. Submit a work report to the board and half-year report to the general assembly;
13. To support and encourage study and research works on HIV&AIDS;

14. To undertake additional activities assigned by the general assembly, chairperson or the board;
15. To prepare detailed directives, working procedures and organizational set up concerning zone, special woreda secretariat offices and, upon approval, implement;
16. To open and administer bank accounts.

Vision Mission, Goals and Guiding Principles

Vision

AIDS-free society in SNNPR.

Mission

Result-oriented coordination of the large-scale and comprehensive efforts of all partners in the region to prevent and control the spread and impacts of HIV&AIDS as well as assure adequate care and support for people living with HIV&AIDS, both primarily, on the basis of social mobilization and community empowerment.

Goals

Reduce the current incidence rate of new HIV infections among adults so that the regional prevalence rate is does not increase.

Mitigate impact of HIV&AIDS on the community in the region at large.

Increase access, availability and quality of care and support of people living with HIV&AIDS.

Guiding Principles

Multi-sectoralism

The huge magnitude of the epidemic has left no sector untouched. HIV&AIDS affects persons in the productive age group. Thus, with the leading role of the government and community ownership, there is a call for an integrated and comprehensive intervention strategy among all sectors including NGOs, FBOs, and the private sector. This can be best achieved if all sectors mainstream prevention, control and care and support activities in their organizational mandate and plans. Multi-sectoralism remains to be the major guiding principle of HIV&AIDS prevention and control.

Empowerment

Reducing the spread of HIV&AIDS and mitigating its impact will remain difficult unless ownership of the problem and means of tackling same are given to individuals, families, institutions and the community at large. Understanding of the devastating nature of the epidemic by the actors with a shared vision, effective planning, implementation, monitoring and evaluation of results are only possible if all stakeholders in general, and the community in particular, be properly empowered.

Shared Sense of Urgency

The damage attributed to HIV&AIDS and sustained in the region to date is severe and, if the epidemic spreads further in rural areas, it will even be more catastrophic. The fight against HIV&AIDS needs to be treated with a shared sense of urgency if we wish our fight against poverty to be successful. The urgency should be acknowledged by all actors as the toll of people being infected and affected by the epidemic continues to rise day by day.

Gender Sensitivity

The social, political and economic status as well as the attitude and perceived role of women in the society are important determinant factors of their collective vulnerability to HIV&AIDS. The transmission and impact of HIV&AIDS is skewed towards women. Hence, any intervention in HIV&AIDS has to be gender sensitive. Women must be actively involved in prevention, control and care and support activities.

Working Together with People Living with HIV&AIDS

People living with HIV&AIDS have tremendous power and influence to teach about HIV&AIDS from their personal and social experience. They can also be trained to provide care and support. The involvement of PLWHA in the fight against HIV&AIDS has been quite encouraging and has contributed a great deal towards openness about the epidemic thereby reduction of stigma, denial and discrimination. Continued involvement of PLWHA as a guiding principle should significantly contribute to the reduction of spread of HIV&AIDS and improvement in the quality of life for PLWHAs.

Result Oriented

HIV&AIDS is eating up our investment and development gains. It is also diverting our meagre resources from development. The past and current response to HIV&AIDS is characterized by project and fund driven initiatives, without sufficient consideration of the impact of interventions. Serious scrutiny of interventions for results and impact must be a fundamental guiding principle.

Best Use of Resources

HIV&AIDS deepens and worsens poverty, which in turn increases vulnerability to HIV&AIDS. Our response has been dependent on external funding and scarce government resources as well. Therefore, best use of available resources in terms of allocation, utilization, efficiency and accountability has to be a guiding principle. Community level investment and use of community resources must be streamlined into our programs and actions against HIV&AIDS.

Situation Analysis

Scope of Prevalence

The scope of HIV&AIDS in SNNPR is not really known due to lack of accurate data, limited reach of health care and the stigmatisation, which results in many AIDS deaths being reported as other causes. However, estimates based on the data available have been made.

In 1990, SNNPR reported the first 17 AIDS cases to the Federal Ministry of Health. Since 2004 nine hospitals and one health centre in the region have reported a cumulative total of 14,000 AIDS cases. Some reports indicate that the cases represent approximately 14% of the total number of AIDS cases in Ethiopia. The male/female ratio of AIDS patients is 0.77 and the mean age 24.9 years.

The best estimate of HIV prevalence in the region has come from anti-natal care (ANC) sero-surveillance data. Although there are arguments both that this method overestimates the prevalence (because it only measures sexually active women and is urban dominated by far) and that it underestimates (because HIV may lower the fertility of women), it remains the best-known internationally comparable method of large-scale surveillance. Table-1 shows results of study in 10 sentinel sites in SNNPR:

Table 1: SNNPR HIV&AIDS Status Summary for Year 2003

INDICATOR	Total	Male	Female	Urban	Rural	Remark
Adult HIV Prevalence (%)	2.8	2.4	3.1	9.2	2.1	
Adult HIV Incidence (%)	0.44			1.34	0.37	
HIV Positive Birth (No)	5,117			1,298	3,819	
No of Total Orphans	920,926			80,792	840,134	
No of AIDS Orphans	62,204			30,140	32,064	
No of PLWHAs – All Ages	183,985	81,740	102,245	50,862	133,123	
No of New HIV Infection – All	31,133	14,393	16,740	7,178	23,955	
No of New AIDS Cases – All Ages	14,282	6,850	7,432	4,924	9,358	
No of Annual AIDS Death – All	12,925	6,210	6,715	4,781	8,144	
No of Newly Needed ARV – All	28,564			9,848	18,716	

Source: SNNPR Health Bureau, 2006 (Unpublished)

As this data shows, prevalence rates tend to be higher in urban areas than rural areas (although more extensive ANC surveillance in rural health centres has only begun in 2003 and an estimated 87% of the SNNPR population is considered rural). Also, what the above data doesn't show might be that some of the women tested in urban hospitals and health centres are actually from rural areas, and vice-versa. As a result, the urban site prevalence rates may actually be higher than the figures above, and the rural site figures may overstate the prevalence of HIV among the rural population.

The health bureau considered sample HIV prevalence rates from VCT clinics, blood donations and army recruits, and the overall HIV prevalence in SNNPR was estimated to be 2.8% in 2003. Reported major modes of HIV transmission in the region are heterosexual intercourse (87%), mother-to-child (2%) and blood transfusion (1%) while unknown modes share the remaining 10%.

It is estimated that there were 15,970 new AIDS cases in SNNPR in 2004. While the estimated HIV prevalence rate has been flat over the past 6 years, given the population growth, this still implies a growth in the number of HIV positive people. Considering the time that takes HIV to develop into AIDS, the number of new AIDS cases in the region will increase substantially to 23,000 per year and the number of HIV positive people to 266,000 by 2008. In addition, the number of children orphaned due to HIV&AIDS will increase from 71,000 in 2004 to 116,000 in 2008. HIV&AIDS is already a significant problem in SNNPR and will be even more important in the future, thus necessitating a massive response at all levels of government and the community at large.

Stakeholder Analysis

Expectations from RHAPCS	Consequence if Expectations Not Fulfilled	Response of RHAPCS
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Government Sector Bureaus

<p>Funding for HIV&AIDS related activities. Technical assistance on project planning, management, monitoring and evaluation to mainstream HIV&AIDS activities into sector development effort. Effective networking among NGOs, GOs and CBOs to reduce duplication of activities and efforts. Updated and evidence based information on AIDS profile. Operative collaboration with RHB other programs.</p>	<p>HIV&AIDS activities specific to sector not carried out. Sectors cannot fulfil their mandates due to problems associated with AIDS and human resource. HIV&AIDS continues to spread, prevalence rate rises, socio-economic status in the region deteriorates and development goals are not achieved. Information gap, waste of time and other resources.</p>	<p>Design appropriate training and assist on planning for HIV&AIDS mainstreaming for sectors. Ensure timely flow of funds to sectors. Facilitate region wide networking of various intervention areas & stakeholders. Provide necessary information as quickly and as often as possible.</p>
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NGOs

<p>Funding for HIV&AIDS related activities. Technical support to implement HIV&AIDS activities. Effective networking among NGOs, GOs and CBOs to reduce duplication of activities and to ensure prioritized needs of the community are addressed.</p>	<p>Local NGOs lack of capacity to implement HIV&AIDS activities. Skills and resources of large NGOs are not utilised to the maximum potential. Available fund is not used effectively. HIV&AIDS continues to spread, prevalence rates rise, socio-economic position of the region deteriorates.</p>	<p>Facilitate fund to implement HIV&AIDS activities. Promote capacity of local NGOs through training and skill sharing by providing guidance on underserved geographic and intervention areas to ensure equity. Facilitate region, zone or woreda wide networks in various intervention areas.</p>
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CBOs and FBOs

<p>Funding for HIV&AIDS related activities.</p> <p>Technical support and training to identify community needs and to implement HIV&AIDS activities.</p> <p>Effective networking among NGOs, GOs and CBOs to reduce duplication of activities.</p> <p>Assist to mainstream HIV and gender into daily work.</p>	<p>HIV&AIDS intervention missed in rural areas where GOs and NGOs aren't strong.</p> <p>Communities lack motivation to fight against HIV&AIDS.</p> <p>No knowledge on what is going on, therefore duplication of efforts and resources</p> <p>Communities lack skills to plan and implement projects, HIV&AIDS continue spreading fast.</p>	<p>Design training at woreda level on project planning, implementation, monitoring and evaluation.</p> <p>Ensure that significant proportion of the fund against HIV&AIDS is diverted to community based projects.</p> <p>Capacitate CBOs through training and skill sharing.</p> <p>Facilitate region, zone and woreda wide networks in various intervention areas among stakeholders.</p>
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Private Organisations

<p>Provide material and technical support to implement HIV&AIDS related activities at workplaces.</p> <p>Assistance to mainstream HIV&AIDS and gender.</p>	<p>AIDS related illnesses and deaths lead to skill and labour shortage.</p> <p>The private sector is not productive and competitive which leads to a continued dependence on foreign aid.</p>	<p>Technical support and funding for HIV&AIDS activities.</p> <p>Enhance organisations to fund local HIV&AIDS activities that are beneficial to the community and themselves.</p>
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PLWHAs and Orphans

<p>Fund project activities and build implementation capacity.</p> <p>Technical assistance and training on project planning, implementation, monitoring and evaluation.</p> <p>Strengthening the associations of PLWHA and orphans.</p> <p>Facilitate effective networking among stakeholders to reduce duplication of activities.</p> <p>Facilitate psycho-social and medical care and support as well as the fight against stigma and discrimination.</p>	<p>Associations lack resources and skills to sustain benefits.</p> <p>PLWHAs hardly contribute to HIV&AIDS control, might aggravate the problem.</p> <p>PLWHAs are voiceless due to weak organizations.</p> <p>Duplication of efforts, loss of resources and failure in mitigation of impacts of HIV on PLWHAs and OVC.</p> <p>PLWHA and orphans are stigmatised and discriminated, therefore others do not expose their sero-status.</p>	<p>Facilitate funding to PLWHA/Orphan associations.</p> <p>Ensure PLWHA and OVC take part in HIV&AIDS control.</p> <p>Build the capacity of associations through training, skill sharing with other organizations and other means.</p> <p>Facilitate region, zone or woreda wide networks in various intervention areas among stakeholders.</p> <p>Facilitate access to care and support.</p>
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Donors and UN Agencies

<p>Link between communities and donors. Networking various organizations receiving donations to avoid duplication and insure effective intervention. Identify areas in which donors and implementers can be effective. Monitor and evaluate HIV&AIDS activities to ensure funds are used properly and effectiveness measured. Ensure smooth fund flow towards implementers. Be accountable for donated funds and assistance.</p>	<p>Fund that could be used to fight HIV&AIDS in the region diverted to other regions. Fund available for HIV&AIDS programs do not reach implementers timely. Funds subject to misuses which discourages donors. Resources missed in the neediest and underserved areas. HIV prevalence rate increased.</p>	<p>Maintain good contacts with stakeholders in the region. Improve the quality of information on HIV&AIDS, including the response to date, areas of greatest need and focus of implementers. Improve coordination among donors to improve effectiveness of funds donated. Improve reporting, monitoring and evaluation systems through training and systems development.</p>
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Regional Government

<p>Effectively coordinate partners and HIV&AIDS activities. Ensure equity in HIV&AIDS program vis-à-vis target population, thematic and geographic areas of intervention. Ensure the region's HIV&AIDS strategy is in line with the overall development strategy of the region.</p>	<p>HIV&AIDS continues to spread, prevalence rates increase, socio-economic status in the region deteriorates and development goals are not achieved. Government changes organisation and/or program implementation methods.</p>	<p>Ensure maximum resource mobilization. Co-ordinate HIV&AIDS activities of partners ensure programs fit with development plan of the region. Ensure that government is taking the leading role in the implementation of regional HIV&AIDS program.</p>
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Strength, Weakness, Opportunity, Threat Analysis

External

Condition	Opportunity	Threat
Political		
Devolution of power and resource.	Diversity of parties fighting against HIV. Quick decision on and access to resources. Empowerment of local and committed effort.	Marginalising the problem in favour of politics. Less implementation and coordination capacity. Challenge from transparency and accountability.
Focus on HIV in Africa by industrialised countries and UN.	Access to resources (financial, technical).	Dependency syndrome.
Concern in the potential impact of HIV&AIDS on development at all levels of government.	Commitment to multi sector response to AIDS.	Challenge of capability required to topple the magnitude of the issue. Competition for scarce resources and funds.
Ongoing civil service reform.	Improve accountability and performance management.	Dislocation of families. Misconception and loss of motivation. Lack of focus on development programs.
Economic		
Cash crops (coffee, chat).	Economic potential to cope with care and support at household level.	Behaviours fuelling the spread of HIV (i.e. commercial sex, chat and alcohol). Encourages vulnerable women to turn to CSW.
Drought recurrence.	Shortage of income to spend on things fuelling the spread of HIV (CSW & alcohol).	Increasing poverty and with it vulnerability to HIV&AIDS. Competition for resources.
Level of economic development in the region.	Shortage of income to spend on things fuelling the spread of HIV (CSW & alcohol)	Resource shortfall to address problem of HIV. Dependence on external aid.

Social		
Migratory nature of the society.	Fast IEC and knowledge sharing.	Escalating the spread of HIV.
Increasing contact with contemporary foreign media.	Access to more information about HIV&AIDS, leading to greater awareness.	Exposure of youth to unwanted information on sex that aggravates the problem of HIV&AIDS.
Cultural/ traditional diversity.	Ethnic and traditional leaders as agents of change due to their acceptability and influence. Traditional rules that can be applied to HIV.	Vulnerability of women to HIV aggravated by harmful traditional practices. Challenge for localized IEC.
Technological		
Infrastructure development (transport, power, telecom, TV, radio, internet).	Expansion of coverage by implementers of HIV&AIDS interventions. Access to information, condoms etc improved.	Urbanization leads to behaviours fuelling the spread of HIV (i.e. commercial sex, chat and alcohol).

Internal

Condition	Opportunity	Threat
Governance Governance System	RHAPCS systems functional down to kebele level with clear responsibilities of actors and governing bodies. Project and program implementation guideline available. The RAC Executive Board actively works with RACS. RAC General Assembly passed a 13 point decision for active participation of all parties and citizens. Decisions in RACS are made by management bodies. Coordination of all efforts of RBH.	Misunderstanding of the responsibilities given to ZACS thereby gap between the RACS and WACS. Workload on RACS, especially in coordination, monitoring and communicating the WACS. Absence of motivation for regular meetings of executive board and project review team of AIDS councils at all levels. Increase of bureaucracy.

Management		
Organizational Structure	<p>Collaboration with Health Bureaus established down to woreda level.</p> <p>Efficient structure at regional level for human resource use, better service delivery to stakeholders.</p> <p>Close to political decision makers.</p>	<p>Absence of staff working with HIV&AIDS in some woredas.</p> <p>Accountability of RHAPCS to RBH against the principle of multi-sector response coordination.</p>
Leadership	<p>Adoption of and exercise on strategic plan.</p> <p>Staff motivation.</p> <p>Educated, young and easy to communicate with.</p>	<p>Little experience in strategic planning, thereby challenge of efficacy.</p> <p>Leniency against violation of office rules.</p> <p>Management occupied with routine activities, little attention to major tasks.</p>
Working Systems and Processes (Planning, M & E, Reporting, Database Systems)	<p>LAN and database systems organized.</p> <p>Result oriented planning adopted.</p> <p>Civil service reform adopted.</p> <p>Partners used to review action plans of HIV activities.</p>	<p>Tendency to work without planning.</p> <p>Poor networking with partners working in HIV interventions not funded by RHAPCO.</p> <p>Shortage of human and material resources required for best utilization and functioning of database and LAN.</p> <p>Infancy of regional NGOs' networking forum.</p> <p>Poor monitoring and evaluation system adopted.</p>

Human Resources		
Staff development efficiency and ability	Fairly long and diverse work experience of regional staff. High level and diversity of academic qualification of staff. Scholarship of higher education, in-service training and experience sharing. Cooperation with VSO and UNV. Regular staff evaluation every 6 months.	Difficulty to adapt to a new working system. Absence of human resource development plan. High turn over at all levels. Vacancies not filled below regional level. No experience in evaluation based on results.
Values, attitudes and culture	Good social harmony and friendship. Volunteerism.	Low level of team work and information sharing. Low valued office culture and rules.
Salaries and benefits		Very low compared to other sectors in region. Staff attracted by salaries and benefits of private sector and NGOs. No promotion scale and time of revision.
Financial Resources		
Fund management and control	Program implementation manual of donors used. Government regulations applied. Computer and database system applied. Subjected to external audit annually.	Delays of reporting. Absence of internal auditor. Little attention to operational budget planning by activity, expenditure item at team level.
Budget allocation utilization	Knowledge of RACS board & donors about allocation. Transfers made as per funding agreement and the decision of executive board of RACS. Utilisation according to planed allocation.	Delay of resource from donors. Fully dependent on donors. Insufficiency of administration cost allowed. Very low ceiling of authorization by RHAPCS.
Monitoring and Evaluation	Allocated for GOs, NGOs & CBOs	Budget shortage for most implementers. Long distances in the area.

Physical Facilities		
Office Space	Easiness of contacts with RBH.	Not enough office rooms. No convenient hall for meetings.
Office equipment and facility (phone, fax, internet, copier, computer)	Pooled office equipment and facilities.	Pooled facilities not sufficient suitably placed – like books in library, telephone in extensions and internet through LAN.
Fieldwork facilities	Sufficient vehicles at RHAPCS level. Motorbikes for zone and woreda level.	Shortage at lower levels. Only pedal bikes for HBC providers. Poor management of logistics.

Efforts to Date

Government

The SNNPR Regional AIDS Council Secretariat (RACS) was established in 2002 with a strategic plan of action drawn up in 2003. The strategic plan espoused a multi-sector approach to the battle against the epidemic. The government of SNNPR State, unlike any of its kind in the country, has gone further to strengthen RACS by allocating budget for human resource employment at all levels (region, zone and woreda) on a permanent basis.

The education sector has initiated workplace intervention programs in 200 2nd cycle primary and all secondary schools centred on anti-AIDS clubs. The health sector introduced voluntary counselling and testing and prevention of mother-to-child transmission among other HIV specific activities in hospitals and health centres. Other sector institutions, such as the Bureau of Statistics and Population, Bureau of Agriculture and the Bureau of Youth, Culture and Sport have also implemented HIV prevention and control activities in the past five years.

A more comprehensive multi-sector response was initiated in 2003 when every sector bureau in the region appointed a focal person responsible for the planning and follow-up of interventions on HIV&AIDS. Most government organizations received limited training on mainstreaming of HIV&AIDS interventions into their respective sector development endeavours and submitted anti-HIV plan of action. While a significant part of those plans were implemented, with increased assistance from the RHAPCO, the sector bureaus would succeed more in planning and implementing HIV prevention and control activities mainstreamed into their sector development plans.

It is worthwhile mentioning the sufficiently significant involvement of zone and woreda level HAPCOs in the establishment and strengthening of anti-AIDS clubs of in- and out-of-school youth as well as in the enhancement of such community-based organizations as Idir and Meredaja to take part in the regional response to the epidemic. They are also mentionable for their active role as primary actors in the introduction and replication of the nucleus theme of the recently adopted regional strategy – Community Capacity Enhancement through dialogue among members of a given locality.

The number of VCT sites has increased in the region, in 2004 there were 150 sites compared with 15 three years earlier. In the same period the number of annual clients increased from 1,757 to 52,140. Still, the utilisation is not on the expected level. To improve care and support for PLWHAs the national free anti retroviral treatment was launched.

Non Governmental Organisations and PLWHA Associations

A variety of NGOs, both local and international, have been implementing HIV&AIDS prevention & control activities in a variety of intervention areas over the past couple of years. Some of these projects include VCT clinics, training and supporting anti-AIDS clubs, providing care and support to AIDS victims and promoting the use of condoms. Also, currently there are seven (two of which are exclusively of women) associations with a total membership size of 300 people living with HIV&AIDS formed and active in the region, which provide care and support and give a voice to PLWHA in getting resources and decision-making.

However, while the efforts of these NGOs and associations have been invaluable, much of their scope has been limited to Awassa and other larger towns in the region and a greater effort will be made in the future to expand the good work NGOs are doing to other less accessible parts of the region. It would also be important for the RHAPCO to help NGOs and associations coordinate their activities with that of government in the region to best leverage their skills and resources.

Donors and UN Agencies

These organisations have been active in the area of HIV&AIDS prevention and control as well as care and support, both directly and indirectly. UNICEF has funded youth prevention, care and support and PMTCT activities implemented by various NGOs and government sectors as well as by the regional and zone secretariat offices. UNDP has provided technical assistance to various programs in the region, especially leadership development, information media, coordination and HIV mainstreaming including the community conversation initiative in Alaba and the four experts provided to work in RHAPCO on mainstreaming field.

DCI directly assisted a considerable part of interventions made against HIV&AIDS in three zones for about a decade beside funding VCT and other HIV&AIDS projects through the Regional Health Bureau. Global Fund for HIV&AIDS, tuberculosis and malaria is a significant donor starting in 2004. Its support is important in the areas of care and support for PLWHAs and OVC, VCT, IEC, condom promotion as well as human resource development. All of this is in addition to the World Bank funded EMSAP (Ethiopian Multi-Sector AIDS Program) that has supported the regional secretariat structure and various woreda and kebele level community based initiatives. Over 50 Woredas have been included in the EMSAP Woreda Grant Program making them eligible to receive grants of up to USD 500 per Kebele a year.

Community Based Organisations

Community based organisations, such as Idir Associations, Church-based groups and local anti-AIDS clubs have been active nearly all over the region in HIV&AIDS prevention activities. The EMSAP grants have been used to fund local initiatives by CBOs such as mass education campaigns, care for PLWHA and orphans and support for anti-AIDS clubs. Generally, about 351 AACs (54 of which are in schools), 20 Idirs, 10 girls clubs and 5 FBOs are identified for their significant involvement in the regional response to HIV. More effort will be focused on integrating the activities of government and NGOs with CBOs to give local communities more say and ownership of HIV&AIDS activities in their area.

Challenges Faced

In the effort to prevent and control the HIV&AIDS epidemic, the region has faced the following challenges:

- Lack of reliable and sufficient information about the prevailing situation of HIV&AIDS in the region at large and in specific areas in particular.
- Failure of intervention efforts to emphasise on behavioural change. In spite of a very high awareness level by the society, advocacy campaigns have limited themselves to mere awareness sessions rather than capitalising on behavioural change education.

- Lack of continuum, community based and comprehensive of care and support activities. Many of care and support activities are based on external support that reinforces dependency syndrome.
- Lack of networking has meant a less optimal use of time and resources.
- Lack of referral systems, test kits and chemicals at VCT centres.
- Unreliable fund flow from the National HAPCO side regarding projects approved for EMSAP support.
- High turnover of staff in the HAPCOs, which challenged the continuity of some programs.
- Restructuring of the office.

Aggravating Factors

Although the general poverty of the society is considered as an aggravating factor for the HIV&AIDS epidemic in the region, there are some specific factors that need attention:

- Lack of openness about reproductive health in the family circle shadowing the importance of knowledge about safe sex practice.
- Absence of guidelines on PLWHA and orphan care and support system.
- Low commitment on the side of political leaders.
- Lack of support to youth associations, clubs and volunteerism for greater involvement of the group in the fight against HIV&AIDS.
- Displacement of family or departure of members thereof seeking for work and/or resettlement.
- Harmful traditional beliefs and practices as well as existing gender inequality leading to abduction, polygamy, rape and sexual violence.
- Limited access, utilisation and poor quality of available health services.
- Poor access to information and education.
- Limited functional capacity of HAPCO, especially at lower levels of

Main Strategic Issues

Capacity Building

In our response to HIV&AIDS to date, implementation capacity in all sectors and at all levels has been the major limiting and stumbling block. Capacity building has to be an important strategic component of HIV prevention, control as well as care and support. Planning for capacity building has to conform to the national capacity building strategy and focus on human resource, organisational arrangement and systems development. Capacity in planning, implementation, mainstreaming, coordination, leadership, financial management, monitoring and evaluation requires special attention. Capacity building should specifically focus on health, education, agriculture and information sectors, and on communities and leadership.

Among all sectors and actors in the prevention and control of HIV&AIDS, the health sector must bear the greatest responsibility to bring sustainable reduction in the impact and spread of the infection. Therefore, health sector's capacity has to be built in a way that the sector is the centrepiece of the response, both in terms of leadership, and in preventive, care and support services. The present and future demand for treatment, care and support, the opportunity and comparative advantage of woredas health offices and rural health extension programs, and emerging local urban governance with urban health office all put the health sector in the best position to combat HIV&AIDS in a sustainable and integrated manner. The official launch of the health extension program, which includes HIV&AIDS prevention and control as a major component to be implemented at household level, through the principles of communication and empowerment, will be used as a cutting edge for community involvement and behavioural change. Hence health sector in all aspects has to be the bedrock of our HIV&AIDS capacity building component.

Education sector employs a large number of teachers and touches a large number of students. The highly structured institutional nature of the educational system, the young age of students at first contact with system, long periods of physical stay in the educational environment, and emotional contacts with in school communities, increase the collective vulnerability of these communities to HIV&AIDS. Educating teachers and students means educating whole families and communities, particularly in rural areas where other means of communication are limited. Education sector capacity building and a virtual integration of HIV&AIDS in the education systems means building a responsible generation and making a sustainable investment for development. The recently started program called 'School Block Grant' – direct funding for primary, secondary and higher level education institutions for their intervention plan of actions against HIV&AIDS – is found very effective and should be scaled up.

Looking at the current trend of HIV incidence rate, AIDS deaths and children orphaned, the rise in rural areas is appreciated more than that of urban areas. On the other hand, the stay of the economy and population of our region is highly dependent on agrarian system or agriculture otherwise. The need for strengthening the performance capacity of the sector would, therefore, be worth consideration. For this purpose the recently adopted strategy of farmers' training at kebele level FTCs could be good entry point.

Justice, Youth and Sports, Information and Culture, Women Affairs, and other important sectors as well as Civil Society groups such as regional and local development associations, partnership forums, private firms, faith based organizations and relevant

associations should also be considered very seriously in the building of operational capacity of institutions, given the potential role they can play towards the success of regional response to the pandemic.

Without involvement and ownership of the community, the prevention and control of HIV&AIDS is a futile exercise. The fight against AIDS and the preventive and care and support interventions have not yet brought intended changes, mainly due to inadequate ownership and empowerment of the community at large. Therefore, community capacity should be built to enable communities to identify problems in their respective localities, and to develop and implement their own plans to the extent of ratifying social norms and regulations. Strengthening the capacity of associations, local authorities and community leaders is of paramount importance to the implementation of the regional strategic plan. This requires an extended and large scale popular movement. Creating an enabling environment and protecting the rights of people living with HIV/AIDS and their families, will enable the infected and affected to live with dignity and responsibility and will limit the spread of the virus. It is also equally important to protect the public from reckless transmission through appropriate legal measures and information.

Community Mobilization and Empowerment

The spread of HIV&AIDS is fuelled by myriads of individual and collective vulnerability emanating from the behavioural, social cultural and economic dimensions of the reality. On the other hand, targeted prevention, care and support can only make root and be deeply anchored through community mobilization and empowerment. The approach to community involvement and participation has been a serious challenge and pitfall in many development endeavours and in our HIV&AIDS response to date. Community participation has not been ignited and sustained from within; rather it has been imposed from above without complete understanding of the problems and the issues raised by the local communities. This has made our community mobilization superficial and unsustainable; it contributed to ineffectiveness, misuse of resources and externalisation of the problem and the solution.

Various assessments indicated that poor community mobilization and empowerment is one of the weakest links, a serious gap in our response, and an important contribution to our failure. The concept of community mobilization and empowerment must be taken a chapter forward to community movement whereby community and the wider public become recognising of the threat of HIV&AIDS to survival, and demand, initiate and sustain HIV&AIDS prevention activities. The community must own the movement and use its local knowledge, values, structures and resources to integrated HIV&AIDS activities in to the existing socio-cultural and economic situation.

Support provided to communities must be in harmony with their needs for social mobilization in order to break the current dependency, externalisation and piloting syndrome characterizing our current HIV&AIDS community responses. Such re-orientation to community mobilization and empowerment, coupled with community capacity building, will create sustainable local response and release the untapped potential of the communities.

The emphasis on local level women, youth and farmers' associations, members of kebele AIDS Council (kebele administrators, health extension workers, rural teachers and development agents), effective use of traditional organizations, faith based organizations and non-governmental organizations as a venue and as forefront actors for community

movement needs to be underscored. Community movement has to be guided by development and implementation of community driven plans.

RHAPCS has decided to implement an approach called “Integrated Communication for Social Change” in which Community Conversation (CC) is central element. The approach is more effective type of Community Capacity Enhancement. The full kebele-level package of this approach includes holistic and targeted community conversations, kebele information system, condom promotion, community based care and support, non-formal education for OVC, strengthening capacity of CBOs, FBOs, AACs and PLWHA associations. It brings reduction of vulnerability of youth, women and other affected groups through sustainable schemes like income generating activities. The process should be reinforced by wider interventions – advocacy and sensitisation through community radio, regional and zone discussion forums, experience sharing.

Integration with Health Programs

HIV&AIDS is not only a health problem but rather a multifaceted development crisis. Yet it is equally true that HIV&AIDS is primarily a public health problem and a chronic infectious disease with its important implications for the health sector. The initial response to HIV&AIDS in the health sector was characterized by denial and neglect partly because of the overwhelming magnitude of the problem and the resulting helplessness, but also because of limited capacity for leadership and services in the sector.

The health sector response with respect to its mandate has remained inadequate and slow. With continued global gain of knowledge and options to fight HIV&AIDS, particularly the development of highly active antiretroviral treatment and other care and support interventions, the demand on the health sector has dramatically increased. Such demand makes health the critical sector and leads to the development of a guiding motto ‘integration without neglect’ for the health sector.

Our health policy clearly stipulated prevention based health intervention strategy focused on major communicable diseases and with special attention to vulnerable groups such as women, children and youth and the rural population at large. The policy also recognizes and encourages public-private partnership in health. Hence integration of HIV&AIDS in health programs has to be addressed by all partners in the health sector; i.e. public, private for profit and private non-profit.

The health policy coupled with the recent major development of decentralization of health governance to woredas and kebeles, and the focus on health extension program as a major mode of implantation of preventive healthcare service at household level, provides an outstanding chance to combat new infection and mitigate the impact of the disease. This approach will create an excellent opportunity and capacity for integration of HIV&AIDS response in health programs at grassroots level and ensure sustainability.

A minimum package of services for targeted prevention, care and support has to be defined at the level of health post, health centre and hospital building should occur at all levels. Universal coverage by the health extension program, coupled with capacity building from primary to tertiary levels, can ensure effectiveness and sustainability of the programs in the fight against HIV&AIDS.

Leadership and Mainstreaming

Highest-level political commitment and effective leadership are critical in the fight against AIDS in order to bring about the intended reduction of the spread of HIV and mitigate the overall impact. The magnitude of the crisis caused by HIV&AIDS can be successfully tackled only when all partners at all levels are actively mobilized and empowered, and when prevention and control interventions are taken as priority development agenda and effectively integrated into the core functions of all development partners. This requires vibrant and appropriate leadership at all levels and all sectors.

Although some actions have been taken to mainstream HIV&AIDS in some government and private organizations and although work place guidelines have been developed, HIV&AIDS is not yet seriously taken as a priority development agenda and effectively mainstreamed into the main mandates of public, private and civil society sectors at all levels. Unless leaders at all levels provide the required guidance and made accountable in their respective agencies, the epidemic will continue to spread causing incalculable damage. Leadership and mainstreaming should be considered as a critical strategic issue to be promptly addressed.

The already started Leadership Development Programme through the support of UNDP, AAE, DCI and other partners is also another core area of due attention in the coming five years period.

Co-ordination and Networking

As HIV&AIDS is not merely a health problem but a broad socio-economic crisis, it requires the active and continued involvement of all sectors at all levels. The involvement of a wide range of actors – GOs, community, NGOs and private organisations – in the on-going fight against the epidemic requires effective and efficient coordination mechanisms & modalities; problem identification, information sharing, planning, implementation, monitoring and evaluation.

Coordination and networking between stakeholders and programs avoids resource wastage and duplication of efforts, enhances success through documenting best practices and research findings, avails technical support and ensures a smooth flow of funds and information dissemination.

Though initiatives have been taken to coordinate and facilitate a multi-sector response through HAPCOs at different levels, the work required to be carried out at all levels outweighed the implementation capacities of HAPCOs resulting in limited resource mobilization on the one hand and unwanted duplication of efforts, wastage of resources, and failure to achieve desired goals and objectives on the other. This was partly due to lack of clarity of roles and mandates among stakeholders, poor management information systems, inadequate monitoring and evaluation, lack of community based initiatives and accountability. Institutional capacity building, especially at woreda level of operation, should be reviewed to bring effective coordination and synergy.

Currently, partnership forums of NGOs and regional journalists working on HIV&AIDS are established. The same will be established for FBOs, PLWHAs associations and youth anti-AIDS clubs in regional and lower levels.

Another key issue to be addressed under this thematic area will be realizing the idea of “One plan, one budget and one report” so that kebeles, woredas, zones and the region will

follow same strategic, action and budget plans for HIV&AIDS programme in their respective localities. Strategic and annual action plans will be developed through active participation of all stakeholders. Every implementer/donor will, therefore, fit its efforts/programmes in the respective plan to avoid duplication of efforts, enable best use of resources, have standardized reporting system and harmonized work towards same strategic goals.

Focus on Special Target Groups

Even though Ethiopia is in the stage of a generalized epidemic, it is very important to focus on special target groups to rapidly curb the epidemic and mitigate its impact. This will improve effective use of resources. Priority should be given to the segments of the population who are affected the most and who are highly vulnerable to infection.

The youth population between the ages of 15-29 years is highly affected by the epidemic. A large number from this age group are in schools, therefore, targeted behavioural change communication and integration of HIV&AIDS prevention issues in the curriculum and in civic education can effectively control the spread of HIV among the youth and the school community. In addition, youth out of school need to be targeted appropriately. Due to deep-rooted poverty, there is rapid increase in the number of commercial sex workers, especially in urban settings, resulting in rapid transmission of the virus. Comprehensive and tailored packages of interventions should be in place to address their special need.

Long distance truck drivers, migrant labourers and uniformed people, should also be addressed with targeted interventions focusing on their mobile nature.

HIV&AIDS is gradually but steadily spreading into the rural areas where 87% of regional population lives, therefore mainstreaming of HIV&AIDS prevention and control programs in our rural development and the health extension programs is a strategic step to avoid the rapid spread of the epidemic among the rural population.

The active involvement of people living with HIV has to be given a central place in our response.

Orphans and other vulnerable children must be targeted both from care and support point of view as well as prevention and reduction of vulnerability.

Objectives and Strategies

Health

Objectives: HIV&AIDS preventative, care and support services are available at all healthcare institutions. 80% of the institutions offer services as per national standard.

Strategies:

1. Establishment of health institutions.
2. Establish functional referral systems.
3. Strengthen the institutional capacity of health systems.
4. Improve the quality and increase uptake of health care training institutions.
5. Decentralize basic healthcare services and mainstream HIV&AIDS subjects into health trainings.

Activities:

- Construction of new health post structures.
- Expansion of existing health post structures thereby upgrading to a health centre.
- Implementing PMTCT program.
- Furnishing and equipment of health institutions – health centre and post.
- Supplying consumables and drugs for health institutions – hospital, health centre and post.
- Provide STIs, ARV and other infections diagnosis and treatment services.
- Establishing AIDS resource center in training institutions.
- Establishing and running safe blood banks.
- Establishing referral network systems among service providers, clients and supporters by service type.
- Producing and distributing training manual on universal precaution for TBAs.
- Training for TBAs, HBC providers on HIV&AIDS basics and universal precaution.
- Training of healthcare workers
- As per requirements of national standard of qualification for health centre and post.
- On care, treatment and management of HIV&AIDS and related diseases.
- On VCT, PMTCT, universal precaution and blood safety.
- CCF and management of community-based initiatives for health extension workers.
- Surveillance research and survey on HIV and subjects related directly thereof.
- Strengthening of referral networking and MIS for preventive, care and support services.
- Curriculum development for mainstreaming HIV and AIDS into training institution syllabus.
- Human resource development planning and/ or implementation.
- IEC material production and dissemination.
- Condom promotion and distribution.
- Advocacy and/ or consultative forums on HIV&AIDS and related issues.
- Initiating AIDS fund to care and support for RBH employees infected or affected by HIV.
- Standardizing minimum service delivery package defined for each level of health facility.
- Monitoring and evaluation of health facilities and VCT centres regularly to ensure minimum level service delivery as per national standards for quality of counselling, confidentiality.

Education

Objectives: All secondary schools provide regular education and updated information about HIV&AIDS (transmission, prevention, treatment, impact and mitigation). All 2nd cycle primary schools build HIV&AIDS basics and life skills into extra curricula activities.

Strategies:

1. Promotion of 'School Block Grant' scheme.
2. Mainstreaming HIV&AIDS into strategic and operational thinking of sector development.
3. Promote NFPE programme for OVC and adult literacy for rural community.

Activities:

- Curriculum development for mainstreaming HIV&AIDS into training institutions' syllabus.
- Training on and performing peer education at schools and higher education institutes.
- Establishing and/or strengthening anti-AIDS, youth and girls' clubs in all schools.
- School-based HIV&AIDS intervention initiatives through school block grant.
- Technical assistance on HIV&AIDS strategic planning for the education sector response.
- Student-parents, teacher-student and/ or boys-girls dialogue on HIV&AIDS subjects.
- Establishing 'AIDS Information Resource Centre' at schools and higher education institutes.
- Establishing NFPPE centers for OVC in urban areas.
- Establishing 'Adult Literacy Centre' in rural areas.
- Running tutorial sessions for female students in secondary schooling.
- Supply of teaching and learning materials for NFPPE and adult literacy centres.
- Advocacy or consultative forums and mass campaign on HIV&AIDS by school communities.
- Initiating AIDS fund for employees of RBE who are infected or affected by HIV.
- IEC material production and distribution.
- Condom promotion and distribution.
- Operational research, baseline and impact assessment survey vis-à-vis HIV&AIDS.

Agriculture

Objective: Promote community based HIV&AIDS prevention and control in the agrarian system as part of multi-sector response of the region to the pandemic.

Strategies:

1. Support the achievement of unitary ratio of FTC/ Kebele all over the region.
2. Mainstreaming HIV&AIDS into strategic and operational thinking of sector development.
3. Promote food security and gender equity interventions at rural community level.

Activities:

- Curriculum development for mainstreaming HIV&AIDS into training institutions' syllabus.
- Construction and/ or furnishing of FTC, and supply scholastic materials to farmers in FTCs
- Establishing 'AIDS Information Resource Centre' at Kebele or FTC level.
- Initiating kebele AIDS fund to care and support for people infected or affected by HIV.
- Initiating AIDS fund for employees of RBA who are infected or affected by HIV.
- Initiating AIDS fund under traditional organizations, like Idir, and formal organizations, like agricultural cooperatives, youth and women's associations, of rural communities to care and support for respective members infected or affected by HIV.
- Administration of care and support services for PLWHAs and OVC in the agrarian system.
- Intervention on gender disparity and harmful traditional practices.
- Income generating skill development and revolving fund for agrarian sector destitute.
- Training on CCF, management of community based initiatives and HIV&AIDS basics for development assistants.
- Undertaking CCE through CC, implementation of interventions felt as a result.
- Advocacy or consultative forums and mass campaign on HIV&AIDS.
- IEC material production and distribution.
- Condom promotion and distribution.
- Operational research, baseline and impact assessment survey vis-à-vis HIV&AIDS.

Information and Culture

Objectives: Increase the positive role and involvement of the sector in fighting against HIV&AIDS. Building the capacity of communities through dissemination of appropriate timely and relevant information.

Strategies:

1. Strengthen the capacity to make use of local, regional and national mass media for appropriate advocacy and information disseminations on HIV&AIDS.
2. Promote the involvement of Regional Journalists' Forum.
3. Public dialogue enhancement in the protection of human and legal rights, against harmful traditional practices, stigma, discrimination, denial and other relevant issues of HIV&AIDS.

Activities:

- Advocacy, consultative forum and mass campaign on HIV&AIDS.
- IEC material production and distribution.
- Condom promotion.
- Initiating AIDS fund for employees of RBIC who are infected or affected by HIV.
- Development and implementation of regional media strategy.
- Initiating local (administrative zone) level FM radio broadcasting station establishment.
- Strengthening AIDS information resource centre at RBIC.
- Training of journalists on Basics of HIV&AIDS – gender, culture, professional ethics, human and legal rights.
- Media information development and communication.
- Advocacy and inspiration.
- Networking and information management.
- Developing and implementing work place policy.
- Operational research, baseline and impact assessment survey vis-à-vis HIV&AIDS
- Organizing cultural and artistic public events complemented with intervention on HIV&AIDS – IEC, VCT, fund raising for care and support.
- Networking of anti-AIDS mini-media, mass media and journalists.

Youth and Sports

Objective: Improvement of psychological, social and economic situation of the youth and, thereby reduce the risk of vulnerability to HIV&AIDS.

Strategies:

1. Development of regional policy on youth.
2. Mobilization of youth for volunteerism.
3. Promotion of youth-friendly public centers.

Activities:

- Organizing youth for volunteerism on VCT, post-test IEC, and care and support services.
- Advocacy for youth, consultative forum and mass campaign on HIV&AIDS.
- IEC material production and distribution.
- Condom promotion.
- Initiating AIDS fund for employees of RBYS who are infected or affected by HIV.
- Developing policy, strategy and program for HIV&AIDS and youth.
- Establishing and/ or strengthening youth-friendly VCT center.
- Establishment of sporting and recreational centre.
- Establishment and/ or strengthening public information resource centre.
- Organize youth events with intervention on HIV – IEC, VCT, fund raising for care and support.
- Developing and implementing work place policy.
- Operational research, baseline and impact assessment survey vis-à-vis HIV&AIDS.
- Training on
 - Peer education and youth dialogue for out-of-school youth.
 - Skill development for income generation.
 - Basics of HIV&AIDS, VCT, care and support.
 - Anti-AIDS youth club and voluntarism.
- Undertaking peer education and youth dialogue on HIV&AIDS and related themes.
- Networking youth clubs and associations affiliated to works against HIV&AIDS.

Justice:

Objectives: Ensure protection of human and legal rights of PLWHAs. Access to interventions against HIV&AIDS in all prison camps.

Strategies:

1. Mainstreaming HIV&AIDS into strategic and operational issues of sector development.
2. Adoption of workplace policy.
3. Institutional and systems reform in civil services.

Activities:

- Advocacy and consultative forum on human and legal rights of PLWHAs and OVC.
- Providing preventive services against HIV, including VCT and PMTCT in prison camps.
- Providing care and support services for prisoners infected or affected by HIV.

- Development and implementation of workplace policies for police, prison administration and judiciary.
- Formulation of legal acts against the violation of human and legal rights of PLWHAs and OVC.
- IEC material production and distribution.
- Condom promotion.
- Initiating AIDS fund for employees of RBJAA who are infected or affected by HIV.
- Curriculum development for mainstreaming HIV and AIDS into training institution syllabus.
- Training on
 - Peer education and dialogue.
 - HIV&AIDS basics.
 - Anti-AIDS club and workplace intervention management.
- Undertaking peer education and dialogue on HIV&AIDS and related themes.
- Developing and implementing work place policy.
- Operational research, baseline and impact assessment survey vis-à-vis HIV&AIDS.

Labour and Social Affairs

Objectives: Reduce vulnerability to HIV of high risk social groups by adopting regional policy on women and children. Insuring employment rights of PLWHAs are respected.

Strategy:

1. Promotion of workplace policy and interventions against HIV at organizational and enterprise levels.
2. Capacity building for strategic and operational mainstreaming of HIV&AIDS issues in the organization and/ or enterprises.
3. Enhancement of peer education, community conversation and youth dialogue.
4. Sustainable schemes of care and support for people infected and affected by HIV.

Activities:

- Advocating for gender equity and universal rights of children.
- Developing and familiarization of regional policies of gender and children
- Training on
 - HIV&AIDS basics, mainstreaming, workplace policy and interventions.
 - Peer education, community conversation and facilitation, anti-AIDS clubs.
 - Income generating skill, counselling, care and support for OVC and PLWHAs.
 - Gender, human and legal rights of PLWHAs and OVC.
- Development and adoption of workplace policy of an organization/ enterprise.

- Undertaking peer education, CC and dialogue on HIV&AIDS and related themes.
- Operational research, baseline and impact assessment survey vis-à-vis HIV&AIDS.
- IEC material production and distribution.
- Establish AIDS information resource centre for public and workplaces.
- Condom promotion.
- Initiating AIDS fund at private enterprise and societal levels for care and support for PLWHAs and OVC on a sustained basis.
- Initiating IGSs for PLWHAs and orphans and sustained care and support to reduce the vulnerability of street children, CSWs and others at high risk of HIV infection.
- Initiating AIDS fund for employees of RBLSA who are infected or affected by HIV.

Regional HAPCS

Objectives: To ensure the integration of regional prevention and control program with that of health sector development. To ensure the most efficient resource mobilization among donors and recipients. Availability of and access to timely and satisfactory reports on performance (progress and impact) of regional response.

Strategies:

1. Promote community capacity enhancement through CC.
2. Capacitate prevention and control at all levels and all healthcare institutions (hospitals, health centres and posts and stand alone VCT centres) in terms of systems, material and human resources.
3. Strengthen systems of networking among and tracking close by stakeholders by intervention area.
4. Decentralization of resource utilization to the lowest possible level of administrative (woreda, if not kebele) and institutional (School, FTC, Health Post etc.) units.
5. Enhance high involvement of PLWHAs.
6. Strengthen home based care and community support.

Activities:

- Establishing effective monitoring and evaluation systems at regional, zone and woreda level.
- Drafting and familiarization of Regional AIDS Policy.
- Developing third medium-term strategic plan for regional response to HIV&AIDS.
- Developing and execution of annual action plan for prevention and control program implementation.
- Preparation and execution of semi-annual result-oriented plan of program implementation.

- Monthly follow up and reporting of financial expenditure of program implementation at all levels of operation.
- Quarterly monitoring and reporting of execution of projects at all levels of operation.
- Semi-annual evaluation and reporting of regional prevention and control program implementation.
- Training of staff at all levels of operation.
- Supplying RHAPCS with human and material resources required at all levels of operation.
- Establishing and/ or strengthening AIDS information resource centres for IEC, training and research capacity enhancement at all levels of operation.
- Design and implement human resource development program for RHAPCS.
- Development and implementation of workplace policy.
- Establish funds to ensure care and support for employees when needed.
- Organizing, strengthening and networking associations of PLWHAs.
- Initiating operational research and disseminate the knowledge gained.
- IEC material production and distribution.
- Advocating for gender equity, human and legal rights of PLWHAs and children.
- Organizing consultative meetings and/ or workshops for stakeholders.
- Organizing regular meetings for the executive board and the general assembly of RACS.
- Organize community conversation sessions at all levels for consensus building.
- Initiating assessment of potential impacts of HIV on socio-economic sector and entire region.
- Designate HIV&AIDS focal person at all regional level government organizations.
- Initiating and strengthening community level FM radio broadcasting stations.
- Initiating psychological care, medical treatment and economic support for PLWHAs and OVC.
- Initiating development and execution of integrated community based actions on HIV&AIDS.
- Initiating coalition forums for CBOs, FBOs & Pos working on HIV&AIDS.
- Map regional response stakeholders spatially (where), thematically (what) and physically (who).
- Standardizing IEC/BCC materials, care and support services and training modules with guidelines.
- Providing technical assistance to GOs, NGOs and private organisations in CCE – CC, peer education and life skills development.
- Material assistance to GOs, NGOs, CBOs and POs thereby strengthening youth centres, anti-AIDS clubs and coalition forums.
- Strengthening VCT by opening new sites and sensitisation for utilisation.

1999 – 2003 Physical and Financial Action Plan - Summary

Intervention Area	5-Year Budget (Birr)
1. Capacity Building	343,610,000
★ Health Sector	82,040,000
★ Education Sector	9,680,000
★ Regional HAPCO	3,840,000
★ Community Based Organisations	8,400,000
★ Other Implementers	35,050,000
★ Legal and Human Rights Issues	10,900,000
★ Research and Surveillance	3,700,000
2. Social Mobilisation and Community Empowerment	139,211,600
3. Integration with Health Programs	193,157,813
★ Primary Health Care Units and Hospital Services	87,907,813
★ Safe Blood	,250,000
4. Leadership and Mainstreaming	63,732,500
★ Leadership	2,582,500
★ Mainstreaming	1,150,000
5. Coordination and Networking	17,236,800
6. Special Target Groups	197,540,000
★ High Risk Groups (Commercial Sex Workers, Truckers, Migrant Laborers, Uniformed People, Teachers, Students, Out of School Youth)	93,500,000
★ PLWHAs, Orphans and Other Vulnerable Children	104,040,000
Total	954,488,713

