

OHAPCO Strategic Plan to Fight HIV/AIDS

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List of acronyms

AIDS	Acquired Immuno Deficiency Syndrome
ARV	Anti-Retroviral
BCC	Behavioral Change Communication
CBO	Community Based Organizations
EAF	Emergency AIDS Fund
EMSAP	Ethiopian Multi-Sector HIV/AIDS Project
EFY	Ethiopian Fiscal Year
FBO	Faith-Based Organization
HAPCO	HIV/AIDS Prevention and Control Organization
HIV	Human Immuno Virus
IEC	Information, Education and Communication
MIS	Management Information System
NGO	Non-Government Organization
OHAPCO	Oromiya HIV/AIDS Prevention and Control Office
PMTCT	Prevention of Mother to Child Transmission
PLWHA	People Living With HIV/AIDS
PO	Private organization
POA	Plan of Acion
STIs	Sexually Transmitted Infections
TB	Tuberculosis
VCT	Voluntary Counseling and Testing

Executive summary

The Oromiya Region, the most populous and also geographical located at the crossroads of social and economic movements in the country; is one of the highly exposed regions to the problems of HIV/AIDS and associated challenges. Recognizing the need for quickly responding to the crisis, The Regional Government established the Oromiya HIV/AIDS Prevention and Control Office (OHAPCO) to coordinate, guide and support the activities of different organizations and groups.

Owing to the highly challenging nature of its mission; the demand for setting clear directions and goals and developing workable strategies; OHAPCO produced a strategic plan in an interactive process to guide its direction and action through 2003/04-2005/06 (1996-1998 E.C.) with a financial support from UNICEF.

OHAPCO corporate framework

Vision: the vision of OHAPCO is to see an HIV/AIDS free Oromiya.

Mission: to effectively and efficiently coordinate the activities of all actors involved in the prevention and control of the spread of HIV/AIDS and reducing its impacts in Oromiya as well as to build capacity, draw commitments and mobilize resources for the fight against HIV/AIDS.

Goal: to reduce and eventually arrest HIV infection, and to mitigate the impact of AIDS in all its forms.

Strategic Objective: to reduce the prevalence rate of HIV by 50% at the end of 2003/2004 (1998 E.C.)

OHAPCO Stakeholders

As OHAPCO works with a wide range of organizations, its stakeholders are many. Some of the most critical stakeholders include: The Regional Government of Oromiya, Oromiya Regional HIV/AIDS Council, OHAPCO Staff, Donors, Sector regional government agencies, Bureau of Health, Zones/Woredas, National HAPCO, Federal HAPCO, NGOs, FBOs, CBOs and other community institutions, Donors, and Support organizations.

External and internal environment of OHAPCO

An analysis of both internal and external environment in which OHAPCO operates showed that the organization has opportunities, threats, strengths and limitations. A number of opportunities that OHAPCO could take and effectively use for its fight against HIV/AIDS have been identified. These opportunities are available globally, nationally, regionally and also at grassroots levels.

As much as it has many opportunities, OHAPCO faces threats that it should take into account in its operations. The Organization very well recognizes the existence of these negative external factors. It is aware that it can reduce their undesired influences through using opportunities available to it and its own organizational strength.

In its short life, OHAPCO has accumulated positive experiences and achievements that have contributed to its several points of strength. The Organization also understands that it has limitations to deal with around its capacity and operational practices which it has set out to tackle in the course of implementing its strategic plan.

OHAPCO's critical/strategic issues

The key critical issues of OHAPCO calling for immediate action have been found to include such issues as: weak institutional capacity; unclear direction, goal setting and implementation strategies; logistics and facilities problems; being overwhelmed by routine activities, as a result, low level of focus on strategic matters; low human resources level in terms of numbers, qualification, team spirit and motivation; low capacity for mobilization, partnering and networking; inadequate and inefficient structures and systems that resulted in delays in proposal reviews, reporting, funding and liquidation processes; inadequate monitoring and evaluation structure and system, lack of sufficient data base and MIS to guide decision and actions; lack of systematic priority programs and strategy setting for HIV/AIDS interventions.

Goals and Intervention priorities

An in depth analysis of the critical issues of OHAPCO indicated that there are generally two directions of interventions for which goals and strategies have to be laid out. These are a) Interventions and strategies that aim at transforming OHAPCO into a more effective organization and b) interventions and strategies that target programs priorities. Accordingly the following have been outlined in the plan

Organizational goals

- a. To make OHAPCO an institutionally capable organization that could provide an effective and efficient leadership and coordination services in the fight against HIV/AIDS.
- b. To make OHAPCO an organization that has clear directions and implementation strategies for preventing and controlling the spread of HIV/AIDS and mitigating its impact.
- c. To enhance the human resources, logistics and facilities status of the Office for effectively discharging its duties.
- d. To increase partnership, networking and mobilization capacity for effective coordination and leadership for HIV/AIDS interventions.
- e. To implement efficient financial management, proposal review, funding, liquidation and reporting systems and practices for effectively fighting HIV/AIDS.
- f. To establish and operate an efficient monitoring, evaluation and information system that could contribute to effectively fight HIV/AIDS in a sustained and result oriented manner.
- g. To enable GOs, indigenous NGOs, CBOs and other community institutions in Oromiya to become effective partners in preventing and controlling the spread of HIV/AIDS and in mitigating its impact.

Intervention Priorities and focuses

The key intervention and focus areas during the life of the strategic plan are:

- a. Focusing on Behavioral Change Communication (BCC) for HIV/AIDS
- b. Promotion of Voluntary Counseling and Testing (VCT)

- c. Strengthening Care and Support, Providing Comprehensive treatment and reducing vulnerability especially among the youth
- d. Prevention of Mother to Child Transmission HIV (PMTCT)
- e. Control of Sexually Transmitted Infections (STIs)
- f. Condom Promotion and Distribution
- g. Promoting and ensuring blood safety
- h. Universal precautions and post-exposure prophylaxis
- i. Advocating for the respect of legal and human rights
- j. Strengthening and expanding surveillance and research.
- k. Mainstreaming HIV/AIDS
- l. Capacity enhancement interventions
- m. Focusing on creative implementation and open-mindedness.
- n. Linking the fight against HIV/AIDS to Poverty reduction

For each of the above organizational goals and intervention priorities of OHAPCO several strategies have been formulated. In all the priority intervention and areas of focus youth and women have especially been targeted.

In order to ensure the effective realization of the strategic plan, OHAPCO will prepare operational plans and also establish a Strategic Plan Implementation Monitoring Committee. The Committee will be composed of representatives of OHAPCO management, professional/technical staff and The Review Board. When possible representatives from implementing partners could also be involved.

The SP Monitoring Committee will submit quarterly reports on the progress of strategic plan implementation to OHAPCO management and other bodies as necessary. OHAPCO's Management will take the lead role in ensuring the effective operationalization of the strategic plan within the specified timeframe.

1. Introduction

Ethiopia is one of the countries of the world that are hard hit by HIV/AIDS. The country is now facing a very serious problem to the survival of its people and its national development due to the fast spreading HIV infection and the grave social and economic impacts of AIDS.

The Oromiya Region being of the most populous and also geographical located at the crossroads of social and economic movements in the country; is one of the highly exposed regions to this problem. Cognizant of the urgent need to respond to the crisis, The Regional Government established the Oromiya HIV/AIDS Prevention and Control Office to coordinate, guide and support the activities of different organizations and groups in fighting spread of HIV/AIDS and mitigate its impacts.

On the basis of the mandate generated from its establishing proclamation and the guidelines it set for itself, OHAPCO has been playing a leading role in coordinating the war against HIV/AIDS managing available resources and supporting implementing partners. However, owing to the highly challenging nature of its mission, the novelty of the Organizations, the demand for setting clear directions and goals and developing workable strategies, OHAPCO realized that it needed to produce a strategic plan in a participatory process to guide its direction and action through 2003/04-2007/08.

With a financial support from UNICEF and the necessary encouragement from the Regional Government and the active engagement of the key stakeholders, a thorough process of strategic plan development was undertaken.

The strategic plan development process took into account the proclamation for the establishment of OHAPCO, the National Policy on HIV/AIDS, the Strategic Framework for the National Response to HIV/AIDS, The outputs of the various national and regional discussion forums and the views and

opinions of all stakeholders consulted in the process of information collections for the strategic plan development.

This draft strategic plan document is a result of series of discussions and consultation at different levels from the highest regional bodies to grassroots community levels. The document contains such elements as the background to the strategic plan development, the rationale and process of the strategic preparation, the vision, mission, goals and guiding values of OHAPCO, stakeholder analysis and review of the environment within which OHAPCO operates. Critical issues for the organizations and the main organizational goals, and strategies as well as intervention/programmatic goals and strategies have been analyzed and outlined. Finally, the monitoring and evaluation arrangements for implementing the strategic plan have been included in this document.

The Planning Team believes that with constructive comments and inputs, the strategic plan could be improved and become a useful working document for OHAPCO and other interested partners.

2. Background

2.1. Country Context

2.1.1 Physical, political and administrative Scenario

Ethiopia is located in the Horn of Africa just above the equator between latitudes 3 and 16 degrees north. It has a total area of 1.1 million square Km. Ethiopia stands on the margins of global weather system that creates wide fluctuations in rainfall that is affecting its people bringing disaster and famine at certain intervals (more frequently in recent times).

The country is physically a land of contrast with high rugged mountains, plateaus, deep valleys and lowlands. It is one of poorest nations of the world, but it is also a country of great agricultural potential, with a fairly wide and diverse endowment of natural resources, varied climatic and topographic regions and a large population. It has an estimated total population of 67 million. The country is a nation of diversity in language, religion and culture that gives it a special feature.

Unfortunately, Ethiopia has not seen peace, stability and good governance in its recent history. The years from the mid 1970s to the early 1990's were particularly periods of civil war, border conflicts, and the rule of brutal military dictatorship that put the country into desperate political economic and social situations.

The coming to power of the Transitional Government in 1991 and the subsequent creation of the Federal Democratic Republic of Ethiopia (FDRE) brought hope in terms of political stability, democratization and economic development.

The new government took drastic political and economic measures. The decentralization of the administrative system, the policy of privatization and exercising market economy are seen as positive developments. The country

had enjoyed relative peace until the outbreak of the border war with Eritrea in June 1998. The human and economic cost of this war was far-reaching for both countries.

Ethiopia is administratively divided into Nine Regional States and the two the city Administrations of Addis Ababa and Dire Dawa. The Regional States are demarcated along ethnic lines. While it may generally be argued that improvements have been observed in political developments since 1991 a lot remains to be done to see a lasting peace and a reliable democratic situation that encourages sustainable development.

2.1.2 The socio-economic profile

Population and Demographic Features

Ethiopia has large and fast growing population. The population age structure indicates that the country is predominantly a nation of young people. The age structure shows that 47% of its people are under the age of 5 years; 51% are 15-60 years while the people above 60 years is 4% of the total population. Half of the country's population is dependant.

The government has officially recognized the size and growth rate of the nations population as a serious challenge to development. With an objective of bridging the gap between the excessive population growth and stagnating economy the government has issued a National Population Policy for Ethiopia (NPPE).

The State of Education

Education in Ethiopia has not so far reached a stage where it has generated significant inertia to spearhead national development. It appears to have suffered too much political turbulence. The country still remains to be one of the least educated even by sub-Saharan standard.

The education system of Ethiopia has achievement as well as challenges. While continuous improvements are being seen from time to time, still there

is low access and low educational coverage in the country. Other problems that the education system faces include low investment in education; high adult illiteracy; poor quality of education; inequity in access (gender, rural urban, regional) to education; weak educational Planning and management and low public participation in educational decision-making.

The Government has issued a new Education and Training Policy (ETP) that introduced changes and reforms. The changes include the decentralization of educational management, changes in the structure of education and curriculum reform. The Policy focuses on address the nations educational problems by emphasizing the expansion of basic education, improving the quality and delivery of education and the use of mother tongue at the primary level.

Education Sector Development Programs (ESDP) and strategies have been launched to spearhead the expansion and enhancement of the quality of education at all levels. Regional governments are playing key roles in expanding educational opportunities to children and adults and closing gender, spatial and other forms of educational disparities and working towards making education for all a reality by 2015.

Health and HIV/AIDS Situation

While there are general trends of improvement, the country's health and HIV/AIDS status is in a desperate situation. The health status is characterized by low access to basic services like safe water, sanitation and health care services and facilities and widespread malnutrition. The health infrastructure is weak and the distribution is urban-biased. Nearly 50% of the health services are concentrated in main towns.

In an effort to improve the health situation of the country, the government has launched a health policy and sector strategy.

A Health Sector Development Program (HSDP) has been launched to address the poor health status of the country based on a 20-year sector development plan.

The HIV/AIDS pandemic that was previously seen mainly as a health crisis is to day a social threat and a serious development crisis for Ethiopia. The rate at which the infection is spreading is worrisome. The MOH estimates that the total number of people infected with the virus is 2.6 million out of which 250,000 are children (MOH, Nov. 2000). These figures however are very much contested by other organization for being conservative estimates. The country is one of the hardest hit nations of the world. Even by Sub-Saharan standard Ethiopia's position is very threatening. Taking the absolute number of people infected with HIV, Ethiopia in year 2000 (2.6 million) ranked third next the South Africa (4.2 million) and Nigeria (2.7 million). With the rate at which HIV/AIDS is spreading in Ethiopia the effect could not only be devastating but also tragic.

With its low capacity to deal with the crisis due to weak health infrastructure and widespread poverty, the social and economic impacts of HIV/AIDS is high in Ethiopia. Among the socio-economic impacts of HIV/AIDS observed in the country, according to the Ministry of Health, demographic, health care economic impacts and the increased vulnerability and burden on women and the fast growing number of orphans are the most critical.

In order to deal with this grave problem with a coordinated response, the Government has taken measures such as the adoption of a National Policy on HIV/AIDS, the development of a Strategic Framework for National Response to HIV/AIDS, the establishment of the National Aids Council and the creation of HIV/AIDS Prevention & Control Office, and making available resources for a multi-sectoral response to fight HIV/AIDS.

The Economic Profile of Ethiopia

Ethiopia's economy has suffered through decades of civil war, natural disasters and poor management. After 17 years of state-controlled and mismanaged economy the country embarked on a comprehensive economic reform leading to market economy.

Several economic policy measures have been introduced with the intentions of bringing macro-economic stability and long-term objective of sustained economic growth. The fragile nature of the economy, its susceptibility to external shocks such as the recurring drought, the international commodity prices, the recent border war with Eritrea coupled with weak policy implementation capacity and several other factors seem to have constrained a faster development of the economy.

Coffee is the main export crop of Ethiopia with a share of export earning averaging 60% in the years 1991 – 1999 (NBE, 1999). The fluctuation in international coffee price affected the country's foreign exchange income drastically.

Poverty in Ethiopia is highly prevalent. The people of Ethiopia that live under absolute poverty are estimated to be 50% (EEA, 1999/2000). In an effort to get Ethiopia out of its vicious cycle of poverty, the government embarked on a strategy of reducing poverty as a core agenda of development.

The Government has already produced its Sustainable Development and Poverty Reduction Program (SDPRP). The SDPRP is based on the Government's second five-year development program of the country. As a continuation of the decentralization and democratization process, the government has recently continued to focus on giving more powers to Woreda's (Districts) over resources and decision-making on local administration and development matters. It is observable that there is much more emphasis on Woreda-based development on the part of the government.

2.2. Regional scenario

2.2.1 Geographical, administrative and socio-economic situation.

The Oromia region was instituted in 1992, as per the Proclamation No. 7/1992, which was issued to establish national regional self-governments in the country. Consequently, the Regional Government of Oromia was established to enable the Oromo people to fully exercise the right to self determination, build a political community founded on the rule of law and capable of ensuring a lasting peace, guaranteeing a democratic order and advancing economic and social development in the region.

The Regional Government of Oromia was undertaking various development activities, over the last ten years, to enhance the socio-economic development of its people, ensure peace and stability and guarantee the supremacy of law in the region. In order to attain these objectives, the Regional Government instituted various executing and administrative organs at different levels.

Oromia is one of the nine regional states that constitute the Federal Democratic Republic of Ethiopia. It extends from 3° 40'N to 10°35'N and from 34°05'E to 43°11'E. Thus it is located in tropical zone, though subject to modification by variation in altitude.

On the basis of the current border delineation, the land area of the region is estimated at 359,619.8 square kilometers. The region occupies over 30 percent of the country's total area and is contiguous with all but one regional state - Tigray.

The climate of Oromia is affected significantly by variation in altitude, its latitudinal position, prevailing winds and air pressure and circulation and its proximity to the sea. In general, about 30 percent of the lowlands of eastern sub-region has arid climate. Over 35 percent of the intermediate highlands of central and western Oromia have hot tropical rainy climate,

while the highlands have warm temperate rainy, tropical rainy and arid climate.

Oromia has a wide range of climatologically and physiographic conditions that give rise to vast water resource potential. Oromia is endowed with a variety of mineral resources. Mineral deposits known to exist in the region include construction minerals such as limestone, gypsum, silica sand, soda ash, quartz, diatomite, marble, asbestos, feldspar/mica, graphite, energy minerals such as lignite/coal, oil shale, and geothermal resources and agro minerals such as phosphate. Gold and tantalite are the most important metallic minerals under exploitation. Most soils of Oromia have good agricultural potential. The highland part of the region is dominated by fertile soils of volcanic origin.

Population

Oromia is the most populous regional state in the country. Based on the 1994 Population and Housing Census, the projected population of the region is estimated at 23,704,000 at the end of 2002, accounting for over 35 percent of the population of the country. Out of the population of the region about 12.3 percent is estimated to dwell in urban areas, whereas the remaining 87.7% resides in rural.

The population of the region is characterized by high population growth, increasing at a rate of 2.9 percent annually. The age structure of the region shows that over 45 percent of the population is under 15 years of age, while the economically active age group is about 50 percent. The dependency ratio of the region is about 100, implying that for every 100 persons in the productive age group, there are 100 dependants (both young and old ages) to be supported.

Economy

Agriculture is the foundation of the economy of Oromia. It provides employment for an estimated 89 percent of the population and accounts for about 65 percent of the region's gross domestic product. Exports of

agricultural products originating in Oromia, such as coffee, hides and skins, pulses and oil seeds make up the lion's share of the country's exchange earnings. However, increase in agricultural output and productivity are constrained by several factors including traditional farming methods, natural resources degradation and limited use of modern technologies and rapid population growth.

In spite of the fact that the region possesses a high raw material potential for industrial development, the sector is at an infant level due to backward technological use. Consequently, the share of industrial production remains low, contributing a mere 11.9 percent of the regional GDP in 1998/99 and employing only 20,551 persons. Owing to its large demand potential as the result of huge population and presence of various industrial, social, and economic establishments, Oromia provides favorable environment for the development of trade and commerce.

Education

Education plays a crucial role in the process of social and economic transformation of any country. The panacea for attaining sustainable long-term development lies in making an effective use of its abundant human and material resources, through expanding education and skill trainings. In the last decade, encouraging strides have been made in the region to expand educational opportunities to hitherto unaddressed sections of the population. As a result of this, gross enrollment ratio of the region at primary level has reached 61.8 percent in 2002, while at secondary level it is estimated to be 15.2 percent. Although, the extant achievement is remarkably high so far, a considerable number of children in the region nonetheless lack the opportunity to go to school. Generally, despite the concerted efforts that have been made in the region to expand education, the rate of literacy is still alarmingly low, standing at mere 28 percent, lower than the national average of 35 percent. The literacy rate is found to be even lower among females.

Health

Provision of health services is one of the preconditions for human resource development. Relative to the size of its population, Oromia has a limited number of health facilities and personnel. The ratios of both health professionals and health institutions to the population are far below those recommended by the World Health Organization (WHO). The coverage of health services in the region is estimated at 52.2 percent and is extremely low even by the standards of Sub-Saharan Africa. A large proportion of the population has neither access to safe water nor sanitation facilities, and as the result, is severely afflicted by water borne diseases. Water supply service coverage of the region is estimated at 34.2 percent (1994). Infant mortality in the region is estimated to be 166.2 per thousand of live birth. The major causes of morbidity are malaria, respiratory infections, HIV/AIDS, skin infections, diarrhea diseases and intestinal parasitic infections. The prevalence of such diseases is due mainly to poverty and economic backwardness.

Transport and communication

Transport and communications constitute an integral part of the social and economic development of a region or a country as provider of services to other sectors of the economy. Hence it would be impossible to conceive of social and economic development in the absence of adequate transport and communications infrastructure and services. In Oromia, as in the rest of the country, road transport is the leading mode of modern transport. The inventory of roads in Oromia comprises a total length of 10,515 km of all weather roads. The road density of the region stands at 0.44 km per 1,000 population, and 29.2 km per 1,000 km². About 247 km of the Ethio - Djibouti Railway line stretches within Oromia region.

Tourism and investment

Oromia is endowed with rich and diverse tourist resources which, much like other resources, remain poorly tapped. The region abounds with natural lakes, hot springs and curative spas, numerous valleys, gorges, mountain peaks and meadows of scenic beauty, national parks and wildlife

sanctuaries, which are home for several endemic wildlife resources. Compared to many other regions of the country, the bio-diversity in general is extremely rich.

Its location advantage and relatively better availability of various economic infrastructures provide Oromia with huge opportunity for private investment. Accordingly, over the last decade a total of 1180 investment projects, with aggregate capital of Birr 10.23 billion have been issued investment certificates, and among these, only 588, with aggregate capital of Birr 2.91 billion (only 28.4% of licensed) investors have begun operation. About 20343 compatriots are estimated to have gotten employment opportunity as the result of the operation of these investment activities.

Since its institution the Regional Government of Oromia has undertaken relentless efforts to overcome age-old backwardness and deep rooted poverty through expanding social and economic services. However, endeavors made so far and subsequent results achieved are not commensurate with level of gravity of existing problem and enormous need of the community for development. Apart from this, HIV/AIDS has become the latest and the most challenging threat to the population and development efforts of the Region. Cognizant of the problems of development and the danger that HIV/AIDS is posing, the Regional Government has realized the need for new and holistic directions and strategies to cope with the challenging situations and speed-up development processes with broad-based participation and active involvement of institutions and community organizations and other development actors in the Region.

2.2.2 HIV/AIDS status and the Regional response

The HIV/AIDS status in Oromiya has yet to be systematically studied with sufficient coverage and good quality data. So far some sporadic surveys have been undertaken by different organizations. While the studies could be good sources they do not provide adequate and up-to-date information. However, it is possible to have observations and general trends on the spread of the epidemic. The factors that impact on the spread of HIV/AIDS in Oromiya are many and diverse. The main factors affecting the spread of HIV in Ethiopia are by and large applicable to the Oromiya Region.

The most important influencing or determining factors to the spread of HIV, are interrelated with domain of culture, social norms and values, educational and economic development status of a particular area. The causes could be generally divided into direct and underlying causes as indicated below.

Direct Causes:

- a. Unprotected sexual practices and high frequency of casual partners;
- b. Pregnancy in an HIV infected women;
- c. Unsafe blood transfusion;
- d. Unsafe injections and harmful traditional practices using non-sterile piercing equipment.

Underlying factors:

- e. Poverty
- f. Ignorance:
- g. Gender inequality
- h. Cultural and traditional barriers:
- i. Sexually Transmitted Infections:
- j. Mobility and displacement
- k. Demographic factors
- l. Geographical factors
- m. Health service and related issues:

- n. Political and legal issues
- o. Capacity challenges
- p. Communication barrier

Although efforts are being made to prevent the spread of HIV in Oromiya and significant results have been achieved; owing to the above factors HIV/AIDS has continued to spread.

At present Oromiya has substantial number of people living with HIV/AIDS in different age-groups. The table below shows distribution of suspected cases and positive cases by age.

Age & Sex Distribution of Reported AIDS Cases (cumulative)
July 1986-End of June 2002 (1979-1994 E.C)

Suspected Cases				Positive Cases			
Age (yrs)	Male	Female	Total	Male	Female	Total	% of total
0-4	1188	960	2148	446	354	800	3
5-14	450	513	963	107	138	245	1
15-19	1782	2619	4401	402	1009	1411	5
20-24	6013	6529	12542	2051	3051	5102	19
25-29	8083	6703	14786	3578	3284	6862	26
30-34	7687	3508	11195	2989	1745	4734	18
35-39	4842	2428	7270	2351	1239	3590	14
40-44	2694	998	3692	1398	513	1911	7
45-49	1803	676	2479	780	320	1100	4
50+	1847	596	2443	572	235	807	3
Total	36389	25530	61919	14674	11888	26562	100

The above numbers are extremely conservative and old reports that may not match current estimates of the spread of HIV/AIDS. They are however indicative of the high concentration of HIV infected people in the age group of 15-39. People in this age category constitute 77% of the infected. The highest concentration is reported among people in the age group of 25-29 being 26 %. The age group that is hard hit is those in the most economically productive category indicating the extreme danger to which the entire economy and society are exposed.

The geographical distribution of AIDS cases in Oromiya shows that there are more cases reported in some zones compared to others as shown in the table below.

Distribution of AIDS cases in Oromiya by Zone Hamle 1978-Sene 1994 E.C

Zone	N/ Shoa	Bore -na	E/ Hara-ge	W/ Harar-ge	Bale	Illu-ababor	W/ Shoa	Arsi	Jima	W/ Wollega	E/ Wollega	E/ Shoa	Total
No. of AIDS cases	208	539	678	757	1193	1286	1696	1965	3293	3498	3520	7929	26562
% of reported cases	0.9	2.0	2.5	2.8	4.5	4.8	6.4	7.4	12.3	13.2	13.3	29.9	100.0

The above figures are indicative of the situation that some of the more urbanized zones with capitals as business and transport connections centers such as East Shoa, Wellega, and Jima show a relatively high percentage of reported AIDS cases. North Shoa in particular, which is the most urbanized, industrialized and at the crossroads of many regions of the country, accounts for the highest proportion (29.9 %) of the reported cases. While this corresponds to the general pattern of HIV spread, it may also be important to relate this situation with the distribution of testing facilities and level of awareness of people about HIV/AIDS and using VCT services in the Region.

Whatever the case, and however scanty the information on the situation of HIV/AIDS in the Oromiya may be, available information is sufficiently indicative of the need for a much more rigorous, urgent and sustained response with clear direction and viable strategies if the current trend of the spread and the impacts of HIV/AIDS have to be effectively reversed.

Aware of the gravity of the HIV/AIDS problem and the eminent danger facing the Region, the Regional Government has taken to respond to the situation. The regional HIV/AIDS Council was established with a broad-based participation of diverse organization and groups. An Advisory Board was also created at the highest level. A multi-sectoral response to HIV/AIDS was adopted as a strategy and the Oromiya HIV/AIDS office was established in 2001 with a mandate of coordinating and implementing the regional response through the participation of all types of organizations.

The mobilization of local government (woredas), grassroots community organizations, NGOs, setor government agencies, private organizations and other groups was initiated and promoted to intensify the fight against HIV/AIDS. Resources supplied by the Federal Government through the World Bank loan (EMSAP), the Regional Government and other sources were availed to all actors.

A number of task forces, committees and other structure were created to expand and streamline the response to HIV/AIDS. The organization that plays the central role in coordinating promoting the regional response to HIV/AIDS, OHAPCO, is now in the process of strengthening itself and accumulating experiences for improved performance.

3. The Oromiya HIV/AIDS Prevention and Control Office: Organizational profile, key activities, and achievements

3.1. Organizational profile

Oromia HIV/AIDS Prevention and Control Secretariat (ORACS) was established in January 2001 by regulation issued by the regional government and with a proclamation that ratified as of Hamle 1994 (July 2002) the regional parliament. The Office has the mandate of coordinating, mobilizing and managing the emergency AIDS activities and regional responses.

The organizational structure and work units of the office have not yet fully evolved as per the demands of the tasks bestowed upon the Organization. The Office has initiated the process of streamlining its structure and operational modalities in accordance with the current process of strategic plan development.

At regional level, there are 8 project and 6 support staff. Even though there was an approved and budgeted structure for 26 staffs at regional level it is not practically in place. But the process of increasing has been started.

The Regional office has recently rented a more spacious office space acquired office furniture and equipments, and owns 3 vehicles (one from health bureau), which do not yet fulfill the demands of the workload on the organization and the expectations of the Regional Government, donors, implementing partners and the community at large.

3.2 Activities and achievements

The regional HIV/AIDS response under the coordination of the regional council secretariat and multi secretariat response and multiple

implementation channels has been underway since 2001. In this section mainly activities and achievements of 2002/2003 (1995 EFY) is highlighted.

OHAPCO, under the umbrella of national HIV/AIDS policy, national HIV/AIDS strategic framework, EMSAP/PIM, the national response momentum and the support and assistance of NACS/PCU has mobilized and coordinate the regional HIV/AIDS activities in 26 woredas and regional government offices as well as by civil societies.

The Organization has also conducted program review meeting with woreda administrators, regional government, zonal focal person, HAPCO, Woreda facilitators World Bank and staff as part monitoring and advocacy of the implementation.

a) Monitoring Supervision

All 26 old woredas and the newly selected 49 woredas for 1995 fiscal year 92002/2003) intervention were supervised and monitored. The major focus the supervision was to follow up their implementation and management status of the program and to identify problems so as seek solutions and recommendations for the improvement of future implementation for the previously operating woredas as well as to assess the fulfillment preconditions and readiness of new woredas.

b) Training and workshops

All technical staffs at regional level (including regional head) and 5 woreda facilitators of Actionaid supported woredas have been trained on project planning, Monitoring and Evaluation and management which was organized by NACS in collaboration with UNICEF and Actionaid and one finance officer has participated on procurement workshop organized by world Bank. A number of other officers have undergone different kinds of trainings organized by diverse organizations.

In addition to the above the following have also taken place.

- The OHAPCO also organized workshop on care and support of orphan and vulnerable children in collaboration with UNICEF that that was conducted October 11&12, 2002.
- OHAPCO's 1995 EFY (2002/03 regional plan has been prepared and submitted to the regional government.
- Consensus building workshop on HIV/AIDS prevention, care and support were conducted for stakeholders in collaboration with Family Health International in January 2003.
- Workshop on mainstreaming has been conducted with stakeholders so as to increase the understanding of the mainstreaming and to enable them to contribute on the further development of the guideline as well as to establish networking among all stakeholders. Accordingly, the workshop discussed on the guideline and proposed amendment on the document and also established steering committee having five members from different organizations for networking.
- The Office in collaboration with The Regional Government's President Office has organized workshop to strengthen the regional response to HIV/AIDS epidemic. The initiative to conduct the workshop was taken His Excellency Ato Junedin Sado, The Regional President.

c) Development of Guideline and Formats

To scale-up the intervention of the government sectors, a draft-mainstreaming guideline has been prepared and presented on stakeholders workshop conducted in January 2002 for further enrichment. It is finalized with incorporating the comments provided from stakeholders' workshop.

d) Project implementation Manual Orientation (PIM)

The Office has selected 49 Woredas for the year 1995 (2002/03) Emergency AIDS Fund expansion. Accordingly PIM orientation were conducted for two days for woreda Facilitators from all woerdas including the previous once as

well as zonal focal persons from all zones so as to facilitate community orientation at once in all woredas.

Program Implementation by component

a) Woreda Grant fund Implementation

The 26 focus woredas with 1150 kebeles have got emergency AIDS block grant fund in the year 1995 (2002/03). All woredas have disbursed the fund to their respective kebeles. Except few most of them utilized and settled the fund.

Totally, 7,151,696.18 out of which Birr 5,273,730.00 is first trench directly transferred to the 26 woredas and Birr 721,166.00 was transferred for 8 woredas while Birr 1,156,800.18 was received by 146 civil society/ community based projects. Birr 4,551,608.40 or 64% of the total fund received is liquidated of, which the lion share is of the first kebele grant fund, while the remaining balance Birr 2,600,087.78 (36%) is not yet liquidated.

Funds were utilized for the following major area of activities.

- Awareness and sensitization of the community through community based mechanism
- Care and Support for PLWHA and HIV/AIDS Orphans and vulnerable Orphans
- Capacity Building on training (training of trainers).

i) Awareness Raising and Sensitization

A total of 74563 people (46302 male and 28261 female) participated in sensitization programs at grass root level and 1,121,046 people (677,222 males and 443,824 females) have been reached through awareness raising and/ or massive education program. Similarly, 21016 (11370 male and 9646 female) were trained on focus-group methods. A total of 44427 leaflets and 1375 posters has been produced and distributed among the community.

ii) Voluntary testing and counseling

Voluntary testing was conducted for 64 people (49male and 15 female) in collaboration with hospitals located at different areas. Counselor and laboratory technician training were conducted in two and one rounds respectively, in collaboration with Actionaid and regional health bureau. Accordingly, 48 counselors and 11 laboratory technicians selected from different health centers in the region, trained for fifteen days.

iii) Care and Support

A total of 4059 (2474 males and 1585 females) orphans have been provided with basic needs, school fee and uniforms similarly, 624 (314male and 310 female) PLWHAs were supported on basic needs and home-based care and treatment in the period.

iv) Capacity Building

About 18,947 (12,280 males and 6,666 females) people were provided with training of trainers and peer educators on the epidemic HIV/AIDS to train other community members in the same issue. Additionally, seminars and workshops were conducted in the woredas in which 20,322 people from different social and occupational groups of society participated. Moreover, 146 Anti-AIDS Clubs have been organized and strengthened to increase participation of youth in the campaign of mitigating the prevalence of HIV/AIDS in the region. On top this eight Idirs have been organized to improve their role in the program.

Several activities have been undertaken by NGOs, CBOs and private sector organization and achievements have been registered in awareness creation and sensitization, IEC material production and distribution, capacity building, care and support and VCT. A summary of activities and outputs has been presented in the table below.

Summarized activity table for 2002/03

S. No	Activity	Unit	NGO			Woredas			Total
			M	F	Total	Male	Female	Total	
1	Sensitization program	No				46344	28268	74612	74612
2	Awareness raising or massive education	No	125486	76874	202300	677222	443824	1121046	1323346
3	Focused group training	No			36950	11394	9660	21054	58004
4	Distribution of IEC material								
	-Leaflet	Pcs			28950			44427	73377
	-Posters	Pcs						1375	1375
5	Care and support								
6.	Orphan support		174	192	366	2474	1585	4059	4425
7.	PLWHA		-	-	224	314	310	624	848
8	Training of trainers	No	1247	436	1683	9474	5441	14916	16599
9	Peer educators	No				2806	1225	4031	4031
10	Seminars and workshop	No	775	86	861			20322	21183
11	Organizing and strengthening of civil societies								
12	-Anti-AIDS clubs	No			113			146	259
13	Idirs	No			3			8	11
14	Condom distribution	No			4000			82584	86584
15	Voluntary testing	No	1613	1213	2826	49	15	64	3655
16	STI management				46	-	-	-	46

Source: compiled from various reports (OHAPCO annual plan for EFY, 1995 (2002/03)

The above activities and achievements of OHAPCO, as stated earlier are mainly based on the work undertaken in 2002/03. This does not take into account activities and achievements before 1995 EFY as well as that of post July 2003.

Through its own efforts and that of its partner implementing organizations, OHAPCO believes that it has gained experiences and accomplished significant results. The Organization however, believes that there are more challenges ahead as much as opportunities and hopes for better and

enhanced outputs and impacts. The new strategic planning and management initiative is expected to contribute positively to such an endeavor.

3.3. OHAPCO strategic plan development: the rational and the process

3.3.1. The rational for developing the strategic plan

Like in many other developing countries, public organizations such as OHAPCO operate in a world of turbulence, resource constraints, pressing demands and requirements for efficiency and effectiveness in discharging their duties and responsibilities. OHAPCO exists and works in a country where poverty is a grave problem and the spread and impacts of HIV/AIDS is a very huge threat. As in other regions of Ethiopia, the Oromiya Region faces serious problems from HIV/AIDS. OHAPCO is at the forefront of the fight against the epidemic in the Region.

OHAPCO operates in a situation of difficulties, resource shortages, capacity limitations and at the same time in a Region where many people are exposed to the danger of HIV/AIDS, suffering from contracting HIV and burdened with the impacts of AIDS. It therefore needs to be very clear in its purpose, direction and operations.

OHAPCO could continue to achieve results when it could play its leadership role effectively, raise resources & support and also demonstrates that it is capable of utilizing available resources with maximum efficiency and concrete & sustainable impacts. As an emerging organization, OHAPCO recognizes that it requires a well-articulated and clear vision and mission with viable strategic goals that bind it together and attract collaboration and support from its actual and potential partners. It understands that it needs to show its partners that it is prepared and also knows where it is going and how and when it intends to be there.

Since its establishment, OHAPCO has been able to register some achievements in spite of difficulties it encountered. The achievements and experiences gained during its young life however are not results of

systematic planning, execution and direction of movement as much as they are results of sporadic and strenuous efforts of its leadership, staff and implementing partners and other stakeholders.

OHAPCO's own experience so far and also the feedback it obtained from some of its concerned stakeholders proved that the need for a strategic plan for the organization is critical to it in order to become a dynamic and productive organization. Developing a strategic plan at this particular point in time has been taken by OHAPCO and its supporters as a means to strengthen itself organizationally as well as effectively plan and coordinate interventions against the spread of HIV/AIDS in Oromiya and mitigate its impacts.

In short, the most important rationales for OHAPCO to develop its strategic plan include the following.

- The newness of the organization and the complexity of the fight against HIV/AIDS in the Oromiya region.
- The turbulence and the fast changing circumstances within which OHAPCO is operating that require continuous change and adjustments to cope with events..
- The need for OHAPCO to be a learning organization that needs to pick-up new developments and prepare itself for better performance from time to time
- The need for OHAPCO to improve its capacity and clearly set its direction and strategies to make sure that it is capable of leading the fight against HIV/AIDS in the Region
- The observation that there is a need to prepare a common ground for collective actions and goals through developing a vision that could be shared and serves as a cohesive force around which many partners could be gathered for the war against HIV/AIDS.
- Recognizing the need for responding to challenges and also to feedbacks from its partners, supporters and other stakeholders who wanted to see a more vibrant OHAPCO

- The need for enhancing organizational vitality, mobilizing resources, relevant institutions, supporters and streamline efforts for fighting HIV/AIDS more systematically and in a sustained way.

The above were among the most important reasons for OHAPCO to develop a strategic plan to guide itself into the future in general and the coming five years in particular.

3.3.2. Strategic plan formulation process

Once the need for formulating a strategic plan for OHAPCO was recognized and the decision to start the process was made, the necessary financial support was obtained from UNICEF. A consultant was assigned to facilitate the process.

The work started with a consultation process on how the strategic plan should be undertaken. A half-day start-up discussion was conducted which was followed by a two-day training on the concept and the process of strategic planning and steps and different approaches in undertaking the development and implementation of strategic plans.

A planning team composed of OHAPCO key staff and other sources was established to take the main responsibility with the necessary guidance and professional support from the consultant. The Team, after undergoing the training, sat with the Consultant and defined its own role and that of OHAPCO's Management in preparing the strategic plan. A timetable was worked out to guide the entire work.

The Consultant and the Planning Team together prepared and refined the instruments for collecting information for inputs into the strategic plan. Questionnaires, discussion guides, interview protocol and information processing frameworks were prepared.

A final preparatory workshop of the Planning Team was conducted to determine how the participation of key stakeholders could be ensured. A

stakeholders' inventory was taken and a priority list was prepared. It was decided that important stakeholders from Federal Government agencies, international organizations, the Regional government of Oromiys (which is the prime stakeholder), relevant regional sector agencies, NGOs, CBOs, Zones, Woredas, community members, OHAPCO Advisory and Review Boards, the Management and staff of OHAPCO were included.

The consultant and the planning team split themselves into sub-teams and gathered information and inputs from the above stakeholders. The information collected was processed and discussed in two consecutive workshops in which members of the Planning Team and the Consultant actively took part.

The draft strategic plan document was finally presented at a stakeholders' organizations workshop where participants gave comments and feedback for enrichment and improvement. The draft document was then reviewed, improved and produced as a final strategic plan document. This strategic plan document is a product of a series of participatory process, meetings, discussions and consensus building.

4. OHAPCO corporate framework

4.1 Vision, mission, Goal and guiding values

Vision

The vision of OHAPCO is to see an HIV/AIDS free Oromiya.

Mission

To effectively and efficiently coordinate the activities of all actors involved in the prevention and control of the spread of HIV/AIDS and reducing its impacts in Oromiya as well as to build capacity, draw commitments and mobilize resources for the fight against HIV/AIDS.

Goal

To reduce and eventually arrest HIV infection, and to mitigate the impact of AIDS in all its forms.

Strategic Objective

The strategic objective of OHAPCO which is to reduce the prevalence rate of HIV by 50% at the end of 2003/2004 (1998 E.C.) is set in alignment with the goals set for HIV/AIDS by the Regional Government to be achieved by the end of 1998.

Guiding Values

OHAPCO guides itself and serves the community and its partners through values that it cherishes as an organization and strictly adheres to. The Organization strongly believes that these values form the core principles that govern its relations with its clients, partners and internal organizational culture and behavior. The core guiding values are the following.

Transparency

OHAPCO firmly believes that transparency is a key factor in effectively bringing together the activities of various partners and actors in the fight against AIDS. All the activities of OHAPCO in its multisectoral regional response shall be transparent to all stakeholders. The organization also expects transparency from government agencies, NGOs, community

organizations, faith-based institutions and all kinds of civil society groups with whom it works now and in the future.

Accountability

OHAPCO clearly understands its legal, ethical and social obligations and accepts its accountability. It will continuously and consistently work towards strengthening and streamlining its organizational and operational systems and practices to enable it meet its accountability requirements from the Regional government, the community, and all its partners. Reciprocally, the Organization also expects all organizations and groups that partner with it in fighting HIV/AIDS to be accountable to what they have committed themselves.

Commitment and leadership

Commitment particularly in the area of leadership in the prevention and control of HIV/AIDS and mitigating its impact is a critical factor for success. Cognizant of this, OHAPCO will effectively commit itself in providing leadership and nurturing committed leadership from the grassroots to the highest level in the Region. The organization will strive to play an exemplary role in cultivating and promoting commitment and providing productive leadership.

Supportiveness

OHAPCO is of the opinion that organizations, individuals and groups are ultimately the key factors in successfully preventing the spread of HIV and the mitigation of the impacts of AIDS. It perceives its role mainly as supportive and that of facilitation. It will therefore, provide the best possible support services that will enable its implementing partners to effectively discharge their responsibilities and meet their obligations.

Justice and equity

Respect for the rights of Persons Living with HIV/AIDS (PLHA) and the protection of such people and their families against stigma and discrimination is at the center of OHAPCO's principles in all its activities. It will seek and practice justice and equity to ensure the access of PLHAs and their families to basic social services and resources. OHAPCO will give especial emphasis to gender equity in the fight against HIV/AIDS.

Partnership and networking

The fight against HIV/AIDS calls for a broad-based multi-sectoral response that requires the active and joint effort and participation of diverse organizations. OHAPCO strongly believes in the critical role of collaboration and cooperation of all kinds of organization, individuals and groups operating in the Oromiya Region as well as in the rest of Ethiopia. It will therefore consistently and systematically work towards promoting and building strong partnership and networking forums for sharing information, experiences, best practices and resources.

Urgency and flexibility

The speed at which HIV/AIDS and its impacts are spreading is so alarming that it is only thorough urgency and effective response that it is possible to cope with the situation. OHAPCO will act with the necessary care and urgency in its work and will also urge its partner implementing agencies and support organizations to do the same. Urgency and limited experiences and the difficulty associated with the fighting HIV/AIDS requires innovation and fast decisions with a high degree of flexibility in responding to new and changing circumstances and local realities. OHAPCO take flexibility into account in its decisions and operations in instances where it pays off and will learn through the process.

Respect for social, cultural and spiritual values

In all its work and interaction with grassroots communities, OHAPCO will respect their social, cultural and spiritual/religious values. The Office will take maximum care to ensure that anything that might antagonize communities and violate their values and norms will not be exercised by its own staff and that of implementing partners. Wherever possible, useful and acceptable community values will be used to positively contribute to fighting HIV/AIDS.

4.2. OHAPCO Stakeholders analysis

The fight against HIV/AIDS and mitigating its impacts calls for a highly collaborative effort among all kinds of institutions members of the community and individuals. The need for a multi-sectoral response itself brings into play various and diverse actors in this endeavor. OHAPCO has many stakeholders in its response to HIV/AIDS. These stakeholders share the visions of the Organization in seeing an Oromiya free of HIV/AIDS and its impacts. OHAPCO strongly believes that its stakeholders are critical to its success and attainment of its goals and achieving of its objectives.

Therefore, it has identified its stakeholders and has also determined what it expects from them and what they also expect OHAPCO to fulfill for them.

The organization has numerous stakeholders. Their type and number is many hence it cannot mention all of them here. OHAPCO hopes that it will expand its stakeholder-base and will continue working closely with more organizations in the future as its capacity permits. The following are among the most critical stakeholders of OHAPCO.

OHAPCO Stakeholder analysis

Stakeholder organization	OHAPCO's expectations from its stakeholders	Expectations of stakeholders from OHAPCO
Regional Government of Oromiya	<ul style="list-style-type: none"> ▪ Approval of the required level of structure and human resources that matches OHAPCOs responsibility, the complexity, urgency and challenging nature of its mission. ▪ Clear mandate with the necessary managerial and logistical capacity to discharge its duties effectively. ▪ Provision of adequate resources and institutional support and quick response to matters that need urgent attention and decisions by higher authorities. ▪ Frontline support in the mobilization of resources and support from international, national 	<ul style="list-style-type: none"> ▪ Effective leadership and coordination in fighting HIV/AIDS ▪ Being result-oriented ▪ Efficient utiliser of resources ▪ Accountability and transparency ▪ Being clear in its vision, mission and goals ▪ Strategic leadership and management in fighting HIV/AIDS ▪ Efficient implementation of plans and directives ▪ Timely reporting of activities and financial and other resources utilization

	and regional sources.	
Oromiya Regional HIV/AIDS Council	<ul style="list-style-type: none"> ▪ Clear direction for implementing resolutions and decisions of the council ▪ Provision of necessary support ▪ Mobilization of council member agencies and groups to support OHAPCO discharge its duties ▪ Timely approval and necessary decisions that facilitate the work of OHAPCO 	<ul style="list-style-type: none"> ▪ Timely reporting of activities and status of HIV/AIDS in the Region ▪ Bring urgent matters to the attention of the Council ▪ Working closely with the designated Boards
OHAPCO Staff	<ul style="list-style-type: none"> ▪ Clear understanding of the mission and goals of the organization ▪ Commitment and dedication in discharging their responsibilities. ▪ Being performance and result oriented in implementing the mission and objectives of the organization ▪ Effectiveness in serving partner organizations and the general public. ▪ Efficient utilization of each and every resource of the organization in fighting HIV/AIDS ▪ Effective and transparent in communicating with all stakeholders ▪ Creatively implementing programs and readiness to learn anytime from any direction ▪ Being accountable to the organization and the public. 	<ul style="list-style-type: none"> ▪ Clear roles and responsibilities with properly defined job descriptions ▪ Conducive work environment ▪ Good and transparent leadership ▪ Competitive salary and benefits that corresponds to the challenging and emergency nature of the work ▪ Performance-based motivation ▪ Staff and career development opportunities ▪ Availability of necessary work facilities and logistical support
Sector regional government agencies	<ul style="list-style-type: none"> ▪ Commitment and Preparedness in fighting HIV/AIDS in collaboration with OHAPCO and other actors ▪ Timely submission of POA ▪ Timely and proper utilization of funds availed by OHAPCO ▪ Timely reporting on activities and finances ▪ Active, innovative and 	<ul style="list-style-type: none"> ▪ Timely and sufficient fund allocation ▪ Adequate guidance on fund and other resources utilization ▪ Support and follow-up on how best to utilize funds implement agreed plans ▪ Capacity support ▪ Assistance for effective mainstreaming

	<p>productive mainstreaming of HIV/AIDS</p> <ul style="list-style-type: none"> ▪ Considering feedback for constructive comments and improvements ▪ Collaboration and contribution to partnership and networking forms, information and experiences sharing 	<ul style="list-style-type: none"> ▪ Provision of information, policies, guidelines and other relevant instruments for effectively fighting AIDS ▪ Organizing forums and among different actors for information, and experiences sharing as well as strengthening collaborative action.
Bureau of Health	<ul style="list-style-type: none"> ▪ Close collaboration and in jointly fighting HIV/AIDS ▪ Sustained and effective exchange of information and new developments ▪ Timely accessing, utilization of funds. ▪ Timely reporting on funds and other resources obtained through OHAPCO ▪ Smooth and fast communication on HIV/AIDS related policies, guidelines, directives, and other resources availed by the Bureau 	<ul style="list-style-type: none"> ▪ Cooperate and dialogue on clarity of responsibilities between the two organizations with respect to HIV/AIDS ▪ Timely releasing of funds and other supports ▪ Clear and flexible guidelines on fund utilization and reporting ▪ Continuous communication and information exchange
Zones/Woredas	<ul style="list-style-type: none"> ▪ Realistic and timely requests for capacity and supports ▪ Clear and practicable proposals and requests for funding ▪ Timely reporting on activities ▪ Expediting utilization of funds and liquidation process ▪ Effective mobilization of CBO and other community institutions, NGOs, FBOs, other organizations and communities for the war against HIV/AIDS ▪ Conducting timely field-level monitoring ▪ Identifying viable and dependable local community institutions including traditional institutions and making them active partners 	<ul style="list-style-type: none"> ▪ Provision of adequate resources support ▪ Capacity building support ▪ Technical/professional guidance ▪ Provision of clear directions, guidelines, and manuals for better operations ▪ Support and guidance on community and resources mobilization, networking and partnership building with community institutions, NGOs, FBOS and other forms of organizations that have an interest fighting HIV/AIDS ▪ Clear and simple proposal development guidelines, financial utilization and reporting guideline

	against HIV/AIDS	<ul style="list-style-type: none"> ▪ Supply of up-to-date information and experiences in the field of HIV/AIDS and provision of opportunities for exposure visits to learn from best practices.
National HAPCO	<ul style="list-style-type: none"> ▪ Timely release of funds ▪ Clear and simple financial and other resources support guidelines ▪ Adequate capacity support ▪ Provision of up-to-date information on new information, current developments and experiences in fighting HIV/AIDS ▪ Fast response to requests and matters that require decisions at the Federal level 	<ul style="list-style-type: none"> ▪ Timely reporting on agreed matters ▪ Timely liquidation of funds availed ▪ Timely submission requests on financial, capacity and other forms of supports
NGOs, FBOs, CBOs and other community institutions	<ul style="list-style-type: none"> ▪ Being clear in their direction and operation ▪ Being good community mobilizers ▪ Presenting simple but effective proposals that are within their capacity implementation ▪ Effective utilizers of funds obtained and supplied by OHAPCO ▪ Being transparent and accountable in utilizing resources ▪ Timely liquidation, and reporting on both activities and resources ▪ Mobilizers of local resources and support from individuals and the community at large 	<ul style="list-style-type: none"> ▪ Timely, fair and transparent review approval of proposal ▪ Timely releasing of funds ▪ Capacity development support ▪ Provision of clear proposal writing, funding, fund utilization, liquidation and reporting guideline ▪ Effective leadership and regulatory guidance ▪ Provision of timely information on the promotion of collaborative forums and networks
Donors	<ul style="list-style-type: none"> ▪ Resources support ▪ Capacity support ▪ Timely release of funds and other assistance ▪ Provision of clear guidelines for requesting supports ▪ Provision of simpler and flexible financial utilization and reporting guidelines and directives. 	<ul style="list-style-type: none"> ▪ Sound proposals ▪ Proper utilization of funds ▪ Good, timely and regular reporting ▪ Clear directions, goals, strategies and operating systems

Support organization	<ul style="list-style-type: none"> ▪ Timely and need-based support and assistance ▪ Mutual setting of the kind and objectives of capacity and other forms of assistance 	<ul style="list-style-type: none"> ▪ Clarity of needs in terms of supports ▪ Effective utilization of capacity and other supports obtained ▪ Timely reporting on supports obtained ▪ Readiness in working in partnership

4.3.. External and internal environment review

Like all other organizations OHAPCO also operates within the influence of the environment outside of it and its own internal organizational environment. OHAPCO has analyzed both environments thoroughly in terms of opportunities and threats to it and its own strength and limitations.

4.3.1 External environment

Opportunities for OHAPCO

There are a number of opportunities that OHAPCO can take and effectively use for its fight against HIV/AIDS. These opportunities are available globally, nationally, regionally and also at grassroots levels. Some of the most important opportunities that the Organization can tap on include the following

- HIV/AIDS being a global & national problem, OHAPCO is not alone in the fight. It has potential and actual possibilities for mobilizing support and resources at global and national levels.
- The existence of Federal Government support, the adoption of the National AIDS Policy and the creation of associated structures and systems for the coordination of national, regional and local efforts in the war against HIV/AIDS.
- The existence of the decentralization framework for independent action and work at woreda and grassroots levels. The current deepening decentralization process in Ethiopia and the Oromiya Region that has given far-reaching powers to Woredas and Kebeles in urban and rural settings in terms of making decisions over resources and local development matters has a positive impact in empowering

such institutions and communities paving the way for a faster response to the problems of HIV/AIDS at local levels.

- Possibility of using the comparative advantage of various types of organizations in preventing and controlling the spread of HIV and mitigating the impacts of AIDS. The existence of traditional institutions such as Idirs, Geda, faith-based organizations etc. with relatively large constituencies.
- The existence of many and diverse organizations in the Region such as NGOs, CBOs, faith-based organizations, anti-AIDS, Clubs, professional associations, youth organizations, Womens organizations, trade unions, educational and research institutions, interested groups and individuals, international organizations etc, that are involved in fighting and HIV/AIDS or that could relatively easily be mobilized for this purpose.
- The up-coming satellite approach to education by the Ministry of Education that will facilitate reaching schools and teaching about HIV/AIDS using modern technology.
- The existence of the experiences of other countries both in Sub-Saharan Africa and elsewhere from which experiences and lessons could be drawn and adapted for an effective response to HIV/AIDS.
- Possibilities of using PLHAs as untapped resources. With some level of decline in stigma and discrimination, more and more people are now showing-up with a willingness to educate the rest of the community. While this is a very positive trend, still a large proportion of PLHA have not gone public. PLHAs are themselves resources that could be widely

mobilized and tapped for the prevention and control of HIV and mitigating the impacts of AIDS.

- Availability of resources at various levels. Although it requires efforts and undertaking good resources mapping, there are potential and actual resources for fighting HIV/AIDS globally, nationally and locally. World Bank loans (EMSAP) and possible, grants, Global Fund, multilateral and bilateral assistance, local fund raising etc. are possibilities and opportunities that could be used and also expanded.
- The presence of positive cultural practices such as ‘*Gudifecha*’ and extended family support system that could be used for caring for orphans and others that need family and community support.
- The increasing attention and support that the Regional government has recently shown towards fighting HIV/AIDS.
- The presence of structures for reaching grassroots that could contribute to better coordination, facilitation and monitoring activities of OHAPCO.
- The availability of a relatively substantial number of educated, experienced and committed persons in Oromiya who could be mobilized to join the war on HIV/AIDS.
- The relatively high and increasing awareness level of people on HIV/AIDS to be used as foundation upon which further intervention could be built.

Threats against OHAPCO

As much as it has many opportunities, OHAPCO faces threats that it should take into account in its operations. The Organization very well recognizes the existence of these negative external factors. It is aware that it can reduce their undesired influences through using opportunities available to it and its own organizational strength. The following are among the most significant threats to OHAPCO.

- The recurrent drought and man-made disasters eroding national, local and community capacity to economically support itself and deal with social and other problems such as HIV/AIDS.
- The increased distress migration of people making prevention and control of HIV/AIDS a very difficult task
- The weak national economic performance and the growing destitution among communities impacting on the capacity to fight HIV/AIDS as people are often preoccupied with basic economic concerns giving less attention and low level of priority to protecting themselves and their families from HIV/AIDS.
- High rate of turnover of exposed and experienced local administrators, officials, and staff at different levels making the sustained building of experiences and continued and systematic implementation and follow-up a steep practice.
- The insufficient level of priority given to HIV/AIDS at different levels and often pushing most of the responsibility towards OHAPCO on the part of different administrative, sector development agencies and other organizations.

- The speed with which HIV infection is spreading and the increase in the impact of AIDS being felt. The situation is scaring viewed from the point of view of the low level of community response and unsatisfactory level of available fund absorption and utilization capacity.
- The length of time needed for behavioral change to take place compared to the relatively faster awareness creation achievements. The chance of spread HIV infection within the time lag between awareness and the required change in behavior that actually matters in stopping new incidences of HIV infection from occurring.
- Multi-sectoralism does not seem to have been perceived fully and practiced adequately. As a number of organizations still sideline themselves and are not satisfactorily involved assuming that fighting AIDS is primarily the responsibility of others. Seeing AIDS as a health problem is still prevalent adversely impacting on strengthening multi-sectoral response.
- Weak responses and mainstreaming efforts on the part of regional sector agencies. The work in the areas of HIV/AIDS is not taken as part of their regular work - some Bureaus appear to feel that the budget and the work are imposed on them.
- Prevailing fund-centralization at federal level and resources channeling bi-passing OHAPCO.
- Capacity problems of local NGOs, CBOS and other indigenous civil society organizations that limit their ability to effectively fight HIV/SIDS. Low level of local partners of OHAPCO impact on its success as the Office depends on its partners for implementation.

- Several of problems issues and experiences discussed and resolution endorsed at different forums as important priority areas in fighting HIV/AIDS are often not given enough follow-up, attention and resources for implementation.
- The creation of some clubs, and other forms of organizations, with the prime goal of accessing AIDS funds rather than a concrete objective oriented fight against AIDS.
- The prevalence of weak local resources mobilization initiatives and experiences. The search for resources is often external oriented. While there are potentials and also precedence for local resources (financial and non-financial) mobilization, the motivation to do so and the practices are negligible. This could have an adverse effect on self-reliance and self-support in reversing the invasion and impact of HIV/AIDS.
- The attitude of people that they have to get economic support from others from the day they found out that they are HIV-positive even in situation where they are still fit to work and support themselves and their families. VCT experiences have shown that such attitudes are defeating the gains from increasing use of VCT services.
- The perception of HIV/AIDS as primarily a health problem and the trend of AIDS secretariats/offices gradually being appendaged to Health Bureaus in parts of the country. This could probably dilute the efforts towards strengthening multi-sectoral response efforts to fighting HIV/AIDS.

Though some of the above threats appear formidable, OHAPCO strongly believes that it will overcome them using its strength and available opportunities and counting on the cooperation and support of its partners.

4.3.2 Internal environment

Same as many other organizations, OHAPCO has its own organizational and operational strength and limitations. The following are among the most critical strength and limitations of the institution.

Strength of OHAPCO

- In its short life of existence it has been able to initiate various activities and also work with diverse organizations including GOs, NGOs, community organizations etc, at different levels.
- Mobilization of woredas through review and reflection sessions that has resulted in creating self-initiative by some woredas to engage themselves in anti-AIDS activities on their own.
- The provision of training in the areas of counseling and skill-upgrading through which OHAPCO developed others capacities, fostered working relations and developed its own experiences.
- An expanded coverage of woredas through reviews and assessment of situation and drawing positive lessons for future interventions.
- Stock talking, going out & trying to find out what is happening at grassroots level in order to gather lessons for input into next step activities.
- Relatively better planning process that is based on a workshop approach. This has been taken as good beginning and an exemplary work by the national HAPCO.
- Gradual increase in its technical staff number and the recent attempt to respond to feedbacks and comments for change and improvement from its partners. OHAPCO accordingly took moves to speed-up its proposal review process, identified what support it could provide to NGOs with limited proposal development capacity

and also relocated its office to make it conveniently accessible to partners and others.

- Experiences gained so far from working with EAF woredas and other organizations that could be good foundations for effective and expanded co-ordination, capacity development and resources mobilizations tasks.
- Improved partner relations due to the recent initiative of discussions with NGOs and mass review and relatively speedy approval process of long overdue proposals.
- The recent attempt to substantially increase the number of EAF woredas in order to expand the number of participating woredas in the fight against AIDS as fast as possible.
- The initiative to undertake strategic plan and map out its future direction clearly.

Limitations of OHAPCO

- Delayed reporting, difficulty in timely accessing and disbursement of funds and slow liquidation process resulting in problems of getting next phase funds.
- Weak organizational capacity. OHAPCO suffers from institutional capacity in terms of having adequate structure and systems for efficient operations. The organizational structure has not yet been sufficiently outlined to match to its mission and mandates, role definitions and jobs demarcations of units has not been clearly set. Workflow, procedures and operational manuals and guidelines are yet to be adequately produced and used. Its logistics is very weak and calls for immediate intervention in view of the urgency of the HIV/AIDS work OHAPCO is involved in and the vastness of the services expected from it.

- Clear vision, strategic direction setting, properly identified and set target and strategies to reach, have remained difficult management challenges until the recent strategic planning initiative that is expected to address these issues for the future.

- Too much assignment for too small a staff. OHAPCO assumed huge responsibilities and also works with so many and diverse organizations at various levels but with an extremely limited number of professional and technical staff whose number and qualification is easily overwhelmed by the magnitude of the work. This has adversely impacted on its ability to effectively discharge responsibilities required from it by the Regional government, donors, support organizations, implementing partners and the community at large.

- Weak link with regional government sector agencies. Although there are activities and resources supports to regional organizations, the coordination and effectiveness of the work, resources utilization rates and information exchange processes are slow.

- Insufficient level of relationship building with NGOs, professional associations, the private sector, community organizations and other civil society organization in adequately using their potentials in fighting AIDS.

- Inclination towards being more of a controlling attitude and practice being observed on the part of OHAPCO in dealing with its implementing partners. It is also OHAPCOs opinion that generally implementing partners wish to work freely in their own way with little attention to their obligations.

- Weak monitoring and evaluation practices with no adequate systems in place. M&E not well coordinated and lacks the support of a Management Information System. The M&E practice is irregular, scanty and not sufficiently organized to meet the requirements of the organization, government, donors, implementing partners and others.
- There is no adequate and reliable information generation, processing and documentation system and practices. There is no database on actual and potential implementing partners. Studies, research and information on the status of HIV/AIDS in the regions and the levels and types of interventions, achievements, challenges lessons for the future and other elements are not yet available in consolidated and easily accessible manner.
- The management is too much preoccupied and overwhelmed with day-to-day and short-term engagements coming from various directions. Hence lacks time to focus on strategic management issues and directions.
- Decisions and actions often slow and reactive. Review and Advisory Boards were challenged by un-clarity of responsibilities, limited number of board members appearing and too much workload on them with no incentives for the Review Board in particular. While improvements are being observed on the composition of the Review Board such elements as streamlining its responsibilities and the question of incentives for the too-much work required from them still needs to be addressed for improved and sustained services.
- While the recent mass proposal review and approval process could be seen as a temporary positive development, the necessary organizational capacity and a working system that could

permanently resolve the problem of long delays in proposal review has yet to be in place.

- Internal communication and information sharing among units and staff of OHAPCO is very weak. The work often appears to lack coordination and synergy as the different units have little in the form of sharing and tend to concentrate on what each one of them are doing rather than focusing on common goals.
- Although the work moves, staff motivation appears to be low. Staff-cohesion, team spirit, joint efforts and remuneration issues require management attention.
- Accountability and transparency issues have not been sufficiently attended to. While the Office has clear legal accountability based on its establishment provisions of 2002, the operational aspect still calls for improvement. Since duties and responsibilities of units and the structure and system of OHAPCO have yet to be adequately defined, the clarity on accountability and transparency still need additional efforts to effectively evolve. The Office is also challenged by lack of self-evaluative system for its performance in the absences of standards and service procedures.
- The work of OHAPCO appears to be too much dominated by EMSAP and it is so preoccupied with this Project. The presence of EMSAP and the availability of fund is a great opportunity and has enabled OHAPCO to build experiences. However, the Organization could not at the same time evolving as an institution capable of effectively working with a wide scope of activities, broad-based resources and diverse organizations.
- Coordination of work between the Office and the zonal and woreda focal persons is weak because of communication and logistics problems that all sides are facing including OHAPCO itself. As most

of the work has to be executed at woreda levels, the problem of logistics capacity (particularly shortage of vehicles) is a very serious obstacle to HIV/AIDS intervention.

5. Critical/strategic issues for OHAPCO

The analysis of the external and internal environment of OHAPCO and the entire situation in fighting HIV/AIDS and mitigating its impacts in the Oromiya Region OHAPCO has led the identification of the most critical issues that could substantially affect the ability of the organization to move forward and accomplish its mission. Among the critical issues the following have been taken as the ones that need maximum attention. These are:

- Weak institutional capacity
- Unclear directions, goal setting and implementation strategies
- Logistics and facilities problems
- Being overwhelmed by routine activities, as a result, low level of focus on strategic matters
- Low human resources level in terms of numbers, qualification, team spirit and motivation
- Low capacity for mobilization, partnering and networking
- Inadequate and inefficient structures and systems that resulted in delays in proposal reviews, reporting, funding and liquidation processes
- Inadequate monitoring and evaluation structure and system
- Lack of sufficient data base and MIS to guide decision and actions
- Lack of systematic priority programs and strategy setting for HIV/AIDS interventions

6. Strategies and Intervention priorities

The identification and analysis of the above critical issues were undertaken in order to determine intervention priorities, set goals and develop strategies for implementing the intervention and reaching the goals. A thorough analysis of the critical issues showed that generally two directions of interventions and strategies should be followed. These are a) Interventions and strategies that aim at transforming OHAPCO into a more effective organization and b) interventions and strategies that target programs priorities.

6.1. Organizational goals and strategies

Goal a. To make OHAPCO an institutionally capable organization that could provide an effective and efficient leadership and coordination services in the fight against HIV/AIDS.

Strategies

- Critically review the current organizational structure of OHAPCO and create strong units/departments with clear roles and job description for incumbents. Set clear communication and workflow lines in all directions with the necessary feedback system.
- Prepare and operationalize work procedures, guidelines and performance review systems that promotes and enabling an empowering work environment.
- Establish performance and service standards with timeframe and quality of service levels accompanied by indicators for measurement.
- Undertake organizational and management development programs for continuously strengthening the leadership and institutional capacity of the Office.

- Communicate the mission, mandates, duties and responsibilities of OHAPCO in a clearly articulated way and ensure that its donors, supporters, collaborating agencies, implementing partners and the public at large know and sufficiently understand what the Office does with regard to its role in the war on HIV/AIDS.

Goal b To Make OHAPCO an organization that has clear directions and implementation strategies for preventing and controlling the spread of HIV/AIDS and mitigating its impact.

Strategies

- Focus on strategic leadership and management functions delegating routine activities.
- Prepare workable operational plans on annual basis for implementing the strategic plan during the five years life of the plan.
- Set implementation schedules with the necessary structures, procedures, resources and timeframe.
- Review strategic directions and implementation performance involving partners as necessary.

Goal c. To enhance the human resources, logistics and facilities status of the Office for effectively fighting HIV/AIDS

Strategies

- Identify and hire qualified additional staff to bring the quantum and quality of staff to the level that the magnitude of the work demands.

- Prepare and implement a systematic and based human resources development and management plan to continuously build the capacity of the office and that of its implementing partners.
- Undertake team-building initiatives and improve career development other opportunities to increase staff motivation and performance levels.
- Introduce competitive salary and remuneration system and practice that can attract and retain capable and productive staff.
- Secure additional vehicles, computers and related hardware and software facilities, communication and office equipment for enhancing the operational capabilities of the Office.

Goal d. To increase partnership, networking and mobilization capacity for effective coordination and leadership for HIV/AIDS interventions.

Strategies

- Undertake promotional work for fostering partnership and networking, identify partnership models, strategies and experiences from which lessons could be drawn.
- Initiate and mutually develop partnership objectives, guidelines principles and forums with actual and potential partner organizations.
- Give more focus and attention to working with and supporting youth organizations and clubs, traditional community institutions, women's organizations, and other grassroots community organizations including indigenous NGOs, professional associations, trade unions and other civil society organizations.
- Organize regular partnership/networking forum involving all actors on regular basis for sharing experiences, information and resources. Foster and support the creation and effective operation of forums at regional, zonal, woredas and grassroots levels.

- Build the mobilization skills and experiences of the staff of the Office and interested implementing partners particularly at zones and woredas.
- Explore and develop local resources and support mobilization possibilities and undertake practical actions. Seek the assistance of international NGOs, donors and other support organizations in this regard in terms of resources, skills and information.
- Take proactive steps to timely on issues that may negatively affect relationships and partnership development. To this effect maintain constant partnership reviews and use an open feedback systems to continuously improve networking and collaboration.

Goal e. To implement efficient financial management, proposal review, funding, liquidation and reporting systems and practices for effectively fighting HIV/AIDS.

Strategies

- Upgrade and operate an efficient financial management system and advocate for a more decentralized fund-flow that channels fund through OHAPCO for actors in the Region.
- Develop and implement a simple and workable proposal review guidelines with the necessary timeframe.
- Improve and utilize simple fund release and liquidation guidelines with clear and manageable procedures and process that could be completed within a short time.
- Establish a simple and standardized reporting system with guidelines and realistic timeframes that matches the capacity of the Office and that of implementing partners.
- Build the proposal development, financial utilization and reporting capacities of indigenous NGOs, woredas, kebeles, community organizations and other on assessment and demand basis with a view to increase the effectiveness of

their interventions, resources utilization and reporting capabilities.

- Enhance the technical capacity of the Review Board, introduce a modest incentive mechanism and establish an internal Board working procedures and guidelines for the efficient performance.
- Upgrade staff participatory proposal appraisal skills in order to facilitate the job of the Review Board and also to hasten the process of proposal reviews and approval with a goal to respond urgently to the emergency nature of the HIV/AIDS interventions.
- Organize and implement experiences sharing among implementing partners on best practices in proposal development, financial utilization, liquidation and reporting experiences.

Goal f. To establish and operate an efficient monitoring, evaluation and information system that could contribute to effectively fight HIV/AIDS in a sustained and result oriented manner.

Strategies

- Create a strong monitoring and evaluation unit at the Office with the necessary human and other resources.
- Strengthen the monitoring and evaluation capacities of zones and woredas with skill upgrading and systems establishment.
- Develop and use simple practical and standardized monitoring guideline that could also be adapted and utilized by zones, woredas and other implementing partners.
- Establish an MIS for the Office with the necessary equipment and facilities and staff capable of generating, processing, documenting and disseminating information for decision-making and other purposes. Assist zones and woredas to create MIS that matches their capacities and needs.

- Establish a regular information exchanging network with zones, woredas and other partner organizations on and ensure that there is a constant information updating.
- Produce newsletters, brochures and communication facilities for information sharing and dissemination.
- Establish a regional HIV/AIDS resources center and also encourage and support zones, woredas and other organizations to do the same at local and grassroots levels.

Goal g. To enable GOs, indigenous NGOs, CBOs and other community institutions in Oromiya to become effective partners in preventing and controlling the spread of HIV/AIDS and in mitigating its impact.

Strategies:

- Undertake participatory inventory and rapid capacity assessment of various actors in the Region and identify their comparative advantages and gaps. Know what each one of them could contribute and the institutional support they require.
- Jointly, plan for capacity building intervention of local partners that need institutional and human resource development support.
- Assist sector government agencies on how best to mainstream HIV/AIDS and produce effective results in combating the epidemic at organizational levels.
- Provide field-based professional and technical advice and support to partners especially CBOs.
- Facilitate information accessing and experience sharing for implementing partners through exposure visits, organizations of forums, dissemination of new information on innovative approaches to fighting HIV/AIDS and best practices locally and abroad.
- Monitor and follow on the activities and performance levels of implementing partners, document experiences, identify capacity

and programmatic needs and gaps and collaboratively plan for sustained improvements.

6.2. Intervention Priorities, Goals and Strategies

In determining its intervention priorities, goals and strategies, OHAPCO has taken into account, the Strategic Framework for the National Response to HIV/AIDS, the Oromiya Regional Strategic Plan Document, new developments, challenges and experiences in the fight against HIV/AIDS in the Region and the current and anticipated capacity of OHAPCO and its implementing partners.

The program intervention priorities and strategies contain two basic components; namely important derivatives from the national strategic framework which are relevant to the context of Oromiya with the necessary modifications and adaptations and new inclusions based on the experiences of OHAPCO and feedback from stakeholders. The program intervention priorities will particularly target youth and women since they are the most vulnerable groups. The following are the major intervention priorities, goals and strategies.

6.2.1 Focusing on Behavioral Change Communication (BCC) FOR HIV/AIDS for attention

Goal. To attain a sustainable behavioral changes both at the individual and community levels with a capacity to prevent HIV infection and mitigate the impacts of AIDS.

Strategies:

- Promote and facilitate community conversation as a strategic means towards attaining sustained behavioral change
- Develop regional strategy, guidelines and consensus that promote the effective achievement of BCC in a lasting manner.
- Promote mass communication using conventional and traditional mass media. Develop necessary guidelines and training manuals for training media practitioners for mobilization and conducting of media campaign against HIV/AIDS.

- Increase advocacy activities in relation to BCC at all levels focusing on stigma and discrimination. Ensure the active involvement of PLHA and protecting and fulfilling the human and legal rights of the infected and affected.
- Enhance the involvement of PLHA in BCC activities including testimonials, peer education and advocacy.
- Work towards integrating sexual and reproductive health with HIV/AIDS services and programs focusing on the adolescents and the youth.
- Involve all levels of educational and training institutions actively in promoting BCC with appropriate package for each level.
- Engage the traditional education institutions (religious or otherwise) to focus on values of abstinence, fidelity and mutual respect among women and men, boys and girls, as well as promotion of care and support and reduction of stigma
- Promote research by involving appropriate learning and research institutions in to contribute towards the production of acceptable and effective IEC material that appeals to communities and induce behavioral change.
- Encourage implementing partners to undertake sustained and innovative peer education strategies at all sectors of the community especially among the youth through AIDS clubs and other media.
- Support the conducting of individual directed communication integrated with services such as VCT, STI treatment, preventive counseling, PMTCT, treatment of OIs, etc.
- Assist in the integration of information on condom use into formal education curricula, youth organization and non-formal adult education programs.
- Encourage the identification and analysis factors that promote pre-marital and extra-marital sex and sexual behaviors among women and men, boys and girls and practical recommendations that could contribute to behavioral change in sex and sexuality in favor of preventing HIV infection.

- Provide resources and technical assistance to GOs, NGOs, FBOs, CBOs, POs and other civil society organizations to actively involve in innovative approaches of promoting and attaining BCC.

6.2.2 Promotion of Voluntary Counseling and Testing (VCT)

Goal: To increasing quality VCT service for promoting effective preventive and care practices in a manner that facilitates behavioral change.

Strategies:

- Adapt improved VCT guidelines and associated manuals for training and operational matters that facilitate VCT services.
- Support the enhancement and promotion of VCT-services and sensitize the community and institutions on the benefits of VCT through BCC
- Assist in the expansion of quality VCT services to all parts of the country both integrated and free standing, in public as well as private sectors and other non-governmental organizations. Make the services such as family planning, STI treatment, TB management, ANC, safe blood services, etc.
- Develop minimum package of VCT
- Support the availability of adequate supplies of test kits with high quality in a sustainable way.
- Monitor and evaluate the implementation of guidelines and standards, training and delivery of VCT services.

6.2.3 Strengthening Care and Support, Providing Comprehensive treatment and reducing vulnerability especially among the youth

Goal: To provide effective care and support, comprehensive treatment and mitigation of the impacts of HIV/AIDS on individuals, the family, community and reducing vulnerability particularly among the youth .

Strategies

- Support the establishment and expansion of model youth centers in as many places as possible in the region, that foster peer relations, that model safer behavior through entertainment, and prepare the youth for responsible adulthood with positive orientation to education, health and family life.
- Develop and effectively implement regional guidelines for care and support
- Promote and support the establishment of integrated counseling services in all health delivery institutions, strengthen and expand counseling training, standardize training and operation manuals, and encourage the establishment of network of counselors at regional and local levels.
- Work towards improving the HIV treatment guideline based on experiences hitherto. Prepare training manuals and modules, and train health care workers on the treatment and care of common OIs, in particular TB. Increase diagnostic and treatment capacity of health institutions at all levels and improve and make sustainable the supply of drugs, reagents and other supplies. Train and engage traditional practitioners in the treatment and care efforts of PLHA.

- Adapt the community/home-based guidelines and develop training manuals in different Oromifa and other necessary languages and conduct training at all levels engaging community-and faith based organizations and NGOs. Conduct research to find out the traditional coping mechanisms, values, norms, obstacles and opportunities in giving care to sick members of the community and design strategies that encourage the positive values and norms.
- Promote and support regional networking and partnership in treatment, care and support to optimize resources, make referral of patients efficient and smooth.
- Formulate ART initiative or program involving all stakeholders in particular the government and donors. Advocate for improved access to and for rational use of antiretroviral drugs.
- Increase the capacities of CBOs, NGOs and FBOs in order to develop a broader vision and engage in caring and supporting OVCs. Identify and use all untapped community or family capacities to accommodate the increasing number of OVCs. Strengthen and provide technical assistance to the community in order to effectively utilize the traditional coping mechanisms of handling OVCs, youth and women's groups and workplaces to address orphan issues. Maintain their productivity.
- Intensify advocacy for non-discrimination and de-stigmatization with the involvement of all relevant components of society, from GO to NGOs, from religious groups to community based organizations, in particular associations of PLHA.
- Scale-up provision of credit programs and benefit packages to mitigate the impact HIV/AIDS on families and children. Encourage and strengthen community-based self-help groups to support individuals and families, to encourage the continued participation of children in school, to maintain household expenditure patterns, and to promote saving.

- Encourage and support the development of appropriate and viable project proposals, at the regional, zonal, woreda and community levels, on vocational training, skill building and job creation for children and youth in the street and female sex workers and allocate funds earmarked for HIV and AIDS in an integrated approach the overall national and regional poverty reduction strategies.

6.2.4. Prevention of Mother to Child Transmission HIV (PMTCT)

Goal: To reduce the vertical transmission of HIV through the promotion of increased coverage and access to PMTCT and PMTCT-plus in the Oromiya Region.

Strategies

- Develop a regional policy on PMTCT (+)
- Improve and adapt national guidelines, develop training and other manuals of PMTCT (+) and train adequate personnel on PMTCT and provide necessary equipment and related supplies.
- Support increased coverage of family planning and material health services.
- Assist in increasing the number of ANC clinics with VCT services
- Develop IEC targeted at reduction of MTCT
- Provide adequate ARDs and promote access to therapy among HIV pregnant women.
- Promote appropriate infant feeding and family planning among HIV positive nursing mothers.

6.2.5. Control of Sexually Transmitted Infections (STI)

Goal: To attain a substantial reduction in the rates of infections with common curable STIs while at the same time reinforcing prevention behaviors through the provision of efficient STI control services the general public in the region.

Strategies

- Develop and apply regional standards for STI management and tools and guidelines for implementation, monitoring and evaluation.
- Provide and support sustainable means of detecting & treating STIs especially in the youth, women, CSWs, mobile labor force and uniformed people through comprehensive STI syndromic management approach and public health package, including routine surveillance.
- Incorporating comprehensive STI syndromic management approach in the existing health workers curriculum and training those already on job.
- Ensuring the availability of services that offer private consultation and examination, and where effective drugs are consistently available at the client's first clinical encounter point.
- Establish and strengthening youth-friendly STI & counseling services and improving adolescent sexual & reproductive health services.
- Ensuring and monitoring the timely and continuous availability of adequate drugs.
- Integrating STI management within the existing primary health care structure.
- Promote and strengthen partner notification practices.

6.2.6. Condom Promotion and Distribution

Goal: to decrease HIV and other STIs and reduce unintended pregnancy through increasing the availability and accessibility of male and female condoms and promoting their correct and consistent utilization.

Strategies

- Build a regional consensus on male and female condoms through BCC advocacy thereby increasing the acceptability, attitudes, perception and efficiency of the use of condoms.
- Establish a regional system of condom logistics and dissemination.
- Expand condom distribution through non-traditional and traditional outlets, in particular gender sensitive, youth friendly distribution system should be developed and expanded
- Improve access of condoms in high transmission areas (brothels, bars and hotels, truck stops, etc) and among those at highest vulnerability of risk of HIV
- Support the increase the number of social marketing organizations and employing mechanisms for involving the youth organizations in condom distribution as appropriate.
- Promote local production of quality condoms and guarantee sustainable supply of male and female condoms.
- Strengthen defense system and structure for sampling and testing for quality assurance.

6.2.7 Promoting and ensuring blood safety

Goal: To reduce the transmission of HIV through transfusion of blood or blood products and transplantation of tissues.

Strategies

- Adopt safe blood supply policy with that comprehensive essential components such as training, research, service delivery, guidelines

capacity building, partnership, networking and clear roles of stakeholders and others.

- Advocate for public education and mobilization of safe blood supply using different media.
- Mobilize and strengthen voluntary, non-remunerated, regular donations from low risk populations with sustained retention of blood donors.
- Provide and strengthen counseling and testing services for those potential donors that are screened or self-screened because of risk behaviors and those who turn out to be positive.
- Support the training of sufficient number of blood bank technicians and counselors that serve in blood banks.
- Build the capacity of testing of donated blood with very sensitive tests that minimize the chance of transmission due to window period and establish a system of sustainable supply of testing equipment and kits for all outlets and hospitals with blood bank and blood transfusion services.
- Support the training of health care workers on rational use of blood and blood products. Include the subject in the curriculum of all health care workers training.
- Ensure the safety of corneal transplantation within ophthalmology services.
- Support the establishment of a system of regular monitoring and supervision of the quality of blood transfusion services in the regions. Maintaining acceptable standard of safety in the blood bank laboratories.

6.2.8. Universal precautions and post-exposure prophylaxis

Goal: to decrease the transmission of HIV in institutional and community-based care services

Strategies

- Enhance public awareness using appropriate media on precautions against HIV transmission during institutional and community based care provisions
- Follow on the finalization of the guidelines on UP and PEP, make necessary adaptations and disseminate to all stakeholders in the region and follow its implementation.
- Implement the PEP and UP recommendations of the National Policy on Supply and Use of ARDs
- Establish infection control units and committees in all health delivery institutions
- Train health, hospital support, emergency, home care, funeral service, and other relevant personnel in precautions for effective infection control.
- Make available and accessible quality materials and equipment for UP in hospitals and packages of UP for community-based care givers
- Strengthen counseling services in hospitals to avoid mandatory testing of source cases and increase the number of health care workers that report ABE.
- Establish ABE surveillance in all health institutions and conduct research on rate of infection in different settings and conditions including transmission during sexual assault.

6.2.9. Advocating for the respect of legal and human rights

Goal: to ensure that the legal and human rights of PLHA and their families are respected, protected and their special needs progressively realized

Strategies

- Promote a rights-based approach to fighting HIV/AIDS
- Advocate for participatory/consultative legal reform programs that includes HIV positive people and affected families.
- Encourage and support free legal services through the government and professional associations.
- Promote and assist in mainstreaming HIV/AIDS in the legislative and traditional institutions
- Build social movement and campaigns against discrimination.
- Support civic education internalization to the wider public through the education system and media.
- Sensitize political parties and human right organizations to expand programs on human rights in relation with HIV and AIDS
- Strengthen organizations of PLHA to champion their own rights.

6.2.10. Strengthening and expanding surveillance and research.

Goal: to effectively monitor the HIV/AIDS epidemic and its impacts as well as assess the performance of interventions and make research-based and informed decisions on HIV/AIDS and related issues.

Strategies

- Adopt mechanisms for long and short term training to improve the capacities of regional and zonal woreda and other implementing organizations personnel to conduct HIV/AIDS/STI/TB related action-research, and surveillance in collaboration with research institutions and other competent organizations.
- Develop, update and popularize necessary guidelines for surveillance activities.
- Promote a national consensus, systems and institutional capacity for vaccine development and trial.
- Encouraging health care delivery institutions to engage in operational research on all aspects of ART, treatment and prophylaxis of opportunistic infections, and applicability of treatment guidelines in local situations as well as ABE and PEP.
- Review international research and conduct trails on traditional medicine.
- Study the impacts of the epidemic on different sectors on the national and regional levels.
- Encourage and support individual researchers including social researchers to actively engage in research activities and disseminate their findings.

6.2.11. Mainstreaming HIV/AIDS

Goal: to attain a well coordinated effective multi-institutional response in curbing HIV/AIDS and to mitigate the sector-wide social and economic impacts of the epidemic using the comparative advantage of the various institutions.

Strategies

- Design and conduct coordinated institutional HIV/AIDS impact assessment studies, at regional level, that can be used in producing plans for organizational mainstreaming.

- Integrate HIV/AIDS intervention into the existing institutional framework, policies & development instruments, and establish task forces (or other appropriate structures) at all levels for the planning, implementation, monitoring and evaluation processes.
- Develop a comprehensive regional mainstreaming guideline, implementation as well as training manuals to mainstream HIV/AIDS in different institutions.
- Assist all institutions with financial, professional & material support for mainstreaming HIV/AIDS with in the existing institutional structure.
- Formulate appropriate, gender sensitive, responsive and regularly updated HIV/AIDS work place policy;
- Establish and coordinate networking among sectors/stakeholders to create a learning environment and sense of urgency through experience sharing in a manner that contributes to effective mainstreaming.

6.2.12. Capacity enhancement interventions

Goal: to enhance the institutional and programmatic capacity of all actors, government and civil society organizations, through planned and systematic capacity development interventions for effective regional response

Strategies

- Undertake capacity assessment of implementing partners to plan for joint systematic capacity development interventions to enhance the effectiveness of CBOs, indigenous NGOs, FBOs, woredas and other actors in fighting HIV/AIDS
- Conduct systematic and continuous training, dialogue and internalization on policies, strategies and technical guidelines.
- Support implementing partners in designing and implementing human resource development strategy and action to ensure quality of interventions and enhance performance levels.

- Promote and support partnership forums at different levels to strengthen & facilitate sustained collective response.
- Encourage and assist participatory country shared learning and the exchange of best practices.
- Strengthen community-based traditional organizations and coping mechanisms through targeted technical and managerial capacity development.
- Promote and support the growth and expansion community conversation.
- Facilitate the exchange and transfer of knowledge, technology and experiences from regional, national and international sources that could contribute to increasing capabilities for preventing HIV/AIDS and mitigating its impacts at all levels.

6.2.13. Focusing on creative implementation and open-Mindedness.

Goal: to accomplish the mission of OHAPCO with innovative and faster approach with quality results.

Strategies

- Pursue the creative implementation of national policies, frameworks, guidelines pertaining to HIV/AIDS in a manners that fits to the context of the Oromiya region.
- Track new approaches, methods, experiences and developments in fighting HIV/AIDS, adapt them to situations in the region and introduce to implementing partners for use.
- Keep eyes and minds for useful new issues, ideas and intervention possibilities around HIV/AIDS and bring to the attention of partners for necessary actions.
- Encourage action-research for exploring and promoting innovative approaches and practices that could be-scaled-up for producing better and large-scale results.

6.2.14. Linking the fight against HIV/AIDS to Poverty reduction

Goal: To produce sustainable results in fighting HIV/AIDS.

Strategies

- Explore possibilities of using poverty reduction as a means to prevent and reduce the impact of HIV/AIDS based on capacity and local realities
- Study youth unemployment situations and create possibilities for supporting income-generating activities for young people as a preventive strategy against HIV infections. The employment/self employment opportunity could create hope among the youth and help encourage them to guard themselves against HIV/AIDS.
- Support the initiative of partners pertaining to ideas that link fighting HIV/AIDS to poverty reduction
- Look for resources local resources mobilization for supporting income-generation as a means to preventing HIV/AIDS.

The above goals and strategies are will be realized through OHAPCOs institutional initiative and leadership and the active participation of its key stakeholders. An increasing decentralization process of the HIV/AIDS function and responsibility is believed to be a factor that would positively contribute towards the effectiveness of the war against HIV/AIDS.

7. Monitoring and evaluation of the implementation of the Strategic Plan.

A strategic plan becomes an effective tool only when it is systematically and properly implemented. The implementation of the plan calls for the creation of detailed operational plans emanating from the strategic plan, the establishment of structures and systems to facilitate implementation and the allocation of required resources.

As much as it has taken keen interest in the development and completion of the Strategic Plan, OHAPCO will prepare a smooth ground for the operationalization of the plan. A monitoring and evaluation arrangement will be worked out and used to ensure that the Plan has been effectively translated into concrete actions to create the envisaged changes and impacts.

OHAPCO will therefore take steps for the sustained implementation of the strategic plan. Action plans will be prepared for each of the five years covering the planning period. A general picture and resources for all the five years will be indicated. However, the plan of action for the first year will be prepared in details showing budgets, human resources, logistics, other necessary facilities, institutions to be involved in the implementation and the timeframe.

OHAPCO will make the preparation of operational plans a participatory process through involving its key partners particularly implementing organizations at every necessary stage. The Office will also support and encourage sector government agencies, NGOs, community organizations and others to take into account The Strategic Plan Document while preparing plans of operation, proposals or other requests for supports from the OHAPCO as and when necessary.

In order to ensure the effective realization of the strategic plan, OHAPCO will establish a Strategic Plan Implementation Monitoring Committee. The

Committee will be composed of representatives of OHAPCO management, professional/technical staff and The Review Board. When possible representatives from implementing partners could also be involved. The major tasks of the Committee shall be:

- Popularizing the strategic plan among important stakeholders
- Providing advise and support in the preparation of a detailed plan of operation for the Strategic Plan;
- Monitoring the implementation of the Strategic Plan according to agreed monitoring guidelines;
- Preparing and submitting monitoring reports to the management of OHAPCO and concerned regional government organs;
- Follow on the progress of implementation of the Strategic Plan and give suggestions for improving performance;
- Undertake a mid-term review of the Strategic Plan implementation process and advise management on changes and adjustments required for better results and proactive decision and actions.
- Collect ideas and suggestions from implementing partners including zones and woredas on the process of strategic plan implementation and advise OHAPCO on how best to involve partners in participating and supporting the realization of the Strategic Plan.

The Committee will develop its own working procedures and monitoring guidelines/formats. It will submit quarterly reports on the progress of strategic plan implementation to OHAPCO management and other bodies as necessary. While the ultimate responsibility for the implementation of the Strategic Plan rests with the Management of OHAPCO the Committee will be a supporting arm to the Management.

Annex I
List of participating organizations/groups

Many organization including multilateral agencies, international and indigenous NGOs, federal government agencies, regional government agencies, community organizations, zones and woredas participated in different forms and at various stages. The organizations were covered through interviews, group discussions, questionnaire administration, field visits and participation in workshop for commenting on the draft strategic plan document. The following is a list of the different organization that gave their views in the strategic plan development process.

1. UNICEF
2. World Bank
3. ActionAid Ethiopia
4. Family Health International
5. HAPCO
6. MOH
7. ERA
8. BOH
9. BOE
10. BOA
11. BOLSA
12. WAO
13. OHAPCO Review Board
14. OHAPCO Management
15. OHAPCO staff
16. Development Action Oromiya

Zones and woredas

1	Zones	Woredas
2	East Harage	Alemaya
3	West Hararge	Chiro
4	Arsi	Assela
5	Bale	Sinana-Dinsho
6	Guji	Odo-Shakiso
7	East Shoa	Dukem
8	South-west Shoa	Weliso
9	North Shoa	Girar-Jarso
10	Jima	Kersa

Type of organizations contacted in Zones and Woredas

1. Zonal administrations
2. Zonal capacity building departments
3. Zonal health departments
4. Woreda administrations
5. Woreda affairs offices
6. Woreda labor and social affairs
7. Woreda youth association
8. Woreda religious representatives
9. Woreda Idir representatives
10. NGOs operating in the above woredas