

Education Sector Response to HIV and AIDS

**Assessment on
Responses of Higher Education Institutions to
HIV/AIDS and Gender in Ethiopia**

July 2012



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Acronyms

AIDS	Acquired Immuno-Deficiency Syndromes
ARC	AIDS Resource Center
ART	Anti-Retroviral Therapy
BCC	Behavioral Change Communication
BPR	Business Processing Reengineering
CC	Community Conversation
CDC	Center for Diseases Control
CORHA	Consortium of Reproductive Health Association
FAWE	Forum for Africa Women Educationalist
FGAE	Family Guidance Association Ethiopia
FHAPCO	Federal HIV/AIDS Prevention Control Office
FMOE	Federal Ministry of Education
FMOH	Federal Ministry of Health
GBV	Gender-Based Violence
HEI	Higher Education Institutes
HLI	Higher Learning Institutes
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
IFHP	Integrated Family Health Program
IQPEP	Improving Quality of Primary Education Program in Ethiopia
JHU-CCP	John Hopkins University - Center for Communication Programs
M&E	Monitoring and Evaluation
NASTAD	National Alliance of State and Territorial AIDS Directors
NGO	Non-Governmental Organizations
OSSA	Organization for Social Services on AIDS
PEPFAR	Presidential Emergency Fund for AIDS Relief
PSI	Population Service International
RH	Reproductive Health
SPSS	Statistical Package for Social Sciences
STI	Sexually Transmitted Infections
VCT	Voluntary Counseling and Testing
UN	United Nations
UNFPA	United Nations Fund for Population
UNICEF	United Nations Children Fund
UNISA	University of South Africa
UNAIDS	Joint United Nations Program on HIV and AIDS
WB	World Bank

Executive Summary

An institution-based cross-sectional survey was conducted with the main objective of assessing the current status of HIV/AIDS and gender responses of higher education institutions in Ethiopia. Eighteen public and four private HEIs located in nine regions of the country were covered by the study. The study was conducted between October and November 2011.

Key informant interview, focus group discussions and document review were used to collect data and generate the required information for the study. A total of four hundred and fifty respondents including: forty gender and HIV/AIDS focal persons, 364 gender and HIV/AIDS club members and leaders, eighteen clinic heads, and six representatives of Higher Education Institutions Sub-Forum for HIV/AIDS and non-governmental organizations (NGO) working on gender and HIV/AIDS, twenty-two persons living with HIV were interviewed using different semi-structured data collection tools.

The HEIs covered by this assessment have organized their HIV/AIDS program at different levels. Some of the HEI have established a designated body within their formal organizational structure to coordinate the HIV/AIDS response in their respective institution. While others have assigned the program coordination responsibility to other units or individuals including the office of deans of students, public relations office, university clinic, a health science college under the university and student clubs and/or students' council.

The assignment of a full-time focal person, a dedicated office space and facilities, formulation of HIV/AIDS policy and allocation of financial resources to the HIV/AIDS program also varies across the different HEIs. In this regard, only ten of the twenty-two HEIs have a fully dedicated unit or directorate to coordinate the HIV/AIDS response, twelve of them have full-time HIV focal person, eight have a designated office space for the coordinators, and eight have approved HIV/AIDS policy while none of the HEIs has allocated up to 2% of their budget for the HIV/AIDS program.

All of the eighteen public HEIs covered by the assessment have designated a decision making body and a program management structure on gender within their formal organizational structure. However, none of the four private HEIs has gender related programs, a unit or a structure to coordinate gender related activities.

The gender programs of the HEIs are organized either in the form of a gender coordination unit or a gender directorate. Despite this, only twelve of the HEIs have a full-time gender focal person. Seventeen have designated office space, and eight have approved anti-gender based violence (GBV) policy. However, none has gender mainstreaming plan.

In most of the public universities, the establishment of a gender coordination office, a designated full-time coordinator, an office facility and budget allocation were found to be a recent phenomenon following the institutionalization of business process reengineering (BPR) in the universities.

Initiatives to mainstream HIV/AIDS and gender in the day to day activities and curriculum of the HEIs are very limited. In this regard, about half of the twenty-two HEIs have employees trained on HIV/AIDS mainstreaming. Very few of the HEIs would conduct regular dialogue on gender and HIV/AIDS related issues.

Most of the HIV/AIDS focal persons of the HEIs believe that HIV/AIDS is among the priority issues for their respective institution. However, all of the private and some public HEIs are found not to assign a full-time HIV/AIDS focal person, not allocated regular budget, have no office space for the program, did not formulate HIV/AIDS policy nor started to mainstream HIV/AIDS into the activities of their institutions.

In most of the HEIs, there is very limited practice of conducting baseline assessments, operational researches as well as impact assessments as an essential parts of a program management cycle.

Most of the HIV/AIDS coordination units of the public and private HEIs and the gender programs of the public HEIs have established linkages and partnership both within and outside their institution. Many established partnership with other organizations to share information and experience as well as to solicit technical, financial and material support. However, the level of partnership and networking established by

the gender and HIV/AIDS programs of the HEIs, both within and outside of the HEIs greatly vary. Few HEIs included gender related goals and objectives in the HIV/AIDS plans, policy and strategy documents. Some of the HEIs included gender-focused targets addressing students in their HIV implementation plan.

The gender programs of most of the public HEIs have a component that gives special support to female students. Tutorial support for female students with low academic performance, economic support to female students from poor families and assertiveness and study skill trainings to female students were the most widely mentioned female-focused interventions being carried out by the public HEIs. Such programs are rarely practiced by the four private HEIs. Moreover, the number of female students benefiting from the support, the types and the intensity of the support provided to the students by the gender programs greatly vary across the different HEIs.

Only very few of the HEIs fully involve students and the rest of the university community during the planning of their gender and HIV/AIDS programs. The practice also greatly varies across the different HEIs. However, unlike the planning process, gender and HIV/AIDS clubs run by students and/or student councils play significant role in implementing gender and HIV/AIDS programs activities.

In the majority of the HEIs with an organized HIV/AIDS and gender programs, limited number of students involve in HIV/AIDS and gender peer learning and education activities. However, the involvement of the rest of the university communities, including academic and administrative staffs and their family members, in IEC/BCC and other program activities was found to be very limited.

A third of the HEIs have established HIV/AIDS resource centers. These centers are sources for HIV/AIDS related information to students as well as academic and administrative staff members.

Only one of the HEIs covered by this assessment had a functional gender resource center at one of its campuses. Other two HEIs also reported to be in the process of establishing gender resource centers.

Almost all clinics (health facilities) owned by the public HEIs are involved in HIV/AIDS and gender programs taking place in their respective settings. In this regard, sixteen provide condom and treatment for sexually transmitted infections (STI), twelve provide voluntary counseling and testing (VCT) service and thirteen conduct pregnancy testing and provide family planning (FP) pills and injectable contraceptives. Six of the health facilities reported to provide services to victims of gender-based violence.

The HEIs forum for HIV/AIDS which is jointly formed and supported by the Federal HIV/AIDS Prevention and Control Office (FHAPCO) and Federal Ministry of Education (FMOE) and other key stakeholders and the forum for NGOs and partners working on gender and HIV/AIDS in HEIs are the two national level forums formed to support the HIV/AIDS and gender responses in the HEIs. Thus far the two forums have contributed in formulation of policy documents, standardizing IEC/BCC materials used by the HEIs and extended their effort to avoid duplication of efforts and ensure fair distribution of resources amongst the HEIs.

All the public and private HEIs are recommended to establish HIV/AIDS and gender coordination units with designated office spaces and facilities, full-time coordinators and other staff members to coordinate and run the two programs in all the campuses under them. All the HEIs should also allocate up to 2% of their annual budget for HIV/AIDS programs and establish AIDS fund.

Recommendations are also forwarded for all the HEIs to prepare HIV/AIDS and gender policy and strategy documents and mainstream HIV/AIDS and gender in their work. The need to address the entire communities of the HEIs with well-designed HIV/AIDS and gender interventions, link the HIV/AIDS and gender programs at all levels, involve all stakeholders in the planning, implementation, monitoring and evaluations of HIV/AIDS and gender programs are also well emphasized .

1. Introduction and Rationale for the Study

1.1 The HIV/AIDS Situation of the Country

HIV/AIDS has been recognized as one of the major public health as well as development problems in Ethiopia since the mid-1980s. The existence of HIV infection in Ethiopia was recognized in early 1980s with the first two reported AIDS cases in 1986. Since then, the epidemic has rapidly spread throughout the country. The epidemic peaked in mid-1990s and started to decline in major urban areas since 2000 while stabilizing in rural settings.¹ The national adult HIV prevalence was estimated at 1.5% (1.9% for females and 1.0% for males) in 2011, ranging from 4.2% in urban populations to 0.6% in rural populations.² There were an estimated 28,073 deaths due to AIDS in 2010. Had not been for the free ART program which has been scaled up in an accelerated manner since 2005, the number of AIDS-related deaths would have been much higher.³

The trend of the urban epidemic is on the decline in major towns while the rural epidemic appears to be relatively widespread ranging from 0.3% to 1.4%. Small towns are becoming hotspots and could potentially bridge further the spread of HIV from urban to rural settings. The estimated national adult HIV incidence of 0.29% in 2010 translates to over 137,494 new HIV infections. With the current status, it is evident that HIV and AIDS remain formidable development challenges to the country.

1.2 HIV/AIDS and the Education Sector

Education contributes to the empowerment of the individual, as well as to a country's economic and social well-being. It helps individuals to make more informed choices about their health, family size, their future and the future of their children.⁴ Education, as a very important factor to human development, is high priority in the overall development endeavor of any country. The human resources developed in the sector have a vital importance to accelerate and enhance the socio-economic development of the nation. The education sector comprises of a large number of academic and non-academic personnel and young people vulnerable to the infection of HIV and is affected by the AIDS epidemic.⁵

The linkages between HIV and AIDS and education are complex. On one hand, the chances of achieving important education goals set by the country and the international communities are severely threatened by HIV and AIDS. The AIDS epidemic undermines broad progress in development and reduction of poverty and, in doing so, poses a serious threat to basic human rights. On the other hand, global commitments to strategies, policies and programs that reduce the vulnerability of children and young people to HIV will not be met without the full contribution of the education sector. Preventing and mitigating the impact of the epidemic is therefore a top priority.⁶

In many countries with high HIV/AIDS prevalence rates, large numbers of teachers, administrators and other educational workers are becoming infected, with substantial impacts on the supply and quality of education. In addition, the consequences for the planning, administration and management of education are expected to be profound and strategies for the organization of the sector will require substantial re-thinking. The epidemic is likely to result not only in losses of education personnel but also in significant reductions in

¹ FHPCO, Strategic Plan for Intensifying Multi-sectoral HIV and AIDS Response in Ethiopia II (SPM II) 2010 – 2014, 2010.

² Central Statistical Authority and ICF International: Ethiopia Demographic and Health Survey, 2012.

³ FHAPCO, Single Point HIV Prevalence Estimate, 2007.

⁴ UNAIDS, TOOLKIT for Mainstreaming HIV and AIDS in Education Sector: Guideline for Development Cooperation Agencies, 2008.

⁵ FMOE, The Education Sector Policy and Strategy on HIV&AIDS. Responding to the Challenges of HIV& AIDS in Ethiopia, 2009.

⁶ UNAIDS, TOOLKIT for Mainstreaming HIV and AIDS in Education Sector: Guideline for Development Cooperation Agencies, 2008.

government funding for education, as economies decline and the direct and indirect consequences of AIDS-related sickness and death create competing priorities for the available resources.⁷

Education remains to be the most human intensive sector in Ethiopia. In 2008 about a quarter (24%) of the country's population are reported to be linked with the sector, as students, teaching and non-teaching staff. This large number of sectoral community represents a strategic avenue to the national HIV response.⁸

The HIV/AIDS epidemic affects the education sector in different ways. AIDS related illness and deaths affecting the household, may affect children's access to education; children may be withdrawn from schools and colleges to care for their parents and/or other family members, or they may be the victim of HIV themselves. The AIDS epidemic also reduces the number of teachers and other staffs in the sector. Failure to carry out their work effectively in schools will further reduce the number of qualified professionals in the education system further affecting the quality of the education.⁹

1.3 HIV/AIDS and Tertiary Education Institutions

Evidence to date indicates that, in heavily affected countries, rates of HIV infection among students and staffs in tertiary institutions are similar to those in the surrounding populations. This highlights the need for these institutions to be fully engaged, along with the rest of society, in combating the spread of infection and ameliorating its impact. Tertiary institutions, and especially universities, have an ethical and intellectual responsibility to set an example by openly debating the issues and finding creative responses to the threat that is posed by HIV/AIDS.¹⁰

Tertiary education institutions, including universities, polytechnics and specialized colleges of further education and training, have a primary duty to develop strategies to protect the lives of those in their sector who are not yet infected, and the human rights of all affected persons. With reference to this, the universities of South Africa have identified five important reasons why tertiary institutions should explicitly engage in dealing with the challenges of HIV/AIDS. These reasons are pertinent for other African tertiary institutions as well.¹¹

1. *HIV/AIDS is a development issue, not just a health issue.* It affects the social, economic and psychological well-being of individuals and communities. It conditions national capacities for economic and political development. It is therefore a legitimate for a university inquiry.
2. *HIV/AIDS affects not just individuals, but also institutions.* Tertiary education institutions are vulnerable to the negative impact of HIV/AIDS on their core operations of management, teaching, research and community outreach.
3. *HIV/AIDS directly conditions the possibilities for human resource development.* Tertiary level educators are among the most skilled individuals in most economies, and tertiary students are particularly vulnerable to infection. At risk is the loss of the most valuable and productive citizens in the economy.
4. *The struggle against HIV/AIDS requires new knowledge.* Universities are charged with the mission of generating new technologies, practices, and understanding through research. These contributions are needed to help African countries prevent and cope with HIV/AIDS.

⁷ EGM/HIV-AIDS/2000/OP 1, The HIV/AIDS Pandemic and its Gender Implication, October, 2000.

⁸ FMOE, The Education Sector Policy and Strategy on HIV&AIDS: Responding to the Challenges of HIV& AIDS in Ethiopia, 2009.

⁹ Ibid & FMOE, Guideline to Implement the HIV&AIDS Policy Strategy in Education Sector, 2010.

¹⁰ EGM/HIV-AIDS, The HIV/AIDS Pandemic and its Gender Implication October, 2000.

¹¹ The World Bank, Crafting Institutional responses to HIV/AIDS: Guideline and Resources for Tertiary Institutions in Sub-Saharan Africa. Africa Regional Human Development Working Paper Series. Human Development Sector, Africa Region, the World Bank, 2004.

5. *The fight against HIV/AIDS requires leadership.* Tertiary level staff and students are traditional among the leaders of their societies, and their active commitment is essential to the development of open national debate and action responses related to the HIV/AIDS epidemic.

HIV and AIDS can reduce student enrollments through deaths, illness, financial constraints, and demand for home care of sick relatives and friends.¹² In addition, practical financial reasons should motivate institutional managers to recognize and tackle the threat of HIV/AIDS. The indirect cost of the disease to an institution can be substantial. They include lost productivity due to staff illness. Loss of staffing resources through death, loss of institutional expertise, the cost of recruiting replacement staff, the cost of re-training staff to take on additional responsibilities when AIDS – induced absenteeism occurs, the financial losses when student loans are not repaid due to illness or death, the loss of public and family investment when a student is forced to drop out of school for AIDS – related reasons higher insurance premiums, and increased death benefits and funeral expenses for staff.¹³

Moreover, these impacts can adversely affect the quality of education within the institution because sick, depressed, unmotivated or demoralized staff cannot be expected to teach effectively, nor can infected and affected students be expected to fully comprehend educational instructions or assume all the course workloads.¹⁴

Taken together, the above reasons comprise a compelling argument in favor of an explicit engagement of the HIV/AIDS challenge by all tertiary institutions.

1.4 HIV/AIDS and Gender

Statistics show that both the spread and impact of HIV and AIDS disproportionately affects women and adolescent girls who are socially, culturally, biologically and economically more vulnerable than men or adolescent boys.¹⁵

Beyond the statistics of sex-based differences in infection rates, there are profound differences in the underlying causes and consequences of HIV/AIDS infections in male and female, reflecting differences in biology, sexual behavior, social attitudes and pressures, economic power and vulnerability. In many ways, the inequity that women and girls suffer as a result of HIV/AIDS serves as a barometer of their general status in society and the discrimination they encounter in all fields, including health, education and employment. It is for these reasons that HIV/AIDS is inherently a gender-based issue and needs to be seen in this light if it is to be addressed effectively. HIV/AIDS will only be conquered when the effort to achieve gender equality is successful.¹⁶

The gender disparity in the risk as well as infection rate of HIV observed among the general population is also true among students of tertiary education institutions. Recent studies in four sub Saharan African countries including Ethiopia suggest that women in the age cohort attending tertiary and higher education institutions such as teacher colleges and universities are more vulnerable to HIV infection. There are probably now many more female students in tertiary and higher education institutions that are infected with HIV than their male counterparts.¹⁷

¹² M. Crewe & C. Nzioka . The higher education response to HIV and AIDS. MODULE 4.6

¹³ The World Bank, *Crafting Institutional responses to HIV/AIDS: Guideline and Resources for Tertiary Institutions in Sub-Saharan Africa.* Africa Regional Human Development Working Paper Series. Human Development Sector, Africa Region, the World Bank. 2004.

¹⁴ M. Crewe & C. Nzioka, *The higher education response to HIV and AIDS, MODULE 4.6.*

¹⁵ National AIDS Control Council, *A Toolkit for HIV/AIDS and Gender Training, 2004.*

¹⁶ EGM/HIV-AIDS, *The HIV/AIDS Pandemic and its Gender Implication, October, 2000.*

¹⁷ M. Crewe & C. Nzioka, *The higher education response to HIV and AIDS, MODULE 4.6.*

It is vital that, in developing and applying the multi-sectoral responses, the concept of gender is included at every stage. An understanding of the gender issues and dimensions of HIV/AIDS must be seen as central to all aspects of the analysis of causative and contributory factors and to the planning and execution of response, whether aimed at prevention of transmission or mitigation of the impacts of the diseases.¹⁸

Recognizing the need to adequately address the gender disparity in the risk as well as infection rate of HIV, the Strategic Plan for the HIV and AIDS Response in Ethiopia (SPM III), demands for all sectoral policies and all HIV prevention programs integrate gender components.¹⁹ In this regard, the education sector policy and strategy on HIV/AIDS emphasizes that each tertiary education institution ensures gender equity and equality in all its policies, programs and activities.²⁰

1.5 The HIV/AIDS Response of the Education Sector in Ethiopia

Even though HIV and AIDS cases have been reported since the middle of the 1980s in Ethiopia, it was not until 1996/97 that some work was initiated through a pilot project called AIDS/STD Education focusing on secondary school clubs. Three years later in 1999/2000, there were some attempts to incorporate HIV and AIDS issues in curriculum, setting up of anti-aids clubs, and use of educational media. This was facilitated by the opportune moment that the educational and training policy was in the revision process and it was possible to include, at all levels, of pre-university education (primary, secondary and TTC), aspects of HIV and AIDS in textbooks and teaching aids particularly, in environmental science, basic science, biology, language studies – English and Amharic, and physical education (in secondary).²¹

The Ethiopian Multi-Sectoral HIV and AIDS Project under HIV and AIDS Prevention and Control Office has an implementation manual that outlines each sector ministry activities. Accordingly, the MOE set up a task force at the beginning of 2001. The technical team provides managerial and follow up roles for the projects designed under the taskforce. Several activities have been accomplished as a result of this.

As part of the national response to the epidemic, the Federal Ministry of Education led the HIV/AIDS response in the sector. The following are some of the key tangible efforts made by the ministry to respond to the effects of the epidemic in the sector:

- Established a coordination office and assigned a full-time focal person that coordinates the HIV/AIDS response in the education sector.
- Developed a new education policy and strategy on HIV/AIDS “The Education sector Policy and Strategy on HIV/AIDS: Responding to the Challenges of HIV/AIDS in Ethiopia, 2009”, that aims at facilitating and ensuring prevention, care, support, and treatment services for individuals and communities of the sector.
- Formulated a detailed guideline to direct the implementation of the policy and strategy, “Guideline to Implement the HIV and AIDS Policy and Strategy in the Education Sector, 2010”.
- In collaboration with the Federal HAPCO and other key stakeholders spearheaded the establishment of the Ethiopian Higher Education Institutions Partnership Sub-forum Response to HIV/AIDS.
- In November 2011, in collaboration with NGO partners, the Federal HAPCO and the Ethiopian Higher Education Institutions Partnership Sub-forum Response to HIV/AIDS organized a five days training on HIV/AIDS mainstreaming.

¹⁸ EGM/HIV-AIDS, The HIV/AIDS Pandemic and its Gender Implication October, 2000.

¹⁹ FHPCO, Strategic Plan for Intensifying Multi-sectoral HIV and AIDS Response in Ethiopia II (SPM II) 2010 – 2014, 2010.

²⁰ FMOE, The Education Sector Policy and Strategy on HIV&AIDS. Responding to the Challenges of HIV& AIDS in Ethiopia. 2009.

²¹ Abebe Haile Gebriel, The HIV/AIDS Challenges in Africa: An Impact and Response Assessment – The Case of Ethiopia, OSSREA 2008.

1.6 Rationale for the Study

Despite notable achievements made by the FMOE to formulate policy and strategy on HIV/AIDS and organize the HIV/AIDS response in the education sector in general and among the HEIs in particular, evidences showed that the effort made by the HEIs in response to HIV/AIDS is not well coordinated and the impact brought by the various interventions so far carried out among students and the rest of the communities of the HEIs are not well studied, documented and shared among the institutions and partners.

Similarly, though the FMOE has given recognition for gender inequalities and gender-based violence as a factor fueling the spread of HIV/AIDS and included gender as a cross cutting issue in the Education Sector Development Plan (ESDP), there is limited information on the level of gender response and on the so far effort made to mainstream gender related issues in the HIV programs implemented by the HEIs. Therefore, FMOE believes that for an effective HIV/AIDS response in the sector, information on the status of the HIV responses in the HEIs including the activities so far carried out to mainstream HIV/AIDS by the HEIs, the level of gender sensitivity of the past, current and planned HIV/AIDS interventions needs to be systematically gathered, documented and disseminated among relevant stakeholders and used for better planning, monitoring, evaluation and policy direction.

2 Objective

2.1 General Objective

The study was aimed at assessing the HIV/AIDS and gender responses of selected public and private higher education institutions in the country.

2.2 Specific Objectives

The specific objectives of the study were to:

- Assess the current status of HIV/AIDS and gender responses of HEIs.
- Identify successes, opportunities, challenges and gaps in the response to HIV/AIDS and gender issues in selected HEIs.
- Review the existing and potential technical, financial and human resources and partners to support the response of HEIs to HIV/AIDS and gender.

3. Study Design and Methods

3.1 Study Design

The survey followed an institution-based cross sectional survey design and used mainly qualitative data collection techniques to gather the required data.

3.2 Selection of Survey Sites, Source and Study Population and Methods of Data Collection

3.2.1 Survey Sites, Source and Study Population

A total of twenty-two HEIs located in nine regions of the country were covered by the assessment. Eighteen are government owned, while the remaining four are private institutes. Of the government owned HEIs, fifteen are under the Ministry of Education; Defense University is under Ministry of Defense, Ethiopian Civil Service University is under Ministry of Civil Service and the Kotebe Teachers Training College is under the Addis Ababa City Administration Education Bureau.

The HEIs like Adama, Addis Ababa, Ambo, Arba Minch, Bahir Dar, Civil Service, Defense, Haramaya and Hawassa universities and the Kotebe Teachers Training Collage have been established more than ten years ago. Universities like Axum, Dire Dawa, Debre Birhan, Debre Markos, Jijiga, Mada Welabo, Wolita and Wolega were established as recent as 2006.

Most of the HEIs covered by this assessment, including the private university colleges and new universities have two or more campuses.

3.2.2 Selection of Survey Sites/HEIs and Respondents

3.2.2.1 Selection of Survey Sites/HEIs

A multi-stage sampling procedure including a sampling method known as population proportionate to size and simple random sampling technique were employed to determine both the proportion of public and private HEIs to be included in the study and to select the HEIs from each category. In this regard, the available information on the number of students enrolled in the regular program of the twenty-six governmental and forty-eight non-governmental HEI is taken as the base to determine the proportion of public and private HEIs to be covered by the study.

According to the 2009/10 education statistics²² a total of 234, 212 students (202,073 in the government and 32,141 and non-government owned HEIs) were enrolled in the seventy-four HEIs in the country. This figure indicates that 86.3% of the students were enrolled in the public while the remaining 13.7% were enrolled in private HEIs. The final selection of both the public and the private HEIs was done using lottery method. Accordingly, eighteen public and four private HEIs were selected and included in the study. For the list of HEIs used as a sampling frame for the selection of the studied HEIs, see annex 2.

3.2.2.2 Selection of the Respondents

According to the agreement reached with the MOE and UNESCO; HIV/AIDS and gender focal persons, HIV/AIDS and gender club leaders, heads of the student clinics of the twenty-two public and private HEIs were identified and interviewed. Whereas, the selection of respondents for the focus group discussions that took place at each of the HEIs follows convenient sampling technique. In this regard, from each of the HEI covered by the study, 8-10 male and female gender and HIV/AIDS club members who were available in the university campuses on the date of the data collection and were willing to participate in the discussions were included as respondents for the FGDs. Similarly, employees and students living with HIV/AIDS and willing to be part of the study were interviewed as respondents. The gender and HIV/AIDS focal persons and club leaders helped the data collection teams with the identification and selection of the study subjects.

A total of four hundred and fifty respondents including:

- Forty gender and HIV/AIDS focal persons,
- Three hundred and sixty-four gender and HIV/AIDS club members and leaders,
- Eighteen heads of student clinics,
- Six people represented from partners including higher education institutions forum for HIV/AIDS and non-governmental organizations working (NGO) on gender and HIV/AIDS
- Twenty-two PLHIV and others were interviewed using different semi-structured data collection tools.

²² FMOE, Education Statistics, annual abstract 2002 E.C./2009/10 G.C. Education Management information Systems, 2010.

Representatives of relevant offices of the selected HEIs, including focal persons of the gender and HIV/AIDS units, gender and HIV/AIDS clubs leaders, members of gender and HIV/AIDS clubs, heads of the student clinics and students and/or staffs of the HEIs living with HIV/AIDS were the respondents for the study. Similarly, representatives of the federal and regional levels stakeholders including: Ministry of Education and Ethiopian Higher Education Institutions Partnership Sub-forum and selected NGOs working on gender and/or HIV programs of the HEIs were the other institutional level respondents.

3.2.3 Method of Data Collection

Multiple data collection techniques including document review, in-depth interview/key informant interview and focus group discussion were used to gather the required data for the assessment.

3.2.3.1 Document Review

Relevant documents including the Education Policy and Strategy on HIV/AIDS Guideline to Implement the HIV and AIDS Policy and Strategy in the Education Sector, Policy Framework and Strategy Document of Ethiopian Higher Education Institutions Partnership Sub-forum Response to HIV/AIDS, research papers, standards and guidelines prepared by UNAIDS, the World Bank and others working on HIV/AIDS and gender mainstreaming and related issues in the HEIS were reviewed to describe the background, and enrich the results and recommendations part of the document.

3.2.3.2 Individual and Group Level Assessment

Eighty-eight HIV/AIDS and gender focal persons and HIV/AIDS and gender club leaders from the twenty-two HEIs gave response to the individual level assessment.

This component of the survey focused on assessing the existing gender and HIV/AIDS response with the HEIs including: organization of gender and HIV/AIDS coordination offices, assignment of full-time gender and HIV/AIDS focal persons, allocation of financial resources, mainstreaming gender and HIV/AIDS activities, linkage between the two programs, the role of clubs in the institutional level response on gender and HIV/AIDS, and monitoring and evaluation (M&E) practices and key gender and HIV/AIDS prevention and control responses of the HEIs.

The focus group discussions that took place among members of the gender and HIV/AIDS clubs explored the role of students on gender and HIV/AIDS related program activities in the HEIs.

3.2.4 Data Collection Tools

Semi-structured in-depth interview and/or FGD guides and institutional assessment questionnaires were used to address individuals and/or groups at different levels including (1) gender and HIV/AIDS focal persons of the twenty-two HEIs (2) gender and HIV/AIDS clubs' leaders (3) gender and HIV/AIDS club members (4) students and staff members of the HEIs living with HIV/AIDS (5) heads of the clinics (6) NGOs and GOs providing technical, material and financial support to the gender and HIV/AIDS programs of the HEIs (7) key federal level stakeholders like, MOE and the office of Ethiopian Higher Education Institutions Partnership Sub-forum Response to HIV/AIDS.

3.2.5 Data Collection Team

The survey team was composed of the lead consultant and eight data collectors with first and second degree level training and experience in handling data collection of similar studies. Members of the data collection team were trained for two days on the objectives of the study, data collection instruments, the different concepts incorporated in the questionnaire, interviewing techniques, ethical considerations, quantitative and qualitative survey methods, observation techniques and respondents' management.

3.2.6 Study Period

The field data collection for the study was completed on the months of October and November 2011. The draft report which was presented to Ministry of Education and UNESCO was finalized and submitted after incorporating the comments forwarded by the representatives of the HEIs who participated in a validation workshop conducted in the last week of April 2012.

3.3 Data Processing

The collected quantitative data are manually edited before being entered to the computer. Responses obtained from the open-ended questions were coded and organized while the remaining questions initially presented in a coded form were entered as they appeared.

The focused group discussions (FGDs) and in-depth interview results were summarized and presented thematically and quotes of relevant findings were included in the result to complement the findings generated by the different survey instruments. The quantification of the study findings reflect only the institutional level responses; however the qualitative study findings generated from each FGD discussant are not compiled to reflect the collective responses of focus group discussants. In other words, findings obtained from FGD discussants of each HEI were used to compliment the institutional level results.

For the purpose of this assessment, the following scales were used for the presentation of the qualitative information:

- 'Majority/Most' refers to $\frac{3}{4}$ of participants;
- 'Minority/Few/Some' refers to $\frac{1}{4}$ of participants;
- Less than $\frac{1}{4}$ of participants were considered outlier respondents and
- More than $\frac{3}{4}$ were termed 'almost all' or 'all.'

3.4 Ethical Considerations

The Federal Ministry of Education HIV/AIDS and Gender Coordination units and the committee established from representatives of the different stakeholders reviewed the research proposal, the survey methods and the different survey instruments and were approved before the instruments were employed.

No experiment was carried out on human subjects. To ensure the willingness of the respondents to participate in the study, each study subject were briefed about the objectives of the study and consent was obtained from each study participant before involving them in the discussions.

3.5 Limitations of the Assessment

The high turnover of gender and HIV focal persons and poor recording and record keeping of the gender and HIV/AIDS related activities in some of the HEIs limits the quality and completeness of the information made available to the data collection teams.

4. Results and Discussion

4.1 Current Status of HIV/AIDS and Gender Responses in Higher Learning Institutions

The policy framework and strategy document prepared by the Ethiopian Higher Education Institutions Partnership Sub-forum response to HIV/AIDS set nine strategic thematic areas for an effective HIV/AIDS response in the HEIs including: Strategic Management, Research, Institutional HIV/AIDS Policy, Prevention, Care and Support, Curriculum, Community Involvement, Gender Sensitivity and Responsiveness and Monitoring and Evaluation.

Attempt was made to organize the presentation of the assessment in line with the nine thematic areas described above.

4.1.1 Program Management Structure and Systems on HIV/AIDS and Gender in HEIs

4.1.1.1 Program Management Structure on HIV/AIDS

As part of an organized response to the HIV/AIDS epidemic and ensure the gender sensitivity and responsiveness of the HIV/AIDS program implemented by the academic institutions, the HEI are expected to formulate a program management structure, designate a decision making body, establish HIV/AIDS and gender coordination offices, and allocate adequate budget and other resources required to implement the HIV/AIDS and gender related program activities. In the absence of HIV and AIDS units within the formal structure, HIV and AIDS committees and/or student-based anti-AIDS clubs remain the focal points for spearheading piecemeal HIV and AIDS activities that are usually financed by some NGOs.²³

In line with this, the national education sector policy and strategy on HIV/AIDS recommends that all HEIs to review both the vertical and horizontal organizational structures in a way that would enable them to mainstream HIV/AIDS in the institutions' objectives, inputs, activities and processes.²⁴

All the twenty-two HEIs have put either a partially or a fully designed entity in their system to coordinate HIV/AIDS program activities. However, only ten of the twenty-two HEIs have designated a fully functional body with some decision making power within their formal organizational structures to coordinate HIV/AIDS program activities. The HIV/AIDS program is organized as an independent directorate in Addis Ababa, Hawassa and Haramaya universities. Arba Minch, Debre Markos and Dire Dawa universities have put the HIV/AIDS and the gender programs under one directorate whereas Bahir Dar, Debre Birhan, and Mada Welabo Universities have organized their HIV/AIDS programs at the level of a coordination office. In Civil Service University, the HIV/AIDS program is managed by an HIV/AIDS Management Unit.

²³ Abebe Haile Gebriel, The HIV/AIDS Challenges in Africa: An Impact and Response Assessment – The Case of Ethiopia , OSSREA, 2008, p.3.

²⁴ FMOE, The Education Sector Policy and Strategy on HIV&AIDS, Responding to the Challenges of HIV& AIDS in Ethiopia, 2009.

In Defense University - the university clinic, in Axum University - health professionals working in the health science college and in Adama University - the social service office and the university clinic jointly coordinate the HIV/AIDS program activities. In Ambo and Wolega universities, a committee organized under the patronage of the university president has assumed the coordination role. In Wolaita universities, the HIV/AIDS coordination offices are reported to be in the process of formulation. Similarly, the Kotebe Teachers Training College started the process of organizing HIV/AIDS and gender programs under one directorate.

Unlike the public HEIs, the four private HEIs: Alpha University College, Central Health College, Medco Bio Medical College and Rift Valley University College, have given the coordination of HIV/AIDS program activities to specific individuals working at different levels within their organizational structure. In Alpha University, the dean of students; in Central University Collage, the public relations officer; in Medico and Rift Valley University Colleges, student health clubs coordinate HIV/AIDS related activities.

The period of establishments of the HIV/AIDS coordination units in the different HEIs ranges between few months to more than twelve years. In this regard, the HIV/AIDS coordination units of some of the HEIs were established since 2000 while some were established as recent as June and July 2011. Still some universities such as Jijiga and Wolaita are reported to be in the process of establishing HIV/AIDS coordination unit within their organizational structure.

4.1.1.2 Program Management Structure on Gender

All the eighteen public HEIs have reported to having established a decision making body and a program management structure on gender within their formal organizational structure. The gender programs are organized either in the form of a gender coordination unit or a gender directorate. However, such structures are missing in the four privately owned HEIs.

Universities like Addis Ababa, Hawassa, Haramaya and Wollega organized an independent gender directorate. In Civil Service University, the gender program is coordinated by the Gender and Development Center. In Arba Minch, Debre Markos and Dire Dawa universities gender and HIV/AIDS programs are placed under a Cross Cutting Directorate and in Kotebe Teachers Collage, the gender and HIV/AIDS programs are coordinated by a coordination unit. Similarly, the gender office is structured: in Mada Welabo University, Gender and Special Needs Directorate; in Axum University, Gender and Special Needs Affairs Center; in Debre Markos University, Gender, Disability and HIV/AIDS Directorate; in Jijiga University, Gender, HIV and Diversity Directorate, in Defense University, Gender Coordination Committee; and in the remaining public HEIs, Gender Coordination Office coordinate gender programs. In almost all public HEIs the gender coordination offices, directorates or centers are accountable to the office of the president of their respective universities.

In most of the public universities, the establishment of a gender coordination office, a designated full-time coordinator, an office facility and budget was found to be a recent phenomenon and follows the institutionalization of the business process reengineering in the universities.

4.1.1.3 Office Structure and HIV/AIDS Full-Time Focal Persons for HIV/AIDS Programs

Assigning a focal person with other required personnel to coordinate and lead the HIV/AIDS program activities, allocating a designated office space and establishing a functional office with all the necessary facilities are among the essential steps for an organized HIV/AIDS response. However, similar to what was observed with the practice of establishing a management structure and designated office facility, the

Table 1: Key Components on HIV /AIDS Response of the HEIs, November 2011

Implementation component	Number of universities
AIDS risk analysis of workers	0
HIV focal person designation	22
Full-time HIV focal person	12
Designated office space	10
Approved HIV/AIDS policy	8
HIV/AIDS mainstreaming plan	8
2% of the budget allocated for HIV program	0

assignment of full-time HIV/AIDS focal persons and other essential staffs showed marked variations across the different public and private HEIs.

Twelve of the twenty-two HEIs including eight public and four private universities have neither allocated a designated office space nor assigned full-time focal persons for their HIV/AIDS programs.

In universities like Addis Ababa, Axum, Debre Birhan, Jijiga, Wolaita and Wollaga, academic staffs assumed the role of a focal person in addition to their teaching and other academic responsibilities. In two of the private universities, administrative staff members coordinate HIV/AIDS related activities in addition to their routine responsibilities, while in the other two privately owned HEIs, students who are leading the HIV/AIDS and health clubs carry out the coordination role. In Adama University, the HIV/AIDS related activities are jointly coordinated by the head of social service department (equivalent to student dean) and the university clinic.

Some universities like Arba Minch, Bahir Dar, Civil Services, Hawassa, Haramaya and Mada Welabo assigned more than three personnel to coordinate HIV/AIDS related activities in their different campuses either on full-time and/or on part-time basis.

4.1.1.4 Office Structure and Gender Full-Time Focal Persons for Gender Programs

Seventeen of the public HEIs reported to have an office and a focal person for their gender programs. However, it was shown that the time of establishment of the gender coordination offices, the number of personnel working on the program as well as the working arrangements of the assigned staff members greatly vary across those HEIs. In this regard, HEIs like Addis Ababa, Bahir Dar and Haramaya universities reported that the gender program was established more than ten years ago. In Axum University the gender office was organized in 2006. Whereas, other universities like Wolaita reported that their gender program was organized recently in September 2011. The key component of gender office of the eighteen public HEIs is summarized in Table 2.

The gender coordination office of Adama University has a designated office space and two personnel (one full-time and the other part-time). The Gender Directorate of the Addis Ababa University has an office and five staff members including the director, deputy director and program coordinator. Moreover, all faculties under the eighteen universities have a coordinator and deputy coordinator for their gender program. Faculty gender coordinators are academic staffs working in the program on a part-time basis while the deputies are full-time staff members assigned to coordinate gender related activities in their respective faculties. The faculty members assigned in gender coordination offices are accountable to the deans of their respective faculties.

The Ambo University gender office has an established office with one full-time personnel.

In Arba Minch University, the gender and HIV/AIDS programs share the same office and have more than five full-time personnel jointly coordinating the activities of the two programs. The coordinators have independent offices.

In Axum University, the Gender and Special Needs Affairs Center has an office and three personnel i.e. one full-time and two part-time. The director and the special needs officer are working in the center on a part-time basis.

The Gender and Development Center of the Ethiopian Civil Service University has an office and four full-time personnel specifically working on gender program activities. The center also provides gender related trainings, research and consultancy services.

In Kotebe Teachers College, the gender and HIV/AIDS program activities are coordinated by the same unit. The coordinator is working in the unit in addition to her teaching responsibilities.

Bahir Dar University has gender coordination offices and assigned focal persons in all the three campuses. There are four full time staffs (including three program staffs and a secretary) specifically assigned for the gender program.

The Debre Birhan University gender office has three personnel coordinating the activities of the office. Two are working in the unit on full-time basis.

The Dire Dawa University, the gender program is coordinated by a Cross Cutting Directorate. One part-time and one full-time administrative staff work in the gender program.

In Debre Markos University the Gender, HIV/AIDS and Disability Directorate has a designated office and four staff and out of which two are working on full-time basis. The director is coordinating the program as a part-timer.

Defense University is under the Ministry of Defense. The Ministry has a policy on gender and HIV/AIDS. However, the gender program coordination unit has no office facility and not designated full-time focal person. All gender related activities are coordinated by a committee and they use their office to coordinate gender related activities.

The Gender Directorate at Haramaya University has an office facility in all its three campuses and has four personnel working on full-time basis and one part timer.

The Gender Directorate of Hawassa University has three full-time personnel. However, the director is working in the office on a part-time basis.

The Gender and Diversity Directorate at Jijiga University has an office and two personnel: the director and gender expert. The director is coordinating the program on a part-time basis.

At Mada Welabo University, the Gender and Special Needs Office is under formation. Currently, the focal person shares an office facility with other programs.

The gender directorate of Wollege University has an office and three personnel including the director, one expert and one secretary.

The Gender Directorate of Wolaita University has an office and a coordinator.

Table 2: Key Components on Gender Response of the HEIs, November 2011

Implementation component	Number of universities
Gender analysis of workers	0
Gender focal person designation	17
Full time gender focal person	12
Designated office space	17
Approved anti GBV policy	8
Gender mainstreaming plan	0
Specific proportion of the budget allocated for gender program	0

4.1.1.5 Financial Resources Allocated for HIV/AIDS Program

Thus far none of the twenty-two HEIs has committed specific proportion of their annual budget for HIV/AIDS prevention and control program or allocated an ear marked budget for HIV/AIDS program activities.

Despite this, most of the HIV/AIDS focal persons from the public HEIs reported that the administration of their respective university provided them with money required to implement HIV/AIDS prevention and control activities.

Some like Haramaya University has reported that the money they were getting from the administration of their respective universities for HIV/AIDS program was adequate to implement activities included in their annual plans. However, most pointed out that every time they needed money for specific HIV/AIDS activities, they would be required to submit a proposal and/or a request to the university administration and

get approval. In some HEIs, this procedure was reported to be time taking and may not always result with the acquisition of the required amount of funding. This was reported as one of the factors that limit the implementation capacity of the HIV/AIDS coordination units of the public HEIs.

The focal persons of the four private HEIs reported that no budget was allocated for HIV/AIDS program by the administration of their respective university.

Few HEIs reported that the HIV/AIDS program was fully dependent on the financial support received from donors. See Table 6.

Despite the absence of an earmarked budget for the HIV programs, the HIV focal persons from some of the public HEIs noted that the need for allocating up to 2% of the university budget for HIV/AIDS program activities was discussed with the university administration and is awaiting the approval of the university board and senate.

Out of the twenty-two HEIs, only Ambo University reported to having an established AIDS fund. According to the focal person, the fund was established about four years ago with ten Birr monthly contributions from teaching and administrative staff members of the university. However, the fund which was meant to provide financial support for staffs and students who live with HIV and need financial support; was not utilized due to absence of staffs and/or students who disclosed their HIV status and requested for support.

4.1.1.6 Financial Resources Allocated for Gender Program

Of the HEIs covered by the assessment, only Debre Markos University has reported to have committed one percent of its annual budget for gender program. Though not equivalent to specific proportion of the total annual budget of the university, Arba Minch and Haramaya universities also reported to have allocated 500,000 Birr and one million Birr respectively for the gender program activities planned to be carried out in 2011/12 budget year. The remaining fifteen public HEIs did not allocate budget for their gender program.

However, the gender focal persons reported that the administration of their respective universities often encourage “activity based budget allocation” i.e. in order to get the required money for specific program, the gender office would be required to prepare a proposal and submit a request to the university administration.

Some HEIs like Addis Ababa University, Arba Minch University, Kotebe Teachers Training College and Hawassa University also reported that local and international NGOs and donor agencies are the major sources of support for their gender programs.

4.1.2. HIV/AIDS and Gender Mainstreaming Strategy

4.1.2.1 Policy on HIV/AIDS

A written institutional policy provides explanation for internal decision and legitimacy for actions taken in the process of AIDS control and prevention.²⁵ Developing an institutional policy on HIV/AIDS is among the first key activities that HEIs should perform as part of an organized AIDS response. Despite the high expectation for the HEIs in Ethiopia to develop HIV/AIDS Policy that guides their HIV/AIDS prevention and control activities, only eight of the twenty-two HEIs reported to having an approved HIV/AIDS policy document.

Addis Ababa, Bahir Dar, Civil Service, Haramaya, Hawassa, Debre Markos, Wollega and Mada Welabo are the eight universities which reported to have an approved HIV/AIDS policy document. Whereas, universities like Arba Minch and Debre Birhan reported to have reached in the final stage of the preparation and/or have started the approval for the HIV/AIDS policy document. While the remaining twelve HEIs (including eight

²⁵ William Saint: Crafting Institutional responses to HIV/AIDS: Guideline and Resources for Territory Institutions in Sub Saharan Africa. Africa Region Human Development Working Paper Series

public and four private universities) reported that the preparation of an HIV/AIDS policy document is either not started or at the very early stage of its development.

The eight universities with an approved HIV/AIDS policy document reported to have involved representatives of the academic and administrative staff members as well as students during the development of the policy document. However, the level of involvement of the different stakeholders during the development of the policy document was found to be different across the institutions.

Apart from the policy document, some universities like Addis Ababa, Debre Markos, Haramaya and Wollega reported to have developed a five-year strategic plan that guides the implementation of the HIV/AIDS program in their respective universities.

4.1.2.2 Anti-Sexual Harassment Policy

Eight of the public HEIs including Arba Minch, Axum, Bahir Dar, Civil Service, Jijga, Haramaya, Mada Welabo and Wollaga reported to have an approved anti-sexual harassment or anti-gender based violence policy or code of conduct.

Seven HEIs including Adama, Addis Abeba, Ambo, Debre Birahn, Debre Markos and Hawassa universities and Kotebe Teacher Training College, reported to using the Anti-Sexual Harassment Policy document developed by the FMOE to formulate a draft anti-sexual harassment code of conduct/policy for their respective universities. However, all reported that the draft policy document they have prepared is awaiting the approval from the senate of their respective universities.

Universities with an approved document and those with a draft document reported to involve academic and administrative staff members as well as representatives of students during the preparation of the document.

In Kotebe Teachers Training College, an NGO called Forum for Africa Women Educationalist (FAWE) has provided financial support for the formulation of the anti-sexual harassment code of conduct/policy. However, practically all the other reported to using their resources to prepare the policy document.

“There is a policy but it never stopped verbal harassment. Having a policy is one thing but it is totally another thing enforcing the implementation and creating harassment free environment.”

Seven HEIs reported to start the preparation of the policy or code of conduct documents due to various reasons. In this regard, the gender office of Wolaita University has reported that they have not yet started the process of preparing the document. Similarly, Defense and Dire Dawa universities as well as the other four private HEIs reported issues related to GBV are incorporated in the rules and regulations of the university and there is no initiative to develop independent policy/code of conduct on gender and related issues.

4.1.2.3 Mainstreaming Policy, Strategy and Plan on HIV/AIDS

Mainstreaming ensures that addressing HIV and AIDS is not an add-on or isolated activity but an integral part of education sector policy, strategies, curricula, actions and monitoring and evaluation efforts. It also means that HIV and AIDS should not be seen as a separate issue but as part of the overall educational plans and priorities, including those related to life skills, social skills, health and nutrition.²⁶ Mainstreaming is implementation action when individual sectors and institutions commit specific activities as part of the national, multi-sectoral response.²⁷ The national education sector policy and strategy on HIV and AIDS emphasizes the need for the HEIs to mainstream HIV and AIDS related programs and activities into all aspects of their work including planning, budgeting, implementation, management, and monitoring and evaluation.²⁸

²⁶ UNAIDS, A Strategic Approach: HIV and AIDS and Education. Inter-Agency Task Team on Education, 2009.

²⁷ FMOE, Guideline to Implement the HIV&AIDS Policy Strategy in Education Sector, 2010.

²⁸ FMOE, The Education Sector Policy and Strategy on HIV&AIDS. Responding to the Challenges of HIV& AIDS in Ethiopia, 2009.

In this regard, as part of a comprehensive HIV/AIDS response, HEIs are expected to have a mainstreaming strategy and plan on how they can mainstream HIV/AIDS into all aspects of their work. However, twenty-one of the HEIs covered by the assessment have neither a standalone HIV/AIDS mainstreaming strategy document nor an approved action plan on how to mainstream HIV/AIDS into all aspects of their work.

The Ethiopian Civil Service University reported to having a mainstreaming strategy and plan on HIV/AIDS. The plan which is entailed, "HIV/AIDS management balanced score card (plan)" was prepared to achieve the strategic objectives of the university on HIV.

However, most of the eight HEIs with an approved HIV and AIDS policy and strategy document reported that issues related with HIV/AIDS mainstreaming are addressed in their HIV/AIDS policy document and they have incorporated some activities related to mainstreaming, such as conducting mainstreaming trainings to academic and administrative staffs in their annual plans.

4.1.2.4 Mainstreaming: Policy, Strategy and Plan on Gender

Gender mainstreaming is an approach or strategy on how to address gender inequalities at all levels with an overall goals of attaining gender equity and gender equality. It involves an analysis of the situation to identify gender disparities on economic and political issues. Gender mainstreaming in institutions of higher learning is a policy process undertaken to achieve gender equity. Most important of all is the strategies employed to achieve the desired results by being conscious when thinking, applying and making decisions that pertain to both men and women in institutions.²⁹

The Ethiopian Civil Service University reported to have a gender strategic plan. However, none of the other HEIs reported to have an approved gender mainstreaming policy, guideline and plan. Universities like Adama and Arba Minch reported to have a draft gender policy and guideline document awaiting the approval of the senate of their respective universities. Haramaya University reported that the preparation of a gender mainstreaming policy and guideline is under way with the support obtained from an NGO called Voluntary Service Overseas.

Other universities like Ambo reported that they were in the process of adapting the draft gender mainstreaming policy prepared by the Gender Directorate of the Federal Ministry of Education. Addis Ababa University reported to have no gender mainstreaming policy and guideline but has a gender mainstreaming plan. The Gender Directorate of Addis Ababa University has further reported that they were waiting for the FMOE Gender Mainstreaming Policy and Guideline document to be approved and issued so that they would adapt and use it.

The strategic plan of the Ethiopian Civil Service University incorporates objectives that aimed reducing the attrition of female students. It gives special attention to female students coming from the emerging regions.

The gender focal persons of all the other HEIs including the four private universities reported that there is no initiative to prepare the gender mainstreaming policy, guideline or plan.

4.1.2.5 Mainstreaming: Trainings and Regular Discussions on HIV/AIDS

Mainstreaming HIV and AIDS in the works of the HEIs requires to having a critical mass of well-informed staff about the concepts and the essential actions. This includes conducting regular mainstreaming discussions among the key stakeholders of the HEIs university officials, administrative and academic staff members as well as students.

The so far efforts made to mainstream HIV/AIDS in the works of the HEIs showed that only twelve of the twenty-two HEIs have staff trained on mainstreaming; whereas six of the public and all the four private HEIs reported not to have people trained on mainstreaming. Out of those with staff trained on mainstreaming, universities like Adama, Arba Minch, Ethiopian Civil Service, Hawassa, Haramaya, Wollaita, and Wollega

²⁹ Chebet S. K., Gender Mainstreaming Experiences from Eastern and Southern Africa, OSSERA, 2010, p.59.

reported to have two or more trained people on HIV/AIDS mainstreaming. Moreover, universities like Bahir Dar, Civil Service, Debre Birhan and Haramaya organized in house trainings on mainstreaming for the top management and to other academic and administrative staffs and students of the university. See Table 7.

The majority of the HEIs including those with trained staff on mainstreaming reported that discussions on mainstreaming are not conducted among the key stakeholders within the institution on a regular basis.

4.1.2.6 Mainstreaming: Trainings and Regular Discussions on Gender

Eight of the twenty-two HEIs including: Addis Ababa, Arba Minch, Adama, Civil Service, Debre Birhan, Defense, Kotebe and Haramaya universities reported to having people trained on gender mainstreaming. However, none of the HEIs reported to have conducted regular gender mainstreaming dialogue.

Arba Minch University reported 120 administrative and teaching staffs trained on gender mainstreaming. In Haramaya University, all top and middle level management including the president and vice president, college, faculty and department heads were trained on gender mainstreaming. In Addis Ababa University, more than 200 people including academic and administrative staff members and students were reported to be trained on gender mainstreaming. In Debre Birhan, sixty-eight staffs and students are reported to be trained on gender mainstreaming.

Unlike the other HEIs, the Gender and Development Center of the Ethiopian Civil Service University is reported to being actively involved in providing training on gender issues including gender mainstreaming for students, administrative and academic staff of the university as well as for civil servants from outside of the university. In 2010/11 budget year, the center provided such trainings for 1,912 civil servants from different governmental organizations.

The above mentioned HEIs also reported that discussions on gender mainstreaming have taken place but the reported discussions were not carried out on a regular basis.

4.1.2.7 Mainstreaming HIV/AIDS and Gender in Curriculum

Explaining the gaps in knowledge and programming for HIV and AIDS in the education sector, Abate (2008) stated that HIV/AIDS has not been fully incorporated into the curriculum. Evaluation suggests that the existing curriculum cannot effectively inculcate life skills to learners. For another thing, basic facilities for anti-AIDS clubs have not been sufficiently made available and in some institutions even the necessary guidance, counseling and preventive supplies are in short.³⁰

Offering HIV/AIDS as a standalone course in teaching and learning program and ensuring the development of core competencies according to the professional specific requirements are the two key objectives of the curriculum development key performance area developed as part of the policy framework and strategy document.

Forming a curriculum design team and conducting trainings to the team, developing standalone course curriculum and course syllabus, conducting workshop for validating curriculum and syllabi and availing teaching and resources materials are the key activities that each of the HEIs are expected to carry out as part of the mainstreaming process.

However, only few of the universities covered by the assessment like Bahir Dar, Ethiopian Civil Service, Debre Markos, Hawassa, and Haramaya reported the presence of some initiatives to incorporate HIV/AIDS in the curriculum. While the rest of the visited HEIs reported the absence of initiatives or plans to mainstream HIV/AIDS in the existing curriculum or provide HIV/AIDS as a standalone course in teaching and learning programs. Despite this, most of the public HEIs indicated that topics related with HIV/AIDS are addressed in the majority of Health Science, Biology, Civics and English language courses.

³⁰ Abebe Haile Gebriel, The HIV/AIDS Challenges in Africa: An Impact and Response Assessment – The Case of Ethiopia, OSSREA, 2008, p.3.

The Ethiopian Civil Service University has developed a draft standalone HIV/AIDS course curriculum and syllabus. The course will be started to given to students after getting the approval from the university senate.

Debre Markos University reported to have a plan to prepare a module on HIV/AIDS where each instructor will be required to allocate 10% of the course time to HIV/AIDS related topics.

Similar to what was observed with the effort made by the HEIs to mainstream HIV/AIDS in the curricula, only Haramaya University, reported that certain colleges and departments including department of gender and development, college of agriculture, collage of business and economics, have incorporated gender issues in their curriculum. Other HEIs indicated that gender related topics are covered by courses like civics, history, sociology, psychology and communicative English. Some also mentioned that independent gender courses including gender, gender and development, gender and law are provided in departments and programs like law, political science, agriculture and rural development.

4.1.3. Linkage between HIV/AIDS and Gender Programs in HEIs

4.1.3.1 Linkages between the Two Programs

Mainstreaming gender in all HIV/AIDS responses and ensuring equal access and opportunities to both genders in HIV/AIDS are two of the strategic objectives depicted in the policy framework and strategy document of the HEI Partnership Sub-forum. However, the results of this assessment showed that varying levels of efforts have been exerted and activities carried out to link the HIV/AIDS and gender programs implemented by the universities.

Findings showed that different universities follow different organizational arrangements to link their HIV/AIDS and gender programs. As described in section 4.1.1.3, universities like Arba Minch, Debre Markos and Dire Dawa organized their HIV/AIDS and gender programs under the same directorate, while others gave the program coordination responsibility to the HIV/AIDS and gender programs, to independent units or directorates placed in the organization structure of the respective universities.

The experiences of the different universities in linkage the two programs are summarized below:

The HIV/AIDS directorates of the Civil Service and Haramaya Universities reported to be closely working with the gender and development center/gender directorate during the preparation of policy documents and guidelines on gender and HIV/AIDS and reproductive health manual and annual plans. The activities of the two programs in Haramaya University are reported to be closely linked and synergistic.

In Arba Minch and Debre Markos Universities the gender and HIV/AIDS coordination units are placed under the same directorate and this has helped them to facilitate their linkage starting from the planning stage. The plan and budget for the two programs are integrated and shared. The coordinators of the two programs closely work to ensure that gender and HIV/AIDS related issues are addressed in their respective plans.

The HIV/AIDS and gender programs of other universities like Addis Ababa, Adama, Axum, Bahir Dar, Debre Birhan, Defense, Kotebe, Jijiga, Hawassa, Mada Welabo and Wollega reported to working with each other in specific areas like trainings on gender, reproductive health and HIV/AIDS and during different events organized to address HIV/AIDS and gender related issues like the celebration of the World AIDS Day and March 8. However, in these universities the activities of the two programs are reported to be not well linked starting from the planning stage.

HEIs like Defense and Wolita reported that there was a very minimum linkage between the two programs. Others including, the four private universities reported, no plan exist to link the HIV/AIDS and gender related activities. Absences of designated coordination office on gender and HIV/AIDS in the administrative structures of the private universities are cited by the private HEIs as the limiting factor for the absence of linkage between the two programs.

4.1.3.2 Inclusion of Gender-Focused Goals and Objectives in HIV/AIDS Program/Project

Implementation of all HIV and AIDS prevention activities with gender sensitivity is one of the objectives of the framework for the national education sector response.³¹ To ensure this, HEIs need to address the integration of HIV/AIDS and gender issues when they develop policies and strategic plans, mainstreaming guidelines and plans, prepare detailed implementation plans and during the implementation of gender and HIV/AIDS related interventions for the two programs.

Some of the HEIs that developed HIV/AIDS policy and strategy document reported including gender focused goals and objectives in their HIV/AIDS policy and strategy documents. Similarly, the HEIs with an active HIV/AIDS program activities reported including some gender focused targets addressing students in their implementation plan. However, only few of the HEIs with an active gender program reported to have included HIV/AIDS related goals and objectives in the plan prepared for the gender program. In this regard, the gender coordination units of HEIs including Axum, Debre Birhan, Defense, Hawassa, Jijiga and Mada Welabo reported that the plans they developed for the gender program did not include HIV/AIDS related goals and objectives.

The focus of the gender programs of most of the HEIs covered by this assessment are female students. Only few of the HEIs reported incorporating both male and female academic and administrative staffs in the goals and objectives set for the gender and HIV/AIDS programs. In this regard, both the HIV/AIDS and gender programs implemented by the HEIs reach more female students with trainings on issues like: HIV/AIDS, peer education, assertiveness, and reading skills. Most gender programs work to ensure that female students have better access to books, tutorial and economic supports.

The fact that risks associated with HIV/AIDS and GBV are high among females was cited by most of the universities as one of the major reasons to focus on female students.

4.1.3.3 Integration of Gender in the Monitoring and Evaluation System of HIV/AIDS Programs

Findings showed that the involvement of the different stakeholders in the assessment of the performance of the gender and HIV/AIDS programs depend on the way the units are organized in the HEIs, and the reporting requirements set by their respective university administration and in some cases by the donors.

In most cases, the gender and HIV/AIDS units of the HEIs submit their independent plan annually and performance report quarterly to their respective university administration. Some of the gender and HIV/AIDS units also reported to have submitted regular project specific reports to the donors that financially supported their programs.

Despite this, all the HEIs reported that they have not established a system or plan specifically designed to jointly plan, monitor and evaluate gender and HIV/AIDS programs.

HEIs like Debre Markos University reported a task force involving the University President, Vice President, HIV and gender focal persons and head of the HIV and gender directorates and representative of the regional HAPCO during the performance assessment of the HIV/AIDS and gender directorate.

The HIV/AIDS Directorate of Haramaya University reported to have practiced joint planning, monitoring and evaluation with partners and stakeholders and submits gender disaggregated data every four months to the university senate and the donor agencies supporting the gender program. However, the gender directorate of the same university indicated that the HIV/AIDS and Gender Directorates follow different planning and M&E approaches and have limited linkage with each other at implementation.

³¹ Ethiopian Higher Education Institutions Partnership Sub-forum Response to HIV/AIDS: Policy Framework and Strategy, 2010.

4.1.4 Research

Abebe Haile Gebriel (2008) stated that where active HIV and AIDS response exists, it is also reflected in the research agenda and activities of the institutions. For example, eight universities and six Technikons in South Africa have specific units that deal with HIV and AIDS research. Apart from mainstreaming HIV/AIDS and gender in the main activities of research, HEIs need to conduct assessment to know the status and respond accordingly.³²

4.1.4.1 Formative and Impact Assessments on HIV/AIDS

Universities and other tertiary institutions with HIV/AIDS programs are expected to undertake baseline assessments and operational researches on HIV/AIDS and generate area specific data that would inform the planning, implementation and monitoring and evaluation aspects of their HIV/AIDS program.³³

Information generated through baseline and operational researches conducted as part of the planning process and in the process of program implementation by students, academic staff and others affiliated with the HEIs would also help to identify and address key programmatic challenges. Specifically, operational researches conducted during the process of program implementation need to follow the step of problem identification and diagnosis, selection of a program strategy, strategy testing and evaluation, information dissemination and information utilization and scale up.³⁴

Baseline and operational researches as well as impact assessments are essential parts of a project/program management cycles and should be planned and carried out as part of the planning, implementation, monitoring and evaluation of HIV/AIDS projects/programs.

In this assessment, only eight of the twenty-two HEIs i.e. Addis Ababa, Civil Service, Debre Birhan, Debre Markos, Jijjiga, Haramaya, Hawassa and Wolita universities, reported that such practices exist to a certain degree and different types of HIV/AIDS related baseline assessment have been conducted or are in the process of being conducted. However, the focal persons of the remaining fourteen HEIs reported either no studies have been conducted or do not have the information on whether HIV/AIDS focused studies have been conducted in their respective universities.

Six of the universities reported to have allocated financial resources for HIV/AIDS related research activities. The Federal and regional HAPCOs and NGOs are reported to have financially supported and/or directly commissioned the majority of the mentioned assessments. See Table 7.

A study, "Risky Sexual Behavior and Predisposing Factors Among Ethiopian University Students" commissioned by the Federal HAPCO and conducted in five universities namely Gondar, Haramaya, Hawasa, Jimma and Mekele and another qualitative study on "Sexual and Reproductive Health Situation of Students Financially Supported by an NGO called Consortium of Reproductive Health Association (CORHA) and conducted among students of the Addis Ababa, Mekele, Jimma universities and an ongoing study by Civil Service University entitled, "The Challenges and Opportunities of HIV/AIDS Mainstreaming in Higher Learning Institutions in Ethiopia" were cited as the three large scale studies conducted on HIV/AIDS in Ethiopian HEIs.

The Ethiopian Civil Service University has institutionalized HIV/AIDS research as one of cross-cutting theme and engaged in problem-solving research activities. In addition, to the above mentioned ongoing study, it has one other ongoing and three completed studies: Impact of HIV/AIDS on Civil Service Performance in Ethiopia (ongoing); Assessment of the Roles of Local Community (Engagement) in Responding to HIV/AIDS in Addis Ababa; and Students' Perception, Attitude and Risk Behaviors Related to HIV among First Year

³² Abebe Haile Gebriel , The HIV/AIDS Challenges in Africa: An Impact and Response Assessment – The Case of Ethiopia, OSSREA, 2008, p.3.

³³ FMOE, The Education Sector Policy and Strategy on HIV&AIDS. Responding to the Challenges of HIV& AIDS in Ethiopia, 2009.

³⁴ FMOE, Guideline to Implement the HIV&AIDS Policy Strategy in Education Sector, 2010.

Students and Exploration of HIV/AIDS Related Knowledge, Attitude and Practice of University Community: The Case of Ethiopian Civil Service College

Debre Berhan University reported an ongoing study to assess the impact of HIV/AIDS on the university and the university community.

Some universities like Haramaya reported up to eleven studies have been conducted on HIV/AIDS related issues with the fund allocated by the university and others including Oromia HAPCO. Addis Ababa and Wollega universities also reported to have allocated research fund for students and staffs to carryout research on HIV/AIDS and related issues. Others like Defense, Adama and the four private universities reported to have no fund allocated for HIV/AIDS related research activities.

The focal persons of most of the HEIs covered by this assessment reported that in most cases the HIV/AIDS units do not get the copies of the HIV/AIDS related studies conducted in their respective universities, the studies are not comprehensive in nature, focused only on the student community, failed to consider analysis of gender issues and rarely used for planning purpose. See Table 7.

4.1.4.2 Formative and Impact Assessments on Gender Related Issues

The practice of conducting baseline and impact assessments focusing on gender and related issues by the gender programs of the HEIs was found to be very limited. In this regard, only eight of the twenty-two HEIs including Arba Minch, Addis Ababa, Civil Service, Debre Markos, Hawassa, Mada Welabo, Wolaga and Wolita universities reported to have conducted baseline assessments on different gender related issues including sexual harassment, reproductive health and related risk behaviors, challenges faced by female students and academic staff, gender and HIV/AIDS, and so forth. Some HEIs reported to have used the study results for planning their gender programs.

The Hawassa University Gender Office specifically reported to have conducted a comprehensive gender audit and used the result as an input during the formation of the gender workplace policy. Similarly, only two HEIs i.e. Kotebe Teachers' Training College and Haramaya University reported to have conducted some form of gender related impact assessments.

Absence or limited budget allocated for gender related studies by the HEIs and inadequate donor support for the gender programs are the two major reasons for limited number of studies and research works conducted on gender and related issues by the HEIs.

4.1.5 Program Planning and Implementation of the HIV/AIDS and Gender Programs

For policies and programs to be successful, it is essential that the concerns and experiences of key stakeholders are comprehensively taken into account in the design and implementation of interventions. This particularly includes young people, PLWHA, teachers, administrators, parents and community leaders.³⁵

Higher education institutions have different experiences in involving students and the rest of the university community in planning and implementation of HIV/AIDS and gender related program activities. In majority of the HEIs, the HIV/AIDS and gender focal persons prepare draft plans for their respective programs with little or no involvement of representatives of students, the rest of the university community and external stakeholders. Some reported to have forwarded the draft plan for discussion and comment to the different stakeholder within the university, before submitting it to the university administration for approval. Whereas HEIs like Hawassa and Haromoya reported to have involved students and other external stakeholders including representatives of NGOs and government stakeholders when they prepared the plan for their respective units.

³⁵ UNAIDS, A Strategic Approach: HIV and AIDS and Education, Inter-Agency Task Team on Education, 2009.

HIV/AIDS coordination units of universities like Addis Ababa, Debre Birhan, Defense, Hawassa, Haramaya and Wollega, reported to involve representative of anti-AIDS clubs and/or student councils when they prepared the plan for the HIV program. The HIV focal persons of universities like Axum, Jijiga, Mada Welabo and Wolaita reported to have no involvement of students, nor other stakeholders participated in the planning process. In other universities, with no established HIV/AIDS offices or designated focal persons, like Adama University, the anti-AIDS club, gender clubs, student council and the social service department jointly do the planning. In the private HEIs like Central and Medco Bio Medical University College, anti-AIDS clubs takes the lead in the planning process. University Colleges like Alpha, Central and Rift Valley reported not to have prepared plans for their HIV/AIDS and gender programs.

The gender units of Bahir Dar, Jijiga and Mada Welabo universities acknowledged little or no involvement of students both in the planning process and in commenting on the plan prepared by the gender coordination units. In HEIs like Axum University and Kotebe Teacher Training College, the plan for the gender programs is prepared by the respective coordination units and the representatives of the gender clubs and/or student councils will be given the chance to comment on the draft plan.

The gender focal persons of HEIs like Haramaya, Hawassa and Wolaita universities however reported to have involved students and representatives of concerned departments and faculties during the planning of HIV/AIDS and gender programs. The Addis Ababa University gender program reported the presence of dialogue between different stakeholders on the draft plan. However, it was indicated that there was absence of a formal planning exercise that would involve different stakeholders including students.

The Gender Directorate of Debre Markos University reported to have followed bottom up planning approach while preparing its annual plans. As part of the planning process, the HIV/AIDS and gender clubs and representatives of the university women's association would submit their annual plans then would be consolidated by the directorate. The plan will be presented for discussion and approved by the University Senate.

Unlike the planning process, in majority of the HEIs the gender and HIV/AIDS programs and/or specific gender and HIV/AIDS related programs activities are implemented with the involvement of and in some cases with the leadership of student gender and HIV/AIDS clubs and student councils. In some universities like Hawassa, students and staff members living with HIV/AIDS are reported to be involved in the peer education and community conversation sessions conducted on gender and HIV/AIDS issues.

4.1.6 HIV/AIDS and Gender as the Institutional Priority of the HEIs

4.1.6.1 HIV/AIDS as the Institutional Priority of the HEIs

Most of the HIV/AIDS focal persons from the HEIs with an established HIV/AIDS program believed that HIV/AIDS is an institutional priority for their respective universities. Recognizing the seriousness of the problem, their respective universities have established a coordination office, assigned focal persons and allocated financial resources for HIV/AIDS program.

The HIV/AIDS focal persons from some of the HEIs like Civil Service, Debre Markos, Haramaya, Hawassa, and Wollega universities further stressed the existence of a very high level of commitment and close follow up of HIV/AIDS programs activities from the presidents and other officials of the universities.

As part of their commitment to discharge their corporate social responsibilities and contribute towards the national HIV/AIDS prevention and control effort, Universities like Haramaya are implementing a community outreach program with the University's resource.

The HIV/AIDS focal persons from some of the newly established universities like Axum, Debre Birhan, Jijiga and Mada Welabo reported that though HIV/AIDS is a major concern for the community and officials of their respective universities, the existence of other competing priorities including the fact that the universities are

being in the process of formation, reduces the level of attention given to HIV/AIDS programs by the university administration.

Though many agree that HIV/AIDS was an institutional priority for the HEIs, it was shown that all the private and some public HEIs failed to assign a full-time HIV/AIDS focal person, establish a coordination office, allocate budget required for the program, formulate HIV/AIDS policy and start to mainstream HIV/AIDS into all aspects of their work. The focal persons from some of the private HEIs also reported to have lacked the commitment needed from the officials of their respective HEIs for HIV/AIDS programs.

Similarly, though some reported to having a good donor-managed HIV/AIDS related programs; many believe that the Addis Ababa University administration did very little to institutionalize and mainstream HIV/AIDS into the university structure. In this regard, it should be noted that the HIV/AIDS Directorate at the AAU was established only few months before the assessment and the office of the directorate had no full-time staff, no organized office nor earmarked budget for HIV/AIDS program.

4.1.6.2 Gender Equality as the Institutional Priority of the HEIs

Gender focal persons of the public HEIs acknowledged that gender is an institutional priority for their respective university. Many believed that their respective university established gender offices, assigned staff and allocated resources because gender and related issues and problems affect students and the rest of the university community. Gender issues have progressively gotten the attention of the decision makers and are becoming institutional priorities for their respective HEIs.

HEIs like Axum, Arba Minch, Debre Birhan, Debre Markos, Ethiopian Civil Service University, Jijiga and Wollega reported that the gender focal persons/the gender program coordinators are represented at the university senate and many believed that is an indication of the fact that gender is among the institutional priorities for their respective universities. In Haramaya University, representatives of girls union are also represented in the university senate. Some of the gender focal persons also reported that empowering female students, academic and administrative staff members as well as creating equitable working and learning environment is among the strategic objectives included in the strategic plan of their respective university. HEIs like Addis Ababa University reported that effort was made to ensure that gender issues are adequately addressed when the strategic plan for the university is prepared.

Despite what was observed with the majority of the public HEIs, there is no organized response to gender and related issues in the four private universities. None of the four HEIs have gender offices, designated gender focal persons and allocated resources. Similarly, the existing gender programs in some of the public HEIs like Dire Dawa University are reported to be very weak due to high turnover of staff and absence of designated focal person that coordinate the program.

Even though there is a general consensus among the gender focal persons from most of the public HEIs about gender issues being among the top priorities for their respective institutions, many believe that the level of awareness of the university community about gender and related issues is generally low. In some of the HEIs, the willingness of the academic and administrative staff members to contribute towards gender related programs was identified to be very low.

Some also indicated that though gender offices are established and staffs are assigned to work on gender and related issues, absence of allocated budget, inadequate number of staff assigned to work on gender programs, absence of clear gender mainstreaming strategies, guidelines and plans; absence of regular gender mainstreaming dialogues among the different actors, very low progress made by many of the HEIs to mainstream gender in their curriculum and so forth are good indicators that the HEIs need to go a long way to have a gender responsive institutional system.

The assessment findings further reveal that the gender program implemented by the majority of the public HEIs have very limited scope and focused mainly on giving tutorial and economic support and protection to female students from GBV and misses the broader concept of gender mainstreaming, women empowerment, and addressing the issue of gender among the university community and beyond.

4.1.6.3 HIV Positive Students and Staff Members

Only eight of the twenty-two HEIs reported to having HIV positive students and/or staff that disclosed their HIV positive status. The focal persons from most of the public universities, however, acknowledged the presence of HIV positive students and staff members that did not disclose their status, but who informed their status to key people in the university administration.

Fear of possible stigma and discrimination was reported as the major reason for lack of willingness from the HIV positive students and staff to disclose their HIV positive status. Explaining the situation, the focal person from one of the universities said,

“There are HIV positive students who did not disclose their HIV status to the university community. They preferred their status to be kept secret. However, they disclosed their HIV status to us and the university administration is giving them the required support. There are also staff members who have disclosed their HIV positive status and we are providing them with financial support and assigned them to work in areas where they could not be stressed out. Both the students and staff members have a feeling that they will be stigmatized and discriminated against if they disclose their status.”

According to the HIV focal person from another university, students and staff members living with HIV often prefer to keep their status undisclosed because they do not see the benefit of disclosure.

The experience of HEIs with students and staff members living with HIV/AIDS is stated below:

In Arba Minch University, a total of twenty HIV positive staff members disclosed their HIV positive status to the University administration. However, no HIV positive academic faculty or student disclosed their status. The University has organized ten HIV positive employees in income generating activity i.e. provided them with a photocopy machine so that they supplement their income.

In Bahir Dar University, there are twenty-eight staff and two students known to be HIV positive.

In Debre Birhan University, four students and three staff members disclosed their HIV positive status. All the seven are reported to taking anti-retroviral therapy (ART). The university is providing them with counseling and other necessary supports and ensures that they take their ART.

In Hawassa University, a total of eighteen people including staff and students are reported to have disclosed their HIV positive status. The university administration has encouraged them to be organized in a club and is providing them with the required support. They are also reported to be actively involved in awareness raising activities organized inside the university campus.

In Ethiopian Civil Service University, about seven administrative staff members are reported to have disclosed their HIV positive status. However, there are also three students who would not disclose their HIV positive status but are known by the university administration.

Adama University reported to have “few” HIV positive students who disclosed their HIV status. The university is providing them with food and psychosocial support. The HIV positive students are reported to have closely worked with the university anti-AIDS club.

In Wollega University, one student is reported to have disclosed his HIV positive status.

Despite the presence of students and staff members known to live with HIV and declare their status in some of the HEIs, only Adama and Hawassa universities reported to come across with stigma and discrimination reports, one case of each.

4.1.6.4 Gender-Based Violence in the HEIs

The gender focal persons of many of the visited HEIs reported that GBV is a problem for female students, administrative and academic staff members. Many acknowledged that female students often being verbally and physically harassed and violated by fellow male students, teaching and administrative staff members and other males living or working in and around the university campuses.

“Who would dare to confront a teacher who gave an “F” to a student if she would not exchange a better grade for sex? Once I remember a teacher giving an “F” to my friend and she reported the case to the academic dean, who apparently was a friend of the instructor. That case was never dealt with. Teachers cover up for each other.”

Many explained that in HEIs, GBV is expressed in different forms including: teachers requesting sex from their female students in exchange for good academic grades, male students physically and verbally abusing female students forcing them to have sexual relationship and library staffs asking female students for sex in exchange of books and other resources. In some universities, guards and security officers were reported have forced female students to have sex.

“GBV is unreported or under reported for no one wants to be humiliated and known as abused. Our university would rather protect the “knowledgeable” faculty who abuse female students than protecting the victims. Fear of retaliation by friends and the perpetrator is also another factor that minimizes reporting of violence. Others are discouraged to report for they never saw evidence of the culprits reprimanded for what they did. The university encourages students to report cases but who dares?”

In some HEIs young female administrative and academic staffs are also reported to being coerced to have sex by male officials in exchange for different benefits.

However, the focal persons from some HEI like Defense University and the four privately owned universities reported that they rarely come across with students and employees with such complaints of GBV. As a result, GBV is not considered as a problem for their respective HEIs.

Despite the recognition given to the existence of the problem, many acknowledged that the existing preparedness of the HEIs to tackle the problem and the measures so far taken against the culprits vary greatly across the different HEIs. In this regard, only eight of the twenty-two HEIs reported to have an approved anti-GBV policy or code of conduct. Others reported that they were either on the process of drafting the policy document or were using the existing article in the university rules and regulations to address the issues.

“Many take harassment very lightly. There are female students who would not want to go to class, study in the library, walk around the campus for fear of harassing statement spoken by male fellows. Unwanted comments by male students have incapacitated them. This can be reflected in academic performance. So harassment is a big issue and needs to be addressed.”

In most of the public HEIs, the gender offices serve as contact points where victims of GBV could report their cases. Depending on the position the culprit holds in the university, reported cases of GBV are handled either by the university discipline committee or a special committee established to handle the case. The gender focal persons from some of the HEIs also reported that depending on the seriousness of the case and the nature of the culprit (for the culprits living and working outside of the university campus) the university administration could involve the assistance from law enforcement agencies outside the university campus, including the police.

Findings showed that the so far actions taken for the reported cases of GBV vary across the different HEIs. Some of the HEIs are reported to have considered any reported GBV case as serious offence and advocate towards zero tolerances against GBV. In this regard, some of the HEIs seriously followed all reported cases of sexual harassment committed by students, administrative staff and academic faculty against female students and employees and took swift and stiff measures that extended from giving warning to dismissing

the culprits from the institution and as well as from academic and administrative positions they held in the university.

Many of the gender focal persons from the public HEIs also acknowledged that despite the existence of the problem, the victims often fail to report their case to the administration or the gender offices of the universities. In some instances, victims do not go forward and report their problem because the measures taken by the university administration against the culprits are very tough and that can result in the dismissal of the culprit from his education or job. Often due to fear of the repercussion of retaliation, the colleagues of the victims refuse to testify against the culprits and this often would limit the university from taking the necessary actions.

Some of the gender focal persons from Universities like Haramaya underscored the need to sensitize the university community about the issue so that there would be adequate understanding both by the potential victims and culprits about the issue.

Gender focal persons from universities with no approved GBV code of conduct or policy also acknowledged that the lack of clear policy or guideline often limits the actions taken on culprits of the reported GBV.

4.1.7 HIV/AIDS and Gender Related Interventions in the HEIs

4.1.7.1 Prevention Activities in the HEIs

The prevention key performance areas outlined in the Ethiopian HEIs Policy and Strategic Framework document cover the HIV prevention components including information/education, testing services and condom promotion and distribution.³⁶

Ensuring that all the target communities of the HEIs have access to: up-to-date information on HIV/AIDS and receive regular and consistent training and education on HIV/AIDS are the key strategic objectives outlined in the policy framework and strategy document. Moreover, establishing HIV/AIDS information/resource centers, conducting small/large group peer group trainings, adaptation and production of training materials, organizing edutainment sessions, drama group, sport festivals and organizing and conducting regular awareness raising sessions: debate forum, questions and answers sessions are the key programmatic activities that the HEIs need to be engaged to achieve the stated objectives.

Mechanisms employed by the HEIs to reach out to students and the rest of the university community with HIV/AIDS and gender related messages include:

- About a third of HEIs have established HIV/AIDS resource centers. These centers are reported to be the sources for HIV/AIDS related information to a considerable number of students as well as academic and administrative staffs of the universities. However, none of the twenty-two HEIs reported to have allocated a designated HIV/AIDS corner or a separate reading space with a collection of reading materials on HIV/AIDS in their libraries.
- Of the twenty-two HEIs covered by the assessment, only the Addis Ababa University reported to have a functional gender resource center at one of its campuses. Some universities like Haramaya also reported to having a collection of materials on gender in their libraries.
- Reaching students with different HIV/AIDS and gender messages through peer education and peer discussion groups are the key strategies employed by the majority of the HEIs with an established HIV/AIDS and gender programs. In most of the HEIs with an active HIV/AIDS and gender programs, the program focal persons and gender and HIV clubs jointly carryout the peer education and community conversation sessions. However, as compared to the number of students each HEI has, the number of

³⁶ Ethiopian Higher Education Institutions Partnership Sub-forum Response to HIV/AIDS, Policy Framework and Strategy, 2010.

students reported to have benefited from the peer learning and education program was found to be very limited.

- The Gender and Development Center of the Ethiopian Civil Service University prepares a quarterly newsletter on different gender issues. The newsletter often carries useful messages on gender and related issues.
- HEIs including Addis Ababa, Adama, Axum, Debre Markos and Wolita reported that the peer education and/community conversation programs taking place in the different campuses are financially and in some cases technically supported by non-governmental organizations.
- In the majority of the universities with a peer education program, student anti-AIDS clubs and/or student councils take the lead in rolling the peer education sessions. In Adama University, the peer education sessions are organized and jointly followed by a part-time focal person assigned by a partner NGO from social service department.
- The four private and some of the public HEIs reported to have no community conversation program and very weak peer education programs.
- In the majority of the HEIs with an organized HIV/AIDS and gender programs, students are the major focus for the peer learning and education activities. However, the involvement of the rest of the university community including academic and administrative staffs and their family members in awareness raising programs and activities was found to be very limited. Few reported using opportunities like World AIDS Day and/or International Women's Day to reach the entire university community with HIV/AIDS and gender related messages.

The approaches and experience of some of the HEIs in reaching students with HIV/AIDS and gender related messages to the different target groups are stated below:

In Arba Minch University, the peer education and community conversation related activities taking place in university campuses are jointly coordinated by the HIV/AIDS units and HIV/AIDS clubs of the university. Up to 1000 students and university staff are reached with peer education sessions every quarter and the PE training roll out to a new cohort every quarter.

In Mada Welabo University thirty peer educators were trained during the last academic year and the rolling out of the training and the peer education session is planned for this year. The peer education programs are conducted in dormitory blocks and coffee ceremonies organized by the clubs and the peer educators are used as facilitators to bring the students together. The peer education program is financially supported by an NGO called Integrated Family Health Project (IFHP) and coordinated by the HIV coordination unit of the university.

In the last academic year, Haramaya University conducted an intensive peer education program that covers about 3,000 students. The peer education programs are organized in such a way that two peer educators train ten students and the trainees attend twelve sessions each lasting for one hour within twelve weeks period. Those who complete all the twelve peer education sessions will be awarded with certificate of completion. Every year, new training of trainers (TOTs) is organized to replace those who left the university. Refresher trainings are also given for those who were trained during the previous year.

In Bahir Dar University, about 450 students participated in the peer education and community conversation programs during the last academic year. An NGO, Eyerusalem Children and Women Association, in collaboration with the gender club and female students association organize the community conversation sessions in the form of a coffee ceremony. From 120 to 200 students, mainly female students participated in the CC session that took place every two weeks.

In Debre Markos University, there are 150 peer educators trained by an NGO, African AIDS initiative, and additional thirty mentors are trained by another NGO, Population Service International (PSI).

Private universities reported no peer education and community conversation programs focusing on HIV/AIDS and gender related issues.

About fifty students participated in peer education program that took place in Debre Birhan University.

In Ethiopian Civil Service University, as part of the HIV/AIDS and Gender response, various sensitization and awareness raising workshops is organized, experience sharing visits and community conversation sessions taken place for both the staff and students. Peer group dialogues were also conducted among students and staff and peer education trainings were also conducted on topics like abstinence, faithfulness and condom use. The university has also prepared training materials on mainstreaming HIV/AIDS management programs in the workplace and developed sixteen modules on how to mainstream gender and HIV/AIDS programs in the Civil Service and beyond.

In Axum University, a non-governmental organization called Organization for Social Services on AIDS (OSSA) coordinates and supports community conversation program that takes place among students. During the last academic year, six groups, each holding sixty to eighty students discussed selected issues.

The peer education, mentorship and life skill trainings taking place in Wolita University are supported by two NGOs PSI and National Alliance of State and Territorial AIDS Directors (NATSAD). Thus far, six trainers and 180 students received the peer education training in this academic year.

In Hawassa University, there are ongoing peer education sessions facilitated by students who received TOT in peer education.

In Addis Ababa University, there are community conversation and peer education sessions supported by the MARCH project. From 25 to 1000 students participate in the peer education and cc sessions respectively organized on HIV/AIDS issues. There are also community conversation sessions coordinated by the gender office of the university. The CC sessions are organized around the dormitories of female students and at times from 100 to 150 students participate in the process.

In Defense University, there is an ongoing peer education program taking place among students. Students are encouraged to discuss selected topics. They use their dormitories as a discussion forum.

In Adama University, the joint UNICEF/UNFPA project provides support to cascade peer education trainings and other programs. The focal person from social service department leads the cascading of the peer education program. An NGO called Ratson is also among NGOs coordinating the cascading of peer education training among students. The NGO has an office in the university campus and assigned a personnel to coordinate the peer education program that take place among the students community. The gender office facilitates the program and the university administration support the process. However, only about 150 students participate in the monthly sessions.

In Wollega University, there is an ongoing peer education programs in all the three campuses. HIV/AIDS clubs coordinate the activities.

4.1.7.2 Interventions Focused on Building Skills of Students

The majority of HEIs reported that their HIV/AIDS programs try to address the needs of male and female students' equally. However, most of the HIV/AIDS clubs reported to have more number of male students than female. Similarly, in most visited universities the gender and girls clubs host only female students.

Reports showed that the majority of HIV/AIDS trainings provided in the HEIs are focused on skill building of students and hence focus on life skills, assertiveness and reading skills trainings.

Despite the difference observed in membership between the gender and HIV/AIDS clubs, the gender programs acknowledged that their programs would give more attention to female students. In some universities, female students are the sole beneficiaries of training and the gender programs focus on assertiveness training, study skill training, tutorial classes, and big sister initiative. The gender and

HIV/AIDS programs of some of the HEIs reported that their donors encourage the involvement of more female students in skill training and financial support programs.

The experience of the HEIs in building the skills of students as well as in addressing male and female students equally in the skill trainings are stated below:

In Adama University, the majority of the beneficiaries of the skill trainings are female students.

The Addis Ababa University and Defense University reported that the skill trainings organized for students addressed male and female students equally almost always.

In Axum and Jijiga universities, there were no active skill-based trainings given to students.

In Bahir Dar University, life skill trainings are given to students and address both sexes. However, the donors that provided financial support for the training demanded the training to address more female students.

In Debre Birhan University, all trainings were skill-based but the focus was on female students.

In Ethiopian Civil Service University, the trainings given to female students address topics like: assertiveness, study skill, stress management and reproductive health.

In Jijiga University, life skill training has started to be given to all new students who joined the university since the past academic year. Both male and female students were targeted equally to take the training.

In Hawassa University, most skill-based trainings were given by focusing more attention on female students. The donors that provided financial support for the skill-based trainings require more female students to benefit from the program. Trainings that were given on issues like mentorship and counseling targeted only female students.

In Haramaya University, most skill trainings including the study skill and assertiveness trainings provided by the gender unit would give special focus to female students.

In Wolaita University, trainings were given on mentorship and peer education. Both trainings had skill component and were given to both male and female students equally.

In Wollega University, both male and female students were involved in skill-based trainings. However, more female students benefited from the trainings.

4.1.7.3 Special Support Program for Girls with Low Academic Performance

Almost all the gender programs run by the public HEIs have special support program for female students and give particular focus to female students with low academic performance and female students with financial problems.

Tutorial support for female students with low academic performance, financial support to female students from poor families, assertiveness and study skill trainings to female students and organizing female only libraries are the most widely mentioned female-focused interventions carried out by the gender programs of the HEIs. However, it was found out that the number of female students benefiting from the support, the types of support and the intensity of the support provided to the students by the gender programs greatly vary across the different universities.

“Female students who have low academic performance are vulnerable to male students and teachers for they take advantage of this weakness as an entry point to get what they want from female students.”

The following are some of the examples of the special support program provided by the HEIs for girls with low academic performance:

In Axum University, the tutorial support for female students with low performance is provided by volunteer teachers and this activity was reported to be limited in its scope. It is not a university-wide initiative.

In Kotebe Teachers Training College, the tutorial program for girls with low academic performance is financially supported by NGOs like Improving Quality of Primary Education Program in Ethiopia (IQPEP) and FAWE. The college also gives award for female students with good academic performance.

In Bahir Dar University, teachers and senior students with good academic performance conduct the tutorial classes for female students with low academic performance. However, many indicated that the program cannot be sustained as the University did not allocate budget to financially support this program.

In Adama University, an income generation activities (IGA) scheme is organized for female students from poor families and academically dismissed female students. The scheme which is financially supported by UNICEF/UNFPA joint project support the trainings of the beneficiaries on hair dressing, computer software and food preparation. The trainees are also given seed money to start their business.

In Ethiopian Civil Service University, the tutorial support for female students is financed from the university budget. The program is pursued as a means to increase retention of female students.

In Debre Markos University, tutorial classes and girls' only internet center with twenty-five computers are organized to benefit female students with low academic performance.

In Wollega University, special tutorial classes are organized for female students with low academic performance. Female students who were entailed to repeat the courses are allowed to stay in the campus until the next academic year.

In Haramaya University, special tutorial classes would be organized on selected subjects for all female students. Female students who were dismissed for academic reasons but with the potential for readmission would be retained by the university for months and be given basic computer, English and mathematics courses until they were readmitted in the next academic year.

In Wollaita University, female students with low academic performance would be given tutorial classes and the chance for reexamination.

In Addis Ababa University, tutorial programs are organized for female students with low academic performance. The university provides financial support to limited number of female students. Female students would also be given gender and leadership training.

In Jijjiga University, tutorial class for female students would be given by volunteer teachers and students with good academic performance. However, the activity was not regular and could not be fully sustained due to budget shortage.

Hawassa University started a pilot program where female students, who were academically dismissed from the University, would be given six months certificate training in hotel management. Upon completion of the certificate training, students would receive startup capital so that they would establish their own business when they return back to their family. The university has continued this program using fund obtained from the university regular budget. The university also retained academically dismissed female students for one semester; giving them basic trainings on computer and English language until they would get readmission in the next academic year.

In Mada Welabo University, volunteer teachers provide tutorial classes for female students with low academic performances.

In Defense University, instructors are required to provide special support to female students with poor academic performance.

In Debre Berhan University, tutorial classes are given for female students.

Axum, Ambo, Addis Ababa, Jijiga and Haramaya universities are among the HEIs that reported to have established female only libraries or reading corners in the libraries where only female students could use. Only female students are eligible to use reading rooms near the dormitories of female students.

4.1.7.4 Training of Key Stakeholders in the Institutions

Some HEIs reported that officials and leaders of student council and HIV/AIDS clubs as well as the clinic staffs are trained on different issues including basic HIV/AIDS awareness, HIV/AIDS mainstreaming, gender-based violence, sexual harassment and so forth. In this regard, universities like Debre Birhan reported top level management and clinic staffs were trained on basic HIV/AIDS awareness and counseling. In Adama, Bahir Dar and Jijiga universities student deans, leaders of the student council and others working in the student guidance and counseling services were trained on VCT. In Wollega university, representatives from the student service, librarians, and the university security were trained on GBV. Some universities like Axum reported that staff members in the university clinic got training on youth-friendly services.

The HIV/AIDS focal persons of most of the HEIs reported that providing trainings for officials on counseling and basic HIV/AIDS information is not common or none of the university officials are trained on HIV/AIDS issues.

4.1.7.5 AIDS Resource Center

Reaching people with HIV/AIDS related messages is one of the key strategic interventions of the national response to HIV/AIDS. Establishing standalone AIDS resource centers (ARC) and allocating designed corners in the existing libraries are the two most widely practiced approaches employed by the HEIs to ensure students and the rest of the university community have access to different HIV/AIDS related information.

Eight of the twenty-two HEIs including Adama, Arba Minch, Bahir Dar, Debre Birhan, Haramaya, Hawassa, Wolita and Wollega reported to have established ARCs. The other two i.e. Ambo and Jijiga reported to have finalized their preparation to establish ARC. Hawassa University reported to have a total of four ARCs, one for each of the four campuses; Bahir Dar has two, while others including Debre Birhan, Haramaya, Wolaita and Wollega had one each. Haramaya University has also reported that they are in the process of opening the second ARC.

Moreover, eighteen public HEIs including those with the ARCs reported the availability of HIV/AIDS related publications and reading materials in the university libraries and reading rooms. However, none has reported designated a space or a corner in their libraries for HIV/AIDS related reading materials.

Universities with ARCs reported that in most cases the centers have computers with free internet access, books, publications, research works, IEC/BCC materials including audiovisuals, leaflets and brochures on HIV/AIDS related issues. The centers are accessible for researchers, students and academic and administrative staffs of the universities.

The administration of the respective universities as well as government and non-governmental organizations including Federal HAPCO, HEIs HIV/AIDS forum, UNICEF and UNFPA are reported to be the source of funding and materials for the ARCs.

4.1.7.6 Gender Resource Center

Out of the twenty-two HEIs, only the Addis Ababa University is reported to have an established and functional gender resource center at one of its campuses. The center is reported to have large collection of gender focused publications and books. The same university has also reported to be in the process of establishing a gender service center that will serve as training and counseling center for students.

The Bahir Dar university gender unit stated that it is in the final stage of establishing a gender resource center. The university has allocated rooms, office furniture, and computers for the center. Books and other reading materials needed by the center are donated by Amhara Development Association.

When starting its function, the center will have a collection of reading materials on gender, reproductive health and related issues both in hard copy and electronically. Students and faculty working on gender and related issues will have access to the center. Moreover, the center will have computers corner where female graduating class students will have free internet access.

The Gender Directorate of Haramaya University reported to have a collection of books and research papers that can be accessed by researchers. Similarly the gender and development department of the university is reported to have good collection of books and research works on gender.

The other public HEIs, particularly the newly established ones, reported to have very limited gender related reading materials in their libraries. Some specifically reported that there was shortage of resource materials on gender for limited research activities were carried out by students and faculty.

All the four private HEIs acknowledged to having shortage of reading materials on gender and related issues.

4.1.8. University's Health Facilities in the HIV/AIDS and Gender Response of the HEIs

The care and support component of the education sector response to HIV/AIDS set a goal to mitigate the impact of HIV/AIDS on learners, teachers and other education staff in general, and those directly and indirectly affected by HIV/AIDS in particular, by creating supportive learning teaching and work environment, free from stigma and discrimination.³⁷

Facilitating access to medical care for students and academic and non-academic staff living with HIV/AIDS in HEIs is one of the objectives of the sector policy. In this regard, those health facilities owned and run by the HEIs are expected to play significant role both in the prevention and care and support aspect of the HIV/AIDS and related gender response of the HEIs.

Eighteen of the twenty-two HEIs have established health facilities providing both preventive and curative health services to students and staffs. The four private HEIs do not have health facilities.

All the eighteen health facilities owned by the public HEIs reported to providing twenty-four hours clinical care services to students at the outpatient department (OPD) level. Five of the HEIs have inpatient beds and admit students for basic emergency care, five also reported to providing basic emergency care to the staffs of the university. Thirteen health facilities have basic laboratory services.

Fourteen of the eighteen health facilities reported to take active role on the HIV/AIDS prevention and control activities taking place in their respective universities. Most of the health facilities also reported to have closely worked with the student services and the HIV unit of their respective universities as well as with

³⁷ Ethiopian Higher Education Institutions Partnership Sub-forum Response to HIV/AIDS (2010). Policy Framework and Strategy & FMOE, The Education Sector Policy and Strategy on HIV&AIDS, 2009.

NGOs, regional, zonal and woreda HAPCOs and other health facilities including public hospitals and health centers.

Almost all of the health facilities reported that they have trained staffs on VCT, STI management, condom, family planning, post abortion care and others. Non-governmental organizations like IFHP, Engender Health, PSI; and governmental organizations such as, Regional Health Bureaus and HAPCOs, zonal and woreda HAPCOs are reported to have provided different trainings on HIV/AIDS and gender related issues for professionals working in the university clinics See Table 4. The different NGOs and the governmental organizations are also reported to be the sources of materials and supplies for HIV/AIDS and gender programs like VCT kits, condoms, family planning pills, drugs for the management of STIs, kits required for post abortion care and others. See Table 5.

Mobilizing students and staff members for VCT, providing trainings on issues like HIV/AIDS, STIs and RH, supporting the HIV units and the HIV and gender clubs of their respective university in organizing successive peer education sessions for students, providing counseling and other clinical care service for rape victims, referring HIV positive students to other health facilities for better care and others are some of the activities where the clinics collaborate with the gender program of their respective universities.

Eleven of the eighteen health facilities also reported to closely work with the gender programs of their respective universities. Raising the awareness of students on different RH issues, providing sanitary pads and soaps to female students, referral of pregnant students for better maternity care, providing post abortion care and counseling and support for rape victims, voluntary counseling and testing and others are the activities where the health facilities collaborate with the gender units and gender clubs of their respective HEIs.

Twelve health facilities provide VCT services. Whereas others including Ambo, Debre Birhan, Dire Dawa and Mada Welabo universities and Kotebe Teachers Training College do not provide VCT service in their clinic.

Only two of the twelve health facilities with VCT service have trained VCT counselors who work on full-time basis. Ten health facilities reported that though there are trained counselors, the VCT service is provided as part of the routine service of the health facility.

Sixteen of the health facilities dispense male condom and provide treatment for STIs, twelve of them provide IEC/BCC materials on HIV/AIDS and related issues, one provide pre-ART service and four provide information. Ten health facilities provide psycho-social counseling for those who live with HIV and seven reported to have facilitated students with HIV/AIDS get better food from the university canteen. Practically, all the health facilities reported to have an established referral linkage with the nearby public hospitals and health centers for different HIV/AIDS and RH related services and refer AIDS patients and students with different RH problems for better care.

The assessment made to identify the types of reproductive health services provided by the health facilities showed that sixteen of the university clinics provide counseling service on family planning, thirteen dispense contraceptive pills and do pregnancy testing and one health facility provides emergency contraceptive pills. Similarly, seven of the health facilities reported to providing post abortion care services.

Table 3: HIV/AIDS, STI and GBV Related Services Provided by Health Facilities of the HEIs, November 2011

Types of services	Number
Voluntary counseling and testing	12
Counseling for GBV victims	8
Psychosocial counseling for PLHIV	10
Condom supply	16
IEC/BCC materials	12
Treatment for STI	16
Information on ART	4
Food support for students on ART	7
Pregnancy testing	13
Abortion service	1
Post abortion care service	7
Antenatal care	4
FP counseling	16
FP pills and injectables	13
Emergency Contraceptive	1
Referral to other health facilities	17
Services for victims of GBV *	6

Package of services provided by the health facilities for GBV victims include: physical examination, psychosocial counseling, VCT, treatment for STI and pregnancy testing.

Only six of the health facilities reported to have a service package to victims of sexual violence that include physical examination, psychosocial counseling, testing and treatment for STIs, pregnancy testing and voluntary counseling and testing for HIV. However, only three of the eighteen health facilities reported to have a trained staff on providing the required care for GBV victims.

4.2 Achievements, Challenges and Using Good Practices for Program Planning

4.2.1 Major Achievements Registered by the HIV/AIDS Programs of the HEIs

The place given to the HIV/AIDS programs in the administration structure of the universities, the establishment of coordination office, the assignment of full-time focal persons to coordinate the HIV/AIDS program as well as the formulation of HIV/AIDS policy and strategy documents are the major achievements of the HEIs in their responses to the HIV/AIDS.

The HIV/AIDS focal persons of some universities reported that the efforts made so far to enhance the awareness of the students and the rest of the university communities about HIV helped to organize office and mobilize resources for the HIV/AIDS responses are bringing some changes.

The HIV/AIDS program coordinators from HEIs like Haramaya University further noted that the existing high level commitment from the university administration and the efforts made to involve the university community for the HIV/AIDS response as well as the linkage and partnership created with different stakeholders including the surrounding community helped the university to build a model HIV program among the HEI in the country.

The Bahir Dar University HIV program reported to have well organized HIV/AIDS resource centers, association for students and staff members living with HIV/AIDS and a youth-friendly service that gives opportunity to students to have easy access to HIV/AIDS related services from the university clinic. Panel

discussions and question and answer sessions organized on HIV/AIDS related issues are also reported to be the major achievements of the Bahir Dar University HIV/AIDS program.

Debre Markos University stated that there is improved understanding and support by the university administration for the HIV/AIDS program, better awareness is created among the university community about HIV/AIDS and involvement of students in club activities has increased. These are considered major achievements by the HIV/AIDS program. The support provided by the university community to people living with HIV/AIDS (PLHIV) helped students and staff members who live with HIV to disclose their HIV positive status.

Hawassa University reported to have observed positive changes in the awareness of the students and the university community about HIV/AIDS. There is an increase in condom use and in the number of students participating in the HIV/AIDS program activities.

Addis Ababa University reported that there was improvement in dialogue among the key stakeholders about HIV/AIDS issues. The university clinic is getting better equipped with materials, reagents so that it can provide better care for PLHIV. The VCT and condom use has shown progressive rise.

In Wollega University, HIV/AIDS related issues are taken as the top priority issues for the University administration. Though the university is new, there is a coordination office. There is an HIV/AIDS policy, good linkage between the HIV/AIDS clubs. The university has also started providing support to AIDS orphans and HIV positive students. As part of the community outreach intervention, the university from the support it received from NORAD has provided 200,000 Birr for sixty-six PLHIV organized in association to be involved in IGA. The university is also planning to extend its activities to students community living in Gimbi and Shambu campuses.

4.2.2 Major Achievements Registered by the Gender Programs of the HEIs

The gender programs of some HEIs including Kotebe Teachers Training College, Ambo, Addis Ababa, Arba Minch, Civil Service, Debre Birhan, Wollega and Haramaya universities reported to have registered remarkable achievements in terms of addressing the needs of female students and female academic staff members.

Most of the public HEIs with an organized gender office and established gender programs provide academic support to female students by organizing tutorial classes for female students with low academic performance, organized female only libraries and female only study rooms nearby the student dormitories. Many acknowledged that the academic support given to female students has helped to reduce attrition of female students.

The gender programs of most of the public HEIs also reported to have ensured that the environment of HEIs is suitable for learning for female students and working for female academic and administrative staffs. The formulation of anti-gender based violence policy to protect female students and academic staffs from GBV and sexual harassment was one of the frequently mentioned achievements of the gender programs. The effort made by Haramaya University to ensure gender equality and protect the rights of female and male students and staffs was recognized by the Federal Ministry of Education and Ministry of Women, Youth and Children Affairs and the University was given award as the "Female-Friendly" Public University.

Many also acknowledged that the different trainings organized for female students by the gender programs of the HEIs including training on assertiveness and study skills helped the students to be protected from different risks and achieve better academic performance are bringing results.

The big sisters initiative organized and supported by the gender programs of some HEIs, where newly enrolled female students are attached with senior female students for academic and psycho-social support was also reported to have contributed its part in protecting female students from different academic and social challenges.

The gender programs in collaboration with the administration of certain universities like Hawassa and Haramaya established initiative to support female students who are dismissed for academic reasons but with a potential for readmission with supplementary classes in English, Mathematics and Computer. The students would also be allowed to remain on the university campuses until they get readmitted during the coming academic year.

With the support they get from different donors, the gender programs of certain HEIs also provide financial and material support including stationary materials, sanitary pad and others to protect female students from being involved into risky behavior to satisfy their basic needs.

The gender programs of some HEIs like Kotebe Teachers Training College, Debre Birhan and Wollega universities also reported to have closely worked with the administration of their respective universities to ensure that more female staffs are assigned to different academic positions as department heads, college deans, faculty heads and are represented in the university senate. In this regard, the gender program of HEIs ensured that females were getting priorities during employment, in scholarships, during assignment in different academic and administrative posts.

Despite the achievements registered by the majority of the public HEIs in terms of addressing the needs of female students and staffs, few public and the four private HEIs reported to have achieved very little in terms of addressing the needs of their female students and female academic as well as administrative staff members.

Weak or absence of gender offices and programs are the major reasons given for the failure of those HEIs to properly address gender issues related with female students and staff members that have been given by the other public HEIs.

4.2.3 Major Challenges Faced by the Gender and HIV/AIDS Program of the Universities

Many of the gender and HIV/AIDS focal persons of the HEIs acknowledged that as compared to the number of students, administrative and support staffs, each university has, only limited number of students and staffs reached by the different types of HIV/AIDS and gender interventions. Moreover, the HIV/AIDS and gender responses of many of the HEIs are reported to have failed to adequately address other members of the university community other than limited number of students.

All the private and some of the public universities made little or no effort to establish HIV/AIDS and gender coordination offices, assign full-time focal persons, formulate HIV/AIDS and gender policy and strategy, and allocate financial resources. Many associate this with inadequate level of attention given by the administrations of the respective universities about the seriousness of the problem and low level of commitment from the decision makers, including faculty heads, deans and department heads.

The failure of the administrations of the HEIs to allocate up to 2% of their annual budget for HIV/AIDS response as well as absence of earmarked budget for HIV/AIDS program activities was also cited by many as the reflection of the low level of commitment HEIs for the HIV/AIDS programs. Many reported this as the major factor that resulted to the low level of HIV/AIDS and gender response in HEIs.

Absence of designated gender office, inadequate budget allocated by the universities for gender programs activities, inadequately staffed gender offices resulted in the weak implementation capacity of the gender programs. Absence of policies and strategic plans for gender and HIV/AIDS programs, failure to familiarize the existing HIV/AIDS policy to the university communities, low awareness of the university community about gender and related issues, low attention given by the university administration for the gender program (Adama and Dire Dawa university) and misconception among the university community about the mission of the gender office (in certain areas people feel that the gender office has political mission) are the most frequently mentioned implementation constraints faced by the gender programs of the HEIs.

The presence of many competing priorities including staff and budget shortage limits the response given to HIV/AIDS and gender program in some of the newly established HEIs.

Inadequate coordination between the gender and HIV/AIDS program including failure of the gender and HIV/AIDS coordination units to plan, set gender and HIV/AIDS related objectives and goals for their corresponding programs, implement, monitor and evaluate the activities of two programs jointly.

The HIV/AIDS and gender programs of some of the HEIs are lead by staff working on a part-time basis. Many acknowledged that such working arrangements limit the capacity of the coordinators to effectively plan, follow up the implementation of the program activities and mobilize resources for effective programming.

4.2.4. Using Good Practices and Lessons on Gender and HIV/AIDS for New Programming

The HIV/AIDS focal persons of most HEIs particularly the new public universities reported that they made an effort to share the good practices from other universities with better HIV/AIDS programs like Hawassa, Jimma and Haramaya.

The meetings organized by the HEIs forum on HIV/AIDS and experience sharing visits made by staffs and students working on HIV/AIDS of other universities are reported as the common forum used by many to exchange the experience of other universities. The HIV/AIDS focal persons of some universities also reported to making personal communications with the coordinators of other universities with consolidated HIV/AIDS and gender programs and good practices seeking for advices and share their experience on different issues including formulation of HIV/AIDS policy and certain program activities. The draft HIV/AIDS standalone course curriculum and syllabus developed by the Ethiopian Civil Service University, when finalized would help other HEIs to adapt the approach and use it for their respective universities.

Unlike the HIV/AIDS programs, the gender programs of most of the HEIs reported that less effort is made by their respective programs to share good practices of the other HEIs. Limited opportunities and forum were created for the HEIs to share their experience in the area of gender programming and inadequate financial and human resources were allocated for gender programs. These are two most frequently mentioned gaps observed by the gender programs.

The community outreach program; the practice of joint planning, implementation and monitoring and evaluation activities with the external stakeholders practiced by Haramaya University; the big brother and big sister program implemented by Bahir Dar and Addis Ababa Universities; tutorial classes organized to female students with low academic performance; the six month certificate program and providing startup capital to female students who failed academically and were dismissed implemented by Hawassa University; experience sharing made by the female students association in HEIs in Amhara region and the effort made by Debre Markos University to share resources and integrate gender and HIV/AIDS programs at all levels of the planning cycle are considered by many HEIs as good practice and lessons they learned or would like to adapt in planning new gender and HIV/AIDS programs.

4.3 Partnership, Financial and Technical Support to HIV/AIDS and Gender Programs

4.3.1. External Support

The HIV/AIDS and gender programs of almost all public HEIs reported to getting financial support from the administration of their respective institution though not on a regular budget. The programs are also reported to receiving technical, material and financial support from external sources: governmental institutions at federal, regional, zonal and woreda levels and local and international non-governmental organizations and United Nations agencies.

The type of support the HEIs get both from their university and external resources greatly vary. For example the gender and HIV/AIDS programs in HEIs like Kotebe Teachers Training College, Addis Ababa, Arba Minch, Bahir Dar, Debre Markos, Hawassa and Haramaya universities reported that in addition to the project-based budget they receive from the internal resources, they receive financial and technical support

from external sources such as the federal and regional HAPCOs and different NGOs. However, the gender and HIV/AIDS programs of the other public HEIs reported to getting limited external support.

The gender and HIV/AIDS programs in the four private HEIs are reported to be fund constrained as it gets no or very little financial support both from the administration of their respective universities and from external sources.

The type of technical and material support each of the HEIs is getting from external sources is summarized in Table 5 annex 1.

4.3.2. Partnership and Networking for HIV/AIDS Program

In Ethiopia there are a broad range of actors and partners including: ministries and government sectors, civil society organizations, including non-governmental organizations, the private sector, and faith-based organizations, as well as bilateral and multilateral agencies contributing towards the national HIV/AIDS prevention and control response.³⁸

For an effective HIV/AIDS response in the education sector, the sector policy and strategy on HIV/AIDS emphasized the importance of creating linkage and aligning the contribution of different actors including the civil society organizations (CSOs), regional, zonal, woreda and kebele authorities, private sector institutions, and relevant sector ministries, in particular the Federal Ministry of Health and Ministry of Labor and Social Affairs.³⁹

To this end, the HIV/AIDS coordination units of the different public and private HEIs reported to have an established linkages and created partnership with HIV/AIDS coordination units of other universities, different federal, regional, zonal and woreda government sector offices, NGOs and CBOs.

All the twenty-two HEIs are part of the HEIs HIV/AIDS Prevention and Control Forum. Most of them also reported to be linked with other university HIV/AIDS programs for experience sharing. However, it should be noted that the experiences of the different HEIs in the area of partnership and linkage greatly vary depending mainly on different factors including the strength of the HIV/AIDS prevention and control program implemented by the specific HEI.

The linkage and partnership experience of some of the HEIs are summarized below:

The HIV/AIDS prevention and control program of Haramaya University, being one of the HEIs with a well-established HIV/AIDS prevention and control programs, reported to be linked with the majority of the public and private universities in the country. It has also established strong linkage with the federal, regional, zonal and woreda HAPCOs and different NGOs working at national and regional level. The HIV/AIDS program of the university is also reported to have a community outreach program and is linked to the HAPCO of the surrounding woredas and is supporting the HIV program of one of the woredas with training community conversation facilitators.

Mada Welabo University reported to be working with zonal health office, regional HAPCO and has an established linkage with an NGO, called IFHP.

The Bahir Dar University HIV/AIDS Prevention and Control Office has established linkage with regional HAPCO and the Bahir Dar City Administration HAPCO and different NGOs including: DKT, Wise up, Family Guidance Association Ethiopia (FGAE), YMCA and Marie Stops International.

³⁸ FMOE, Guideline to Implement the HIV&AIDS Policy Strategy in Education Sector, 2010.

³⁹ FMOE, The Education Sector Policy and Strategy on HIV&AIDS. Responding to the Challenges of HIV& AIDS in Ethiopia, 2009.

The Debre Birhan University HIV/AIDS Prevention and Control Office is linked with the regional and zonal HAPCOs and international NGOs like PSI, DKT, Tesfa Gohe and Life in Abundance.

Jijiga University HIV/AIDS unit is reported to be working with the Regional HAPCO and NGOs like DKT and OSSA.

Ethiopian Civil Service University HIV/AIDS units reported to working in close partnership with the Federal HAPCO, federal ministries and the Ethiopian office of Voluntary Service Oversees (VSO-E).

Axum University closely works with the Regional HAPCO and Zonal Women Affairs Office and NGOs like DKT, OSSA and FGAE.

The Federal, Regional and Zonal HAPCOs and International NGOs and UN agencies like United Nations Children Fund (UNICEF) and United Nations Population Fund (UNFPA) and others like PSI and University of South Africa (UNISA) are among the partners working with Wolaita and Hawassa Universities.

The MARCH project which is supported by PEPFAR/CDC, The Johns Hopkins University Center for Communication Programs (JHU-CCP) and African Humanitarian Action are the major partners reported closely working with the Addis Ababa University HIV/AIDS program.

Wollega University reported to working in partnership with the partners like Federal HAPCO, Oromia HAPCO, UNFPA/UNICEF and OSSA.

The UNICEF/UNFPA joint project is closely working with Adama University. Moreover, Adama University HIV/AIDS program is linked and working with other NGOs like RATOSN, PSI and IFHP.

Defense, Adama and Central Universities reported to having worked very little in the area of partnership and linkage with others outside the university campus. Defense University reported to have limited linkage with others other than a local NGO called RATSON and the Ministry of Defense.

Other private HEIs reported to having established no or little linkage or partnership with others.

4.3.3 Partnership and Networking for Gender Program

Practically all gender focal persons from the public HEIs reported that the gender programs of their respective institution have a varying degree of linkage with the HIV programs within the same university or with other similar programs outside the university campus. Most reported that they have established linkages with the gender programs of other HEIs, with regional, zonal and district level women affairs offices and with NGOs and donor agencies. The gender programs of universities located in Amhara region also reported to be linked with each other through female students' forum.

However, it was found out that the type and degree of linkages and networking the HEIs established both within and outside the institution vary greatly across the different HEIs. In this regard, the gender programs of the Defense University and most of the newly established universities like Axum, Wolaita and Wollega reported to have weak networking and linkage; or are in the planning stage to establish the network with others which have similar programs and/or with donors.

The gender offices of others like Addis Ababa, Civil Service, Haramaya and Haswassa universities and the Kotebe Teachers Training College reported to have established good network and linkage with others working on gender and related issues. The details of institutions with whom the gender programs of the different HEIs are linked with are listed in Table 4 .

Table 4: Partners Working with HIV/AIDS and Gender Programs of the HEIs, November 2012

Ministries and other government offices & service facilities	International and Local Non-Governmental Organizations	UN Agencies/ Bilateral Donors /Embassies
Federal Ministry of Education (Gender Office)	Forum for African Women Educationalist	UNFPA
	Zezele Youth Association	
Federal Ministry of Education (HIV Office)	Voluntary Service Overseas (VSO)	UNICEF
	Coalition for Women Against HIV/AIDS	
Federal HAPCO	DKT	USAID
Regional Health Bureau (Addis Ababa, Oromia)	Integrated Family Health Project (IFHP)	CDC
	WISE UP Ethiopia	
Regional HAPCO (Somali, Oromia, Addis Ababa and)	Population Service International(PSI)	NORAD
	Improving Quality of Primary Education Program in Ethiopia (IQPEP)	
Regional Women Affairs Bureau (Somali)	African AIDS Initiative (AAI)	American Embassy
	Mahbere Hiwot	
Zonal Health Department (Wolita)	IPAS	
	NASTAD	
Health Centers (Axum, Kotebe)	Young Women Christian Association (YWCA)	
	Organization for Social Service on AIDS (OSSA)	
Hospitals (Arba Minch, Axum, Zewditu)	International Institute of Education (IIE)	
	Eyerusalem Children and Mothers Association in collaboration with IPAS	
Zonal HAPCO (Debre Markos)	International Rural Reconstruction (IRR)	
	DED (German Development Organization)	
	Network of Ethiopian Women Association (NEWA)	
	Life in Abundance	
	Tsehay Zewdie Foundation	
	OSSREA	
	NOFIC (Netherlands Organization for International Cooperation in Higher Education)	
	Water AID	
	Consortium of Reproductive Health Associations	
	Family Guidance Association of Ethiopia (FGAE)	
	Save Your Generation Association (SYGA)	
	Tesfa Gohe	
	Ratson (local NGO)	

Source: Gender and HIV/AIDS focal persons and clinics of the HEIs

Many of the gender focal persons of the HEIs with an established network and linkage further acknowledged that the linkages they have established both within and outside the university campuses helped them to share information and experience with other similar programs, get training opportunities on gender and HIV/AIDS, secure funding for different gender related activities and work jointly with others on gender and HIV/AIDS related issues.

However, findings showed that the partnership and linkages the HIV/AIDS and gender programs of the different HEIs established with different partners also vary from a one-time financial, materials and technical support to a long-term referral linkage for services. However, it should be noted that in the majority of the cases, NGOs and other international or local donors take the initiatives and approach the HIV/AIDS and

gender programs of the HEIs with a set of interventions or supports irrespective of the need for that specific support from the side of the HEIs.

In this regard, very limited NGOs are reported to have been closely involved in the planning, monitoring and evaluation of the HIV/AIDS and gender programs of the HEIs. In certain instances, NGOs assign their employees and took over the coordination responsibility of the HIV programs from the universities. There are also cases where NGOs sign agreements with different bodies within the same HEIs including the office of the president, gender /HIV coordination units, student council, and/or create direct linkage with individuals rather than institutions. This according to some, has created problems in the implementation of the gender and HIV/AIDS program in the HEIs

Duplication of effort, concentration of NGOs and donors in certain HEIs, lack of uniformity of the approach of the different interventions and creation of unhealthy competition between the different actors within the same HEI are some of the problems observed in the process of networking and partnership established between the HEIs and donor agencies.

The interview made with some of the key NGOs like PSI, IFHP, Engender Health, NASTAD and CORHA, which were involved in HIV/AIDS, reproductive health and gender programs taking place in the HEIs revealed that the support that the NGOs were giving to the HEIs was either terminated or would be terminated by June 2013. In this regard, the support Engender Health was providing to HEIs was completed in May 2011, the support PSI's was providing to the HEIs was completed in March 2012 and IFHP did not have earmarked budget to continue the current project activities beyond June 2013. Most of these NGOs do not have information about the status of the funding beyond the current project period. It was further indicated that there was high possibility that the HEIs would get less and less support from donors for their HIV/AIDS and gender programs.

5. Conclusions and Recommendations

5.1 Conclusions

The level of response of the HEIs to the HIV/AIDS epidemic as well as the mechanism put in place to ensure the gender sensitivity and responsiveness of the HIV/AIDS program implemented by the HEIs covered by this assessment greatly vary across HEIs.

Many of the respondents from the public HEIs acknowledged that HIV/AIDS and gender issues are the priorities for their respective institutions. However, the level of HIV/AIDS and gender response greatly vary across the different HEIs and many attribute this variation to the level of commitment of the decision makers and the existence of other competing priorities in the institutions.

All the twenty-two HEIs have put some form of mechanism that coordinates HIV/AIDS program activities. However, only about a third have designated a body with some decision making power within their formal organizational structure to coordinate HIV/AIDS responses.

All the public HEIs reported to have some form of designated body responsible for gender issues in their organizational structure. However, all the four private HEIs do not put in place a gender focal point or have a functional gender program.

Those HEIs that represent HIV/AIDS and gender programs in their formal organizational structure organized the programs in different forms. Some have designated the programs coordination functions to an independent directorate; or combined the HIV/AIDS program with other programs like gender, disability and others; while others assigned the function to a coordination unit.

The availability of office facility, a full-time coordinator, other human resources as well as the allocation of financial resources for HIV and gender programs greatly vary across the different HEIs. In this regard, only a third of the HEIs covered by this assessment have organized offices and assigned a full-time focal person and other human resources required to run a comprehensive HIV program. Almost all of the HEIs also did very little in allocating a specific proportion of their budget for HIV/AIDS and gender programs.

Similar to what was observed with the process of establishing a program office and allocating the required resources, only about a third (eight) of the HEIs have an approved HIV/AIDS policy document and four reported developed a strategic plan that would guide the implementation of the HIV/AIDS program in their respective HEI. Similarly, only eight of the twenty-two HEIs have prepared and approved anti-GBV policy or code of conduct. In most HEIs with an approved HIV/AIDS and gender policy documents, the dissemination and popularization of the information included in the HIV/AIDS and policy documents and the use of the same for planning purpose was found to be limited.

All the private HEIs failed to assign a full-time HIV/AIDS focal person and a designated office and as well do not prepare HIV/AIDS policy and strategy document, entailing to a lack of organized response for HIV/AIDS and gender related issues among the private HEIs. Many argued the fact that low level of attention is given to HIV/AIDS and gender related issues by the private HEIs is a reflection of the fact that HIV/AIDS and gender related issues are not considered as priorities for their respective institutions.

Most of the HEIs covered by the assessment did very little to mainstream HIV/AIDS and gender into all aspects of their work. Though, most of the eight HEIs with an approved HIV and AIDS policy and strategy document reported that issues related with HIV/AIDS mainstreaming are addressed in their HIV/AIDS policy document, all have neither HIV/AIDS mainstreaming strategy document nor an approved action plan on how to mainstream HIV/AIDS into their work. Some of the HEIs reported to have received training on HIV/AIDS mainstreaming as recent as November 2011.

The linkage between HIV/AIDS and gender programs greatly vary across the different HEIs. Very few of the HEIs managed to link the two programs at structural level and placed the gender and HIV/AIDS coordination units under the same directorate allowing the two programs to plan together and share resources. However,

most designate the coordination of gender and HIV program activities to independent directorates or units with a varying degree of linkage between the two programs. Still others with no gender program acknowledged absence of neither structural nor functional linkage between the two programs.

Only a third of the HEIs included gender focused goals and objectives in the HIV/AIDS policy and strategy documents. Similarly, only few of the HEIs with a gender program reported including HIV/AIDS related goals and objectives in their plan. This indicates that the experience of the HEIs in creating linkage between the gender and HIV programs at different level is very limited.

Conducting baseline and impact assessments as well as operational researches and using the results for planning, monitoring and evaluation of HIV/AIDS and gender programs is not widely practiced by the HEIs. In this regard it was also hard to find the IEC/BCC interventions implemented by the HEIs followed by behavioral change communication strategy which was designed to address specific target behaviors identified following regularly conducted assessments.

The gender programs of most of the public HEIs have a component that gives special support for female students with low academic performance and female students with economic problems. Many acknowledged that the tutorial classes organized for female students with low academic performance, female only libraries, female only study rooms as well as financial and material support provided to female students contributed for the improvement of the academic performances of the female students. However, many acknowledged that the scale of intervention is limited due to absence of budget allocated for the program.

The gender and HIV/AIDS programs of only very few of the HEIs practice participatory planning and involve students and the rest of the university community in the planning, monitoring and evaluation of gender and HIV/AIDS programs. Similarly, the majority of the HEIs are found not having an established system specifically designed to jointly plan, monitor and evaluate their gender and HIV/AIDS programs with their donors and other external partners.

Unlike the planning, monitoring and evaluation process, the implementation of the gender and HIV programs of most of the HEIs focus on students and are carried out with the involvement of and in some cases with the leadership of gender and HIV/AIDS clubs established by students and student councils. However, in most of the HEIs, members of the university community other than students are neither adequately addressed by the activities of the gender and HIV programs nor involved in the implementation process.

Very limited effort was made by the majority of HEIs to integrate HIV/AIDS into the curriculum. In this regard, only six of the twenty-two HEIs reported the presence of some initiatives to incorporate HIV/AIDS issues in the curriculum. Similarly, only one university reported initiatives to include gender issues in the curricula of certain colleges and departments. While the remaining HEIs reported absence of initiatives or plans to mainstream HIV/AIDS in the existing curriculum or provide HIV/AIDS as a standalone course in teaching and learning programs taking place in their respective institution.

About fourteen of the HEIs reported no cases of HIV positive students and/or staff that disclosed their HIV status. Fear of possible stigma and discrimination was reported as the major reason for lack of willingness from the HIV positive students, staff and faculty to disclose their HIV positive status to the university community. Despite this only two cases of discrimination were reported from the eight HEIs with known cases of HIV positive students and staff.

Factors that render female students to be more vulnerable to HIV than others include: living in extreme poverty and weak academic performance drive them to be exploited sexually by some teachers and male students in exchange of good grades (teachers) academic support (male students),

GBV is a prevalent problem affecting female students as well as female administrative and academic staff members of the public HEIs. However, the recognition given to the existence and the extent of the problems greatly vary across the community of the HEIs. For example, the officials of the four private and some of the public HEIs covered by this assessment reported that GBV is not a problem for their respective HEIs.

However, the students of the same HEIs widely acknowledged the problem of sexual harassment in the campus environment as well as violence exists but not adequately addressed.

The level of GBV reported by many of the HEIs extends from verbal harassment to rape and female students are the victims of GBV. Many of the HEIs with an approved GBV policy reported that GBV is considered as a serious offence and measures will be taken to the culprits based on the approved policy. However, HEIs with no approved policy document reported that lack of clear policy or guideline often limits the actions taken on culprits of the reported GBV.

Disclosure of HIV/AIDS status and seeking support is very minimal. This shows that there is unspoken stigmatization and fear of discrimination.

About a third of HEIs has AIDS Resource Center and only one has a gender resource center. None of the twenty-two HEIs has reported designated a space or a corner in their libraries for HIV/AIDS related reading materials. Shortage of HIV/AIDS related IEC/BCC materials is reported by many to be the reasons for that. The entire private and most of the public HEIs particularly the newly established ones have very limited gender related reading materials in their libraries. In some of the HEIs, there are shortage of resource materials on gender limited research activities carried out by students and staffs.

Some HEIs share good practices from HIV programs of other universities and use the information for planning purpose. However, unlike the HIV/AIDS programs, sharing good practices and using the information for planning purpose is not practiced by the gender programs of the majority of the HEIs.

The university clinics are found to play significant role in the implementation of HIV/AIDS and gender programs of the HEIs. In this regards, fourteen clinics reported to be involved in the HIV/AIDS program and eleven (61.1 percent) work with the gender programs of their respective universities. Condom supply, voluntary counseling and testing, treatment for STIs and supply of IEC/BCC materials are some of the HIV/AIDS related activities carried out by the university clinics.

The experiences of the different HEIs in the area of partnership and linkage greatly vary and depend on different factors including the strength of the HIV/AIDS and gender programs implemented by the specific HEI. Findings showed that the gender and HIV programs of the public HEIs have established linkage with each other, with the health facility of their respective university, with outside partners including NGOs, government offices, and with similar programs in other HEIs. Many used the linkages and networking they have established to share information and experience, mobilize resources and enhance the performance of their programs. Despite this, the HIV and gender programs of still many of the HEIs are found not well linked with each other and with others within and outside the institution.

More than thirty-eight NGOs, UN agencies and bilateral donors are found to be working with the gender and HIV/AIDS programs and the clinics of the HEIs. Though these partners are making remarkable contribution to the gender and HIV/AIDS programs of the HEIs, they often come with predefined package of services and supports. Duplication of effort, concentration of NGOs and donors in certain HEIs, lack of uniformity of the approach of the different interventions and creation of unhealthy competition between the different actors within the same HEI are some of the problems observed in the process of networking and partnership established between the HEIs and donor agencies.

5.2 Recommendations

The following recommendations are forwarded based on a thorough analysis made on the results obtained from the assessment:

All the public and private HEIs in the country need to mainstream HIV/AIDS and gender into their core activities: academic programs including integration into curricula; research programs, workplace programs (HRM), and outreach programs beyond the campus needs for comprehensive response.

Stronger commitment of HEI leadership is needed to coordinate, harmonize and align HIV/AIDS and gender responses in terms of incorporating HIV/AIDS and gender in strategic and operational planning, staffing, funding as well as prioritizing HIV/AIDS and gender issues in the HEI in order to deal with organizational as well as practical challenges.

All the public and private HEIs should establish HIV/AIDS and gender coordination units with designated office spaces and facilities, full-time coordinators and staffs to coordinate and run the two programs in all the campuses under them.

Initiatives to consolidate and expand HIV/AIDS and gender programs in HEIs should ensure the involvement of the entire community of the HEIs in HIV/AIDS and gender response. Involving representatives of students, academic and administrative staffs as well as other key internal and external stakeholders in problem identification, planning, implementation, monitoring and evaluation of HIV/AIDS and gender programs should be taken as a key strategy to ensure the involvement of the entire university community and other stakeholders in the HIV/AIDS and gender responses of the HEIs.

All key stakeholders including the FMOE, FHAPCO, FMOYCA and their regional counterparts as well as NGOs and civil society groups working with the HIV/AIDS and gender programs of the HEIs should work to build the material, technical as well as financial capacity of the two programs so that the HEIs will adequately respond to problems related to HIV/AIDS and gender, affecting students and the rest of the university community.

Peace meal and project-based approach is not sufficient to address sustainable development problem such as HIV and gender inequality. Hence, HEIs should allocate up to 2% of their annual budget for HIV/AIDS and gender programs. The allocation of adequate budget, apart from scaling up the already initiated program activities to reach the wider members of the university community, would help to avoid dependence on external assistance for the two programs.

HEIs should establish AIDS fund and use the fund to address the needs of students, staff and their family members infected and affected by HIV/AIDS. This apart from ensuring the involvement of the wider community of the HEIs in the HIV/AIDS response would encourage staff and students infected by HIV to positively contribute towards the halting the spread of the virus.

Each of the HEIs should prepare their own HIV/AIDS and gender policy and strategy documents that would direct the HIV/AIDS and gender response among students and the rest of the university community. The developed policy and strategy documents should also be adequately disseminated and familiarized among the major stakeholders so that each would know their role, responsibility and right regarding HIV/AIDS and gender issues.

For an effective gender and HIV/AIDS response, HEIs should start linking their HIV/AIDS and gender programs, at policy and strategy level as well as at planning, implementation, monitoring and evaluation of both programs. In this regard, the HEIs should be encouraged to set gender specific goals, objectives and targets for their HIV/AIDS programs and vice-versa.

There is a very limited HIV/AIDS and gender response among the private and some of the public HEIs. Any effort made to strengthen the HIV/AIDS and gender programs of the HEIs should give special emphasis to those HEIs with little or no HIV/AIDS and gender related responses.

The practice of conducting formative assessments, operational research and impact assessments on HIV/AIDS and gender issues and using the result to program planning, monitoring and evaluation is very limited. In this regard, any initiative or support given to the HIV/AIDS and gender programs of the HEIs should adequately address the planning, monitoring and evaluation capacity of staffs working in the two programs so that the practice of evidence based planning and decision making could be widely realized.

The HIV/AIDS and gender related behavioral interventions implemented by the HEIs should have their base on an institution specific behavioral communication strategy specifically designed using the results of a

comprehensive formative assessment, and regularly updated using information generated by operational researches and impact assessments.

Establishing HIV/AIDS and gender resource centers in all campuses of the HEIs and designating HIV/AIDS and gender corners in libraries should be considered part of a sustainable HIV/AIDS and gender response taking place in the HEIs. In this regard, the efforts made by the HEIs to establish HIV/AIDS and gender resource centers and reading corners in libraries should be supported.

Staffs working in university clinics/health facilities have significant role to play in the HIV/AIDS prevention, care and support and related gender program activities taking place in the HEIs. In this regard, the HIV/AIDS and gender responses of the HEIs should ensure that the health facilities are adequately involved in the entire program cycle of the two programs.

Partners working with the HIV/AIDS and gender programs of the HEIs should harmonize their effort with the needs of the HEIs. In this regard, the partnership forum of donors and key government partners established by fourteen NGOs and other key government partners, should continue to play the very important role it has started in standardizing the response through uniform training, IEC/BCC material production and supply, capacity building, and information sharing among the different actors.

The Ethiopian Higher Education Institutions Partnership Sub-forum Response to HIV/AIDS is an important platform for all institutions of higher learning in the country to network and learn from the experience of each other. The forum can also play significant role in building the technical as well as the monitoring and evaluation capacity of the HEIs to adequately respond to the epidemic.

There is a need to putting monitoring and evaluation system in place to address policy and programs implementation, to account for allocated resources, improve outcome of behavior changes as well as address violations immediately.

References

- Abebe Haile Gebriel (2008). The HIV/AIDS Challenges in Africa: An Impact and Response Assessment – The Case of Ethiopia. OSSREA
- Chebet S. K. (2010). Gender Mainstreaming Experiences from Eastern and Southern Africa. OSSERA
- Central Statistical Authority and ICF International (2012). Ethiopia Demographic and Health Survey (EDHHS) 2011.
- EGM/HIV-AIDS/2000/OP 1 (October, 2000). “The HIV/AIDS Pandemic and its Gender Implication”
- Ethiopian Higher Education Institutions Partnership Sub-forum Response to HIV/AIDS (2010). Policy Framework and Strategy
- European Commission (2005). EQUAL Guide on Gender Mainstreaming • Briefing Note n° 3. Employment & European Social Fund. Directorate-General for Employment, Social Affairs and Equal Opportunities.
- FHAPCO (2007). Single Point HIV Prevalence Estimate
- FHPCO (2010). Strategic Plan for Intensifying Multi-sectoral HIV and AIDS Response in Ethiopia II (SPM II) 2010 – 2014
- FMOE (2009). The Education Sector Policy and Strategy on HIV&AIDS. Responding to the Challenges of HIV& AIDS in Ethiopia.
- FMOE (2010). Education Statistics, annual abstract 2002 E.C./2009/10 G.C. Education Management information Systems (EMIS). 2010
- FMOE (2010). Guideline to Implement the HIV&AIDS Policy Strategy in Education Sector
- M. Crewe & C. Nzioka . The higher education response to HIV and AIDS. MODULE 4.6
- Minnesota Advocates for Human Rights. What Is Gender-Based Violence? A training Document on GBV. Copyright © 2003 Minnesota Advocates for Human Rights; available from <http://www.stopvaw.org>. http://www1.umn.edu/humanrts/svaw/advocacy/modelsessions/what_is_GBV.PDF. Accessed on April 29, 2011
- National AIDS Control Council (2004). A Toolkit for HIV/AIDS and Gender Training.
- The World Bank (2004). Crafting Institutional responses to HIV/AIDS: Guideline and Resources for Tertiary Institutions in Sub-Saharan Africa. Africa Regional Human Development Working Paper Series. Human Development Sector, Africa Region, the World Bank.
- UNAIDS (2008). TOOLKIT for Mainstreaming HIV and AIDS in Education Sector: Guideline for Development Cooperation Agencies
- UNAIDS (2009). A Strategic Approach: HIV and AIDS and Education. Inter-Agency Task Team on Education.
- William Saint: Crafting Institutional responses to HIV/AIDS: Guideline and Resources for Territory Institutions in Sub Saharan Africa. Africa Region Human Development Working Paper Series
- World Health Organization (2002). Director-General’s Executive Statement on WHO Gender Policy: Integrating Gender Perspectives in the Work of WHO

Annexes

Annex 1: Tables

Table 5: University Clinics with Trained Staff Providing HIV/AIDS and Gender Related Services, November 2011

	Name of the HEIs	VCT	Counseling for GBV victims	Condom	FP	IEC/BCC	Syndromic Mangt. of STIs	Safe Abortion & post abortion care	Youth Friendly Service	Referral linkage	TB DOTS	ART	Different issues
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(1-5)
1	Adama University	3		5	2		4		27 ⁴⁰		2	1	
2	Addis Ababa University	2		13	8		9	8					
3	Axum University	5	1	11	3		3						
4	Ambo University												2
5	Arba Minch University	2	5	3	5		3					1	
6	Bahir Dar University	5		5	11		11						
7	Debre Birhan University	2		4					4				
8	Debre Markos University			2									
9	Defense University	4		4		4	1			4		1	
10	Dire Dawa University			3			3						
11	Ethiopian Civil Service University												
12	Haramaya University	2		4			9		2			2	
13	Hawassa University	2	5	2	5								
14	Jijiga University	1									1		
15	Kotebe Teachers Education Collage	2											
16	Mada Welabo University						4						
17	Wolita Sodo University	1	2	2	2		1					2	
18	Wollega University	9		9	2			1					
19	Alpha University Collage												
20	Central Health College												
21	Medco Bio Medical College												
22	Rift Valley University College												

⁴⁰ All professionals working in the University Clinic are given on job training. One of them trained on Training of Trainers (TOT).

Table 6: Inventory of Stakeholders Providing Different Types of Supports for the HIV/AIDS and Gender Programs of the HEIs, November 2011

Name of the University	Name of the Organization providing the support	Area of Support	Type of Support	Status of Support
Hawassa	NORAD	Support for students with economic problem, VCT, Counseling on GBV/rape victims, Condom Supply, Family Planning (Counseling), Contraceptive provision (Oral, Injectable), IEC/BCC materials supply	Financial, material and technical	Ongoing
Hawassa	FAWE	Support the training for students from poor families with training and IGA.	Training	Ongoing will terminate next academic year
Hawassa	VSO	Gender mainstream in the curriculum	Financial	Was a onetime support
Hawassa	DKT	Condom supply and contraceptive provision	Material	The support was for a given period of time but now completed
Hawassa	IFHP	IEC/BCC Materials and supply for pregnancy testing	Material	Ongoing
Hawassa	CDC	VCT, Counseling on GBV/rape victims, Condom Supply, Family Planning (Counseling), Contraceptive provision (Oral, Injectable), IEC/BCC materials supply, ART, PMTCT and pregnancy test	Material and technical	A 5 year agreement signed
Hawassa	JSI	IEC/BCC and office furniture and other equipment	Material and technical	Ongoing
Addis Ababa	Young Women Christian Association	Social Support and Training for students	Financial, material and technical	Ongoing
Addis Ababa	International Rural Reconstruction	Training for students	Technical	Was for a given period of time but now completed
Addis Ababa	American Embassy	Language training for students	Technical	One time support

...table 6

Name of the University	Name of the Organization providing the support	Area of Support	Type of Support	Status of Support
Addis Ababa	Network of Ethiopian Women Association	Gender and Leadership Training for students	Technical	Ongoing
Addis Ababa	Tsehay Zewdie Foundation	Economic Support for visually impaired blind Students	Financial	Ongoing
Addis Ababa	African AIDS Initiative	VCT, Condom supply, Family Planning (Counseling), Contraceptive provision, STI diagnosis and treatment, leadership training, RH & personal hygiene awareness creation	Financial, material and technical	Ongoing
Addis Ababa	CDC /March Project	VCT, Training on TB, PICT & STI, Training on HIV/AIDS, assertiveness, reproductive health	Material and technical	Ongoing
Addis Ababa	Engender Health	Condom supply, Contraceptive provision (Oral, Injectable) and Malaria prevention	Material	Ongoing
Addis Ababa	MOH	Malaria prevention (Quartum and measles vaccine)	Material and technical	One time support
Addis Ababa	Addis Ababa Health Bureau	HIV kit, TB medicine and laboratory reagent	Material	Ongoing

...table 6

Name of the University	Name of the Organization providing the support	Area of Support	Type of Support	Status of Support
Jijiga	Regional Women Affairs Bureau	Support for welcome Ceremony	Technical	Occasional support.
Jijiga	USAID	Training for teachers on reproductive health and gender based violence	Technical	Was a onetime support
Jijiga	HAPCO (Regional)	Life skill training manual	Technical	Was a onetime support
Jijiga	IFHP	Note books (stationary material and female sanitary pad for who have financial problem	Material	The support is still ongoing but received irregularly.
Jijiga	FGAE	VCT, Counseling on FP, Contraceptive provision (Oral, Injectable etc), IEC/BCC materials, STI treatment and pregnancy test	Material and technical	Started last year and ongoing
Haramaya	IIE	Policy making, staff and students empowerment and budget allocation	Financial and technical	Ongoing will continue for indefinite period of time
Haramaya	HCP	Family Planning (Counseling), Contraceptives,, IEC/BCC materials,, preparation of policy document ,	Financial and technical	Was for a given period of time but now completed
Haramaya	NOFIC (Netherlands Organization for International Cooperation in Higher Education)	preparation of policy document women empowerment and leadership training for students	Financial and technical	Ongoing
Haramaya	VSO	Financial support for Policy making, allocating budget	Financial and technical	Ongoing

...table 6

Name of the University	Name of the Organization providing the support	Area of Support	Type of Support	Status of Support
Haramaya	FHI	VCT and STI treatment, training for staffs and 25 peer leaders on Chat & Alcohol abuse Reduction	Technical	Was a onetime support
Haramaya	PSI	Condom Promotion and supply and distribution of leaf lets	Technical	Was a onetime support
Haramaya	CDC	PICT, (CDC supported project:- free service training for health science students	Technical	It was a 5 years project and will be phased out by the end of this year.
Haramaya	UNICEF/UNFPA	Condom supply and Family Planning (Counseling)	Material	Activity based project. Its occasional
Arbaminch	Water AID	IEC/BCC materials support	Financial and Technical	It is a three years project and now left with one heal and half
Arbaminch	DKT	Condom supply, Family Planning (Counseling) and IEC/BCC, Counseling on GBV/rape victims	Material and technical	Provided with the support every 3 moths based on their request.
Arbaminch	Engender Health	Family Planning (Counseling), IEC/BCC and Contraceptive provision (Oral, Injectable)	Material and technical	Ongoing will terminate next year
Arbaminch	PSI	Condom supply, STI treatment and IEC/BCC	Material and technical	Ongoing will terminate next year
Arbaminch	Zonal Health Department	Condom supply, Family Planning (Counseling) and Contraceptive provision (Oral, Injectable etc.)	Material	Ongoing will terminate next year

...table 6

Name of the University	Name of the Organization providing the support	Area of Support	Type of Support	Status of Support
Arbaminch	Arbaminch town health bureau	Contraceptive provision (Oral, Injectable etc.) and IEC/BCC	Material	Ongoing will terminate next year
Arbaminch	Arbaminch Hospital	Laboratory reagent, lab kit	Material	Ongoing will terminate next year
Arbaminch	UNICEF/UNFPA in collaboration with NORAD	VCT, counseling for GBV/rape victims, Condom supply, Family Planning (Counseling), IEC/BCC, STI treatment,	Financial, material and, technical	The support is given each year with the submission of activity report
Wolaita	NORAD	VCT, Counseling on GBV/rape victims, Condom Supply, Family Planning (Counseling), IEC/BCC materials supply, STI diagnosis and treatment, ART, PMTCT, pregnancy test, abortion service, post abortion service and ANC	Financial, material and technical	It's a five year project now on the second year
Wolaita	PSI	VCT, Counseling for GBV/rape victims, Condom Supply, Family Planning (Counseling), STI diagnosis and treatment, pregnancy test	Financial, material and technical	Ongoing will terminate next year
Wolaita	Zonal Health Department	Condom supply, Contraceptive provision, and IEC/BCC	Material and technical	Ongoing will
Wolaita	MOSAP	VCT, Counseling on GBV/rape victims, Condom Supply, Family Planning (Counseling), Contraceptive provision (Oral, Injectable etc.), IEC/BCC materials supply, STI diagnosis and treatment and pregnancy test	Financial, material and technical	Ongoing will terminate next year
Debremarkos	African AIDS Initiative	Training on policy development and peer education, Organize VCT center	Financial, material and technical	The main project has phased-out but the support is continued irregularly. (Some financial support)
Debremarkos	Zonal HAPCO	Financial and supply of birth control	Financial	Unknown sustainability
Debremarkos	FGAE	Organize Sexual Reproductive Health Center, Condom distribution, Family Planning (Counseling)	Financial	One year project and will phase-out on 2012

...table 6

Name of the University	Name of the Organization providing the support	Area of Support	Type of Support	Status of Support
Debreworkos	Population Service International	Training on mentorship and peer education	Financial and material	One year project and will phase-out on 2012
Debreworkos	DKT	Condom supply	Material	Ongoing
Debreworkos	MOE Gender Office	Financial Support for female students training on assertiveness.	Financial	Was a onetime support
Kotebe teachers College	IQPEP (USAID)	Financial Support for gender office, staff training on VCT	Financial and technical	It is a five year project and now three years left
Kotebe teachers College	Forum for African Women Educationalist	Financial support to develop gender and sexual harassment policy & tutorial for female students and Sanitary pad for financially low female students	Financial and material	It was a onetime support
Kotebe teachers College	Zelega Youth Association	Make Student conversation, provide leaflets about HIV/AIDS	Technical and material	Its ongoing
Kotebe teachers College	Coalition for Women Against HIV/AIDS	Financial support (300 or 500 birr) per month for HIV related activities	Financial	Now the support is stopped
Kotebe teachers College	WISE UP Ethiopia	Synthesize students on condom use	Technical	Was a onetime support
Kotebe teachers College	VSO	Training on Workplace HIV/AIDS, HIV/AIDS mainstreaming	Technical	Was a onetime support
Kotebe teachers College	Zewditu Hospiata	VCT	Technical	Ongoing
Kotebe teachers College	Kotebe Health Center	Family Planning (Counseling) and Contraceptive provision	Material and technical	Ongoing
Axum	Tigray OSSA	VCT, Counseling for GBV/rape victims, IEC/BCC material support, VCT, condom supply, and STI treatment	Financial, material and technical	Ongoing will terminate this year

...table 6

Name of the University	Name of the Organization providing the support	Area of Support	Type of Support	Status of Support
Axum	DKT	Condom supply	Financially and material	Ongoing. Three years agreement was signed recently
Axum	FGAE	VCT, Counseling for GBV/rape victims, IEC/BCC material support, VCT, condom supply, Contraceptive provision, STI treatment, pregnancy test, abortion service and post abortion service	Material and technical	Ongoing
Axum	Axum Hospital	ART	Technical	Ongoing
Axum	Axum Health Center	Contraceptive provision	Material	Ongoing
Bahirdar	Regional Bureau for Women, Youth and Children	Life skill training for female students	Technical	Ongoing
Bahirdar	Mahbere Hiwot	VCT, Contraceptive provision (Oral, Injectable etc.), Family planning (counseling), Planned to give training for students on peer education & mentorship ,and STI MGT & youth reproductive	Technical	The support is provided upon request
Bahirdar	NASTAD	Training for gender office staffs to start peer education, education on condom use, life skill training for female by female	Technical	Ongoing

...table 6

Name of the University	Name of the Organization providing the support	Area of Support	Type of Support	Status of Support
Bahirdar	Eyerusalem Children and Mothers Association in collaboration with IPAS	Some activities on reproductive health, condom supply, counseling service, post pill service, in general provide family planning service and material support female association clubs, like chairs and tables	Material and technical	Agreement signed on FEB 2010 and the agreement renewed every year. It's still ongoing
Bahirdar	DED (German Development Organization)	Anti-harassment training, material support for 50 financially weak students per month	Material and technical	One year project (2011)
Bahirdar	Bahirdar University	Material support for financially weak students which was previously supported by DED	Material	Ongoing
Bahirdar	PSI	Condom promotion and interpersonal communication skill (training)	Technical	Will end up on March 2012
Bahirdar	HAPCO (Regional)	Condom supply and IEC/BCC material support	Material and technical	Ongoing
Bahirdar	WISE UP	Condom supply, Contraceptive provision (Oral, Injectable etc.) and IEC/BCC material support,	Material and technical	The support is provided upon request
Bahirdar	DKT	Condom supply	Material	The support is provided upon request
Bahirdar	OSSA (Bahirdar)	VCT	Material and technical	Ongoing
Bahirdar	FGAE	VCT, condom supply, Family planning (counseling) and abortion	Material and technical	Ongoing

...table 6

Name of the University	Name of the Organization providing the support	Area of Support	Type of Support	Status of Support
Adama	RATSON	Assigned social worker to work in the University,	Financial and technical support	Ongoing
Adama	PSI	VCT, STI and condom distribution	technical and material	Ongoing (by the time the data collected, they have signed MOU with the university but they did not start implementation).
Adama	UNICEF/UNFPA	VCT, STI, family planning, youth friendly service, HIV test kits, STI drugs, IEC/BCC materials, mini media and ARC materials.	Financial and material	The support is not regular
Adama	HAPCO (Oromia)	VCT, condom supply, Family planning (counseling), Contraceptive provision, IEC/BCC material support, and STI treatment	Financial, material and technical	Ongoing
Adama	Engender Health	Contraceptive provision, IEC/BCC material support, STI treatment and ART	Financial, material and technical	Ongoing
Adama	DKT	Contraceptive provision, IEC/BCC material support, STI treatment and ART	Material and technical	Ongoing
Adama	Life in Abundance	IEC/BCC material support	Financial	Ongoing

...table 6

Name of the University	Name of the Organization providing the support	Area of Support	Type of Support	Status of Support
Mada Welabu	IFHP	Condom supply, Counseling for GBV/rape victims, Contraceptive provision (Oral, Injectable etc.), Family planning (counseling), IEC/BCC, support for STI treatment Stationary material, sanitary pad and training for service providers.	Financial, material and technical	Ongoing
Wollega	Oromiya Health Bureau In collaboration with UNICEF and UNFPA	VCT, Counseling for GBV/rape victims, IEC/BCC material support, VCT, condom supply, Contraceptive provision (Oral, Injectable etc.), STI treatment,	Financial support for a specific scope of work	It is a 5 years project, now almost two years are left
Wollega	OSSA	Support for HIV club, VCT campaign, distribute brocher, condom supply, IEC/BCC materials support,	Material and technical	Completed but the support may continue in the future
Ambo	FAWE(Forum for Africa Women Educationalist)	Financial support for those students who have financial problems, sanitary pad for 100 female students	Financial and material	Was for a given period of time but now completed
Ambo	DKT	Sexual Reproductive Health (training) , condom distribution and promotion	Material and technical	Agreement signed recently
Ambo	NASTAD	Financial, material and technical	Financial, and technical	Will continue for 3 years.
Ambo	Regional Health Bureau (Oromia)	VCT, distribution of leaflets	Technical and material	Was a onetime support
Ambo	Engender Health	Training for clinic staff and IEC materials	Technical and material	Was a onetime support
Ambo	Save Your Generation Association	IEC/BCC materials and Training for professionals and distribution of pamphlets	Financial and technical	Was for a given period of time but now completed

...table 6

Name of the University	Name of the Organization providing the support	Area of Support	Type of Support	Status of Support
Debrebirhan	Engender Health	Condom supply and Contraceptive provision (Oral, Injectable etc.)	Material	Was a onetime support
Diredawa	PSI	STI treatment	Technical	Was a onetime support
Ethiopian Civil Service University	OSSEREA	Training on gender mainstreaming	Technical	Was a onetime support
Defense University	RATSON	Awareness creation on HIV/AIDS, gender issues and reproductive health	Material and technical	Ongoing will terminate this year

Table 7: Summary of Institutional Responses to HIV/AIDS and Gender, November 2011

Name of the University	HIV/AIDS Policy	HIV Mainstreaming Strategy and plan	HIV/AIDS Focal Person	HIV/AIDS Office and materials	HIV/AIDS Budget	GBV Policy	Gender Mainstreamed	M&E	ARC	# of Partners Developed	Community outreach	Curriculum inclusion	Institutional Priority	Research
Adama University	No	No	Yes	No	No	No	No	Yes	Yes	7	Yes	No	Yes	No
Addis Ababa University	Yes	No	Yes	Yes	No	No ⁴¹	No	Yes	No	10	No	No	No	Yes
Axum University	No	No	Yes ⁴²	No	No	Yes	No	No	No	5	No	No	No	Yes
Ambo University	No	No	Yes ⁴³	No	No	No	No	No	No	6	No	No	Yes	No
Arba Minch Univ.	No	Yes ⁴⁴	Yes	Yes	Yes	Yes	No ⁴⁵	Yes	No	7	No	No	Yes	Yes
Bahir Dar University	Yes	No ⁴⁶	Yes	Yes	No	No ⁴⁷	No	No	Yes	12	No	No	No	No
Debre Birhan University	No	No	Yes	Yes	No	No ⁴⁸	No ⁴⁹	Yes for H	Yes	1	Yes	No	Yes	Yes
Debre Markos University	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	6	No	No	Yes	Yes
Defense University	No	No	Yes ⁵⁰	Yes	No	Yes ⁵¹	No	No	No	1	No	⁵²	Yes ⁵³	
Haramaya University	Yes	No	Yes	Yes	No	No	No	Yes	Yes	No	No	No	Yes	Yes

⁴¹ There is draft policy document but it was not approved at the time of the assessment

⁴² Not a full time worker

⁴³ Not a full time worker

⁴⁴ The document is draft

⁴⁵ They have plan

⁴⁶ Don't have own mainstreaming strategy but for the moment uses the FMOE and the Higher Learning Institutions Forum mainstreaming manuals. They have the plan to prepare strategy.

⁴⁷ Have the manual. There is a delay in approving the policy. Uses the FMOE guideline

⁴⁸ Is in the approval process

⁴⁹ Waiting the senate for approval

⁵⁰ Part time coordinators are assigned from the staff and students

⁵¹ No specific GBV policy

⁵² The focal person does not have the information on the inclusion of the issue in the curriculum.

⁵³ The focal person does not have information.

...table 7.

Name of the University	HIV/AIDS Policy	HIV Mainstreaming Strategy and plan	HIV/AIDS Focal Person	HIV/AIDS Office and materials	HIV/AIDS Budget	GBV Policy	Gender Mainstreamed	M&E	ARC	# of Partners Developed	Community outreach	Curriculum inclusion	Institutional Priority	Research
Hawassa	Yes	Yes	Yes	Yes	No	No ⁵⁴	No	Yes for both	Yes	7	No	No	Yes	Yes
Jijiga	No ⁵⁵	No	Yes ⁵⁶	Yes	No	Yes	No	No	No	5	No	No	Yes	Yes
Kotebe Teachers Education College	No	No	Yes ⁵⁷	No ⁵⁸	No	No	Yes	No	No	8	No	No	Yes	Yes ⁵⁹
Mada Welabo	Yes	No	Yes ⁶⁰	Yes	No	Yes	No	Yes for H	No	1	No	No	Yes	No
Wolita Sodo	No	No	Yes ⁶¹	Yes	No	No	No	No	Yes	4	No	Yes	Yes	Yes
Wollega	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	2	No	No	Yes	Yes
Dire Dawa										1				
Ethiopian Civil Service	Yes	Yes	Yes	Yes	Yes	No	No	Yes for both	No	1	No	Yes	Yes	Yes
Medco Bio Medical College														
Rift Valley University College														
Alpha University Collage														
Central Health College														

⁵⁴ The draft prepared by FMOE is expected to be approved in the near future

⁵⁵ Uses framework prepared by Higher learning Institutions Forum. The draft is on the way for approval.

⁵⁶ No full time worker

⁵⁷ Not full time worker

⁵⁸ No separate office for HIV/AIDS program. The gender and HIV programs are under the same unit

⁵⁹ Researches are conducted only on gender issues

⁶⁰ No full time worker

⁶¹ No full time worker

Table 8: Key HIV/AIDS and Gender Related Services Provided by the Clinics of the Studied HEIs, November 2011

Name of the University	Peer Education	Community Conversation	Panel Discussion	Condom Distribution	VCT	Entertainment services	Counseling
Adama University	Yes	No	Yes	Yes	Yes	No	Yes
Addis Ababa Univ.	Yes	Yes	No	Yes	Yes	Yes	Yes ⁶²
Axum University	Yes	Yes	No	Yes	Yes	Yes	Yes
Ambo University	No	No	No	Yes	No	No	Yes ⁶³
Arba Minch Univ.	Yes	Yes	No	Yes	Yes	No	Yes
Bahir Dar University	Yes	Yes	No	Yes	Yes	No	Yes
Debre Birhan Univ.	Yes	No	No ⁶⁴	Yes	Yes ⁶⁵	No ⁶⁶	Yes ⁶⁷
Debre Markos Univ.	Yes	No	Yes	Yes	Yes	Yes	Yes ⁶⁸
Defense University	Yes	No	No ⁶⁹	Yes	Yes	Yes	No
Dire Dawa University				Yes	No	No	No
Ethiopian Civil Service University							

⁶² Counseling is only for VCT and for PLWHA

⁶³ Counseling is provided only for PLWHA

⁶⁴ Panel discussion was not mentioned by the interviewee.

⁶⁵ The clinic only provides counseling. Testing is provided in a form of campaign.

⁶⁶ Not mentioned by the interviewee.

⁶⁷ Psychosocial counseling is provided for HIV positive students, staffs, and teachers. However, there is no psychosocial counseling for victims of GBV

⁶⁸ Psychosocial counseling is provided for HIV positive students, staffs, and teachers. There is no psychosocial counseling for victims of GBV

⁶⁹ Panel discussion was not mentioned by the interviewee.

...table 8.

Name of the University	Peer education	Community conversation	Panel discussion	Condom distribution	VCT	Entertainment services	Counseling
Haramaya University	Yes	Yes	No ⁷⁰	Yes	Yes	No	Yes ⁷¹
Hawassa University	Yes	No	No ⁷²	Yes	Yes	No	Yes
Jijiga University	No	No	No	Yes	Yes	No	Yes ⁷³
Kotebe Teachers Education College	Yes	No	No	Yes	Yes ⁷⁴	Yes	Yes
Mada Welabo University	Yes	No	No	Yes	No	No	No
Wolita Sodo University	Yes	No	No	Yes	Yes	No	Yes
Wollega University	Yes	Yes	No	Yes	Yes	No	Yes
Alpha University Collage							
Central Health College							
Medco Bio Medical College							
Rift Valley University College							

⁷⁰ Not mentioned by the interviewee.

⁷¹ Counseling is provided only for PLWHA

⁷² Not mentioned by the interviewee.

⁷³ Psychosocial counseling is provided for HIV positive students, staffs, and teachers. However, there is no psychosocial counseling for victims of GBV

⁷⁴ VCT is conducted in a form of a campaign once in a year.

Annex 2: List of HEIs Used as Sampling Frame for the Selection of the Studied HEIs

Public Universities

Adama University
Addis Ababa University
Axum University
Ambo University
Arba Minch University
Bahir Dar University
Debre Birhan University
Debre Markos University
Defense University College
Dilla University
Dire Dawa University
Ethiopian Civil Service Collage
Gonder University
Haromaya University
Hawassa University
Jijiga University
Jimma University
Kotebe Teachers Education Collage
Mada Welabo University
Mekele University
Mizan_Tepi University
Semera University
Telecommunications and IT College
Wolita Sodo University
Wollega University
Wollo University

Non-Public

Addis College
Addis Continental Institute of Public Health
Admas University College
Africa Beza University College
Agro technical and Technology College
Alpha Health Science College
Alkan Health Science College
Alpha University Collage
Bethel Teaching Medical Collage
Blue Nile College
Central Health College

City University College
CPU Business and IT College
ECUSTA: Ethiopia Catholic University
Ethiopian Adventist College
Ethiopia Distance Education College
Fura College
Gamby College of Medical Sciences
Hamlin College of Midwives
Hayat Medical College
Hayome College
International Leadership College
Lucy College
Medco Bio Medical College
Mekanyesus Management and Leadership College
Mekele Institute of Technology
Micro Business College
Micro link Information Technology College
National College
New Generation University College
New Millennium College
Nile College
Orbit IT College
Paradise Valley College
Pharama Health Science College
Poly Institute College
Rift Valley University College
Royal University College
Sliohom College
Sheba Information Technology and Business
College
SRI SAI College
St. Mary's University College
Tech-Zone Engineering and Business
Tropical College of Medical Sciences
Universal Medical College
Unity University College
Victory College
Yardstick International College

Annex 3: Definition of Key Terms

Gender is used to describe those characteristics of women and men, which are socially constructed, while **sex** refers to those which are biologically determined. People are born female or male but learn to be girls and boys who grow into women and men. This learned behavior makes up gender identity and determines gender roles.⁷⁵

Gender mainstreaming The ECOSOC Resolution defines mainstreaming gender as "...the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres, such that inequality between men and women is not perpetuated. The ultimate goal is to achieve gender equality".⁷⁶

"Mainstreaming gender is both a technical and a political process which requires shifts in organizational cultures and ways of thinking, as well as in the goals, structures and resource allocations Mainstreaming requires changes at different levels within institutions, in agenda setting, policy making, planning, implementation and evaluation. Instruments for the mainstreaming effort include new staffing and budgeting practices, training programmes,⁷⁷

Gender-based violence: Gender-based violence (GBV) includes physical, sexual and psychological violence such as domestic violence; sexual abuse, including rape and sexual abuse of children by family members; forced pregnancy; sexual slavery; traditional practices harmful to women, such as honor killings, burning or acid throwing, female genital mutilation, dowry-related violence; violence in armed conflict, such as murder and rape; and emotional abuse, such as coercion and abusive language. Trafficking of women and girls for prostitution, forced marriage, sexual harassment and intimidation at work are additional examples of violence against women.⁷⁸

HIV/AIDS Mainstreaming in Education Sector: HIV and AIDS mainstreaming in the education sector ensures that addressing HIV and AIDS is not an add-on or a separate activity but an integral part of education sector policies, strategies and actions. It is a process which requires the engagement of the education sector with key areas of attention such as gender and sexual and reproductive health and rights and with other sectors including health, youth affairs, and the private sector, among others.⁷⁹

Mainstream: the principal, dominant ideas, attitudes, practices or trends. It is where choices are considered and decisions are made that effect economic, social and political options. It is where things happen. The mainstream determines who gets what and provides a rationale for the allocation of resources and opportunities.⁸⁰

⁷⁵ World Health Organization, Director-General's Executive Statement on WHO Gender Policy: Integrating Gender Perspectives in the Work of WHO, 2002.

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ What Is Gender-Based Violence? A training Document on GBV. Copyright © 2003 Minnesota Advocates for Human Rights; available from <http://www.stopvaw.org>. http://www1.umn.edu/humanrts/svaw/advocacy/modelsessions/what_is_GBV.PDF. Accessed on April 29, 2011.

⁷⁹ UNAIDS, Toolkit for mainstreaming HIV and AIDS in the education sector: Guidelines for development cooperation agencies, Inter-Agency Task Team on Education, 2008.

⁸⁰ European Commission, Guide on Gender Mainstreaming, Briefing Note n° 3, Employment & European Social Fund, Directorate-General for Employment, Social Affairs and Equal Opportunities, 2005.

Annex 4: Data Collection Tools

Tool 1 Key Informant Interview Federal Ministry of Education Assessment on Current HIV/AIDS and Gender Responses in Higher Learning Institutions University Clinic

Consent Form

Higher learning institutions are strategic places both to provide prevention and care and support services to students who are in the age range whereby high HIV infection occurs [15-24], integrate HIV/AIDS in the curriculum for effective mainstreaming, provide opportunities to conduct researches and address the overall need of the future of the country's workforce.

Similar to the vulnerability factor of HLI students to HIV infections, women economic subordination is one of the factors that predispose the girls to be susceptible to HIV infection. Hence, assessing both the status of the HLI responses to HIV and AIDS as well as gender will help to design appropriate interventions that minimize their vulnerability and empower those who would be susceptible.

As part of its commitment to look after the health and wellbeing of the students in Higher Learning Institutions, FMOE in collaboration with UNESCO Ethiopia Liaison Office has initiated a baseline assessment on current HIV/AIDS and gender responses of higher learning institutions. The study specifically aimed at addressing the following specific objectives. **(1)** Learn/assess the current level of HIV/AIDS and gender responses in twenty-two HLIs. **(2)** Identify successes, opportunities, challenges and gaps in the response to HIV/AIDS and gender issues in HLIs for effective gender sensitive mainstreaming of HIV and AIDS. **(3)** Identify existing and potential resources (technical, financial and human) and partners to support the response of HLIs to HIV/AIDS and gender.

The study results will help to make recommendation for further strengthening the HIV/AIDS response of HLIs and enhance coordination among HLIs and development partners for a maximum impact.

To be able to do this, however, we need to talk with a wide range of people in selected higher learning institutions and those specifically working related to actually implementing gender and HIV/AIDS related programs in the HLI including FMOE, FHAPCO, Federal Ministry of Women Youth and Children Affairs, REB's, university officials, gender offices, HIV/AIDS coordination units, university clinics and others in the randomly selected universities and other organizations linked to HLIs..

This university/office is among the institutions selected for this study and I am here to discuss with you on different issues related with the study objectives.

Our discussion will take a maximum of one and half hour and I would like to assure you that the information we will collect during this interview will be entirely confidential. In addition, when the results of all of the interviews are combined, we will not identify specific individuals or institution with any of the information collected. The information you provide will help the Federal Ministry of Education and its partners to develop better programs to build the capacities of HLIs with a view to make their service more effective and efficient.

I _____ after reading the consent form willingly agreed to participate in the study.

Signature _____

Note for the interviewers: If the respondent refuses, thank the person and terminate the interview

Section 1: Background information on the study area respondent of the study

1. Name of the Interviewer: _____ Signature: _____
2. Date _____(dd), _____,(mm), 2011
3. Checked and Edited by Name: _____ Signature: _____
4. Date _____(dd), _____,(mm), 2011
5. Data entered by Name: _____ Signature: _____
6. Date _____(dd), _____,(mm), 2011
7. Name of the University _____
8. Name of the Interviewee _____
9. Responsibility of the interviewee _____

Section 2: The role of the university clinic on HIV/AIDS and gender related interventions taking place in the university

10. When was the clinic established? _____
11. Number of clinic beds allocated for patient care?
 1. Emergency _____
 2. Inpatient _____
 3. Total _____
12. What is the annual budget for the clinic? Please provide us the information for 2004 budget year? _____
13. What is the annual health care budget for each student? _____
14. Is the annual health care budget allocated for each student adequate?
 1. Yes, it is adequate
 2. No, it is not adequate
 3. Do not know
15. Who are targeted by the service of the clinic?
 1. Students
 2. Administrative staff of the university
 3. Teaching staff of the university
 4. Other specify _____
16. How many days per week is the clinic providing service for students? _____
17. What is the working hour of the clinic? _____
18. On average how many clients are getting the service of the clinic per day? _____
19. In 2003 E.C. how many clients have received different services from the clinic? _____
20. What types of services are provided by the university clinic?
 1. Treatment of patients at OPD level
 2. Treatment of patients at inpatient level
 3. Psychosocial counseling
 4. Laboratory service
 5. Other specify _____
21. How many health professionals are currently working in the clinic?

	Category	Full-time	Part-time	Total
1	Medical Doctor			
2	Specialist			
	Specify:			
	1.			
	2.			
4	Health Officer			
5	Nurses			
6	Health Assistants			
7	Laboratory Technicians/Technologists			
8	Pharmacy Technicians/Technologists			
9	Psychologist			
10	Counselors			
11				

Section 2: HIV/AIDS, STI and GBV related services rendered by the university clinic

22. What are the HIV/AIDS, STI and GBV related services provided by the university clinic? Circle the answer as many as available.
1. Voluntary Counseling and Testing
 2. Counseling for GBV/ rape victims
 3. Condom supply
 4. Family planning (counseling)
 5. Contraceptives provision (Oral, Injectable etc)
 6. IEC/BCC materials supply
 7. STI diagnosis and treatment
 8. ART
 9. PMTCT
 10. Pregnancy test
 11. Abortion service
 12. Post abortion care
 13. Antenatal Care
 14. Referral services
 15. Other specify, _____
23. Is there a freestanding VCT center in the university compound/clinic?
1. Yes, there is a free standing VCT center
 2. No, VCT is provided integrated as part of the other routine activity of the clinic
 3. VCT service is not provided in the clinic
 4. The clinic provides only counseling service
 5. Other, specify , _____
24. Are full-time HIV counselors assigned to work on HIV counseling and testing?
1. Yes, there are professionals assigned to work in the university clinic on full-time basis
 2. No, the clinic staff are working as VCT counselors as part of their other tasks
 3. There is no trained person to work on as counselor
 4. Other, specify
25. Do students have access to free VCT service?
1. Yes,
 2. No,
 3. Do not know
 4. Other, specify
26. Is the VCT center accessible to others other than the students?
1. Yes,
 2. No,
 3. Do not know
 4. Other, specify
27. On average, how many students visit the VCT unit per month for VCT service? ____
28. Do students have access to **free** STI diagnosis and treatment service?
1. Yes
 2. No
 3. Do not know
 4. Other, specify
29. On average how many clients with STI and related problems visit the clinic per month? _____

30. How many STI cases were diagnosed and treated in the clinic the Ethiopian calendar Year (2003)?

31. Are there condom outlets that are equally accessible for male and female students?
1. Yes there is a condom outlet that is equally accessible for male and female students
 2. No there is no condom outlet which is equally accessible for male and female students
 3. The university administration does not encourage condom to be distributed to students
 4. Other, specify _____
32. Is female condom available in the condom outlets?
1. Yes
 2. No
 3. Do not know
 4. Other, specify _____
33. Are there students who disclosed their HIV status/or who are known to be HIV positive?
1. Yes
 2. No
 3. Do not now
 4. Other, specify _____
34. If yes, how many known HIV positive students are there in the university? _____
35. What are the specific services the university clinic is providing for the HIV positive students? Circle the answer as many as available.
- 1 Psycho social counseling
 - 2 Finical support
 - 3 Food support
 - 4 Pre-ART
 - 5 ART
 - 6 Information on ART
 - 7 Other, specify _____
36. Please specify the number of HIV positive students getting the different HIV/AIDS related services from the university clinics?
- 1 Psycho social counseling _____
 - 2 Finical Support _____
 - 3 Food support _____
 - 4 Pre ART _____
 - 5 ART _____
 - 6 Information on ART _____
 - 7 Other, specify _____
37. If the university clinic is not directly providing these services to the students, who or which organization/which facility/ which group is providing the students these and other HIV/AIDS related services? [Probe to find out those providing each of the above mentioned services?]
- 1 Psycho social counseling _____
 - 2 Finical Support _____
 - 3 Food support _____
 - 4 Pre ART _____
 - 5 ART _____
 - 6 Information on ART _____
 - 7 Other services, specify _____
38. What is the role of the university administration and the university community in providing support to students who are living with HIV? _____
39. Are rape and/or GBV cases reported to your clinic?
1. Yes
 2. No
 3. Do not know
 4. Other, specify _____

40. If yes, on average how many of such cases are reported to your clinic last year? ___
41. Who are most commonly affected by GBV/rape in this campus?

42. Who are the most frequently reported culprits reported in GBV/rape?

43. Do you consider GBV/rape a problem in this university campus? [Ask the respondent to explain about the cases of GBV/rape he/she remembers]

44. Are there specific services for those students who are affected by GBV including for rape victims?

1. Yes
2. No
3. Do not know
4. Other, specify _____

45. If the answer for Q 44 is "yes," what specific services are provided to the students? Tick all the appropriate answer.

1. Psychological counseling _____
2. Physical examination _____
3. HIV testing _____
4. STI diagnosis _____
5. Pregnancy testing _____
6. Other, specify _____

46. Are there trained professionals in your clinic to provide counseling service for GBV/rape victims?

1. Yes
2. No
3. Do not know
4. Other, specify _____

47. If the answer for question number 46 is "yes," how many professionals are trained to provide counseling service for GBV/rape victims? What is their profession?

Number _____

Profession _____

48. Is there an established working relationship between the university clinic and the student counseling service?

1. Yes
2. No
3. Do not know
4. Other, specify _____

49. Please tell me on what areas do the university clinic collaborate with the student counseling service? _____

50. Is there an established working relationship between the university clinic and the university gender office/women's affairs office?

1. Yes
2. No
3. Do not know
4. Other, specify _____

51. Please tell me on what areas do the university clinic collaborate with the student counseling service of the clinic?

52. Is there any working relationship between the university clinic and others outside of the university campus like: the police, the town administration, woreda HAPCO, the women's, youth and children affairs office of the region on issues related with GBV and HIV/AIDS?

1. Yes
2. No
3. Do not know
4. Other, specify _____

53. If the answer for question number 52 is "yes," please tell me with whom does the university clinic collaborate and on what areas do the clinic collaborates with the above mentioned offices?

Offices	Areas of collaboration
_____	_____
_____	_____

54. Are there teachers and administrative staff who disclosed their HIV status/or who are known to be HIV positive?

1. Yes
2. No
3. Do not know
4. Other, specify _____

55. If yes, how many are known to be HIV positive teachers and administrative staff are there?

56. What are the specific services the university clinic is providing for the HIV positive teachers and administrative staff? Circle the answer as many as available.

1. Psycho social counseling
2. Financial Support
3. Food support
4. Pre ART
5. ART
6. Information on ART
7. Other, specify _____

57. Please specify the number of HIV positive teachers and administrative staff getting different HIV/AIDS related services from the university clinics?

1. Psycho social counseling _____
2. Financial Support _____
3. Food support _____
4. Pre ART _____
5. ART _____
6. Information on ART _____
7. Other, specify _____

58. If the university clinic is not directly providing these services to the teachers and administrative staff, who or which organization/which group is providing the students these and other HIV/AIDS related services? [Probe to find out as who is providing each of the above mentioned services?]

1. Psycho social counseling _____
2. Financial Support _____
3. Food support _____
4. Pre ART _____
5. ART _____
6. Information on ART _____
7. Other services , specify _____

59. What is the role of the university administration and the university community in providing HIV/AIDS related services and support to the teachers and other staff of the university living with HIV/AIDS?

60. Is there an established referral linkage between the university clinic and other health facilities in the area?

1. Yes
2. No
3. Do not know
4. Other, specify

61. If the answer for question number 60 is “yes,” on what activities do the university clinic is linked with other health facilities?

Name of the facility

Areas of collaboration

62. Is there an established referral linkage between the university clinic and the clubs in the University?

1. Yes
2. No
3. Do not Know
4. Other, specify

63. If the answer for question number 62 is yes, on what areas does the university clinic collaborate with different clubs organized in the university campus?

Name of the Club

Areas of collaboration

64. Which government and/or non-government organization support the university clinic in the area of HIV/AIDS, STI diagnosis and treatment, FP and GBV?

	Name of the organization	Area of support	Type of support	Status of support

Code for **area of support**

1. Voluntary Counseling and Testing
2. Counseling for GBV/ rape victims

3. Condom supply
4. Family planning (counseling)
5. Contraceptives provision (Oral, Injectable etc)
6. IEC/BCC materials supply
7. STI diagnosis and treatment
8. ART
9. PMTCT
10. Pregnancy test
11. Abortion service
12. Post abortion care
13. Antenatal Care
14. Other specify,

Code for type of support

- A. Financial
- B. Material
- C. Technical

Code for status of support

1. Ongoing will terminate this year
2. Ongoing will terminate next year
3. Ongoing will continue for indefinite period of time
4. Was a onetime support
5. Was for a given period of time but now completed

65. How many of the clinic staff received trainings on HIV/AIDS, STI diagnosis and treatment, FP and GBV?

	Name of the training	Number of clinic staff received the specific training	Year the training was given	Name of the organization provided the training
	Voluntary Counseling and Testing			
	Counseling for GBV/ rape victims			
	Condom			
	Family planning (counseling)			
	IEC/BCC			
	Syndromic management of STI/ STI diagnosis and treatment			
	ART			
	PMTCT			
	Post abortion care			
	HIV testing for laboratory professional			
	Others			

66. What major achievements have been registered by the University clinic in HIV/AIDS prevention and control and on gender related program implementation taking place in the university campus?

67. What are the challenges the University clinic has faced during the implementation of HIV/AIDS prevention and control activities and on gender related programming taking place in the university?

68. What are the gaps/problems/threats that the university clinic is facing in its effort to implement HIV/AIDS prevention and control activities and the implementation of gender related programming taking place in the university?

Thank you for giving us your time and participate in the discussion

Tool 2
Key Informant Interview
Federal Ministry of Education
Assessment on Current HIV/AIDS and Gender Responses in Higher Learning Institutions

HIV/AIDS & Gender Focal Persons/Student Deans

Consent Form:

Higher learning institutions are strategic places both to provide prevention and care and support services to students who are in the age range whereby high HIV infection occurs [15-24], integrate HIV/AIDS in the curriculum for effective mainstreaming, provide opportunities to conduct researches and address the overall need of the future of the country's workforce.

Similar to the vulnerability factor of HLI students to HIV infections, women economic subordination is one of the factors that predispose the girls to be susceptible to HIV infection. Hence, assessing both the status of the HLI responses to HIV and AIDS as well as gender will help to design appropriate interventions that minimize their vulnerability and empower those who would be susceptible.

As part of its commitment to look after the health and wellbeing of the students in Higher Learning Institutions, FMOE in collaboration with UNECO Ethiopia Country Cluster has initiated a base line assessment on current HIV/AIDS and gender responses in higher learning institutions. The study specifically aimed at addressing the following specific objectives. **(1)** Learn/assess the current level of HIV/AIDS and gender responses in twenty-two HLIs. **(2)** Identify successes, opportunities, challenges and gaps in the response to HIV/AIDS and gender issues in HLIs for effective gender sensitive and mainstreaming of HIV and AIDS. **(3)** Identify existing and potential resources (technical, financial and human resources) and partners to support the response of HLIs to HIV/AIDS and gender as well as threats and challenges.

The study results will help to make recommendation for further strengthening the HIV/AIDS response of HLIs and enhance coordination among HLIs and development partners for a maximum impact.

To be able to do this, however, we need to talk with a wide range of people in selected Higher Learning Institutions and those specifically working related to actually implementing Gender and HIV/AIDS related programs in the HLI including FMOE, FHAPCO, Federal Ministry of Women's Affairs, REB's, university officials, gender offices, HIV/AIDS coordination units, university clinics etc of the in the randomly selected universities and other higher learning institutions.

This university/office is among the institutions selected for this study and I am here to discuss with you on different issues related with the study objectives.

Our discussion will take a maximum of one and half hour and I would like to assure you that the information we will collect during this interview will be entirely confidential. Also, when the results of all of the interviews are combined, we will not identify specific individuals or health facilities with any of the information collected. The information you provide will help the Federal Ministry of Health and its partners to offices develop better programs to build the capacities of nurses and midwives with a view to make their service more effective and efficient.

I _____ after reading the consent form willingly agreed to participate in the study.

Signature _____

Note for the interviewers:

If the respondent refuses, thank the person and terminate the interview

Section 1: Background information on the study area respondent of the study

1. Name of the Interviewer: _____ Signature: _____
2. Date _____(dd), _____,(mm), 2011
3. Checked and Edited by Name: _____ Signature: _____
4. Date _____(dd), _____,(mm), 2011
5. Data entered by Name: _____ Signature: _____
6. Date _____(dd), _____,(mm), 2011
7. Name of the University _____
8. Name of the Interviewee _____
9. Responsibility of the interviewee _____

Section 2: Program related questions

10. Is there established decision making body and program management structure on HIV/AIDS and gender related issues in this university?

Probe: If “yes,” ask for explanation

Probe: If “no,” ask why the University did not establish the unit/structure

11. Is there HIV/AIDS and gender coordination office in the university?

Probe: If “yes,” when was it established?

Probe: Ask for the timing of the establishment of the HIV/AIDS and Gender club

HIV club _____

Gender club _____

12. Does the university have designated HIV and gender focal persons?

[Probe to find out whether the focal persons are full-time employees or are given the assignment on top of other duties]

[Probe: When was the focal person assigned?]

13. Are there resources allocated for HIV/AIDS and gender program activities taking place in the university campus?

[Probe: Does the university allocate regular budget for HIV/AIDS and Gender programs?]

[Probe: Is the allotted budget 2% of the total university budget?]

[Probe: How much money is allocated for the HIV/AIDS program?]

[Probe: Is the budget allocated for the gender program different from the HIV program?]

[Probe: Is there allocated budget enough for mainstreaming HIV/AIDS program in the university?]

14. Is there an established AIDS fund? Who contributes for the AIDS fund? How much is the contribution?
15. Are there Anti- AIDS policy and strategy prepared and approved by the university? Work Place policy?
 [Probe: if “yes,” please ask for the copy of the policy and strategy document?]
 [Probe: If “yes,” when was the policy formulated? Were students (male and female), university teaching and administrative staff participated in the policy formulation? What are the steps taken for the realization of the policy statements?]
16. Is there Anti- GBV policy and strategy prepared and approved by the university?
 [Probe: if “yes,” please ask for the copy of the policy and strategy document.]
 [Probe: If “yes,” when was the policy formulated? Were students (male and female), university teaching and administrative staff participated in the policy formulation? What are the steps taken for the realization of the policy statements?]
17. Are HIV/AIDS mainstreaming polices and directives prepared by the university?
 [Probe: if yes please ask for the copy of the mainstreaming policy document?]
18. Are gender mainstreaming polices and directives prepared by the university?
 [Probe: if yes please ask for the copy of the mainstreaming policy document?]
19. Is there a prepared and approved Anti-AIDS mainstreaming plan?
 [Probe: if yes please ask for the copy of plan?]
20. How many people from this university are trained in mainstreaming?
21. Are there mainstreaming dialogue regularly conducted?
 [Probe: if yes please ask how many such dialogues are conducted last year?]
22. Are HIV and AIDS baseline and impact assessment surveys conducted in the University?
23. Do you have information about the education sector policy and strategy on HIV/AIDS developed by FMOE?
 [Probe: If “yes,” do you have the sector policy and strategy document?]
 [Probe: Did you receive training/briefing on the sector policy and strategy document?]
24. Does the university have a special support program for girls who have low academic performance or dismissed from university due to poor academic performances?
25. Are HIV/AIDS and gender an institutional priority for the university? If “yes,” why and how is that expressed? If “no”, why not?
26. Are there students, teachers and other university staff who are known to be HIV positive or AIDS patients? How many PLHIV students/teachers/ university staff are there? What supports are they getting from the university?
27. Do you consider GBV as a problem for the students and other university staff? If “yes,” why and how is that expressed? If “no,” why not?

28. Are the university HIV/AIDS and gender programs linked/networked with other similar programs taking place in other universities /or other programs implemented at federal, regional and local level? Like FHPCO, RHAPCO, Federal and Regional Women Youth and Children Affairs offices?
29. Are there an established HIV/AIDS resource centers and guidelines in the university campus?
[Probe: What type of support did you receive to establish the resource center from FHAPCO, MOE, etc.]
30. Are the university HIV/AIDS and gender programs financially and technically supported by others outside of the university? Who are the major sources of support? In what way do the institutions support the HIV/AIDSs and gender programs of the university?
[Probe: Which government and/or non government organization provide support to the university HIV/AIDSs and Gender program?]

	Name of the organization	Area of support	Type of support	Status of support

Code for area of support

1. Voluntary Counseling and Testing
2. Counseling for GBV/ rape victims
3. Condom supply
4. Family planning (counseling)
5. Contraceptives provision (Oral, Injectable etc)
6. IEC/BCC materials supply
7. STI diagnosis and treatment
8. ART
9. PMTCT
10. Pregnancy test
11. Abortion service
12. Post abortion care
13. Antenatal Care
14. Other specify,

Code for type of support

- A. Financial
- B. Material
- C. Technical

Code for status of support

6. Ongoing will terminate this year
7. Ongoing will terminate next year
8. Ongoing will continue for indefinite period of time
9. Was a onetime support
10. Was for a given period of time but now completed

31. Are gender related issues effectively integrated in the HIV/AIDS programs/projects implemented in universities?

[Probe: Ask on how the integration takes place]

32. Are needs assessment conducted addressing students and the university community in HIV programs/projects that include analysis of gender in the targeted universities?

- If "yes," when was the need assessment conducted? Who supported the need assessment? How was the result for the needs assessment used? Was it used to plan gender/HIV/AIDS related intervention in the University Campus? If yes, can we get the copy of the report?

33. Are gender related goals and objectives included in HIV/AIDS program/project implemented in universities?

34. Are HIV/AIDS and gender related activities planned and executed with the involvement of the students and the rest of the university community?

[Probe: How/in what way the different stakeholders are involved]

35. Do your project implementation plans include activities that strengthen skills and provide equal access to services and training for male and female students?

36. Do your project implementation plans take into account gender issues (e.g. gender roles and interests of female and male students)?

37. Is gender integrated in the M&E system of HIV/AIDS programs implemented in universities?

38. Do you use best/good practices and lessons on gender for new programming?

[Probe: How/on what way the best/good practices and lessons are used for new programming]

39. Are key people in the institutions like dean of students, students unions, and club leaders trained on AIDS awareness, counseling and confidentiality?

40. Are there peer education/CC programs that are coordinated and run by the HIV coordination office/ student clubs/ student council of the university?

[Probe: Who coordinates the PE and CC sessions, who supports the process, the level of involvement of the university community including students in the PE and CC, how/on what way the best practices and lessons are used for new programming]

41. Were there any reported instances for stigma, discrimination by students/staff living with HIV/AIDS? How was the situation managed?

42. What are the focuses for the HIV/AIDS intervention strategy? Probe if the following parts are adequately addressed by the strategy for the response:

- Awareness raising (IEC/BCC)
- Voluntary testing
- Counseling and support
- Care and treatment,
- Curriculum integration
- Community outreach
- Condom distribution
- Research and
- Creation of external partnership

43. Are HIV/AIDS and gender related topics integrated in the curriculum of the university? If yes, how? In which of the education programs?

[Probe: As standalone course?

or in any other form integrated in the courses?

Please describe in which courses HIV/AIDS is integrated.]

44. As academic institutions, what provisions are there to do research on HIV/AIDS and gender?

[Probe: If funding is available for research?

Please describe researches conducted on HIV/AIDS and gender.]

45. What major achievements have been registered by the university in HIV/AIDS prevention and control and on gender related program implementation taking place in the university?

46. Does the university provide special supports for girls who have less academic performance or dismissed from university due to poor academic performances?

47. What are the successes/achievements in integrating gender in HIV/AIDS programs implemented in universities?

48. What are the challenges the university has faced during the implementation of HIV/AIDS prevention and control activities and on gender related programming taking place in the university? In integrating gender in HIV/AIDS programs implemented in universities?

49. What are the gaps/problems that the university is facing in its effort to implement HIV/AIDS prevention and control activities and the implementation of gender related programming taking place in the university?

50. What do you recommend for the future in integrating gender in HIV/AIDS responses?

51. What further roles could government and non-government organizations play in integrating gender in HIV/AIDS responses? What should be done?

Thank you for giving us your time and participate in the discussion

Tool 3

Key Informant Interview Federal Ministry of Education Assessment on Current HIV/AIDS and Gender Responses in Higher Learning Institutions HIV/AIDS and Gender Clubs

Club Leaders

(Consent Form)

Higher learning institutions are strategic places both to provide prevention and care and support services to students who are in the age range whereby high HIV infection occurs [15-24], integrate HIV/AIDS in the curriculum for effective mainstreaming, provide opportunities to conduct researches and address the overall need of the future of the country's workforce.

Similar to the vulnerability factor of HLI students to HIV infections, women economic subordination is one of the factors that predispose the girls to be susceptible to HIV infection. Hence, assessing both the status of the HLI responses to HIV and AIDS as well as gender will help to design appropriate interventions that minimize their vulnerability and empower those who would be susceptible.

As part of its commitment to look after the health and wellbeing of the students in Higher Learning Institutions, FMOE in collaboration with UNECO Ethiopia Country Cluster has initiated a base line assessment on current HIV/AIDS and gender responses in higher learning institutions. The study specifically aimed at addressing the following specific objectives. **(1)** Learn/assess the current level of HIV/AIDS and gender responses in twenty-two HLIs. **(2)** Identify successes, opportunities, challenges and gaps in the response to HIV/AIDS and gender issues in HLIs for effective gender sensitive and mainstreaming of HIV and AIDS. **(3)** Identify existing and potential resources (technical, financial and human resources) and partners to support the response of HLIs to HIV/AIDS and gender as well as threats and challenges.

The study results will help to make recommendation for further strengthening the HIV/AIDS response of HLIs and enhance coordination among HLIs and development partners for a maximum impact.

To be able to do this, however, we need to talk with a wide range of people in selected Higher Learning Institutions and those specifically working related to actually implementing Gender and HIV/AIDS related programs in the HLI including FMOE, FHAPCO, Federal Ministry of Women's Affairs, REB's, university officials, gender offices, HIV/AIDS coordination units, university clinics, different clubs etc of 24 randomly selected universities and other higher learning institutions.

This university/office is among the institutions selected for this study and I am here to discuss with you on different issues related with the study objectives.

Our discussion will take a maximum of one and half hour and I would like to assure you that the information we will collect during this interview will be entirely confidential. Also, when the results of all of the interviews are combined, we will not identify specific individuals or health facilities with any of the information collected. The information you provide will help the Federal Ministry of Health and its partners to offices develop better programs to build the capacities of nurses and midwives with a view to make their service more effective and efficient.

I _____ after reading the consent form willingly agreed to participate in the study.

Signature _____

Note for the interviewers:

If the respondent refuses, thank the person and terminate the interview

Section 1: Background information on the study area and the respondent

1. Name of the Interviewer: _____ Signature: _____
2. Date _____(dd), _____,(mm), 2011
3. Checked and Edited by Name: _____ Signature: _____
4. Date _____(dd), _____,(mm), 2011
5. Data entered by Name: _____ Signature: _____
6. Date _____(dd), _____,(mm),2011
7. Name of the University _____
8. Name of the Interviewee _____
9. Responsibility of the interviewee _____

Background on the role of the clubs in HIV/AIDS and gender related activities

10. When was the club established? _____
11. How is it organized? Currently, how many members do you have?
[Probe: Ask how the club is organized including the presence of branches of the specific club in the different campuses of the University]
[Probe: Ask for the criteria for membership]
[Probe: Ask for the number of male and female members]
[Probe: Ask if there are member students who are known to live with HIV/AIDS]
[Probe: If there are students living with HIV/AIDS, ask if they are involved in club leadership]
[Probe: Ask if female students are currently involved in the club management]
12. Does the club have an office and other basic facilities? Employed staff?
[Probe: for availability of an office, employed staff, office facilities and office supplies]

Coordination and collaboration

13. How and in what areas do you collaborate with the HIV coordination office and Gender office of the university, the university clinic, university administration/office of the dean of students, student union, gender offices, and others including other different clubs organized within the university campus? [Probe on how the club is linked and collaborates with the different parties mentioned above and others]

[Ask to find out the details of the types of support the clubs are getting from the University Administration, Gender and HIV coordination office etc]
14. What is the role of the student council of the university in the HIV/AIDS prevention and control program as well as in the gender program of the university?

[Probe: on the specific role and level of involvement of the student council on HIV/AIDS and gender programs that takes place in the university]
15. Was/is your club involved in formulation of HIV and anti GBV policy /work place HIV/AIDS policy/guideline of the university?

[Probe for the level of involvement of the club in policy formulation]
[Ask if they have the policy document/ the guideline with them]

16. Do you have information about the education sector policy and strategy on HIV/AIDS developed by FMOE?
[Probe: If yes, do you have the sector policy and strategy document?]
17. Is there an established network between your club and other clubs within the same university and others outside of the university campus?

[Probe for the type of communication and networking taking place between the club and others within and outside of the university campus working on HIV/AIDS and Gender]
18. How and in what areas do you network/relate/closely work with others outside of the university campus involved in gender and HIV/AIDS related issues?

[Probe for the support received from town administration, Federal, Regional and Woreda HAPCO offices, Federal, Regional and Woreda Education and Health offices, clubs, PLHIV associations, Regional/woreda police office etc]
19. What is/who are the major sources of support for the club? What are the sources of income for the club activities?

[Probe for material support, trainings including gender and HIV/AIDS training provided for club members and students, experience sharing visits supported by different partners]

[Probe for contribution from members, regular budget allocated by the university administration, support from NGOs, and support from student council]

[Probe for the regularity of the support]
20. Are there specific donors agencies supporting the activities of your club?

[Probe: for the type of support provided by each of the mentioned donors]

[Probe: if the support provided by donors/NGOs comes through a project and find out if the project is continuous/currently viable]
21. Are there reporting mechanisms for the activities of your club? To whom do you report and how often?

Activities, achievements and challenges:

22. What are the major HIV/AIDS and gender interventions your clubs is currently involved in/implementing?
[Probe for the details of the activities implemented by the club including:
- Advocacy and social mobilization,
 - Peer education,
 - Community conversation,
 - Life Skill Based Education
 - AIDS Resource Center Counseling,
 - IEC/BCC,
 - Policy formulation,
 - VCT,
 - Care and support,
 - Gender issue,
 - Condom distribution et

23. Are club leaders get training on HIV/AIDS and gender issues to implement the activities? If yes, what type and how is the training cascaded to other members?
24. Do you consider HIV/AIDS and GBV a problem in the university campus? If yes why?
25. Who do you think are most affected by GBV in your university?
 [Probe: to differentiate between male and female students/ male vs female staff/ teachers]
 [Probe: for the role of the university administration, student union, clubs, the gender unit, the police etc in protecting those affected by GBV]
 [Probe: if there are specific roles played by the club/s and/or members of the clubs to protecting those affected by GBV]
26. Are there students/university staff known to be HIV positive? Do you feel stigma and discrimination a problem for students LHIV?
27. What are the major achievements of your club in HIV/AIDS prevention and control and on gender related program implementation taking place in the university?
28. Does the university provide special supports for girls who have less academic performance or dismissed from university due to poor academic performances?
29. What are the challenges /gaps/problems your club has faced during the implementation of HIV/AIDS prevention and control activities and on gender related programming taking place in the university campus?
30. What did you do to overcome or curb the problems?
31. What further roles government and non-government organizations could play in integrating gender in HIV/AIDS responses? What should be done?
31. What do you recommend for the future in integrating or enhancing gender in HIV/AIDS responses?
32. What do you recommend to improve your club activities in order to make greater impacts to responde to HIV/AIDS and gender issues in HLI?

Thank you for giving us your time and participate in the discussion

Tool 4

Federal Ministry of Education
Assessment on Current HIV/AIDS and Gender Responses in Higher Learning Institutions
Government Offices like RHAPCO, RHB, REB providing Support to the HIV and Gender
Program
(Consent Form)

Higher learning institutions are strategic places both to provide prevention and care and support services to students who are in the age range whereby high HIV infection occurs [15-24], integrate HIV/AIDS in the curriculum for effective mainstreaming, provide opportunities to conduct researches and address the overall need of the future of the country's workforce.

Similar to the vulnerability factor of HLI students to HIV infections, women economic subordination is one of the factors that predispose the girls to be susceptible to HIV infection. Hence, assessing both the status of the HLI responses to HIV and AIDS as well as gender will help to design appropriate interventions that minimize their vulnerability and empower those who would be susceptible.

As part of its commitment to look after the health and wellbeing of the students in Higher Learning Institutions, FMOE in collaboration with UNECO Ethiopia Country Cluster has initiated a base line assessment on current HIV/AIDS and gender responses in higher learning institutions. The study specifically aimed at addressing the following specific objectives. **(1)** Learn/assess the current level of HIV/AIDS and gender responses in twenty-two HLIs. **(2)** Identify successes, opportunities, challenges and gaps in the response to HIV/AIDS and gender issues in HLIs for effective gender sensitive and mainstreaming of HIV and AIDS. **(3)** Identify existing and potential resources (technical, financial and human resources) and partners to support the response of HLIs to HIV/AIDS and gender as well as threats and challenges.

The study results will help to make recommendation for further strengthening the HIV/AIDS response of HLIs and enhance coordination among HLIs and development partners for a maximum impact.

To be able to do this, however, we need to talk with a wide range of people in selected Higher Learning Institutions and those specifically working related to actually implementing Gender and HIV/AIDS related programs in the HLI including FMOE, FHAPCO, Federal Ministry of Women's Affairs, REB's, university officials, gender offices, HIV/AIDS coordination units, university clinics etc of the in the randomly selected universities and other higher learning institutions.

The partner institution providing support to universities in Gender and HIV/AIDS program interventions are among the institutions selected for this study and I am here to discuss with you on different issues related with the study objectives.

Our discussion will take a maximum of one and half hour and I would like to assure you that the information we will collect during this interview will be entirely confidential. Also, when the results of all of the interviews are combined, we will not identify specific individuals or health facilities with any of the information collected. The information you provide will help the Federal Ministry of Health and its partners to offices develop better programs to build the capacities of nurses and midwives with a view to make their service more effective and efficient.

I _____ after reading the consent form willingly agreed to participate in the study.

Signature _____

Note for the interviewers:

If the respondent refuses, thank the person and terminate the interview

Section 1: Background information on the study area respondent of the study

1. Name of the Interviewer: _____ Signature: _____
2. Date _____ (dd), _____,(mm), 2011
3. Checked and Edited by Name: _____ Signature: _____
4. Date _____ (dd), _____,(mm), 2011
5. Data entered by Name: _____ Signature: _____
6. Date _____ (dd), _____,(mm),2011
7. Name of the University _____
8. Name of the Interviewee _____
9. Responsibility of the interview _____

Section 2:

10. What are the specific HIV/AIDS and/or Gender **program areas** your office is supporting University X?

Probe for:

- the specific HIV/AIDS and Gender related program areas/components the GO is providing support to the university like: VCT, IEC/BCC, Training, GBV, gender and HIV/AIDS policy formulation, networking and others.

11. What are **the types of supports** that your office is providing to the university HIV/AIDS and/or Gender program?

Probe for:

- financial support; ask for the amount of money involved and for the duration of support
- technical support; ask for the type of TS provided to the Gender/HIV program and the regularity of the support
- Ask if they provided the support on formulation of workplace policy and guidelines
- Ask if support is given on HIV/AIDS and gender mainstreaming
- material support; ask for the type of materials support provided like IEC/BCC materials ... to the Gender/HIV program and the regularity of the support
- Ask and find out if the support is focused only to the student only or to the entire university community

12. How many higher learning institutions are you currently supporting with HIV/AIDS and/or gender related program implementation?

Probe for:

- the names of the HLIs getting supported by the **office/bureau**
- the total amount of money allocated for the program and duration of the program

13. Do you consider HIV/AIDS and Gender related issues the major problems to the university community? i.e. students, academic and non-academic staff working in the university?

- Probe: ask the respondent to give you more explanation on this

14. Are there studies/assessments conducted by your **office/bureau** and/or other organizations on Gender and HIV/AIDS related issues in higher learning institutions? If yes, can you please provide us with the copy of the document.

- Probe to find out if the programs/interventions on HIV/AIDS in universities are informed by a the result of a baseline assessment and gender analysis?
 - Were there any impact assessment
15. How and why did decide to support the HIV/AIDS and/or gender program of University X?
- Probe for:
- Whether the decision is evidence based / like based on study results?
 - whether the request comes from University or initiated by the supporting organization (**specific office/bureau**)
 - If proposal was written by the university and submitted to the **specific office/bureau** for support?
16. How do you follow the implementation of the HIV/AIDS and/or gender program activities supported by your **specific office/bureau**
- Probe for:
- the presences of a formal monitoring mechanism
 - the presences of set indicators to measure gender specific results of the HIV/AIDS intervention in university
 - whether gender disaggregated data is collected for HIV/AIDS programs/projects implemented in universities
17. Have you tried to network the HIV/AIDS and gender programs implemented by different universities and supported by your organization?
18. How do you view the impact of your support for HIV/AIDS and Gender programs carried out by the university X ?
19. What major achievements have been registered by the university in HIV/AIDS prevention and control and on gender related program as the result of the support of your **specific office/bureau?**
20. What are the gaps/problems/challenges the university has faced during the implementation of HIV/AIDS prevention and control activities and on gender related programming taking place in the university? What role does your office/bureau played in helping the university to solve the identified problems?
21. What recommendation do you have to improve the current gender in HIV/AIDS responses taking place in university X?
22. What further roles could non-government organizations like yours could play in integrating gender in HIV/AIDS responses? What should be done?

Thank you for giving us your time and participate in the discussion

Federal Ministry of Education
Assessment on Current HIV/AIDS and Gender Responses in Higher Learning Institutions
NGOs providing Support to the HIV and Gender Program
(Consent Form)

Higher learning institutions are strategic places both to provide prevention and care and support services to students who are in the age range whereby high HIV infection occurs [15-24], integrate HIV/AIDS in the curriculum for effective mainstreaming, provide opportunities to conduct researches and address the overall need of the future of the country's workforce.

Similar to the vulnerability factor of HLI students to HIV infections, women economic subordination is one of the factors that predispose the girls to be susceptible to HIV infection. Hence, assessing both the status of the HLI responses to HIV and AIDS as well as gender will help to design appropriate interventions that minimize their vulnerability and empower those who would be susceptible.

As part of its commitment to look after the health and wellbeing of the students in Higher Learning Institutions, FMOE in collaboration with UNECO Ethiopia Country Cluster has initiated a base line assessment on current HIV/AIDS and gender responses in higher learning institutions. The study specifically aimed at addressing the following specific objectives. **(1)** Learn/assess the current level of HIV/AIDS and gender responses in twenty-two HLIs. **(2)** Identify successes, opportunities, challenges and gaps in the response to HIV/AIDS and gender issues in HLIs for effective gender sensitive and mainstreaming of HIV and AIDS. **(3)** Identify existing and potential resources (technical, financial and human resources) and partners to support the response of HLIs to HIV/AIDS and gender as well as threats and challenges.

The study results will help to make recommendation for further strengthening the HIV/AIDS response of HLIs and enhance coordination among HLIs and development partners for a maximum impact.

To be able to do this, however, we need to talk with a wide range of people in selected Higher Learning Institutions and those specifically working related to actually implementing Gender and HIV/AIDS related programs in the HLI including FMOE, FHAPCO, Federal Ministry of Women's Affairs, REB's, university officials, gender offices, HIV/AIDS coordination units, university clinics etc of the in the randomly selected universities and other higher learning institutions.

The partner institution providing support to universities in Gender and HIV/AIDS program interventions are among the institutions selected for this study and I am here to discuss with you on different issues related with the study objectives.

Our discussion will take a maximum of one and half hour and I would like to assure you that the information we will collect during this interview will be entirely confidential. Also, when the results of all of the interviews are combined, we will not identify specific individuals or health facilities with any of the information collected. The information you provide will help the Federal Ministry of Health and its partners to offices develop better programs to build the capacities of nurses and midwives with a view to make their service more effective and efficient.

I _____ after reading the consent form willingly agreed to participate in the study.

Signature _____

Note for the interviewers:

If the respondent refuses, thank the person and terminate the interview

Section 1: Background information on the study area respondent of the study

1. Name of the Interviewer: _____ Signature: _____
2. Date _____(dd), _____,(mm), 2011
3. Checked and Edited by Name: _____ Signature: _____
4. Date _____(dd), _____,(mm), 2011
5. Data entered by Name: _____ Signature: _____
6. Date _____(dd), _____,(mm),2011
7. Name of the University _____
8. Name of the Interviewee _____
9. Responsibility of the interview _____

Section 2:

10. What are the specific HIV/AIDS and/or Gender **program areas** your office is supporting University X?

Probe for:

- the specific HIV/AIDS and Gender related program areas/components the GO is providing support to the university like: VCT, IEC/BCC, Training, GBV, gender and HIV/AIDS policy formulation, networking etc

11. What are **the types of supports** that your **NGO** is providing to the university HIV/AIDS and/or Gender program?

Probe for:

- financial support; ask for the amount of money involved and for the duration of support
- technical support; ask for the type of TS provided to the Gender/HIV program and the regularity of the support
- Ask if they provided the support on formulation of workplace policy and guidelines
- Ask if support is given on HIV/AIDS and gender mainstreaming
- material support; ask for the type of materials support provided like IEC/BCC materials ... to the Gender/HIV program and the regularity of the support
- Ask and find out if the support is focused only to the student only or to the entire university community

12. How many higher learning institutions is **your NGO** currently supporting with HIV/AIDS and/or gender related program implementation?

Probe for:

- the names of the HLIs getting supported by the **NGO**
- the total amount of money allocated for the program and duration of the program

13. Do you consider HIV/AIDS and Gender related issues the major problems to the university community? i.e. students, academic and non academic staff working in the university?

- Probe: ask the respondent to give you more explanation on this

14. Are there studies/assessments conducted by your **NGO** and/or other organizations on Gender and HIV/AIDS related issues in higher learning institutions? If yes, can you please provide us with the copy of the document.

- Probe to find out if the programs/interventions on HIV/AIDS in universities are informed by a the result of a baseline assessment and gender analysis?
 - Were there any impact assessment
15. How and why did decide to support the HIV/AIDS and/or gender program of University X?
- Probe for:
- Whether the decision is evidence based / like based on study results?
 - whether the request comes from University or initiated by the supporting organization
 - If proposal was written by the university and submitted to the **NGO** for support?
16. How do you follow the implementation of the HIV/AIDS and/or gender program activities supported by your **organization**? Probe for:
- the presences of a formal monitoring mechanism
 - the presences of set indicators to measure gender specific results of the HIV/AIDS intervention in university
 - whether gender disaggregated data is collected for HIV/AIDS programs/projects implemented in universities
17. Have you provided support to **University x** in network the HIV/AIDS and gender programs implemented by different universities and supported by your organization?
18. How do you view the impact of your support for HIV/AIDS and Gender programs carried out by the university X ?
19. What major achievements have been registered by the university in HIV/AIDS prevention and control and on gender related program as the result of the support of your **NGO**?
20. What are the gaps/problems/challenges the university has faced during the implementation of HIV/AIDS prevention and control activities and on gender related programming taking place in the university? What role does your office/bureau played in helping the university to solve the identified problems?
21. What recommendation do you have to improve the current gender in HIV/AIDS responses taking place in university X?
22. What further roles could non-government organizations like yours could play in integrating gender in HIV/AIDS responses? What should be done?

Thank you for giving us your time and participate in the discussion

Tool 6 Key Informant Interview

Federal Ministry of Education Assessment on Current HIV/AIDS and Gender Responses in Higher Learning Institutions NGOs Providing Support to the HIV and Gender Program of HLIs (Consent Form)

Higher learning institutions are strategic places both to provide prevention and care and support services to students who are in the age range whereby high HIV infection occurs [15-24], integrate HIV/AIDS in the curriculum for effective mainstreaming, provide opportunities to conduct researches and address the overall need of the future of the country's workforce.

Similar to the vulnerability factor of HLI students to HIV infections, women economic subordination is one of the factors that predispose the girls to be susceptible to HIV infection. Hence, assessing both the status of the HLI responses to HIV and AIDS as well as gender will help to design appropriate interventions that minimize their vulnerability and empower those who would be susceptible.

As part of its commitment to look after the health and wellbeing of the students in Higher Learning Institutions, FMOE in collaboration with UNECO Ethiopia Country Cluster has initiated a base line assessment on current HIV/AIDS and gender responses in higher learning institutions. The study specifically aimed at addressing the following specific objectives. **(1)** Learn/assess the current level of HIV/AIDS and gender responses in twenty-two HLIs. **(2)** Identify successes, opportunities, challenges and gaps in the response to HIV/AIDS and gender issues in HLIs for effective gender sensitive and mainstreaming of HIV and AIDS. **(3)** Identify existing and potential resources (technical, financial and human resources) and partners to support the response of HLIs to HIV/AIDS and gender as well as threats and challenges.

The study results will help to make recommendation for further strengthening the HIV/AIDS response of HLIs and enhance coordination among HLIs and development partners for a maximum impact.

To be able to do this, however, we need to talk with a wide range of people in selected Higher Learning Institutions and those specifically working related to actually implementing Gender and HIV/AIDS related programs in the HLI including FMOE, FHAPCO, Federal Ministry of Women's Affairs, REB's, university officials, gender offices, HIV/AIDS coordination units, university clinics etc of the in the randomly selected universities and other higher learning institutions.

The partner institution providing support to universities in Gender and HIV/AIDS program interventions are among the institutions selected for this study and I am here to discuss with you on different issues related with the study objectives.

Our discussion will take a maximum of one and half hour and I would like to assure you that the information we will collect during this interview will be entirely confidential. Also, when the results of all of the interviews are combined, we will not identify specific individuals or health facilities with any of the information collected. The information you provide will help the Federal Ministry of Health and its partners to offices develop better programs to build the capacities of nurses and midwives with a view to make their service more effective and efficient.

I _____ after reading the consent form willingly agreed to participate in the study.

Signature _____

Note for the interviewers:

If the respondent refuses, thank the person and terminate the interview

Section 1: Background information on the study area respondent of the study

1. Name of the Interviewer: _____ Signature: _____
2. Date _____(dd), _____,(mm), 2011
3. Checked and Edited by Name: _____ Signature: _____
4. Date _____(dd), _____,(mm), 2011
5. Data entered by Name: _____ Signature: _____
6. Date _____(dd), _____,(mm), 2011
7. Name of the University _____
8. Name of the Interviewee _____
9. Responsibility of the interviewee _____

Section 2:

10. What are the specific HIV/AIDS and/or gender **program areas** your organization is supporting University X?

Probe for:

- the specific HIV/AIDS and gender related program areas/components the NGO is providing support to the university like: VCT, IEC/BCC, Training, GBV, gender and HIV/AIDS policy formulation, networking, and so forth.

11. What are **the types of supports** that your **NGO** is providing to the university HIV/AIDS and/or gender program?

Probe for:

- financial support; ask for the amount of money involved and for the duration of support
- technical support; ask for the type of TS provided to the gender/HIV program and the regularity of the support
- Ask if they provided the support on formulation of workplace policy and guidelines
- Ask if support is given on HIV/AIDS and gender mainstreaming
- material support; ask for the type of materials support provided like IEC/BCC materials, ... to the gender/HIV program and the regularity of the support
- Ask and find out if the support is focused only to the student only or to the entire university community

12. How many higher learning institutions is **your NGO** currently supporting with HIV/AIDS and/or gender related program implementation?

Probe for:

- the names of the HLIs getting supported by the **NGO**
- the total amount of money allocated for the program and duration of the program

13. Do you consider HIV/AIDS and gender related issues be the major problems to the university community? i.e. students, academic and non academic staff working in the university?

Probe:

- ask the respondent to give you more explanation on this

14. Are there studies/assessments conducted by your **NGO** and/or other organizations on Gender and HIV/AIDS related issues in higher learning institutions? If yes, can you please provide us with the copy of the document?

Probe to find out if the programs/interventions on HIV/AIDS in universities are informed by a the result of a baseline assessment and gender analysis?

- Were there any impact assessment?

15. How and why did decide to support the HIV/AIDS and/or gender program of University X?

Probe for:

- Whether the decision is evidence-based or based on study results?
- Whether the request comes from University or initiated by the supporting organization
- If proposal was written by the university and submitted to the **NGO** for support?

17. How do you follow the implementation of the HIV/AIDS and/or gender program activities supported by your **organization**?

Probe for:

- the presences of a formal monitoring mechanism
- the presences of set indicators to measure gender specific results of the HIV/AIDS intervention in university
- whether gender disaggregated data is collected for HIV/AIDS programs/projects implemented in universities

17. Have you provided support to **University x** in network the HIV/AIDS and gender programs implemented by different universities and supported by your organization?

18. How do you view the impact of your support for HIV/AIDS and gender programs carried out by the university X?

19. What major achievements have been registered by the university in HIV/AIDS prevention and control and gender related program as the result of the support of your **NGO**?

20. What are the gaps/problems/challenges the university has faced during the implementation of HIV/AIDS prevention and control activities and gender related programs taking place in the university?

21. What role does your office/bureau played in helping the university to solve the identified problems?

22. What recommendation do you have to improve the current gender in HIV/AIDS responses taking place in university X?

23. What further roles could non-government organizations like yours could play in enhancing HLI responses to gender HIV/AIDS issues? What should be done?

Thank you for giving us your time and participate in the discussion

Tool 7

Federal Ministry of Education Assessment on Current HIV/AIDS and Gender Responses in Higher Learning Institutions Checklist for HIV/AIDS and Gender Mainstreaming Related Activities HIV/AIDS & Gender Focal Persons/Student Deans

Consent Form:

Higher learning institutions are strategic places both to provide prevention and care and support services to students who are in the age range whereby high HIV infection occurs [15-24], integrate HIV/AIDS in the curriculum for effective mainstreaming, provide opportunities to conduct researches and address the overall need of the future of the country's workforce.

Similar to the vulnerability factor of HLI students to HIV infections, women economic subordination is one of the factors that predispose the girls to be susceptible to HIV infection. Hence, assessing both the status of the HLI responses to HIV and AIDS as well as gender will help to design appropriate interventions that minimize their vulnerability and empower those who would be susceptible.

As part of its commitment to look after the health and wellbeing of the students in Higher Learning Institutions, FMOE in collaboration with UNECO Ethiopia Country Cluster has initiated a base line assessment on current HIV/AIDS and gender responses in higher learning institutions. The study specifically aimed at addressing the following specific objectives. **(1)** Learn/assess the current level of HIV/AIDS and gender responses in twenty-two HLIs. **(2)** Identify successes, opportunities, challenges and gaps in the response to HIV/AIDS and gender issues in HLIs for effective gender sensitive and mainstreaming of HIV and AIDS. **(3)** Identify existing and potential resources (technical, financial and human resources) and partners to support the response of HLIs to HIV/AIDS and gender as well as threats and challenges.

The study results will help to make recommendation for further strengthening the HIV/AIDS response of HLIs and enhance coordination among HLIs and development partners for a maximum impact.

To be able to do this, however, we need to talk with a wide range of people in selected Higher Learning Institutions and those specifically working related to actually implementing Gender and HIV/AIDS related programs in the HLI including FMOE, FHAPCO, Federal Ministry of Women's Affairs, REB's, university officials, gender offices, HIV/AIDS coordination units, university clinics etc of the in the randomly selected universities and other higher learning institutions.

This university/office is among the institutions selected for this study and I am here to discuss with you on different issues related with the study objectives.

Our discussion will take a maximum of one and half hour and I would like to assure you that the information we will collect during this interview will be entirely confidential. Also, when the results of all of the interviews are combined, we will not identify specific individuals or health facilities with any of the information collected. The information you provide will help the Federal Ministry of Health and its partners to offices develop better programs to build the capacities of nurses and midwives with a view to make their service more effective and efficient.

I _____ after reading the consent form willingly agreed to participate in the study.

Signature _____

Note for the interviewers:

If the respondent refuses, thank the person and terminate the interview

Section 1: Background information on the study area respondent of the study

- 1- Name of the Interviewer: _____ Signature: _____
- 2-Date _____(dd), _____,(mm), 2011
- 3-Checked and Edited by Name: _____ Signature: _____
- 4-Date _____(dd), _____,(mm), 2011
- 5-Data entered by Name: _____ Signature: _____
- 6-Date _____(dd), _____,(mm),2011
- 7. Name of the University _____
- 8. Name of the Interviewee _____
- 9. Responsibility of the interview _____

Checklist for key HIV/AIDS and gender mainstreaming activities

		Yes	No	Comment
10	There is established decision making body and program management structure on HIV/AIDS related issues in this university			
11	There is established decision making body and program management structure on Gender related issues in this university			
12	There is HIV/AIDS coordination office in the university			
13	There is Gender coordination office in the university			
14	The university has designated HIV focal persons			
15	The university has designated gender focal persons			
16	The university allocated regular budget for HIV/AIDS programs			
17	The allotted budget for the HIV/AIDS programs is 2% of the total university budget			
18	The university allocated regular budget for Gender programs			
19	There an established AIDS fund			
20	There is ANTI AIDS policy and strategy prepared and approved by the university? Work Place policy			
21	There are gender policy/ANTI GBV policy and strategy prepared and approved by the university			
22	There are HIV/AIDS mainstreaming policy and directives prepared by the university			
23	There are gender mainstreaming policy and directives prepared by the university			
24	There is a prepared and approved ANTI-AIDS mainstreaming plan			
25	People from this university are trained on HIV/AIDS mainstreaming			
26	Mainstreaming dialogue is regularly conducted			
27	There a prepared and approved Gender mainstreaming plan			
28	People from this university are trained on gender mainstreaming			

		Yes	No	Comment
29	Gender mainstreaming dialogue is regularly conducted			
30	HIV and AIDS baseline assessment surveys conducted in the University			
31	HIV and AIDS impact assessment surveys conducted in the University			
32	There is a care and support program for orphans, targeted children and PLHIV			
33	Number of orphans, targeted children received care and support in 2003 budget year			#
34	Number of PLHIV received care and support in 2003 budget year			#
35	There is a condom promotion and distribution program in the university			
36	Number of condom promotion session that took place in 2003 budget year			#
37	Number of condom distributed 2003 budget year			#