

Education Sector Response to HIV and AIDS

Learning from good practices in Ethiopia

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ACRONYMS

AAAEB:	Addis Ababa Administration Education Bureau
AAHAPCO:	Addis Ababa HIV and AIDS Prevention and Control Office
AAU:	Addis Ababa University
ABC:	Abstinence, Be Faithful and Condom
ABUC:	Africa Beza University College
AIDS:	Acquired Immune Deficiency Syndrome
ART:	Anti-Retroviral Therapy
BCC:	Behavioral Change Communication
CC:	Community Conversation
CBOs:	Community-Based Organizations
CDC:	Center for Diseases Control
CSOs:	Civil Society organizations
ECSU:	Ethiopian Civil Service University
FBO:	Faith-Based Organization
FGC:	Female Genital Cutting
FGM:	Female Genital Mutilation
FHI:	Family Health International
FMoE:	Federal Ministry of Education
GBV:	Gender-Based Violence
HAPCO:	HIV and AIDS Prevention and Control Office
HCP:	Health Communication Partnership
HIV:	Human Immune Virus
HEIs:	Higher Education Institutions
HTP:	Harmful Traditional Practices
HWU:	Hawassa University
HRU:	Haramaya University
IEC:	Information, Education and Communication
IFHS:	Integrated Family Health Science
IGA:	Income Generating Activities
IT:	Information Technology
IWD:	International Women's Day
JU:	Jimma University
KAP:	Knowledge, Attitude and Practice
LAE:	Love in Action Ethiopia
MARCH:	Modeling and Reinforcement to Combat HIV
MARP:	Most at Risk Population

NOSAP:	Network of Southern Region HIV Positive People’s Association
MoU:	Memorandum of Understanding
NORAD:	Norwegian Aid for Development
OP:	Office of the President
OVC:	Orphan and Vulnerable Children
PAF:	Program Accelerated Fund
PLHIV:	People Living With HIV
PSD:	Printed Serial Drama
PSIE:	Population Study International Ethiopia
SNNPR:	Southern Nations Nationalities and Peoples Region
SMUC:	Saint Mary University College
SRH:	Sexual Reproductive Health
STI:	Sexually Transmitted Diseases
TB:	Tuberculosis
TOT:	Training of Trainers
TTC:	Technical Teachers College
UNAIDS:	Joint United Nations Program on HIV and AIDS
UNESCO:	United Nations Educational, Scientific and Cultural Organization
UNFPA:	United Nation Fund for Population
UNICEF:	United Nation Children’s Fund
UoG:	University of Gondar
VCT:	Voluntary Counseling and Testing
VSO:	Voluntary Service Organization
WAD:	World AIDS Day
YAK:	Youth Action Kit

Table of Contents

	Page
Acronyms.....	iii
Acknowledgements.....	1
1. Executive Summary	2
2. Introduction	3
3. Objectives	5
4. Methodology.....	5
4.1. Overall Approach.....	5
4.2. Selection of HEIs	5
4.3. Data Collection Methods	5
5. Study Limitations.....	6
6. Results and Findings.....	7
6.1 HIV and AIDS Risks and Vulnerability Factors.....	7
6.2 HIV and AIDS Structures and Enabling Environment	12
6.3 HIV and AIDS Interventions in Selected Thematic Areas	20
6.4 HIV and AIDS Good Practices	29
7. Conclusions.....	35
8. Recommendations	37
Annexes	40
Annex 1: Identified Good Practices in HEIs	42
Annex 2: Case Stories	77
Annex 3: Study Tools for HEI Focal Persons.....	91
Annex 4: Study Tools for Case Stories of Individual Beneficiaries	98
Annex 5: List of HEIs Focal Persons and Case Story Participants	102

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Ministry of Education
UNESCO

1. Executive Summary

Higher education institutions in Ethiopia host young people aged between 19 -24 years. This age group is often sexually active and among the most vulnerable and at risk of HIV infection. Factors including lack of parental control, age, exposure to new environment, surrounding hotspots, peer pressure, cultural differences and lack of adequate information greatly contribute to the increased risk of these young people to the epidemic. On the other hand, HEIs are best placed to deal with HIV and AIDS and foster gender equality both within and outside their immediate community. HEIs had the actual and potential capacities to put in place systems by which behavioral changes can take place, and information can be disseminated. They have huge potentials for contributing a lot in the national efforts on HIV prevention.

The current trends show that the HIV epidemic spreads and its socio-economic impacts continue to grow and expand. At the same time, the HEIs were making the necessary efforts to working towards expanding and consolidating their interventions and programs in a systematic and workable ways. They were looking for ways of scaling-up responses and improving institutional strategies and approaches for their respective endeavors.

This document is a qualitative study on HEIs' HIV and AIDS and gender interventions that can be cited as good practices for the purpose of learning from and identifying what approaches worked best and the underlying reasons for the success. The document provides an important framework in presenting the existing good practices and drawing lessons in an informative way. It was envisaged that documenting the existing good practices and relevant case stories would contribute to the national and international knowledge-base about what was effective in HIV and AIDS interventions in HEIs. More specifically, the major objective was to draw lessons learned from the interventions and inform concerned parties on systematic ways of improving practices.

For the purpose of this review and documentation, the HIV and AIDS intervention good practices in the HEIs was defined as a means of systematically building on effective approaches by examining existing experiences and processes that work, understanding them in the light of agreed values, expert opinions and best available evidence and extracting lessons that could be applied in the context of different social, economic and cultural settings. Good practice was anything that worked in some way in dealing with HIV and AIDS interventions within the HEIs settings, measured with a criteria of innovation, creativity, effectiveness, impacts, replication, and sustainability.

Having the above conceptual meaning in mind, this qualitative study was conducted in nine HEIs and the Addis Ababa Administration Education Bureau (AAAEB). The nine HLS included seven public universities and two private university colleges selected by FMoE and HEI Sub-Forum for HIV/AIDS. More than twenty-three individuals, who have direct coordination role in the HIV and AIDS interventions, responded to the interview questions. Eight case story discussants, who were involved in the programs as direct beneficiaries or facilitators of the interventions, were selected for the case stories. Key informant interview was used to collect information from the contact persons and case story discussants in each of the institutions.

Based on the findings, systematic analysis was conducted and a report was prepared. Therefore, the qualitative study on the good practices and documentations provided answers to:

- The key risk and vulnerability factors including the predisposing dynamics, driving forces behind the prevalence of the epidemic, the socio-economic impacts of HIV on the HEI students, as well as the academic and administrative staff members in the selected institutions. As per the findings, the HIV and AIDS risk and vulnerability factors in the HEIs and the epidemic's social and economic impacts were found to be rampant in all of the HEIs covered by this qualitative study. All the study

respondents and discussants reported the wide spread of the epidemic and its resultant socio-economic impact among the institutions' community. All indicated that HIV and AIDS was their priority to deal with.

- The study showed that there were multiple and diverse factors that fueled the spread of the epidemic in the HEIs. The similarities of context in the HEI may allow lessons to be drawn and implemented in HEIs not covered by the study. Low level of knowledge about HIV and AIDS, risky sexual attitudes and practices among the youths, predisposing factor of poverty, the proliferation of addictions and substance abuse, gender-based violence were few causes and driving forces for the spread of the epidemic in the institutions.
- The study identified and listed the major HIV and AIDS interventions in the respective HEI to deal with the epidemic. The identification and documentation of the interventions focused on major practices and they can be categorized as in-campus interventions which entirely centered on the campus communities. On the other hand, the community outreach interventions focused on the HEI's surrounding communities. The study findings indicate that all the HEIs have intervention programs on HIV and AIDS but with different scope, strategies and approaches. Almost all HEIs had awareness raising programs and institutional HIV and AIDS policy in place. Some were making special efforts to establish prevention, care, support and treatment services. All the HEIs covered by the assessment had leadership and management commitment, prevention and control coordination offices in their respective institutions. However, the interventions in all of the ten institutions were ad-hoc and in many cases short lived; focused on awareness raising, and lacked systematic programmatic interventions for sustainable behavioral change.
- Each HEI had its set of practices that can be categorized as "good practice" with visible potential or actual capacity out of which it is possible to draw experiences and lessons. The study team decided to narrow down and limit to one practice and describe that in detail. The mandate of identifying and selecting the good practice was left to the respective institution. However, proper guidance and support were provided by the study team to enable the institutions choose one good practice from the set of interventions. The study team reviewed and documented the findings as per the criteria set with the client organization.

2. Introduction

Today some 33.3 million people live with HIV, which killed 1.8 million in 2009 and over 20 million since the first cases of AIDS were identified. Sub-Saharan Africa, which hosts only 10% of the total world population is carrying more than two-third of the world HIV infection and AIDS cases (UNAIDS 2010).¹

The impact of HIV and AIDS is multidimensional and complex. Since the year 2000, HIV and AIDS has come to the forefront on the international health agenda and has led to the creation of a separate Joint United Nations Agency - UNAIDS, establishment of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); and establishment of the President's Emergency Plan for AIDS Relief (PEPFAR) and allocation of huge resources by US government among others.²

¹ AIDS epidemic update, December 2010, UNAIDS, WHO.

² The President's Emergency Plan For AIDS Relief; Five-Year Global HIV/AIDS Strategy 2004

Ethiopia is one of the poorest countries characterized by low life expectancy, high maternal and children deaths, poor nutritional status, high infant mortality and low per capita income and high HIV epidemic (CSA and ORC macro, 2006).³ The population had reached more than 80 million (CSA, 2009).⁴ The national HIV prevalence for the year 2010 was 2.4% (7.7% for urban and 0.9% for rural) and a total of 1,216,908 adults and children were living with HIV. In 2010, there were an estimated 137,494 new HIV infections and 28,073 AIDS deaths.⁵ The contributing factors for the spread of HIV in the country include: poverty, illiteracy, discrimination of those infected and affected by HIV and AIDS; high rates of unemployment, wide spread of sex work, gender inequality, population movement including rural to urban migration, and some cultural practices. The available studies have confirmed the association of HIV with either sexual activity or mother-to-child transmission. Other routes of transmission have hitherto not played an important epidemiological role in the transmission of HIV in the country.⁶

Higher Education in Ethiopia includes institutions that are giving the three, four or more years of undergraduate programs, as well as those offering postgraduate programs (masters and PhD).⁷ The number of HEIs in Ethiopia is increasing at a fastest rate in the last five years. In 2010/11, the total enrolment (undergraduate and postgraduate) of the higher education institutions in all programs; regular, evening, summer and distance was 467,843⁸.

The sheer numerical increase of students and expansion of the HEIs has been posing different social, economic and cultural challenges. One of the typical socio-economic problems currently facing the HEIs and their student communities is the issue of HIV and AIDS epidemic which is unanimously affecting all HEIs in the country. For the last one decade or more, most of the HEIs have been dealing with the epidemic through various interventions in their respective institution.

All the institutions have their own HIV and AIDS prevention and control office entirely devoted to preventing the spread of the epidemic and mitigating its socio-economic impacts. Most of these offices have reasonable number of human resources who serve as HIV and AIDS coordination team on a full-time basis. Only few institutions assign individuals as part-timers. The budget for most of the coordination units are from external source through project-based grant except in few cases, where institutions entirely rely on government budget. The Ethiopian Civil Service University (ECSU) can be cited as a typical example in this case.

The Federal Ministry of Education (FMoE) and UNESCO have initiated a qualitative study for the identification and documentation of good practices on HIV and AIDS interventions in HEIs. SUPREME Consult PLC was the consulting firm which conducted the study from September to November 2011.

For the purpose of this study and documentation, the client organizations and the consultant firm agreed that “Good Practice” is a means of systematically building on effective approaches to the HEIs’ HIV and AIDS and gender related interventions by examining the existing experiences and processes that work. Good practices are drawn in the light of agreed values, expert opinion and best available evidence and extracting of lessons that can be applied in the context of different social, economic, cultural and institutional settings.

This is a report based on the findings of the study. The report includes major findings on relevant topics such as risk and vulnerability factors of HIV in selected higher education institutions, lists HIV and AIDS

³ EDHS 2005

⁴ International Monetary Fund - 2011 World Economic Outlook.

⁵ single point estimate FMOH/FHAPCO

⁶ HIV/AIDS in Ethiopia, Epidemiologic synthesis, FHAPCO/WB, 2007

⁷ Education Management Information System, Education Statistics Annual Abstract, 2010/11, p.56

⁸ Ibid.

interventions that exist in the respective institution, as well as states the good practices and lessons to be drawn from such practices. Finally, conclusion and recommendations are given by the study team.

3. Objectives

The purpose of identifying and documenting good practices in HEI was to learn from these experiences and identify what approaches work best and why. Documenting case studies contribute to the knowledge base nationally and internationally about what was effective in HIV/AIDS interventions in higher learning institutions and enable to draw lessons or replicate the practice elsewhere.

The specific objectives were to:

- Describe HIV and AIDS problems, risks and vulnerability factors in the HEIs.
- State the structural enabling factors to deal with HIV and AIDS.
- Identify HIV and AIDS interventions based on selected thematic areas.
- Assess HIV and AIDS good practices of the HEIs.

4. Methodology

4.1.Overall Approach

The nature of the investigation was to record “Good Practice” in the intervention programs of the HEIs with the aim to draw lessons on how to curb the spread of HIV and mitigate AIDS impact on the HEIs community and beyond. This would enable to replicate the success factors in similar institutions. The current study of the “Good Practice” was based on a qualitative data gathering method in nine HEIs and one regional education office. This initiative was complimented by a national study conducted concurrently: “Assessment on Current HIV/AIDS and Gender Responses in Higher Learning Institutions” involving twenty-two HEIs.

4.2.Selection of Higher Education Institutions

This study involved nine higher education institutions and the Addis Ababa Education Bureau. All were chosen purposively by MOE and HEI sub-forum based on the track record of good practice in the HIV and AIDS intervention programs of the institutions.

4.3.Data collection Methods

The assessment mainly depended on primary and secondary data collection methods, including document review, use of semi-structured questionnaire and observation checklist. The data collected helps identify the legacies, good practices, problems, and available services at the HEI community and surroundings. It also reveals the commitments of donors, leadership, students, academic and administration staff members.

The data collection methods involved:

a. Review of literature and documents: An in-depth desk review of literature and documents was done to produce two sets of assessment tools (interview guide) for the focal persons/program coordinators and the service beneficiaries. It also provided information on the current HIV/AIDS status to supplement information gathered from the HEI.

b. Qualitative data collection: Two sets of interview guides were used to collect data. The first one was administered on the focal persons or program officers of the HIV/AIDS, and the second was administered to collect information from beneficiaries in each of the institutions. The semi-structured data collection tools were reviewed by relevant experts at UNESCO and the MoE. (See Annex 3 and 4 survey tools).

Qualitative data was collected based on selected criteria for “Good Practices” on HIV/AIDS and gender related issues. Key informants interview was conducted in the seven public and two private HEIs and the Addis Ababa Education Bureau to collect primary qualitative data. The key informants were the HIV/AIDS and gender focal persons/coordinators and intervention beneficiaries. (See Table 1).

Table 1: List of Selected Higher Education Institutions under Study

Ser. No.	HEIs	Type of HEI	Location
1.	Addis Ababa Education Bureau	Public bureau	Addis Ababa
2.	Addis Ababa University	Public	Addis Ababa
3.	Africa Beza University College	Private	Addis Ababa
4.	Civil Service University	Public	Addis Ababa
5.	Dilla University	Public	Dilla
6.	Gondar University	Public	Gondar
7.	Haramaya University	Public	Haramaya
8.	Hawassa University	Public	Hawassa
9.	Jimma University	Public	Jimma
10.	Saint Mary University College	Private	Addis Ababa

Three key-informant interviews were conducted at each of the HEIs, two with the focal persons and one with service beneficiary (a student and/or a staff member).

c. Documentation of Case Studies: While the major beneficiaries of the HEIs are students, teaching and non-teaching staff members were the secondary beneficiaries of the interventions. Beneficiaries were selected by the focal persons and in-depth interviews were conducted to document the “Good practices” found within the institutions. Accordingly, two or three “case studies” were written after interviewing the beneficiaries.

d. Personnel for Data Collection: Document review and the Key Informants Interview (KII) were undertaken by the team coordinator and a researcher. The experts conducted a total of three KIIs per HEI.

5. Study Limitations

The research team was unable to locate or get systematic data reports on good practices from the HEIs. Most of the information was gathered from oral communication with the focal persons and those engaged in the HIV and AIDS programs. What was being considered as reports was a one or two page letters written in response to requests from MoE. The programs in all of the HEIs lacked program documents,

systematic monitoring and evaluation reports. Few cases were observed when a couple of focal persons were unwilling to avail research documents.

There were also cases where focal persons and/or beneficiaries were not able to participate in the interview due to other commitments. The study team also noticed positive bias on few of the KII participants because of their involvement in the program. However, such encounters were balanced with information given from additional key informants.

6. Results and Findings

6.1. HIV and AIDS Risks and Vulnerability Factors

There is no systematic research to show the extent or severity of the HIV/AIDS problem within the universities but through observation and the day-to-day experiences of the key contact persons, the leadership of the institutions and other relevant bodies, the serious effects of HIV and AIDS were felt by HEI communities in general and students in particular. All the key contact persons indicated that the severity of the problem is felt by the whole country losing its educated younger generation, faculty and staffs. Hence, systematic intervention is needed to reverse the HIV epidemic in the HEIs. For example, according to study conducted among Jimma University students in 2002, HIV sero-positivity was found to be 12.2% (ranging from 6.5% in College of Agriculture to 17.3% in Public Health) which was much higher than the national figure for the general population.⁹ For the current HIV and AIDS problems within the HEIs, the following predisposing factors and driving forces were reported:

6.1.1 Transactional Sex

Poverty is a pushing factor, especially predisposing female students from poor families to be engaged in transactional sex. Transactional sex in the HEIs are practiced by female students with the male students, academic and administrative staffs, other civil servants in government offices, and employees of NGOs, rich, old and young males for economic and academic gains. As reported by all the key contact persons, economic problems have been found to be the tragic factors driving female students in the HEIs to indulge in sexual practices. The Addis Ababa Administration Education Bureau reported similar practices of transactional sex in secondary schools.

The contact persons from the Haramaya University mentioned the existence of transactional sex between students and construction workers. *“There is much construction work undergoing in the campus by more than ten construction companies and these companies employ engineers and other skilled and unskilled workers. Some female students exchange sex for financial gain in spite of age disparity. According to some reports, most of such sexual practices were unsafe and with multiple partners who have risky sexual behavior and practices”*.

In addition to this, Saint Mary University College (SMUC) indicated that the location of the main campus was nearer to one of the international hotels, which would provide easy access to different foreigners coming to the hotel as guests. Proximity to the international hotel also exposed students to alcohol addiction and other substance abuse.

⁹ HIV and AIDS Knowledge, Attitude and Practice among Jimma University Students, 2002.

The universities in the capital city such as the AAU and SMUC indicated that the location of the campuses was suitable for different people to converge for business, office work, relaxation, and so forth. Sex brokers take advantage of this and target students to allure them to exchange sex for money. Sex brokers facilitate the process of bringing the two parties thereby exposing female students to transactional sex with multiple partners. This puts their lives at risk of HIV infection or other STIs.

The interview report from one of the ex-university female student during the university's discussion on HIV and AIDS vulnerability factors among students showed that female students spend nights with older as well as young investors (labeled as "sugar daddy and "sugar baby").

As it was indicated by the contact persons from AAAEB, the majority of the female youths with economic burden were reported to engage in early and unsafe sexual practices to meet their basic needs of food, clothing, school materials, hygiene and cosmetics. Concerns have been expressed by all of the participating HEIs that the practice of transactional sex was a common occurrence among female students.

6.1.2 Inadequate Knowledge about HIV and AIDS

Even though most universities lack detailed study on knowledge, attitude and practice (KAP), as reported by the focal persons from their day-to-day observations and discussion forums and youth dialogue sessions, the students had a clear gap of knowledge about HIV and AIDS. The frightening silence on sexual reproductive health in families, schools and communities further pushes the issue not to deal with it appropriately. The scanty source of information for students may be the mass media. However, the number of students who had access to such sources were limited and moreover, only few were giving due attention to the issue of HIV and AIDS. On another note, HEIs are expected to provide guidance in matters of scientific information. Hence, students are assumed to know about the subject matter.

The focal person for Africa Beza College expressed concerns that the absence of open discussion among family members and youth peer groups seemed to have created lack of in-depth knowledge about HIV and AIDS among the student community and thus were likely to be exposed to unprotected and unsafe sexual practices.

The AAAEB mentioned low level of awareness and lack of information on sexuality, STI and HIV and AIDS as major factors for early and unprotected sexual practices. For example, a study by the same bureau on KAP of reproductive health and HIV and AIDS among selected secondary school students in Addis Ababa indicated that young students had limited information compared to older ones. Such low level of awareness and knowledge deprive them of the chances of avoiding risky sexual practices. Two major factors that contribute to the severity of the problem as cited by the focal person include lack of adequate information to address reproductive health issues in the school curriculum and cultural prohibition of discussions about sex and sexuality within the family. As a result, children reach teenage maturity without getting proper orientation on sex, sexuality and issues of reproductive health; and at the time of sexual debut; they would be forced to face the consequences.

The focal persons at Dilla University indicated that both girls and boys have low level of knowledge on reproductive health and sexuality. On the one hand, female students lacked life skills to negotiate sex with male counterparts. On the other hand, male students acted aggressively in their relationship with female students. At times, they harassed and assaulted the girls. The knowledge and skill gaps on the part of the female students were rendering them to powerlessness and have unplanned and unprotected sexual acts leading to unwanted pregnancy, abortions and in some cases, contract HIV and other STI infections.

All focal persons stated that students were less informed and their knowledge about sex, sexuality and factors related to such issues are very low at all educational levels, i.e. primary, secondary and tertiary levels of education. Family members, teachers, school curriculums and the community, in general, were all silent about sex and sexuality. None of the institutions seem to take responsibility for educating and orienting the young generation in their biological, social, psychological changes and equip them with related life skills. The youth, in general, reach the age of puberty, complete their high school education and join university without having adequate information and hence knowledge about their physical body and reproductive health. Due to lack of such information, they inclined to become careless, unguarded, unprotected, aggressive and adventurous.

A student in one of the universities witnessed incidents she encountered at their campus. She said, "I remember some instances that confirm the presence of risky sexual practices in the campus. First, I saw a boy having sex with one of our room-mates in our dormitory. Second, I had a friend in our dormitory who told me about her unprotected sexual experiences with her boyfriend at a place called "Beg Tera" in the University campus. They were caught red-handed by a guard and upon him approaching them she simply told him to go away by giving him her ID card from her back pocket. Lastly, I know a girl from English department who got pregnant after joining the University and gave birth to a child. All these show to me how students are exposed to unprotected sexual acts".

A study conducted at Jimma University indicated that there was a serious knowledge gap on sexual reproductive health, modes of HIV/STI transmission and methods of prevention among the youth, contrary to the expectation of students at the tertiary level. According to another study,¹⁰ among Jimma University students, about 58.2% of the students did not know that persistent use of condom prevents one from STDs including HIV. Over half (56.3%) of students who practiced unsafe sex did not perceive themselves as being exposed to risk. Still another survey¹¹ among students of Jimma University and Teacher Training College revealed that about 76% of the respondents knew ways of preventing STI, HIV and AIDS. Of these respondents, abstinence was mentioned by 60%, avoidance of casual sex by 40%, faithfulness by 52% and use of condoms mentioned by less than half (47%) of them. The survey results confirm the qualitative responses of the focal persons about the prevalence of knowledge gap even at the tertiary level.

However, the contact persons at the AAAEB witnessed that workers and office bearers of the bureau at all levels had adequate knowledge about sex and sexuality, HIV and AIDS and other STI issues. It is indicated that most of the officials and senior office workers had teaching background with adequate life experience. It was further asserted that staff members were not demonstrating and/or practicing risky sexual behavior in and around offices. There was good and acceptable behavior among the majority of school teachers who also refrained from alcohol, "*khat*" and other addictive substances.

6.1.3 Substance Abuse and Addictions

All universities under the study expressed concerns about their campuses as well as other higher learning institutions, which are being surrounded by kiosks that host "*Shisha*" and "*Khat*", pubs, local alcohol and different addictive substances. The proliferation of such substances has been exposing students to different risky behavior and practices. Key contact persons indicated that establishments selling addictive substances around the university campuses were the major factors that have been driving students to risky sexual behavior and practices with multiple partners. It has also been reported that, in the surrounding locations, there was a rampant substance abuse such as high consumption of "*khat*" and alcohol which

¹⁰ Dr. Tefera Belachew, Prof. Challi Jira. & Dr. Yosef Mamo, HIV and AIDS Knowledge, Attitude and Practice among Jimma University Students, 2002.

¹¹ Tizita Tilahun, Mengistu H/Mariam & Asresash Demissie, 2007.

was likely to drive students to unprotected sex. The paradox was that most of these kiosks were strategically located around the universities, legally operating with a license and paying income tax to the municipality though were sources of distractions for the teaching-learning process.

6.1.4. Gender-Based Violence, Sexual Abuse and Harassment

More than half of the universities reported that gender-based violence and sexual harassment were major problems in their campuses. Female respondents described that gender-based violence was a common experience in campuses.

Regarding the predisposing factors and driving forces of HIV and AIDS, One of the respondents of an in-depth interview described her misfortune in the following manner.

“I am one of the victims of sexual abuse by a student who happened to be my boyfriend in the campus. On the Ethiopian Easter holiday, we went out to town for relaxation and stayed in the town up to midnight. Eventually, I was forced to have sex without condom which caused my pregnancy. Then, I tried to have abortion procedures at different clinics and traditional health practices, which endangered my health.”

At Saint Mary University College, Jimma and Haramaya universities gender-based violence and sexual harassment were not reported to be major problems in their institutions. The SMUC stated that they had anti-harassment policy, a well-established and functional gender office. The anti-sexual harassment committee dealt with any sexual harassment cases, which was believed to curb the problem. Furthermore, SMUC has a talk-show program that deliberates on sexual harassment issues on many occasions. The discussions and dialogues helped students to come up with different suggestions on how to curb sexual harassment. Jimma University stated that GBV was not reported to be a major problem in the campus; however it was presumed that female students may not want to disclose the problem due to stigmatization. The focal persons recalled instances where some female students reiterated their bad experiences of harassment from their fellow students and instructors in their focus group and panel discussions.

Sexual harassment and GBV were reported to be minimized at Haramaya University through the formulation and application of strong code of conduct and rules and regulations. According to the code of conduct, any such offence would be dealt in an unequivocal manner. Any male student found guilty of such offence, would be forced to work on community activities such as serving in students’ cafeteria by wearing a badge that states *“I am an offender of gender-based violence”*. Fear of such embarrassment made male perpetrators think twice before they violate female students.

Most of the driving factors towards the unsafe sexual activities were found to emanate from poverty, lack of discipline, low self-esteem and lack of self-confidence. Loose rules and regulations of the universities, non-existent codes and a system to enforce rules contribute for the aggravation of the problem.

6.1.5. Lack of Life Skills

The choice of safe and proper timing and place for relaxation and pleasure was a determining factor to avoid unnecessary risks that may expose students to harassment and sexual abuses, especially for female students. For example, a study group from Dilla University tried to confirm dangerous behavioral manifestation by illustrating cases with risky incidents. A focus group discussants revealed an incident when six female students who were returning from the town to the campus at about 11:00 p.m., were attacked by a group of gangs from the town. They were raped one by one and snatched off their mobile

phones. This particular incident illustrated the importance of being at the right time and place for relaxation instead of taking unnecessary risks.

Almost all of the universities indicated that students lacked proper life skills such as: communication, relationships, sexual life, and others that are essential to lead a satisfactory life. In the absence of empowerment of youth with life skills, male students inclined to be aggressive and abuse relationships. On the other hand, female students generally felt powerless and incapacitated to have clear view, attitude and practice for demanding their rights and overcoming any harassment and sexual abuse that would come from fellow male students and academic and non-academic staff members. Hence, they did not know how to deal with all sorts of verbal abuses, harassment, physical and sexual violence.

6.1.6 Peer Pressure

Peer influence was generally believed to be one of the causes for the youth to be exposed to different HIV risk related practices. It is learned that some students have developed a misconception that having sexual relations with multiple partners appeared to be the sign of being smart and modern, and hence put psychological pressure on others who did not have sexual exposure. All focal persons reported that female students started copying, imitating and competing with each other as soon as they settled in the campuses. Particularly, female students with low financial support from family may easily succumb into temptations to have access to financial sources and meet their basic needs. This situation was exploited by male partners, be it a student, academic, non-academic staff or an outsider.

6.1.7 Early Initiation of Sex

The AAAEB focal persons reported that students, especially, those in the secondary level have sexual debut quite earlier than they joined HEIs. Some studies attribute the early age sexual debut to peer pressure, nutritional conditions and exposure to pornographic information obtained from the Internet and other media.

Haramaya University undertook a rapid assessment and found that students were very active sexually amongst themselves and with the teaching and administrative staff members. The behavior and practice of the students were found to be going against the university policy. Some students argued that sexual practice in the premise of the university was part of their human rights. It was repeatedly reported that unsafe sexual practices with multiple partners mostly led to unwanted pregnancy, abortions, STI and HIV.

A study conducted in Dilla University revealed that the University students indulged in risky sexual behaviors amongst themselves. They used dark places, pocket areas and shrubs in and around the University compounds to practice sex. Most of the sexual activities in and around the DU compounds were between male senior students and female junior counterparts.

Early sexual initiation among the students of Jimma University was also found to be very common as learned from unpublished reports and oral communications with the focal persons. According to the 2007 study, 38.1% of respondents ever had sexual practice and over 22% of sexually active respondents started sex before age 20 and they had multiple sexual relations with inconsistent use of condoms. In the same study, about 42.8% of respondents had no confidence with single partner and about 60% of sexually active respondents did not use condom for their first sexual contact.

6.1.8 Adventurous and Reckless Behaviors and Practices

Key contact persons from all the universities reported that students frequently indulge into dangerous sexual practices. Some respondents indicated that students had specific time and occasions during which

the intensity of sexual practices heightened. These times include the weekends, national and cultural holidays, post-exam days, and the first few weeks after vacations. The specific peak hours preferred by the students for such sexual spree were in the evening from 7 p.m. to midnight.

Discussants further stated that students seemed adventurous and reckless about their sexual practices deviating from the standard norms of the Ethiopian cultures. Focal persons narrated a story of two students and a construction worker, an incident which was reported by the construction worker during one of the study interview.

“While the construction man was on his duties in the main campus, he observed a sexual act between two students in the day light in a field. As he approached the scene and asked what they were doing, they advised him to take their picture with his mobile camera. He, in fact, took the picture and showed the act to the focal person.”

One of the focal persons expressed that, to some students, sexual practice was a sign of modernization. In his informal discussion with some of the female students, he was told that many female students had more than three sex partners during their stay in the university. One was to assist them in their studies as a tutor and was named as *“Chekela”*. The second was with a rich partner that was meant to meet their financial needs. The third was supposed to be for real sex and love. Under such arrangements, the level of reproductive health risk factors encountered by female students was inconceivable.

6.1.9 Absence of Parental Control and Guidance

Most students feel complete freedom and release from family control after they join HEIs. In Ethiopia, most families impose strict rules and regulations on children’s upbringing. The strictness within the family environment is further reinforced by lack of open discussion and transparency. Hence, the moment youths move from the sight and control of parents, they want to enjoy the adventure of their freedom by overindulging into risky practices.

Lack of parental support, open communication and low academic performances were reported to be the other predisposing factors for young girls to be exposed to risky sexual practices as expressed by Dilla University discussants and their study findings. This view was supported by girls who were dismissed from the University as they have shared their experiences during the in-depth interviews. One of the girls who joined the University with poor grades and was later dismissed as a result of poor academic grades was found to be working in a bar at the time of the in-depth interview for this study.

6.1.10 Exposure to Pornography

The youths have access to the internet and video houses. University students, with higher chances to pornographic sites, are exposed to unsafe and risky sexual practices. The key contact persons in almost all of the HEIs witnessed that the unguided and unlimited access to pornographic sites through internet browsing, films and video houses remain to be some of the most distractive and predisposing factors.

6.2 HIV and AIDS Structures and Enabling Environment

6.2.1 Developing Institutional HIV and AIDS Policy

Most of the universities under study have institutional HIV and AIDS policy in place and the remaining have already drafted a policy document waiting for approval of the management body.

The ECSU developed HIV/AIDS Policy in 2004. AAU formulated HIV and AIDS policy in 2006 under the joint auspices of the University and African AIDS Initiative International Inc. The policy has spelt out the rationales for the HIV and AIDS policy, mission, general and specific objectives, strategies and implementation mechanisms including management structure, functions of the office for HIV and AIDS, the issues of integration of HIV and AIDS into the teaching, research and service activities. It also specified the services such as prevention, care, support and treatment and extension of interventions beyond the university to the surrounding community as well as issues of rights of persons living with HIV. Even though the policy document was drafted and finalized in 2006, it was reported that the approval and application have yet to come forth.

Hawassa University has an approved, full-fledge institutional HIV and AIDS Prevention and Control policy since 2010. The policy document guides on how to mainstream HIV and AIDS in every sphere of the university's major activities including the curriculum.

Haramaya University formulated institutional HIV and AIDS policy in August 2007, and the document has been serving as the basis for any of the HIV and AIDS interventions. In January 2008, the University formulated and adopted a five-year HIV and AIDS strategic plan based on the policy document. Both documents were some of the significant milestones to implement and monitor HIV and AIDS interventions.

Universities such as the SMUC, DU, JU, UoG and others have developed HIV and AIDS policy document, which was at its draft stage pending the approval of management of their respective institution. However, all of them were flexible in using the draft document in their interventions. It was reported that they were working towards having an approved policy document as soon as possible. It is believed that having the institutional policy document will be quite supportive and facilitative for HIV and AIDS interventions.

6.2.2 Structure, Strategy and Approaches for HIV/AIDS Interventions

HEIs covered by this qualitative study have their respective HIV and AIDS intervention structures, strategy and approaches. Some of the institutions had a well formulated structure, strategy and approach, while the rest of the institutions were in the process of evolving functional and workable system for their HIV and AIDS interventions. The structures, strategies and approaches employed were as follows:

- The HIV and AIDS program interventions in SMUC were coordinated partly under the students' wellness and development unit and partly under the gender unit. There was no focal department or person for the HIV and AIDS activities. SMUC was in the process of developing strategic document for HIV and AIDS care and support interventions. At the time, the document was at a proposal level, pending for approval by the management. In the absence of formal working document for the HIV and AIDS interventions, as reported by the focal persons, SMUC was following three pronged HIV and AIDS intervention incorporating prevention, care and support and treatment services. Moreover, the university was making an effort to mainstream HIV and AIDS in the annual work plan of each faculty as well as integration of the issues in the curriculum.
- The effort of HIV and AIDS intervention at the Africa Beza University College entirely rested on prevention of the epidemic through creation of awareness. The university college had no clear intervention structure, strategy or approach while the existing interventions were coordinated by a one-man focal person on a part-time basis.
- The President Office was the highest in the hierarchy of the structure in the Addis Ababa University and assumed the overall guidance role of HIV and AIDS issues. Immediately below the PO, there was

the HIV and AIDS Steering Committee led by the AAU MARCH Project. Within the structure of the Project, different officers were directly reporting to the project coordinator including ART Officer, Creative Team Leader, Administrative Officer, Monitoring and Evaluation Officer, Reinforcement and Training coordinator. Along the line, a Laboratory Technologist was directly reporting to the ART Officer while a Reinforcement Officer was reporting to the Reinforcement and Training Coordinator. The executive body of the above structure was being housed by one focal office within the University.

- The MARCH Project entirely focused on HIV prevention with the modeling and reinforcement strategy to deal with the spread of HIV amongst undergraduate students. There was no strong component of care, support and treatment attached to the prevention strategy except having referral linkage to other health facilities for ART. However, the draft HIV and AIDS policy stated to set up holistic HIV and AIDS prevention, care, support and treatment interventions.
- The Addis Ababa Administration Education Bureau did not have formal structure for HIV and AIDS interventions. The strategy followed by the bureau focuses on prevention to mitigate the spread of the pandemic, and care and support services to alleviate its socio-economic impacts. Most of the interventions were focusing on youths in secondary schools implementing projects in collaboration with the sub-city and woreda education offices, UNICEF, and AAHAPCO.
- Dilla University's HIV and AIDS program was led by a committee of professionals. The HIV prevention and control interventions targeted the university's community through in-campus programs, and the surrounding population through the outreach programs. A team of professionals were assigned to lead the HIV and AIDS programs in addition to teaching responsibilities. The committee's task was to plan for prevention, care and support, training and capacity building, research and documentation interventions.
- Hawassa University had a well-established and clearly echeloned organizational structure for HIV and AIDS program with the President at top of the structure. Immediately below the President Office, there was HIV and AIDS prevention and control committee. Down the line, the structure contained HIV and AIDS Prevention and Control Director and the Assistant Director, horizontally connected to the Association of PLHIV. Further down, each campus had HIV and AIDS Prevention and Control Office responsible for HIV and AIDS programs. Finally, the structure was further organized by having Anti-AIDS clubs in each campus and a separate HIV and AIDS prevention and control committee that represented each campus in the structure.
- The HIV/AIDS intervention in the University of Gondar was managed by combining it with gender, named as "Gender and HIV/AIDS Mainstreaming Office." It had nine members, one from each faculty. The President office oversaw the unit. The Academic and Research Community Services dealt with research and community as core business process, and mainstream gender and HIV/AIDS. Under the Vice Academic President, offices of the Female Academicians, Female Students Associations and CDC were active partners in the intervention programs. HIV/AIDS Prevention and Control Office, Youth Friendly Services and International Institute of Education (IIE) were also highly recognized partners by the focal persons. The UoG had awareness and training programs for students, established HIV/AIDS student clubs, and networked with NGOs for financial and program support.
- Haramaya University had a well formulated organizational structure for HIV and AIDS interventions. The President Office was at the top of the structure overseeing the overall HIV and AIDS intervention program. Under the office, a Regulatory Council was chaired by the Vice President with HIV and

AIDS Prevention and Control Directorate. The In-campus Assistant Director, Community Outreach Assistant Director and AIDS Resources Center Unit reported to the Directorate. The strategic issues and intervention approaches such as capacity building, mainstreaming, collaboration, care and support, research and evidence-based interventions were identified and stated in the Strategic Plan of the University (2008-2012).

- Jimma University has a simple HIV and AIDS intervention structure. Like most of the HEIs covered by this qualitative study, the Office of the President was the coordinating body for the HIV interventions. The HIV Prevention and Control Coordinator, who had an Assistant Administrator and IEC and Training Team Leader, directly reported to the President. The AIDS Resource Center operated under the assistant administrator. The University mainly focused on prevention, care and support and treatment interventions. The main prevention intervention was the peer education program, in addition to the awareness-raising, education, training and capacity building.
- Ethiopian Civil Service University institutionalized the HIV and AIDS interventions by organizing HIV and AIDS Management Unit. The unit was accountable to the President of the University. The intervention strategy included:
 - Crafting HIV and AIDS management policy aligned with the national, educational and civil service sector policies and strategies.
 - Mainstreaming of HIV & AIDS interventions into trainings, teaching, research and consultancy services.
 - Engaging students and staff of ECSU in training, sensitization, research, and clubs.
 - Integrating HIV and AIDS in the curriculum both in the masters and undergraduate programs, and trainings.
 - Facilitating and promoting universal access to HIV prevention, care & support, counseling and treatment to the college community
 - Working in partnership with others and establishing networks.

6.2.3 Community Mobilization

- SMUC was mobilizing the university community through talk-show, outreach and other social activities while AAU was mobilizing the university community through the MARCH Project modeling and reinforcement initiatives.
- Dilla University was mobilizing the university students through various training activities, awareness raising and youth dialogue sessions using volunteer youth groups. Some of the activities targeted mobilization of communities outside the university, such as FBOs, CBOs, hotel owners, taxi drivers, schools in the surrounding areas.
- Hawassa University was mobilizing the university students to involve in the training, awareness raising and youth dialogue sessions. All activities were performed by volunteer youth groups. However, interventions lack community outreach services.
- Haramaya University was also mobilizing the university students and involves them in training, awareness raising and youth dialogue sessions using volunteer youth groups. The University had a strong community outreach program through which it effectively addressed the surrounding community through FBOs, CBOs, hotel owners, taxi drivers and schools in the neighboring areas.

- Interventions at Jimma University focused on mobilizing the university students to involve in trainings, awareness raising and youth dialogue sessions. All mobilization activities were performed through volunteer youth groups, which included community outreach services.
- The UoG employed PLWHA participant who completed his studies at the University with a purpose of making him a model teacher for students. He was also given a mandate to serve the surrounding community for awareness creation and mobilization, presenting him as an example of a changed behavior.

6.2.4 Training and Capacity Building

- SMUC has been conducting different trainings for students and teaching staff. One of the trainings was the ToT conducted on sexual harassment and HIV and AIDS for thirty student representatives, which was cascaded to their respective classes.
- AAAEB provided training in peer education and life skills on HIV and AIDS and gender issues for the total of 800 students. The bureau has also trained a total of 280 participants drawn from the education bureau, sub-cities and woredas educational offices, school teachers and cluster school's supervisors on similar issues. The Bureau provided HIV and AIDS and gender-based life skill training to 200 with and 146 students with sight and hearing disabilities, respectively. The education bureau is commended for taking into account the plight of these special need students. A total of 1640 primary school teachers were trained in the HIV and gender life skills. The training was provided in the form of ToT to cascade it through training in classes and mini-media clubs at their respective schools. The bureau distributed over 2000 copies of HIV and gender life skill training manuals to school teachers, students and mini-media volunteers as resources material.
- Dilla University conducted the following training sessions at different times:
 - Effects of substance abuse, alcohol, drugs addiction, health and HIV and AIDS.
 - Drug addiction and civil law, organized for over 250 students for four consecutive days. Another four days training was given to twenty-two university female teachers on issues of coaching and counseling female students on reproductive health, family planning and HIV, harmful traditional practices, gender-based violence and law.
 - Reproductive health, family planning and HIV infection, HTP, gender-based violence and HIV infection and law for four-days for 140 readmitted students and sixty-one young university workers.
 - Correct and consistent use of condom was given to twenty-eight students. Seventy-five youth dialogue sessions were conducted involving 1875 students on the same issues and a total 11,544 condoms were distributed through a fixed outlet.
 - HIV and AIDS mainstreaming training was given to eighty-one individuals with different responsibilities, including the Assistant to the President, school heads, directors, medical directors, teachers and others. The outcome of the training indicated that the trainees reflected that mainstreaming HIV and AIDS in the plan and curriculum of the University was a correct and timely agenda in order to mitigate the spread of the epidemic and its socio-economic impacts within the University community.
 - HIV and AIDS, reproductive health, adolescents behaviors, HTP, GBV and the law for CBO/FBO leaders, hotel owners, representatives of women and children affairs and leaders of

taxi drivers association for four days. The purpose of the training was to enhance the roles of these community groups in mitigating the spread of HIV and AIDS among community members, university and high school students.

- Hawassa University identified and trained peer leaders in facilitation skills and provided them with peer counseling training. Twenty peer facilitators were trained and they undertook peer dialogue sessions on various aspects of HIV transmission and prevention modes. The peer dialogues focused on the predisposing factors and driving forces behind risky sexual behaviors and practices and the coping mechanisms that the students need to develop. Thus far, a total of 480 students (including 240 males and 240 females) have participated in peer dialogue. The peer dialogue was an ongoing session to be underway for extended period of time in the form of peer group discussions. Eight groups, each with sixty members were organized for the peer dialogue. The university organized and delivered different training and capacity building ToT sessions during the last couple of years. The training and capacity building sessions included ToT on club management and leadership, journalism, mentoring, Youth Action Kit and the like. The university established PLHIV association and its members were drawn from the students, academic and administrative staff. At the time of the study, the association had thirty-seven members and it was functioning independently.
- Jimma University provided HIV and AIDS skills training for the health graduate students through pre-service and in-service trainings. The training, which took up to fifteen days, certified the professionals upon completion and practical applications. In addition, the university through community outreach program trained vulnerable adolescent youth, such as sex workers, orphans and vulnerable children and others on how to live positively with HIV and on entrepreneurship and vocational skills. After the training was over, the participants were organized into groups and associations, supported to obtain legal status and secure working space from the local administration to start their respective income generating activities (IGAs). The IGAs included bookkeeping, hairstyling, *injera* baking, construction of cobblestone, and poultry. Training was also given to youth drama group in gender issues, SRH rights and HIV prevention. The training was to enable the youth to claim their rights for information and services and actively participate in development programs for their benefits and the communities at large. Peer leadership training was also conducted for over sixty students at different intervals.
- The AAU's MARCH project has trained 298 graduating students from the Faculty of Medicine and School of Nursing on Comprehensive ART in four rounds. The objectives were to provide current HIV and AIDS information, familiarize trainees with manuals and guidelines, to promote highest standards of HIV protection and care, to enable trainees provide quality services. The training topics included current HIV and AIDS situation in Ethiopia, VCT, and treatment of HIV in Ethiopia, adherence, prevention and management of opportunistic infections, prevention of mother to child transmission, STI, TB and HIV, nutrition and palliative care.
- At the UoG, students were trained on behavioral change communication (BCC). Forty teachers from all the three campuses were assigned to involve the student community for BCC training and organized three different events in their respective campuses. Trainings were usually organized based on needs for relevant target groups.
- The ECSU has developed sixteen training modules and workplace TOT manual on HIV/AIDS for institutional mainstreaming and public sector capacity building. The University provided training on HIV/AIDS to 7598 trainees drawn from the university, federal public sector institutions, regional states and city governments.

6.2.5 AIDS Resource Center

All the universities have AIDS Resource Centers which were established with the objectives of minimizing the spread of the pandemic through series of awareness raising interventions among students and the entire university communities and to conduct research on HIV and AIDS related issues. Some of the Universities such as Jimma, Haramaya, Dilla and Gondar Universities had well equipped and furnished HIV and AIDS resources at their respective university. Others were expected to organize and strengthen the centers with the necessary material and equipment. Having AIDS resource center availed access to information.

The AAAEB established twenty-five AIDS resource center in selected secondary schools. The bureau also provided equipment and materials such as televisions, photocopier machines, computers and printers, which strengthen the resource centers.

6.2.6 HIV and AIDS Research

- Dilla University conducted an intervention research funded by the NORAD project to assess potential risky sexual behaviors among the university students. The surveillance was conducted to identify the current status and devise interventions on enhancing self-protection from HIV infection. The study was published in October 2009. The major purpose of the research was to examine pre-disposing factors leading to risky sexual behaviors among the university students, and to design feasible interventions to deal with HIV epidemic and other sexually transmitted diseases.
- Dilla University was in the process of conducting six research endeavors on issues directly related to HIV and AIDS. The research topics include: (1) Knowledge, attitude and practice towards HIV and AIDS preventive measures among Dilla University students: A track to develop new strategies to deal with the epidemic. (2) Prevalence and risk factors of malnutrition and association with CD4 count in people living with the virus in Dilla Hospital. (3) Prevalence and correlation of substance abuse among Dilla University students. (4) Felt and real HIV and AIDS related stigmatization and discrimination against PLHIV and their civic engagement. (5) Sexual acts, HIV and STI risk. (6) Assessment of FBOs and CBOs role in prevention and control of HIV and AIDS: The case of Dilla Town.
- The AAAEB conducted HIV and AIDS and Gender related survey and assessment study in 2010 on the Knowledge, Attitude and Practice on Reproductive and HIV and AIDS Education among Students in selected Secondary schools in Addis Ababa.
- Haramaya University conducted a study on substance abuse among the university students in collaboration with Family Health International. One of the major findings of the study was to group the students in relation to substance abuse into three distinct categories. The first category was the students with the most desirable behavior and practice. This category had never ever practiced substance abuse of any kind and has the safest sexual behavior and practice and they are labeled as “*Chewwa*” by some of the students while in some corners they are called “*Wechege*” and the implication of this slang meant to be “too religious”. The second category was those students that were found in the middle. This group was an oscillating group in that they had the risk of taking up substance abuse and at the same time had the potential of adopting desirable behavior based on their exposure and peer influence. The third category was the group of students who were with the most undesirable behavior. This category had the tendency of immersing themselves into any sort of substance abuse, increasing their vulnerability to risky sexual practices. The student community gave this group a nick name called “*Jasba*” and this slang was literally

translated as the hopeless and the most confused. The study was an eye opener for the subsequent interventions on substance abuse.

- Jimma University conducted different HIV and AIDS KAP studies among the university students and rural communities in Jimma Zone in 2002 and 2007 by different researchers. The studies revealed the existence of poor knowledge about HIV and AIDS and VCT, low level of knowledge and skill on correct and consistence use of condoms and its advantage in the HIV prevention.
- The AAU, MARCH Project was conducting a study on transactional sex and HIV in Ethiopia in collaboration with School of Public Health and CDC Ethiopia at the time of this research. Development of study protocol was finalized and preparation was underway to acquire IRB clearance to start the data collection process. The study would attempt to answer questions related to the forms of transactional sex that exist in Ethiopia, the category and group of women and men who are more vulnerable to transactional sex, perception of people on transactional sex, the influencing factors, knowledge, attitude and sexual practice of women and men involved in transactional sex, strategies and interventions that can help avoid transactional sex, and HIV transmission among the most at risk population.
- ECSU conducts risk and vulnerability assessment on the new postgraduate and undergraduate students every year in order to provide tailored interventions targeting first year students which later on would be integrated with the second year and above interventions.
 - The university conducted needs assessment on programs of mainstreaming into core and support activities of the university.
 - Conducted knowledge, attitude and behavior related survey targeting all staff, second year and above students.
 - The university conducted three macro researches in collaboration with FHAPCO: 1. Impact of HIV/AIDS on the Performance of the Ethiopian Civil Service Sector, (2) Challenges and Opportunities of Mainstreaming HIV/AIDS interventions in the Ethiopian Higher Learning Institutions (10 government universities covered); (3) Role of Local Community Engagement in response to HIV/AIDS: The Case of Addis Ababa City Government.

6.2.7 Partnership for HIV and AIDS Intervention

Almost all of the universities such as the SMUC, AAU, DU, HRU, HU, JU, ECSU, UoG and the AAAEB had strong and functional partnership with different organizations. The partnership relations were partly for obtaining funding for their HIV and AIDS intervention and partly for collaborative working relationship. However, the Africa Beza University College did not report to have established partnership and collaboration with other organization for HIV and AIDS interventions.

Partnerships are described as follows:

- SMUC was working in partnership with an organization called, Araya Welfare Organization. The partnership was established with signing of a memorandum of understanding to work on the care and support of orphans and vulnerable children (OVC). Under the umbrella of this partnership, the institute was able to provide tutorial class for the needy OVC, make regular visits to homes of PLHIV and provide care and support. In addition, the university college had a strong partnership and linkage with the HAPCO, Zewditu and other relevant hospitals, AIDS Resource Center and the like.

- AAU had strong partnership and linkage with the CDC, African AIDS Initiative International Inc., John Hopkins Bloomberg School of Public Health, Center for Communication Programs (CCP), and AIDS Resource Center.
- Dilla University established partnership with UNFPA, UNICEF, NORAD and Embassy of Norway, Network of Southern Region HIV Positive People’s Association (NOSAP), Population Service International-Ethiopia (PSI/E), Love in Action-Ethiopia (LAE), National Alliance of State and Territorial AIDS Directors (NASTAD), local FBOs/CBOs, Dilla Town Finance and Economic Development Office, and SNNPR’s HAPCO.
- Hawassa University established partnership with NORAD, RASTON, Love in Action-Ethiopia, Integrated Family Health Service (IFHP), Population Service International (PSI), CDC, and SNNPR’s HAPCO.
- Haramaya University established partnership with organizations such as UNICEF, UNFPA, CDC, Oromia Health Bureau, FHI Ethiopia, PSI Ethiopia, HCP, Save the Generation Ethiopia, Federal HAPCO, Global Fund, Dire Dawa HAPCO, Harari HAPCO, and Oromia HAPCO.
- Jimma University established partnership with UNFPA, UNICEF, NORAD and Embassy of Norway, CDC, Global Fund, MOE, Federal HAPCO, Oromia HAPCO, and Jimma Zone Health Office.
- The ECSU works in partnership with FHAPCO, DKT, and VSO.
- UoG partners with CDC, Save the Children-Norway, International Institute of Education (IIE) and HAPCO.

6.2.8 Monitoring and Evaluation

Almost all the universities established monitoring mechanisms for their programs and report to their external donors. Some of them directly report to the government in their respective areas. However, all of the institutions lack systematic and proper monitoring plan and tools other than the reports they write. The normal monitoring procedures against inputs, activities and outputs with proper monitoring and execution plan were non-existent in all the HEIs.

None of the universities had any sort of evaluation plan and none of them conducted any formal evaluation of their operations or projects. None had any baseline survey planned and implemented prior to start-up of the intervention program. There was no mid-term or terminal evaluation report or documentation that could be referred to. In general, all of the HEIs covered by this assessment lacked baseline and end line surveys to evaluate their projects.

6.3 HIV and AIDS Interventions in Selected Thematic Areas

6.3.1 HIV and AIDS Prevention

A. Saint Mary University College

- The institute has organized HIV and AIDS prevention intervention called “**Friday Talk-show.**” This program was found to be one of the good practices of the university. It was a unique exercise to the

SMUC and was a forum by which students, teaching and administrative staff members took part and addressed diverse academic, administrative and social issues, in general, and HIV and AIDS, in particular. The talk-show was conducted once every week on Friday mid-day for two hours. The forum has been going on for the last six years without interruption. It has been the most effective forum of awareness raising and behavioral change for students as far as HIV and AIDS interventions were concerned. The primary objectives of the talk-show were to help students and the other university community members get diverse knowledge and information on HIV and AIDS and other relevant issues, enable them develop self-confidence and skills in expressing themselves in public forums. The program was found to be a good tool in drawing out talents and potentials from students. During the talk-show, events such as singing, dancing and musical play were exercised and such activities were reported to be the best tools for entertainment education. Various discussion and debates have enhanced knowledge of students broadening their views on societal problems, current affairs, academic and administrative related issues, rights and governance matters.

- SMUC has been conducting awareness raising on HIV voluntary counseling and testing (VCT) and extending the services to the university community in collaboration with Zewditu Hospital. The HIV-VCT and post-test club members of the hospital were providing technical and advisory supports through training and sharing of their life experiences with the students on different forums through the existing smooth working relationships.
- Every fortnight, on Friday evening, the institute organized “**Literature Night**” for the university community. The literature night was a forum on which students, the teaching and administrative staff members had an opportunity to entertain as well as participate in diverse academic, economic and social affairs including HIV and AIDS. The literature forum helped students to have a space in which they can present their creative works. Students and staff members presented their literary works on the forum and also attended the works of well-known invited guests.
- SMUC organized “welcome” ceremonies for new students and “goodbye” ceremonies for graduates. The welcome ceremony was to orient the new comers to the university environment and tradition. New students were given the opportunity to have full information and orientation on the campus and the surrounding, including the risk factors in their learning environment. This orientation created awareness of the university environment and helped students to take care of themselves and avoid risky situations and practices. The goodbye ceremony was intended to provide experience-sharing, evidence-based information and orientation on the world of work for the outgoing students. The ceremonial farewells focused on what the outgoing students should expect from the outside world and how they can deal with their work life.

B. Africa Beza University College

- The HIV and AIDS interventions implemented by the ABUC were limited entirely to awareness raising efforts. There was training on HIV and AIDS from Addis Ababa HIV and AIDS Prevention and Control Office and the current focal person took part in the training. Upon returning from the training, the focal person selected two class representatives from each of the class and these representatives were trained on HIV and AIDS. The training for the class representatives was aimed at enabling the trainees cascade information to their respective class. Awareness raising sessions were organized for the teaching staff to enable them play their part in the HIV and AIDS awareness raising and prevention efforts. After the orientation workshop, the teachers devoted about ten minutes of their lesson time to issues of HIV and AIDS before their regular subjects. Such integration of HIV and AIDS issues with the regular lessons went only for few weeks and later on ceased due to lack of interest from the students. The ABUC’s effort was limited to this one seasonal intervention and there

was no additional effort. Hence, it was not possible to draw any good practice relevant to the mitigation of the spread of HIV and AIDS within the institute.

C. Addis Ababa University

- As other relevant government sectors and institutions, the AAU celebrates world AIDS Day (WAD) as well as International Women's Day (IWD) each year with the deliberate focus on HIV and AIDS awareness raising and prevention issues during the celebrations.
- The MARCH Project integrated modeling through long-standing serial dramas based on the strategy of entertainment-education and various reinforcement activities such as small group discussions for change at the interpersonal, intrapersonal and community levels. The MARCH Project was the major HIV and AIDS intervention in the AAU and it was the first of its kind in the HEIs. With the aim of motivating the students to change their behavior, the project sought to increase self-efficacy, encourage self-risk appraisal, reduce the perceived costs and strengthen the perceived benefits of safe behaviors. The service also shapes safer social norms and reduces environmental barriers to service use. The project has been implemented through cooperation between the AAU and CDC since 2004. This collaborative initiative was profoundly changing the focus and activities of the university and its teaching hospital as well as its medical, social and public health training departments, enabling the institutes strengthen their training of health professionals and service provisions in the areas of HIV and AIDS, STI and TB.

D. Addis Ababa Administration Education Bureau

- The initial activity of the bureau was to distribute mini-media materials for HIV and AIDS prevention works. The initial mini-media materials distribution covered about twenty secondary schools located in the different sub-cities of the capital. The materials were intended to facilitate HIV and AIDS awareness raising efforts amongst school youths.
- A radio station called "**Dagu Radio Station**" supported the bureau with complete mini-media materials. The bureau provided these mini-media materials to forty-two different schools in the capital. Under this program, the mini-media materials included amplifiers, speakers, cables, CDs with IEC materials organized in sequential volumes. "Dagu" is an Afar word meaning "information" and the radio station is affiliated to the Afar Regional State.
- The bureau has air space on the FM 94.7 radio. The radio program was on air on Saturday and Sundays for an hour with a title "**Mahiberesebachin**", meaning "our community", which mainly focused on gender issues and gender-based violence.

E. Dilla University

Dilla University facilitated the following prevention activities:

- The HIV Prevention and Control Office of the university in collaboration with UNICEF and UNFPA strengthened the youth-friendly service in the university with office equipment.
- Organized awareness raising sessions for female students, transport sector workers, administrative female workers and students at risk.

- Organized and conducted youth dialogue at different times among the university students with the financial support from UNICEF and UNFPA. Thus far, over 2000 students participated in the youth dialogue at different occasions. The youth dialogue and discussions were entirely focusing on HIV and AIDS prevention messages and contents.
- Organized awareness raising discussions for “special need” students such as visually impaired and students with other disabilities.
- Facilitated awareness raising sessions for “hard-to-reach” female students. Such students include those who were with the most-at-risk sexual practices. The awareness raising was focusing on issues related to university life and vision, goal and objectives of students, obstacles that hinder students from achieving their goal, factors that drive HIV infection and the means to curb the spread of the virus.
- Organized welcome and awareness raising program for first year students. These sessions discussed diverse issues to incite students for personal vision and mission, how to develop and apply goal and objectives, how to get accustomed to university life, develop vision for future career, assertiveness skills, how to run independent life, how to develop competency for better academic performance and the prevention strategy from contracting HIV.
- Organized HIV and AIDS interventions for summer students. As most summer students go back to their teaching profession after summer courses, the intervention strategies were geared to protect themselves and enable them to work on HIV and AIDS when they go back. Every year different awareness raising session were organized for the summer students in the first week of their arrival at the university. Awareness raising video shows would be organized on HIV transmission, prevention and control for over ten successive days. HIV musical play, drama on HIV transmission and AIDS socio-economic impacts were also staged. Leaflets and flyers containing messages of prevention and control were also distributed among these summer students with the intention to contribute to the efforts of HIV prevention among the teachers and their pupils in their respective areas.

F. Hawassa University

- The university was undertaking orientation program which included HIV and AIDS, gender-based violence, life in university, rules and regulation of the campus and other related issues for fresh students at the beginning of each academic year. All fresh students were required to take part in the orientation. The orientation session was the major forum through which the university was able to reach out to all new comers and raise their awareness on the above issues including HIV.
- HU undertook HIV and AIDS awareness raising events on all of the four campuses on a continuous basis. These events were organized every two weeks on fixed date and time by students for students. The event included entertainment, talent show, talk-shows, debate forums or panel discussions, contests on question and answers. The sessions mainly focused on the transfer of information and knowledge to raise HIV and AIDS awareness among the university community.
- IEC/BCC messages on HIV and AIDS were adopted from the partners working with the university and distributed among the student community. As reported by the focal person, there were partners and donors who exclusively provided the university with these materials.

G. University of Gondar

Important intervention activities at the University of Gondar include:

- HIV and AIDS awareness raising through talk show, coffee ceremony, panel discussion, literature (poems and poetry nights), recreational services, sportive games (chess, checkers, table-tennis, and others).
- Voluntary counseling and testing campaign through student representatives and a reward system for representatives who managed to have the highest number of tested students.
- Establishment of HIV and AIDS resource centers at three different campuses, namely Gondar College, Thewodros and Maraki campuses. In each of the campus there were twenty computers, with soft copy materials and access to internet services on one of the computers. Reading materials on HIV and AIDS were available at the respective resource center to students during the working hours. The resource centers were also supported by IT technicians employed by the University.
- Students and teachers trained in behavioral change communication organized different HIV and AIDS awareness raising and prevention events in their respective campuses awarding best programs.
- In order to handle gender sensitive issues, female students were repeatedly given separate training on issues relevant to them.
- Some of the faculties and streams were provided with need-based trainings that were relevant to their professions. For example, in 2010, the Law and Tourism students initiated precautionary trainings that would build their awareness and capacity to protect them from HIV as they would render legal and touristic services after graduation.
- Provision of condoms at three of its clinics although the demand and supply would not correspond.
- Reproductive health services and provision of contraceptives for female students.

H. Haramaya University

- The University's HIV and AIDS Prevention and Control Directorate Office has established and strengthened anti-AIDS clubs in different campuses. The clubs in the main, Harar, Jijiga and Dire Dawa campuses were strengthened and their capacities were built in order to enable them become active participants in the process of the intervention efforts.
- Educational entertainment program called Haramaya University "Idol Show" was also initiated. The purpose of the show was to attract as many students as possible to the awareness raising and education on HIV and AIDS program through entertainment education strategy. The show undertook competition among talented students in many rounds of which vocal, traditional and modern dances were part of the contests. Judges were from among the students, who would identify and select the top ten contestants, who were later on referred to external judges for final evaluation. The contest had awards for the top three winners. This program was popular with the students and proved to be the best stage for imparting HIV and AIDS messages.
- The university produced and adopted different IEC materials to be disseminated among the students. Posters, brochures, leaflets, flyers and similar HIV and AIDS materials were distributed among the

students each year. The HU has a bi-annual magazine called “Rayi” which has messages focusing on HIV and AIDS.

- “Great Haramaya University Run” is another educational entertainment event organized every year. The university prints T- shirts with HIV and AIDS messages and themes for distribution among the runners. Each year over 4000 students, teachers and administrative staffs and participants from the Haramaya town and the surrounding community take part in the run. The great run covers ten km. of round trip from the university compound to the Haramaya town and back to the university where the run finishes. The great run was categorized by male, female, and children; and winners of each category were provided with awards.
- The university had a welcoming ceremony for all in-coming fresh students. The escort usually started from Addis Ababa and continued all the way through to the respective campuses of the University. The university normally sent representatives to the main bus station in Addis Ababa with the logo of the university. The representatives arranged contract buses and picked up all the new comers from the bus station to be dropped at the university in groups. The effort was meant to minimize the risks of physical, sexual and financial abuses that the students may possibly face in the process of travelling as well as to curtail the possible harassment they may encounter in the university campus from fellow senior students from the very beginning. Upon safe arrival, the students attended one day orientation on every aspect of the university life, the risks they should avoid, on life skills they need to develop, and how to maintain success in their academic endeavors. The welcoming and orientation ceremony has been effective in terms of coverage and familiarizing new comers to adapt to the new environment.
- HRU was in the process of advancing the welcoming and orientation ceremony to the level of full-fledged training program. A training manual with three modules has been developed for this purpose which would be implemented starting from 2011/12 academic year. The previous welcoming and orientation ceremony and the current welcoming and induction training program supported by a training manual were believed to be good practices of the university in supporting HIV and AIDS prevention interventions.
- The university was implementing an intervention program called “*Alcohol and Khat Harm Reduction*”. The program started last year in collaboration with FHI Ethiopia and was under piloting for the last one year. The next phase will continue during the current academic year. There was sensitization of the program with the university community and TOT for peer leaders who were supposed to conduct peer education sessions with participants organized into groups of 12-15 members. The peer facilitation took place on a weekly basis and the participants were expected to complete twelve sessions. Panel discussion on the effects of “*Khat*” and alcohol, celebration of “*Khat*” and alcohol free day, text messages on “*Khat*” and alcohol for students and staffs, counseling and treatment service for substance abusers, distributing IEC materials with various messages, were the major activities planned and implemented.
- The University had another intervention program called “*Adolescent Right-based Reproductive Health*”. At the time of this study, the program was under implementation in partnership with UNFPA, UNICEF and Oromia Health Bureau. The overall objective of the program was to enable the youth make informed decision on their reproductive health, understand their reproductive health rights and demand services. The program had components and activities such as peer education, VCT, forum theatre, awareness and education on GBV, strengthening AIDS resource center, IGA interventions through organizing IGA groups, training on business development skills, loan provision

on revolving fund basis, establishment of youth centers and equipping the center with in-door and out-door games.

- The HRU has been producing different HIV and AIDS related educational films during the last years. So far, the unit has produced and inaugurated and staged a theatre called “*Handari*” in Oromifa language. It was also in the process of producing two other films.

I. Jimma University

As part of the intervention efforts, Jimma University:

- Conducted an integrated youth dialogues on adolescent development, sexual reproductive health rights and HIV preventions. The youth dialogue was considered as part of the community outreach program and its purpose was to create conducive environment for adolescent girls and protect them from GBV and violations of their reproductive rights. The awareness on reproductive rights was meant to fight against the traditional practices including early marriage, female genital mutilation, and break the culture of silence and denial around sexual abuse.
- Conducted the dissemination of right-based SRH and GBV information as generated from the community conversation (CC) and youth dialogue in mini-media. Disseminated the messages in three campuses of JU: main campus, Agricultural College and Technical Teachers College by printing various copies of brochures and related messages and using the mini-media facility in the main campus.
- Provided VCT campaign to let the adolescent and young people, and especially the most vulnerable ones, know their HIV status, provide them with an up-to-date information and access to HIV and AIDS and SRH services.
- Undertook the production and distribution of IEC materials on a monthly basis. All the IEC materials focused on different HIV related issues and GBV, sexual behaviors that predispose one to HIV and related problems and ways to control the spread of the pandemic.
- Availled the university community with condoms, raised awareness and transferred skill on the correct and consistent use of condoms under the circumstance where abstinence could not be practiced.

J. Ethiopian Civil Service University

- The university facilitated various sensitization and awareness raising workshops, experience sharing forums, community conversation on the root causes of HIV transmission, risk factors, prevention strategies, major impacts on individuals, families, communities, society, civil services, leadership, and so forth. The experience sharing and community conversation exercises focused on HIV and AIDS responses in terms of institutionalizing interventions, developing and implementing policies and procedures.
- ECSU integrated HIV and AIDS into the curriculum and offered standalone course. This intervention was cited as the good practice of the university by the focal persons. The ECSU so far integrated HIV and AIDS into English, Development Management, Leadership, Public Policy, Rural Development, Economics, Urban Studies, Sociology, Gender and Development, Public Management and Psychology courses. Recently, the university also drafted a standalone HIV and AIDS course to be given independently to all the university students with three credit hours.

- It has developed sixteen mainstreaming modules on how to mainstream gender sensitive and responsive HIV and AIDS programs in the civil service sector and beyond.
- ECSU conducted assessment and was engaged in macro level HIV and AIDS research projects in collaboration with HAPCO. ECSU encouraged and mentored student researchers who did their papers on HIV and AIDS.
- Consultancies were extended for needy staff, students, and community around the college; negotiated with partners, local community associations and established and coached clubs.

6.3.2 Care and Support

All HEIs except the ABUC had care and support components in their HIV and AIDS interventions. The nine institutions including the AAAEB undertook different care and support activities alongside the prevention efforts. However, the scope of care and support services was limited, sporadic and temporary in most cases. The following care and support efforts were the major intervention of the institutions:

- There were various extracurricular activities carried on by SMUC. One of the extracurricular activities was the outreach visit that the university community undertook on some of the national holidays to different hospitals and religious places where people living with the HIV virus were staying for treatment and sprinkling of holy water for curative purposes. Through such visit the students got the opportunity to provide care and support services to the needy people. The visits helped students to get firsthand experience to increase their awareness and encourage many of them to refrain from risky sexual attitude and practices. However, no care and support service was reported for students living with HIV.
- The AAAEB undertook assertive actions for female students through economic, psychosocial and advisory support activities. For example, the bureau provided financial support for 300 female students with a donation from UNICEF to encourage students to improve their academic performances. The financial support helped many students to overcome their financial burden; avoid the possibility of engaging in undesirable activities such as transactional sex and helped to focus on their studies. An organization called, **Four Joint Program**, availed scholarship opportunity for 100 female students and the bureau was in the process of identifying deserving students who would benefit from the scholarship. Furthermore, in collaboration with the FMoE and UNICEF, AAAEB extended awards to thirty-six (9-12 grades) female students who achieved high grade during the previous academic year.
- The bureau organized a talk-show with the theme entitled “The Impacts of HIV and AIDS on Women”. The talk-show was organized in collaboration with AAHAPCO and UNICEF. Eighty female students took part in the talk-show discussion and all of them were supported with Birr 500.00 each.
- Dilla University undertook care and support services through providing financial and psychosocial supports and counseling for staff members and students who were living with HIV. Thus far, many needy individuals were identified and provided with psychosocial and financial support. Most of the beneficiaries showed willingness to form PLHIV Association. However, a limited number of them had hesitation because of fear of stigma and discrimination. The university provided tutorial class support for more than 1200 female students, scholastic materials support for 109 poor female students and rehabilitation and academic supports for female students who were dismissed and readmitted. The University conducted reunification of female students who were dismissed with their families

and the reintegration was later facilitated through cash support. Thus far, the university provided such support to twenty female students.

- Hawassa University devised a strategy of supporting financially poor female students to meet their economic needs so that they will be able to protect themselves from risky practice and focus on their studies. Hence, a total of ninety-one female students obtained support for some time. The financial support was meant for school materials, clothing, hygiene and sanitation and the like. In addition, the university provided tutorial classes for hundreds of female students who needed addition support in their academic performances. Tutorial classes were given to improve academic performances of female students.
- Haramaya University HIV Office had a strong care and support services implemented by the in-campus and community outreach programs. Through the program the coordination unit provided financial support for needy students, availed the students with school materials, conducted awareness raising and trainings for the people living with the virus in order to capacitate them on how they could live positively and protect others from being infected.
- Jimma University provided psychosocial, financial and material supports to needy female students. The support mainly targeted the economically weak students so that they refrain from engaging in undesirable practices of transactional sex but rather focus on their studies. The university also extended care and support services for students and staff members living with the virus to enable them pursue their studies. Although both financial and material supports were provided to needy students, financial support was given on a monthly basis.
- ECSU facilitated need-based care and support for university community members who were on ART.

6.3.3 Gender Equality

Almost all of the universities under the assessment had incorporated gender issues and GBV in their HIV and AIDS interventions. More or less their current approaches and efforts towards materializing gender balance and equity took the following pictures:

- The SMUC had no specific or special program or service for female students. However, the university used every possible opportunity and encouraged female students to be self-assertive, involved them in different activities, gave them the opportunity to take part in trainings, workshops and discussions, enabled them to have access to different information.
- The AAU's MARCH project interventions were gender sensitive in that identification and selection of project participants such as volunteers, reinforcement agents, students who lead and participate in youth dialogues were conducted in gender sensitive manner.
- Dilla University was tackling the GBV problem through different interventions such as training on GBV for female students, tutorial support classes for the same, supply of educational materials, rehabilitation and support of dismissed female students through engaging them in IGAs, rejoining them with families and supporting them to get re-admission. There was a strong gender aspect and consideration in the implementation of all the HIV and AIDS interventions. Most of the trainings, youth dialogues, support for the readmitted students, and life skills development interventions incorporate female students' concerns.

- Hawassa University handled gender issues through several interventions such as training on GBV for female students, tutorial support classes for the same group, supply of educational materials, rehabilitation and support of dismissed students and supporting them to get re-admission. There was a strong gender aspect and consideration in the implementation of all the HIV and AIDS interventions in the University. Most of the training, youth dialogue, support for the dismissed students, financial support for economically poor female students, life skills interventions focused on female students because of their vulnerability to GBV pressures.
- Gondar University had a gender office and sexual harassment policy. Female students' concerns were basically addressed through female students' clubs and associations, female academician association, female students' mini-library facilities. The university has special program supports for female students such as tutorial classes, mini-libraries, leadership training and capacity building of women students, awareness creation and assertiveness, provision of sanitary materials such as pads, soaps, cosmetics, stationary materials for poor students, transportation fee for needy students during summer vacations, free photocopy services, accommodation and meal supports for those staying at the University during summer vacation.
- Haramaya University minimized the occurrence of GBV through implementing the code of conduct and enforcing the rules and regulations on violence. As per the code of conduct, there was no tolerance for gender-based violence. Any GBV offence would be dealt with unequivocal and consistent manner based on the rules and regulations of the code of conduct. Any male student found guilty of such offence, would face the consequence of working on community activities such as serving in students' cafeteria by wearing a badge that states **"I am an offender of GBV"**. The university was tackling the problem through complimentary strategies such as: providing initial orientation to fresh students, organizing training on GBV, providing tutorial support, supplying educational materials, and rehabilitation of dismissed students to enable them get re-admission. Furthermore, there was a strong gender aspect and consideration in the implementation of all the HIV and AIDS interventions. The HIV and AIDS policy documents recognized that women were the most vulnerable in the Ethiopian society in relation to HIV infections because of physical, social and economic reasons and the University continues to provide an environment in which the equality of women was respected. The university tolerated neither sexist behavior nor GBV and advocated empowerment of women to deal with sexual violence.
- Jimma University made gender issues central to its intervention strategies. The university organized group discussion with female students, training them on gender equity, planning and implementing IGAs such as hair style, tailoring, bee-keeping, *injera* baking for women outside the university through outreach interventions. The IGA training included coble stone (paving and chiseling), electrical installations and poultry farming. Special services for female students include separate training on mentoring skills, life skill training such as assertiveness taking gender aspect into consideration in the implementation of all HIV and AIDS interventions. Most of the training, youth dialogue, support for readmitted students, life skills development interventions, vocation and business development skill, IGAs address female students concerns.

6.4. HIV and AIDS Good Practices

6.4.1 Concept

Good practice is a means of systematically building on effective approaches to any given issue by examining existing experiences and processes that work, understanding them in the light of agreed values, expert opinion and best available evidence and extracting from them lessons that can be applied in the context of different social, economic and cultural settings.

Further, a good practice can be defined as anything that works in some way in dealing with HIV/AIDS in the community, whether fully or in part, and that may have implications for replication at any level elsewhere. The following are implicit in this definition:

- A good practice can represent *any* type of practice, small or large;
- It can represent a practice at any level ranging from broad policy-level activities to community level action;
- It may not represent an overall project or program. Even if a project has not been ‘successful’, there may still be good practices that it has developed or applied.
- A key principle is that a good practice must be some activity that *has actually been tried and shown to work*, as distinct from what may be a potentially good idea but has not actually been tested. It could, however, represent work in progress, providing preliminary or intermediate findings.
- The overriding criteria should be the potential usefulness of a good practice to others in stimulating new ideas or providing guidance on how one can be more effective in some aspect related to HIV and AIDS prevention.

6.4.2 Summary of Good practices in the HEIs

During the interview session, the study team gave the mandate of identifying and selecting the good practice on HIV and AIDS interventions to the respective HEI focal persons. The study team guided the discussions and provided the criteria for selection. Based on that, the key contact persons were able to identify the good practice from among the different intervention practices within their respective HEI.

In line with the above criteria, good practices were identified in all of the ten institutions covered by this study. However, the Africa Beza University College and the Addis Ababa Administration Education Bureau did not identify one. As the activities of ABUC with regard to intervention was limited, and hence, no good practice that deserves documentation and sharing could be identified. Though the AAAEB bureau has various HIV and AIDS interventions, none of these activities appeared to have wider scope and lasting for extended duration.

Accordingly, the good practices interventions of the respective institution are listed below along the corresponding institution:

1. Peer education for HIV & AIDS behavioral change communication - Jimma University.
2. Welcoming and induction training for in-coming freshman students - Haramaya University.
3. Supporting and rehabilitating dismissed and readmitted female students - Dilla University.
4. Formulation of institutional HIV and AIDS policy and mainstreaming of HIV and AIDS into University’s plan and academic curriculum - Hawassa University.
5. Standalone course and integration of HIV and AIDS in the curriculum of departments - The Ethiopian Civil Service University’s.
6. Modeling and reinforcement to bring about behavioral change in HIV and AIDS - Addis Ababa University.
7. The “Friday Talk-Show” - Saint Mary University College.
8. HIV and AIDS Prevention Outreach Services for Secondary Schools - University of Gondar.

6.4.3 The HEIs' Good Practices

The qualitative study had taken into consideration different criteria for identifying good practices such as evidence-based, effectiveness, efficiency, innovation, ethical adherence, innovation, making a difference, replication and sustainability. The purpose of these criteria was to review and evaluate the good practice that was identified by each of the HEI against these set criteria and base the subsequent report on some of the major ones. It was understood from the start that it would be difficult to report on all of the criteria for the respective HEI because of limitations of time and resources. The study team, therefore, decided to select four major criteria including innovation, replication, and sustainability, making a difference or impact were selected and described as follows:

A. Innovation:

- The “Friday Talk-show” had the required aspects of innovation and it was the first of its type in the higher educational institutions. None of the HEI implemented such a continuous and regular discussion forum that involved the entire community of its institution week after week for over four years. The students take the responsibility to coordinate the talk-show, select the topics of discussion and facilitate the processes of implementation. The commitment and participation of the leadership were strong and unprecedented. Such trends rendered the talk-show to come up with innovative approach to deal with behavioral change communication on HIV and AIDS in HEIs. It was believed that with the persistent and consistent application of the talk-show and having the appropriate topics for discussion can address behavioral change issues on a mass scale.
- The implementation of the support and rehabilitation of dismissed and readmitted female students by Dilla University was based on action oriented assessment and was considered innovative. The scheme was the first of its kind and no other HEI engaged in such supportive and rehabilitative endeavor for dismissed students. The multiple purpose of the project in saving the students from the potential HIV infection, its role in building self-confidence and self-esteem as well as supporting the students to re-engage in their education would make the scheme innovative.
- The pathway followed by Hawassa University in mainstreaming and integrating HIV and AIDS in faculties and departments plan and academic curriculum was an innovative exercise as far as HEIs in Ethiopia was concerned. The HU formulated institutional HIV and AIDS policy document, and used it as a working document to strategies implementation of interventions. The subsequent popularization and internalization of the policy at all levels, including the leadership and management commitment, paved the way for the successful mainstreaming and integration of the HIV and AIDS issues in all aspects of the university life.
- The introduction of the standalone course in the Ethiopian Civil Service University had innovative value of making HIV and AIDS everyone’s concern and agenda. It has created the potential for inspiring most of the students and instructors to take part in the HIV and AIDS prevention and developed service seeking behavior. The introduction of standalone course has given HIV and AIDS an institutional perspective within the university structure and carved to be part of the institutional curriculum. All students were required to take the three credit-hours course.

B. Replication of Good Practice:

The SMUC “Talk-Show” was not replicated elsewhere by other institutions, however, it has a great potential for replication. Thus far, many HEIs have paid visit to SMUC to get firsthand information on the program. With an adequate explanation that the institute was providing to visitors on the program and with the firsthand information they obtained from the direct talk-show sessions, most of them gave the

feedback that they were going to replicate the program in their respective institution. The direct involvement of the students in the program and the ownership by them, the potential that the talk-show had for building confidence and trust among the students as well as its ability of empowering the students on HIV and AIDS knowledge and information, life skills, public speaking, were some of the good values of the program for replication.

- Alongside the AAU, Ethiopian Defense and Police forces were one other institutions implementing the MARCH Project. However, due to different circumstances, there was no higher learning institution in the country that has replicated the MARCH model. The MARCH approach and strategy was believed to be the best suitable HIV and STI prevention intervention for public institution such as the HEIs. The model has the potential for replication because of its suitability for the public institutions. The modeling component was claimed to be youth friendly, incorporated educational entertainment approach, in role modeling and in presenting challenges and providing ways of overcoming them. The printed serial drama (PSD) had series of subsequent drama going on for longer period of time devised to take the audience from one initial stage of behavior to a desired level through drama and entertainment behavioral change approach. The reinforcement activities were all geared towards uninterrupted, supplementary and complimentary ways of reinforcing the behavioral change and normative interventions of the modeling approach. All the activities in both the modeling and reinforcement components were youth-friendly and appropriate for university students to bring behavioral change communication on board.
- The support and rehabilitation scheme for female dismissed students of Dilla University, as reported by the key contact persons, made significant difference in the lives of the beneficiaries. The program contributed a great deal in the efforts that the university was bringing the female students back to the academic scene and enable them complete their education. Some of the dismissed students had started working in bars, hotels and local alcohol houses as prostitutes. Many others were also following similar pattern to overcome their financial burden. Added to academic failure was economic desperation that bred frustration and hopelessness. Therefore, the project made very strong contribution in providing the students with a gleam of hope and enabled many of them return to their studies. It also helped those who had no chance of readmission to go home. The innovativeness of the scheme itself, the commitment and dedication of the focal persons, as well as the constant psychosocial, advisory and technical supports provided are worth replicating.
- Replication in the case of the good practice for Hawassa University may not be directly applied in copying the policy document to the other HEIs. Almost all of the HEIs were in the process of formulating their respective policies. All of the HEIs had the capacity of producing such documents for implementation. However, the salient lessons that others can learn from the HU was the strategy that the institution followed in making the policy the foundation and working document for all of the HIV and AIDS interventions. This strategic approach to HIV and AIDS interventions and the management/leadership commitment to make the policy practical and use the policy framework for integrating and mainstreaming HIV and AIDS in the curriculum are worth replication.
- The welcoming and induction training initiated by the Haramaya University had a huge potential for replication. The initiative appeared to be uncomplicated and simpler to be transferred to other similar universities in the country. It takes leadership commitment and development/adoption of training manual to own context. It was believed that most of the undesirable behaviors and practices manifested by students start as early as their arrival at universities as strangers to the university life and it got reinforced through time. The first year at the university was usually marked with ignorance about the potential risky practices in around the campus that they might encounter. Most of the new comers are anxious about their academic performance, ways of life, interaction with different people and such anxieties created confusion and tension which would incapacitate students to take rational

choices and decisions. Therefore, the initial welcoming, care and support that the new comers got and the subsequent full-fledged induction training was bringing positive and tangible impact on the behavior and practice of the students. Subsequently, students can focus on academics as other concerns were taken care of.

- The Teacher Training College in Bahir Dar adopted the good practice through influences of the Gondar University. The discussants strongly believe that the practices of the University would definitely be adopted by other HEIs because of the experience sharing forum between universities.
- The HIV and AIDS peer education of Jimma University was at its start-up stage. In the presence of adequate funding, good leadership commitment and volunteerism, the peer education program has its own values to become more replicable.
- The HIV and AIDS standalone course would have huge potential for replication. The initiative appeared to be uncomplicated and simpler to be transferred to other similar universities in the country. It took leadership commitment and development or adoption of the course contents and syllables by the respective institutions in the country.

C. Sustainability:

- Even though the idea of the talk-show was originated by one of the focal persons, the program was owned by the students and the university community from the very beginning. Therefore, all the skills and practices of the talk-show were transferred to the right owners and the transfer of such roles and responsibilities from the start had proved the program to be effective. The students had already owned the program and it was believed that they could continue sessions without interruption even with minimum support from the University administration.
- The MARCH Project at AAU was a project budget-based intervention with the entire support coming from Center for Diseases Control. For the last six years, the project had been functioning based on the support from the same funding agency. Throughout the life of the project, there were regular transfer of knowledge and skills from the project to the students and the University community at large. The capacity building efforts of strengthening the University clinics were also implemented. As the program was heavily dependent on donor funding, the sustainability factor remained to be quite questionable. However, due to the skill and knowledge transfer, it was possible to run the MARCH Project model and approach without project-based funding. The HEIs initially required supports in skill transfer, and capacity building. Afterwards, they need to continue the work by allocating budget up to 2% and run the model on their own.
- Support and rehabilitation at Dilla University for readmitted female students, and the initiative of sending those who could not rejoin the university to their original family had a good potential for sustainability. With adequate assessment of needs, potentials and interests of the target groups, the IGA project started for economically poor female students who had the potential to continue sustainably. For those who engaged in IGA, the university had a huge potential for market as long as the businesses were based on the needs of the campus. Students had the desire to get services with minimum cost and the chance of such small businesses attracting the market was always abundant. Students who needed psychological and academic supports after readmission could be successful and complete their education. Those who rejoin their families were given the opportunity to reassess their situation taking life changing decisions.

- Policy formulation, familiarization and later application were useful in providing guidance in HIV and AIDS interventions. Policy helps to address HIV and AIDS issues comprehensively: prevention, care and support, treatment, research and human right issues. The HEIs ad hoc HIV/AIDS interventions could be substituted with planned, policy-based intervention mainstreamed in the planning, budgeting, implementation, monitoring and evaluation of the program. This indeed produced a sustainable result. The required ingredients for sustainability include budget, management and leadership commitment, availing the infrastructure and facilities such as office set-up, equipment and human resources.
- Given the commitment of leadership, revised planning and implementation, no foreseeable hindrance was anticipated to the sustainability of the welcoming and induction training program of Haramaya University. The University could transfer the entire responsibility of the program to students in such a way that would ensure the ownership by end beneficiaries and through continuous monitoring of the programs to strengthen and improve the desired results.

D. Making a Difference:

- As stated in other sections, the Friday Talk-show at SMUC has made a significant difference in the attitudes of the university community. The program contributed a great deal on HIV and AIDS awareness raising, in transferring knowledge and information on the issue, in building confidence and public-speaking skills among the students. The program created conducive environment for building smooth relationships among students and teachers as well as the university community in general enhancing the teaching and learning process. Through the weekly discussions, the students gained information and knowledge on HIV and AIDS, reproductive health, STI, sex and sexuality. They were able to obtain adequate knowledge and information on current affairs. The talk show helped to build their confidence of expressing themselves in public settings. Many addict students have recovered and felt supported with their addiction to alcohol, "*khat*" and "*shisha*" through consistent awareness raising, life skill trainings and transparent discussions and dialogue among the students on the issues.
- The MARCH Project at AAU was of significant importance. The project has contributed a great deal in the efforts that the university was making on HIV and AIDS awareness raising, in transferring knowledge and information on relevant issues, in building confidence and life skills among the university students and others. As reported, there were thousands of students who abstained from sexual practice throughout their stay in the university and one of the major contributors to such behavior was the interventions of the MARCH Project.
- The support and rehabilitation scheme for female dismissed students has also made a significant difference in the lives of Dilla University students. The program contributed a great deal in the efforts of the university towards bringing female students back to the academic scene and enabled them to complete their education. This intervention program intercepted the desperation and helplessness of the dismissed female students and rehabilitated them to their university educational life with changed behavior and a gleam of hope for success.
- The most noticeable positive and tangible impact of the policy document was the stride that Hawassa and Civil Service Universities made in a successful integration and mainstreaming of HIV and AIDS in plans, in the academic curriculum, research endeavors of faculties and departments. The difference that the policy initiative made can be well explained in contrast to the limited efforts that other HEIs were making towards mainstreaming and integration of HIV and AIDS in their educational system. In

both Universities, the mainstreaming strategy was successful making HIV and AIDS issues as one of the universities core agenda and promoting the participation of all faculties, departments and students.

- The welcoming and orientation sessions were making a big difference in introducing the new comers to the university life at Haramaya. As reported by the key contact persons, the program was the only initiative that reached out to all new comers. The orientation session was proved to be the most effective mechanism in addressing all the students at the same time sensitizing them to vulnerability factors to HIV in and around the university campuses. It was believed that any forthcoming induction training would capitalize on the previous orientation sessions and build very strong foundation for the most desirable behaviors and practices among the university students. This also enabled to make a difference in dealing with gender-based violence, HIV/STI infections, unintended pregnancy, abortion and the like.
- The peer education program at Jimma University had its own positive impact up on the youths. It has increased awareness of students on their personal development, HIV and AIDS prevention. Sustainable behavioral change comes through the extended peer-to-peer discussion by using the BCC approach.

7. Conclusion

This study is purely based on a rapid qualitative methodology conducted with the primary aim of looking for HIV and AIDS intervention good practices that have been innovative, effective, efficient, worked well, replicable, and have made a difference. In order to identify and select from among the set of interventions that stood out as “good practice”, the risks and vulnerabilities factors for HIV and AIDS in the higher learning institutions were first identified. Then, the corresponding interventions were described to serve as preliminary background to the core issue to deal with HIV and AIDS in the HEIs. Finally, good practices were identified and documented to share experiences and draw lessons for replications.

Based on the study findings, the following conclusions are made:

- HIV and AIDS epidemic was the main threat of the HEIs in Ethiopia. As per the findings, all of the ten institutions indicated the existence of HIV and AIDS in HEIs, stated similarities in risks and vulnerability factors that fuel the spread of the epidemic.
- The spread of using “*shisha*” and “*khat*”, alcohol and other substances around the universities and the secondary schools were one of the major predisposing factors that increase the vulnerability of students. Most of the small shops that sell the substances were licensed and operated within the legal business framework. However, there was a big policy application gap in protecting the youths at the HEIs and the secondary schools from such harmful business ventures. By using the gap, the operators of these businesses were ensnaring the young generation around the educational institutions.
- It is well understood that the young people in the HEIs had better access to information and communication technologies and opportunities. Such access and opportunity were expected to provide better awareness and understanding of HIV and AIDS. However, the study finding indicates that the level of knowledge was low, and practices of unsafe sex were high. Students lacked knowledge on reproductive health, sexuality and the like. The low level of knowledge and lack of skill on such vital life issue were exposing the young generation to various risky practices.
- The HIV epidemic has posed a threat to the health, social and economic development of the country in general and HEIs in particular. Unless the HEIs take drastic comprehensive measures and make a

breakthrough in their prevention efforts through the implementation of integrated policy and programs, it would be inevitable that the nation's young generation, a force that is expected to take over the social, political, and economic development endeavors of the country face the prospect of falling prey to the devastating consequences of the epidemic.

- Gender-based violence, sexual abuse and harassment of the female students in the secondary schools and HEIs were rampant and common incidents. Male students, academic and administrative staffs were the major perpetrators of such disruptive actions. The key factors for the prevalence and perpetuation of GBV and sexual harassment were lack of education and training for the children and youths by primary educators such as parents in the family setting, schools and the community at large. Men used their physical, financial and academic power and violate women. Women tended to lack the necessary life skills to negotiate sex, and hence easily fall prey to the sexual advances by male counterparts.
- Given the trend during the study period, the HIV and AIDS menaces did not seem to get abated in the near future unless significant strategic shift and approaches for “business as usual” are changed. Institutional leadership and commitment for innovative, consistent and persistent holistic intervention are needed. It seemed that all the HEIs had a capacity and resources and they are required to employ every opportunity and potential at their disposal to reverse the current situation. They were housing thousands of students, academic and administrative staff in institutional living conditions whereby the interactions may set up the ground for frequent contacts. Therefore, it is important to consider ground shaking strategic planning and innovative approaches for HEIs to be able to overcome the challenges HIV threats.
- The current HIV and AIDS interventions in the higher institutions were project-based and not systematically included in the planning and evaluation of the overall programs. Different interventions lacked comprehensiveness, interdependence, complementarity and reinforcement. It did not seem that there were deliberate efforts and approaches of tying up one intervention to the other. There were various bits and pieces of activities and interventions. There has not been much progress in creating linkage and integration between the prevention and care and support interventions. The piecemeal approaches of HIV and AIDS interventions were ineffective.
- Having institutional HIV and AIDS policy in place was one of the most important preconditions for effective mainstreaming of HIV and AIDS in the academic and institutional life. However, having the policy in place alone cannot be good enough to deal with HIV. First of all, the policy document needed to be familiarized and applicable. Second, there was a need for commitment and dedication from the leadership and concerned bodies at all levels. Third, the policy application required consistent and continuous efforts to make it institutionalized. The institutionalization paved the way for mainstreaming of HIV and AIDS in the planning, curriculum and other day-to-day affairs of the HEIs. Effective integration and mainstreaming would make the HIV and AIDS issues part of the life of the institutions and would promote sustainable prevention, care, support and treatment programs.
- All the ten institutions had HIV and AIDS interventions to avert the gloomy situations and were found to be tackling the problem in one way or another with some limitations. Their interventions ranged from ad hoc, short time awareness raising efforts to systematic and organized educative sessions including provision of various trainings and capacity building of clubs. All of these interventions aimed at contributing towards preventing the spread of the epidemic. However, the prevention efforts lacked synergy and integration among themselves, and there was no sign of linkage and partnership with secondary and primary schools. The HEIs are making considerable efforts towards care and support services. The major focus of care and support efforts were geared towards

providing financial and materials supports and some components of IGAs for female students coming from poor families. However, the care and support services including livelihood promotions seemed to be commanding lesser attention partly due to negligence and partly due to lack of adequate budget.

- Given the huge capacity and potential of the HEIs to deal with the spread of the epidemic, the past and current efforts fell short of the expected level. The interventions lacked synergy, complementarity, interrelation and interdependence. The prevention efforts were less organized and lacked systematic strategies and approaches to bring sustainable behavioral changes to make informed decisions enhancing safe practices. The care, support and treatment services lacked strong scope and scale for impact and sustainability. There seemed to be lower level of integration and complementation between the prevention, and care and support interventions.
- Except the African Beza University College, all the remaining eight HEIs and the AAAEB have had at least one viable, feasible, relevant, innovative, effective, efficient, replicable and impactful good practice. Some of these good practices were making huge differences in the lives of the students and had potential to be replicated in other institutions. However, to make it evidence-based, HEIs needed to conduct baseline and evaluative surveys and design interventions based on the results.
- The HEIs had unique challenges in dealing with HIV and AIDS interventions. The challenges include that they were dealing with multitudes of campus community with limited working and living spaces crowded in an institutional mode of life. Such living conditions stimulate personal relationships, contacts and interactions, which are influenced by individual and group dynamics with peer pressures. HEIs had to deal with youths that were inexperienced and less informed, unstable, starting to manage their lives. Some youths tended to be reckless and ready to experiment anything that may harm them. Lack of adequate life experience exposed them to endanger their lives. Therefore, the HEI needed to devise contextual strategies to deal with this peculiar segment of the population.

8. Recommendations

Based on the major findings of this qualitative study and the conclusions drawn, the following recommendations are given:

- The interventions at the HEIs taken as HIV and AIDS prevention targeting the young generation need to have strong base not only at the higher learning institutions, but should strongly consider addressing the ethical foundation of the youths at secondary and primary schools by establishing linkages and partnership with educational institutions at these levels. There should be feasible and workable strategy of reinforcement and complementarity between the different efforts. The institutions are required to have mutual supports, learning and experience sharing systems and platforms. They should have the mental frame and conviction that all are working towards the same goal of saving the same young generations of the country.
- The qualitative study findings have indicated that some of the major predisposing factors and driving forces behind the prevalence of risky sexual behaviors and practices in the HEIs was the proliferation of substance abuse. This problem was fueled by the presence of establishments that are running lucrative businesses of “*shisha*”, “*khat*”, *pubs* and alcohol trading houses near and around the higher and lower learning institutions. There was a serious gap in application of policy and in taking administrative measures to protect the teaching and learning institutions from such social evils. It seemed as if business activities were given the permission to operate freely at the expense of the youths in HEIs. The study team recommends that there should be a strong need for life skills

development and behavior changes among the youths to deal with issues of substance abuse. Equally, local governments are expected to develop administrative and legal frameworks and create conducive environment for the teaching-learning process in the HEIs.

- The HEIs are required to acknowledge the existence of GBV and take swift action to deal with it. Institutional interventions are requirements for the youths who join these institutions with gaps in knowledge, skill, orientations, upbringing and values related to gender, sexuality and reproductive health as well as human right issues. Based on such recognition, the HEIs are advised to devise and apply appropriate strategy and approaches to capacitate and empower both sexes from the initial stage of joining the HEIs throughout their stay in the institutions. In this regard, the experience of Haramaya University with its **“Welcoming and Induction Training”** program for new students can serve as good practice and a model for replication. The good practice of strict disciplinary measure on those who perpetrate GBV served as a reinforcement intervention for their program. The other institutions can learn from these and apply similar strategies in their own context.
- HEIs have the capacity and resources to make their interventions a research-based, organized and action-oriented one. They have tremendous opportunities in terms of human resources and scientific information. They are placed at key position to have easy access to the global contexts of the epidemic. With such potentials and opportunities at hand, they have ample chances of institutionalizing HIV interventions and model cautiousness and informed decision for secondary schools in their localities and other communities in general.
- It is recommended that the HEIs need to have a strong institutional and leadership commitment to deal with HIV and AIDS. They are expected to truly identify and recognize HIV and AIDS as all-encompassing problems of health, social and economic development. With such fundamental understanding and recognition, they can easily work towards impacting and sustainable interventions that can bring about a breakthrough and remain to be a model for the national efforts. With unprecedented commitment of the leadership, they can spearhead in designing innovative, exemplary and replicable good practices that could serve other communities in the country.
- The HEIs are advised to develop and put in place organized, systematic and well formulated HIV and AIDS interventions strategies and approaches. They are also required to give due attention to the issues of holistic and comprehensive HIV and AIDS interventions that can have a reinforcing and complementary effects on each other. To increase the effectiveness and efficiency of interventions, the HEIs must give greater attention to ways that prevention, care and support services can reinforce each other. For example, there is growing interest in thinking towards using the care and support services as entry points for promoting HIV prevention. Care issues are concrete and of immediate concern. Making changes in personal behavior to avoid HIV infection, on the other hand, requires a sustainable attitudinal change. Therefore, HEIs can look into the linkages between the prevention and care and support services, and plan and implement interventions in systematic and strategic manners.
- The Civil Service HIV/AIDS Workplace policy requires all civil service organization, including the HEIs to use up to 2% of their annual budget for the HIV and AIDS intervention. However, none of the HEIs have had the commitment and courage to use the allowed fund for the intended work. With the current huge annual budget that the HEIs are using for the long list of budget line items, a maximum of 2% allocation would realize a huge amount of funding. Given the serious threat that the pandemic is presenting to the future hope of the country, the HEIs should find ways of channeling the permitted fund for the intended purpose.

- HEIs need to focus on mainstreaming HIV/AIDs and gender in the institutional planning, monitoring and evaluation. Developing institutional HIV and AIDS policy could be a starting point to deal with HIV and AIDS issues in a comprehensive manner. Workplace programs need to involve faculty and non-teaching staff members as well as students.
- The HEIs are advised to have consistent ways of monitoring and evaluation of their interventions to measure impacts and the effectiveness of responses. The HIV and AIDS interventions necessitate an ongoing monitoring of interventions, evaluation of impacts, and research on strategic issues. To ensure that interventions are actually making a difference in the lives of vulnerable people, they must include mechanisms to measure impacts. Measuring level impacts provides a basis for adjusting interventions to make them more effective. The HEIs are required to conduct action-oriented research and evaluation to provide solution to their specific context.
- The HEIs need to understand that income generation and livelihood promotion schemes and economic supports are some of the key intervention for the financially needy female students. The livelihood support interventions would be the way out to prevent needy female student from engaging in transactional sex, and concentrate on their studies. However, there is strong advise that the livelihood promotion ventures should be skill-based, interest and experience-oriented and need to follow proven system and procedures in order to become successful. Therefore, the HEIs need to make their own respective action oriented research to adopt workable schemes.

Annex

Annex 1: Good Practices on HIV and AIDS Interventions at Higher Education Institutions42

1. Summary of Good Practices43

2. Saint Mary University College44

3. Addis Ababa University.....47

4. Dilla University.....53

5. Hawassa University57

6. Haramaya University61

7. University of Gondar65

8. Jimma University67

9. Ethiopian Civil Services University.....73

Annex 2: Case Stories77

Case Story 1: St. Mary University College 78

Case Story 2: Addis Ababa University 80

Case Story 3: Dilla University..... 81

Case story 4: Haramaya University 83

Case Story 5: Civil Service University..... 85

Case Story 6: Jimma University 86

Case Story 7: University of Gondar 87

Case Story 8: University of Gondar 89

Annex 3: Study Tools for HEI Focal Persons91

Annex 4: Study Tools for Case Stories of Individual Beneficiaries98

Annex 5: List of HEIs Focal Persons and Case Story Participants101

Annex 1

**Good Practices on HIV and AIDS Interventions in
Higher Education Institutions**

Summary of Good Practices on HIV and AIDS Interventions in Higher Education Institutions

Definitions:

1. HEIs are public or private colleges or universities under the auspices of the Ministry of Education (MoE).
2. Good practice is a means of systematically building on effective approaches to any given issue by examining existing experiences and processes that work, understanding them in the light of agreed values, expert opinion and available evidence and extracting from them lessons that can be applied in the context of different social, economic and cultural settings.

Criteria for whether an approach, strategy of a program qualifies as “Good Practice” is related to:

1. **Effectiveness:** an activity’s overall success in producing desired outcomes.
2. **Efficiency:** an activity’s capacity to produce desired results with a minimum of expenditure and using resources (human, financial and others) in a way to maximize impact.
3. **Ethical adherence:** a practice following principles of human rights, social and professional conduct.
4. **Innovation:** A practice that is original and makes it of potential interest to others.
5. **Making a difference:** A practice that has any impact in the lives of the beneficiaries.
6. **Replicability:** ability of a program to be adopted in relatively other similar social and economic settings.
7. **Sustainability:** the ability of a program or project to continue being effective in the future.

HEIs that registered good intervention practices as per the assessment were Saint Mary University College, Addis Ababa University; Dilla University; Hawassa University; Haramaya University; University of Gondar; Jimma University and Ethiopian Civil Services University. Accordingly good practices of the HIV and AIDS interventions programs were listed below along with their corresponding institution.

As per the assessment criteria established for identification of the good practices, detail report is compiled for each of the HEIs on one of the good practices they selected.

I. Saint Mary University College

The Key contact person/s:

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2. Ato Abebe Zenebe

Gender Office Head

Students Wellness and Development Center, Head

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SMUC

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1. Background

Saint Mary University College is one of the well-established and leading private higher institutions in Ethiopia. The university college is providing quality education and engaging in research and community service. Currently, it has got more than 30,000 students in both the regular and non-regular and distance education in different parts of the country. The university is extending distance learning to some of the inmates of the prisons in the country and in fact, is the first of its kind to start distance education for prisoners. The HIV and AIDS interventions of the university college started in 2006.

2. The Good Practice: The Friday Talk-show

The SMUC organized and made it functional and beneficial to the university community, especially, to the regular students a program called “Friday Talk-show.” This talk-show was unique to the SMUC and it was a forum on which students and teaching and administrative staff members take part and address diverse academic, administrative and social issues in general and HIV and AIDS in particular. The talk-show was conducted once a week every Friday at midday for two hours. The forum has been going on for the last four years without interruption and the college community used the forum effectively. Regarding HIV and AIDS interventions, the talk-show was found to be the most effective forum of awareness raising and behavioral change tool for the students. The program was found to be a latent tool in drawing out talents and potentials from the student community. During the talk-show sessions, different events such as singing and dancing, playing musical instruments were organized and such activities were the best tools for enriching skills. The various discussion and debates have enhanced knowledge sharing on societal problems, current affairs, academics, rights, governance and administrative related issues, broadening students’ views about life.

3. Objectives

The objectives of the talk-show were to help students and other community members in the university, enable them acquire diverse knowledge and information on HIV and AIDS and other relevant issues, enable them develop self-confidence and skills in expressing themselves in public forums.

4. Main Activities

- The main activities of the talk-show were to organize a weekly discussion forum on Fridays, taking the participation of the majority of the students into consideration and also extend the discussion to families and friends.
- The other main activities was encouraging and inviting the students to plan and organize topics of discussions on a weekly basis.
- The third main activity was inviting experienced and knowledgeable guest speakers to address different issues including HIV and AIDS.

5. Evidence

As reported by the focal persons, the good practice had not been formally evaluated during the implementation. There was neither mid nor terminal evaluation report and therefore there was no written reference to be made. Moreover, the practice also lacked any sort of progress report, planning or proposal or statement of strategy or approach before or during the progress of the good practice which otherwise would have helped in illuminating the level of challenges and lesson to be learned. In general, that the lack of documentation of the good practice from the start to the end was a major limitation.

6. Effectiveness and Efficiency

Since there were no original plans regarding the number of talk-show sessions to be conducted, number of total participants in a given year, type and number of topics and issues to be addressed, the amount of budget, and so forth, it would be somewhat difficult to gauge the effectiveness of the good practices. However, as per the discussion with the focal persons, they indicated that the talk-show has been conducted during the years on every Friday for two hours without interruption. On average, about 2500 regular students, academic and administrative staff and non-regular students have been taking part per session on a weekly basis and such figure takes the percentage of effectiveness and/or achievement to be about 50-60%. Though topics and issues of discussion were planned and deliberated on a weekly basis and in most cases, current affairs or hot and critical issues during the week used to take priority for the last four years.

Even though the good practice lack proper planning and anticipation for budget and outputs, the program was found to be effective and efficient. Among the factors that contributed to the effectiveness and efficiency include a constant annual budget of Birr 10,400.00, continuity of guest speakers from VCT centers, post-test club members of certain hospitals, and the continuous participation of student facilitators and large number of interested discussants. The availability of committed and capable leadership in the coordination of the program has been contributing much. Furthermore, the issues and topics raised in the talk-show sessions were always participatory and tailored to the needs and interest of the students.

7. Ethical Adherence

The talk-show audiences were informed regularly that all the ethical code of conducts defined at the university college level including gender equality, respecting human rights, freedom of expression,

academic freedom and disciplinary rules and regulations were applicable. Besides, all new students were given orientation on such matters.

8. Innovation

The Talk Show was the first of its type in the HEI. None of the HEI had implemented a regular discussion forum that involved the entire community of its institution on a weekly basis for over four years. The manner of coordination of the talk-show, the topic selections and facilitation processes were implemented by the students themselves and also, the commitment and participation of the leadership were strong and unprecedented. This practice produced the talk-show an innovative experience for any behavioral change communication on HIV and AIDS in HEIs. With persistence and consistency, need-based and tailored discussions, such program are expected to bring behavioral change.

9. Making a Difference

The Friday Talk-show as reported made a significant difference. The program contributed a great deal in the efforts that the university was making towards HIV and AIDS awareness raising, in transferring knowledge and information on the issue, in building confidence and life skills among the university students and others. The program created conducive environment for building smooth relationship among the students and teachers as well as the university community in general and such environment enhanced the teaching and learning process. Through the weekly discussions, the students gained information and knowledge on HIV and AIDS, reproductive health, STI, sex and sexuality and many other current affairs and societal issues. Students had opportunities to improve their public speaking skills and develop their confidence in organizing forums. Through the forum many students have become good public speakers and have shown signs of success in their future career and life endeavors in general.

With consistent awareness raising, life skills, confidence building coupled with honest and transparent discussions among the students on the issues of alcohol, *khat, shisha* and other addictions, many students have been rescued from undesired practices that would harm their lives. One of the students witnessed, *“I used to be a drug addict. I have overcome the problem with the help of constant participation in the talk-show and psychological support from the HIV and AIDS focal persons.”*

10. Replication of Good Practice

The program has not been yet replicated elsewhere by other institutions, but had the potential for replication. So far, many HEIs expressed interest and paid visit to SMUC to get firsthand information on the program. With the adequate explanation that the institute was providing to visitors about the program and with direct information from listening to the Talk-show sessions, almost all visitors expressed strong interest to replicate the program in their respective institution. The strong involvement of the students in the program and their sense of ownership, the personal growth and confidence they built, and generally, its capacity to empower the students were the good values of the program for replication.

11. Sustainability

Although the idea of the talk-show was originated by one of the focal persons, the program is now owned by the students and the university community. Such transfer of ownership, the leadership commitment, the program’s participatory design and its proven empowering effects call for continuity and hence sustainable.

II. Addis Ababa University

Key contact person:

- 1) **Dr. Assefa Abegaz - Addis Ababa University HIV and AIDS Acting Director.**
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1. Background

Addis Ababa University, one of the largest higher education institutions in Africa, was established in the late 1940s, formerly known as Haile Selassie I University. The University started functioning with seventy-one students and nine academic staff. Currently, the AAU is enrolling tens of thousands of students and employing thousands of academic and administrative staff in its sixteen different campuses in Addis Ababa, Akaki and Bishofituu Cities. With the intention to support and contribute to the government of Ethiopia's (GOE's) National HIV and AIDS Plan, since 2004, AAU and Centers for Disease Control and Prevention (CDC) have partnered with broad portfolio of HIV and AIDS prevention, care and treatment services. As of today, the AAU has reached more than 30,000 students, faculty and administrative staff through HIV and AIDS prevention community outreach with behavior change support of abstinence and being faithful.

2. The Good practice: The Modeling and Reinforcement to Combat HIV and AIDS Project

During the assessment on HIV and AIDS interventions good practices within the HEIs, the AAU HIV and AIDS focal persons (the HIV and AIDS Acting Director and the MARCH Project Coordinator) identified and recommended the MARCH Project as a mark of good practice they have under implementation. The project was working on behavior change objectives related to HIV and AIDS and was believed to be the best intervention with University students who were under transformation from home based to independent university life and culture.

The MARCH Project integrates modeling through long-running serial dramas based on the strategy of entertainment-education and various reinforcement activities of small group discussions which is targeting changes at the interpersonal, intrapersonal and community levels. This approach has been going on since 2004 and was reported to be the first of its kind in the HEIs. With the aim of motivating people to change their behavior, the project seeks to increase self-efficacy, encourages self-risk appraisal, reduces the perceived costs and strengthens the perceived benefits of safe behaviors, shapes safer social norms and reduces environmental barriers to service use. This collaborative initiative with the CDC was profoundly changing the focus and activities of the university and its teaching hospitals as well as its

medical, social and public health training departments, and was enabling the institute to strengthen its training of health professional cadres who would serve in the areas of HIV and AIDS, STI and TB.

The focus areas of the project include:

- Improve HIV and AIDS, STI and TB prevention, control and treatment services and expanding confidential counseling and testing services;
- Strengthen the training programs, including laboratory training, pre-service and in-service trainings on HIV and AIDS prevention, control and treatment at national level for medicine and nurse students;
- Strengthen the capacity of AAU and MoH and establish technical support and training unit to assist national HIV and AIDS, STI and TB program implementation; and
- Implement and support targeted monitoring and evaluation.

3. Objectives

The general objective of the MARCH Project was to strengthen HIV and AIDS, STI and TB prevention, control and treatment efforts at the university. The specific objectives were:

- To encourage the adoption of prevention behaviors among the student population;
- To link students to counseling and testing, and care and treatment services; and
- To change social norms associated with HIV within the university.

4. Activities

The MARCH Project had two pillar components called modeling and reinforcement. The activities implemented by the project were grouped under these two components as described in the following sections.

4.1. Modeling Component

Production and Distribution of Printed Serial Drama: The modeling contained a long-running fictional serialized story called “**Life 101: The Journey**” that circulates in consecutive series for several months. The PSD was expected to have over fifty consecutive series and was a learning process by observing others who face similar challenges and overcome the challenges. The PSD had stories and each story showed role models confronting and overcoming barriers to change for one or more key behaviors such as sexual abstinence, being faithful, counseling and testing. To date, seven editions of the PSD have been printed and distributed to students, libraries, departments and all central and faculty offices in all the sixteen campuses of the AAU. Each edition were produced and distributed in 12,000 copies.

The production and distribution of the PSD followed the following activities and steps:

- Two weeks intensive training on development of the PSD and setting behavior change objectives was given to five project officers and creative team members (script writers, graphic designers and cartoonists). In addition, refresher training was given to MARCH staff members and twenty project beneficiary representatives at certain interval after the initial intensive training.

- For the production of the PSD comic books, there were PSD workshops (for training and development of Behavior Change Objective (BCO), character profile and storyline); script production (including development of storyline synopsis, script writing, internal peer review, correction, external review, script finalization); photography for photo comics (such as character and site selection, distribution and other logistics).

4.2. The Reinforcement Component

The reinforcement activities were aimed at reinforcing the learning from exposure to the serial drama into sustained behavior change. The activities strive to build upon and strengthen lessons communicated through the modeling component with the dual purpose of extending the behavior change to the broader community. The interpersonal communication to reinforce the examples of the role models in the drama, support from family, friends and community members, community efforts to address HIV and AIDS further facilitate behavior change and support changes in social norms and community conditions that help to sustain changes over longer period of time. All the reinforcement activities were based on and draw attention to the context and scenarios prevailed in the modeling component and create every possible opportunity to encourage participants of the student community to read the drama, adhere to the social norms and work on social support initiatives. Most of the reinforcement activities were performed in small group settings in the forms of small group discussions and workshops led by student volunteers targeting specific groups. However, the wider community was involved in HIV and AIDS prevention and care through community events and community mobilization efforts.

The reinforcement model was performing the following major activities to realize the role of reinforcing the modeling component.

4.2.1. Certificate Curriculum Program

The certificate curriculum program was supposed to be the foundation for the reinforcement component with an idea to select, train and acquaint group of students with the certificate program and enable them progress through the prepared curriculum largely by making them undertake practice-oriented tasks. Upon completion of the certificate program, the trained students were facilitated and encouraged to develop reinforcement activities for the larger student population. They were involved in outreach activities of providing additional information, leading group discussions as per the stories in the PSD and helping the students think about how the stories apply to their own lives, identifying and discussing the social norms that shape students' behavior, further leading students in activities that advocate for change in campus policies and norms. Specifically, the reinforcement activities under the certificate curriculum program include peer-led outreach, group discussion, periodic events, debates, talk shows, dramas, testimonies, poetry readings and other similar activities. The participation of the larger student community in such diverse activities from across the respective campus would help promote normative change as more students come to understand the role of norms on behavior.

In the process of implementing the certificate curriculum program different sequential activities were performed. These include:

- a) *Development of training curriculum for the certificate training program.* This has been made possible jointly by AAU MARCH Project, John Hopkins (JHU) Center for Communication Program (CCP), AIDS resource Center and CDC. The curriculum contained basics of HIV prevention, behavior change, life

skills, health communication and community outreach. Specifically, the certificate training course curriculum covered issues on HIV and AIDS in Ethiopia, gender with particular focus on how men and women work together in dealing with HIV and AIDS, stigma reduction, life skills, facilitation skills, strategic communication for HIV and AIDS, organizing events, entertainment education, monitoring and evaluation.

b) *Training of trainers (TOT) in the certificate curriculum program.* Trainers were selected from different departments of AAU, NGOs CCP and CDC. Series of training of trainers and refresher trainings have been carried out for the certificate curriculum program and a total of sixty-four people received the training.

c) *Certificate training for the wider group facilitator students.* This training was conducted under the auspices of the AAU MARCH Project. A total 340 students were trained in the “**Application of Behavior Change Communication Strategies for HIV**” for eight days. The trainees were drawn from all the campuses of the AAU and selection was made based on the criteria developed by the project. The criteria included better academic achievement, prior experience in HIV and AIDS or other community activities, acceptance and respect by peers, willingness to take the training and organize reinforcement events, recommendation from departments and academic teachers.

d) *Organizing of reinforcement activities at different campuses by trained reinforcement agents.* The events include drama show, talk show, poetry evenings, cultural show, talents show, question and answer contest, coffee ceremony, card play, and so forth. During the events, participants discussed about the challenges of the transitional characters of the PSD and how they overcame the challenges. In addition, students discuss on issues of HIV and STI prevention, abstinence, being faithful, correct and consistent use of condoms, voluntary counseling and testing and others. Also, different IEC materials, posters, banners and flyers were posted and distributed on the occasions.

4.2.2. Pre-service Training

The MARCH project has trained 298 graduating students from the Faculty of Medicine and School of Nursing on Comprehensive ART in four rounds. The trainees were selected from the faculty and school based on their professional and experience relevant to the purpose and objectives of the training. The objectives of training were to provide current HIV and AIDS information, familiarize trainees with manuals and guidelines, promote highest standards of HIV care, enable trainees provide quality services. The training topics included current HIV and AIDS situation in Ethiopia, VCT, treatment of HIV in Ethiopia, adherence, prevention and management of opportunistic infections, prevention of mother to child transmission, STI, TB, HIV, nutrition, palliative care.

4.2.3. HIV and AIDS Prevention, Gender and Reproductive Health Trainings

The MARCH Project has trained 4,500 students on HIV and AIDS prevention, reproductive health, gender and HIV and AIDS, assertiveness and other topics. The training was aimed at raising awareness of students towards HIV and AIDS and STI prevention.

4.2.4. Project Web Site

A MARCH web site has been developed and hosted on the university server to create interactive media through which the university communities get access to up-to-date information about the MARCH project, chat rooms to discuss on the PSD, reinforcement activities and other HIV related concerns and at the same time provide a monitoring tool to measure project progress and achievements.

4.2.5. Newsletter and IEC Materials

The aim of the newsletter is to reinforce the modeling component and to give up-to-date information on HIV and STI. The newsletter was produced, printed and circulated in all campuses in MARCH specific format called “**Beg Tera**”. The newsletter was a monthly issue and presented in a youth friendly format. It questions and answers column helped students participate through asking questions and clarifications on HIV and AIDS, STI, VCT and other related issues. In addition to the comic books/PSD and newsletter, the project produced and distributed different IEC materials which included poetry books, brochures, banners, flyers, and posters.

4.2.6. Forum Theatre

In collaboration with the Theatrical Art Department of the University, the project developed a forum theatre called “**Walkers of Life**”. The theatre was produced based on students’ life in the University and the challenges they face in relation to HIV and AIDS and STI. The production team members of the theatre were instructors and students from the theatrical department. The theatre was performed at all campuses with participatory hot discussions in the middle and at the end of the theatre.

4.2.7. Strengthening Students Clinics

In order to link the prevention efforts exerted to curb the spread of the pandemic in the University community and enhance care and treatment services, the project has planned to strengthen the service provision capacity of the existing students’ clinics located in the different campuses. The activities included renovation of rooms and establishing laboratory, equipping the clinics with the necessary health care personnel, equipment and clinical supplies. Accordingly, the renovation of existing rooms and establishing laboratory, procurement of different equipment and supplies have been finalized, and a physician, an RH counselor and laboratory technician have been hired for the main campus clinic. As per the report from the clinic, the number of students visiting the clinic seeking services was increasing daily.

4.2.8. Workplace HIV program

In addition to the MARCH Project, the AAU’s HIV prevention and control portfolio included HIV and AIDS workplace program which has been initiated at the main campus. The main accomplishment of the program was related to series of panel discussions with the University faculty and staff members. Topics of the panels contained abstinence and delaying sexual debut, being faithful, correct and consistent condom use, male norms, VCT, STI, healthy relationships, and others. Feedback on the panel discussions indicate that faculty and staff were amenable to and interested in receiving accurate information on HIV and AIDS prevention and care in the University workplace setting.

4.2.9 Study on Transactional Sex and HIV in Ethiopia

The project has started study on transactional sex and HIV in Ethiopia in collaboration with School of Public Health and CDC Ethiopia. At the time of the study, development of study protocol has been finalized and preparation was underway to acquire IRB clearance and start data collection process. The

study will attempt to answer questions related to the forms of transactional sex existing in Ethiopia, the category and group of women and men vulnerable to transactional sex, perception of people on transactional sex, the influencing factor, the knowledge, attitude and sexual practice of women and men involved in transactional sex, factors that can help avoid transactional sex, transmission of HIV to MARPs, and recommendation for HIV prevention strategies for those involved in transactional sex.

5. Evidence

No evaluation of the MARCH project has been made until the time of this study and there was no evaluation documentation for examination.

6. Making a Difference

The MARCH Project was reported to have made a significant difference. The project has contributed a great deal in the efforts that the university was making on HIV and AIDS awareness raising, transferring of knowledge and information, building of confidence and life skills among the university students and others. As reported, there were thousands of students who abstained from sexual practice throughout their university time and one of the major contributors to such behavior was the interventions of the MARCH Project.

7. Replication of Good practice

In addition to the AAU, the Ethiopian Defense and the Police, were the other public institution implementing the MARCH Project. However, due to different circumstances, there is no higher learning institution in the country that has replicated the MARCH model. The MARCH approach and strategy was believed to be the best suitable HIV and STI prevention intervention for public institution such as HEIs. The modeling component was the most at home with regard to youth friendliness, entertainment education approach, role modeling, presenting of challenges and providing ways of overcoming them. The PSD has series of subsequent serial drama going on for longer period of time devised to take the audience from one initial stage of behavior to the desired level through drama based and entertainment behavioral change approach. The reinforcement activities were all geared towards uninterrupted and supplementary and complimentary ways of reinforcing the behavioral change and normative interventions of the modeling approach. All the activities in both the modeling and reinforcement components were appropriate for university students for behavioral change communication works.

8. Sustainability

The MARCH Project in the AAU was a project-based intervention with the entire support coming from the CDC for the last six years. However, throughout the life of the project, there were regular transfer of knowledge and skills from the project to the students and the University community in general and capacity building efforts such as the strengthening of the University clinics. Therefore, with the minimum budget support, adequate commitment and right leadership and guidance, it is possible to run the MARCH Project approach without project-based budget funding from donors. The skills transferred, experience, the infrastructure put in place and the ongoing capacity building works should be creating a strong opportunity for the intervention to stand on its own after a while.

III. Dilla University

Key contact persons:

Ato Abayneh Unashu - HIV and AIDS Prevention and Control Coordinator

Ato Tarekegn Taddesse

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1. Background

Dilla University is located at Dilla town in the Gedeo Zone, in the Southern Nations, Nationalities and People's Region (SNNPR), 365 Kms south from the capital, Addis Ababa. In the previous year, the Dilla Collage of Teachers and Health Sciences were known for producing competent teachers and health practitioners and built reputation of "center of excellence", in teaching.

Currently, Dilla University is one of the fully accredited government Universities, hosting over 14,000 students in regular, extension, and summer programs in five facilities. In addition, over 1214 administrative and 614 teaching staff members were providing the teaching and administrative services to the student community.

UNICEF and UNFPA signed agreement with the University in May 2009 which paved the way for the necessary financial support to deal with the spread of HIV and prevention interventions started.

2. The Good practice: supporting dismissed and readmitted female students

The contact persons at DU identified the involvement of the University in **supporting and rehabilitating dismissed and readmitted female students** as the top ranking "Good Practice" among the various interventions. The focal persons believe that this intervention started based on an action oriented research. The support for rehabilitating female students who were dismissed from the University due to academic reasons was believed to be the first of its kind in Ethiopia. The project was concerned with the assessment of the status and needs of such students and devised strategies and means of rehabilitating and supporting them for academic readmission, rejoining them with their families and/or engaging them in some income generating activities as per their needs, interest and individual contexts.

3. Objectives

3.1 General Objective

Assessing the status of dismissed female students from the Universities, and rehabilitating them.

3.2 Specific objectives

- ✓ To rehabilitate dismissed female students by engaging them in income generating activities to reduce female vulnerability to HIV infection;
- ✓ To reunify dismissed female students with their families when academics will not be an option;
- ✓ To assess academic potential of female students, so that they can get a chance to rejoin the University.

4. Activities

The major activities included:

- Conducted assessment on the status, needs and situations of female students by using participatory qualitative assessment methods to identify dismissed students' problems, needs, interests, inclinations and aspirations to devise appropriate interventions.
- Devised individual and group tailored intervention strategies to support each female dismissed student in consultation with them. Accordingly, the students were grouped in different categories of self-help group for IGAs, those needing psychosocial assistance, life skills and advisory support and eligible for readmission, and others to be reunited with their families.
- Organized those who were supposed to engage in IGAs in self-help groups.
- Provided all sorts of psychosocial, life skills and advisory support for both students who are in the process of being readmitted to the University and those who are expected to go back to their family and place of origin. The counseling support was further strengthened by financial support as well as physical presence of the HIV and AIDS focal persons at the bus stations to see the students off.
- Discussed and negotiated with the University management and administrative bodies to avail working space to enable the female IGA participants start their own IGA within the university campuses.
- Provided training in small business development for the self-help group members.
- Processed and availed working capital in revolving fund mechanism to the groups.
- Supported the self-help groups in organizing their workplace such as construction of shades, purchase of goods and raw materials.
- Provided ongoing follow-up and supervision and rendered technical, advisory and administrative support to the groups to assist them become successful in their business ventures.
- Likewise, undertook ongoing follow-up and psychosocial and advisory supports for the readmitted students.

5. Evidence

There was regular monitoring of the situation of the students who were participating in IGAs and those readmitted to the university. However, no formal evaluation was conducted, but there was a plan to conduct mid-term evaluation in the near future.

6. Effectiveness and Efficiency

The intervention was based on the prior action-oriented assessment and the actual implementation was found to be more or less effective. Out of the total twenty beneficiaries planned to be organized in self-

help groups during the year, only fifteen of them were able to form group and start their own business. Thus far, the HIV and AIDS unit was able to send back twenty-nine students to their place of birth. The unit planned to utilize Birr 60,000.00 for the whole scheme and was able to utilize over Birr 45,000.00

7. Ethical Adherence

There is no written code of conduct or ethical standards that ensure the observance of human rights, social and professional code of conduct. However, the whole process of intervention of this special project for the female students with special needs was based on their individual consent. The aim of the project was to support and rehabilitate the dismissed female students and save them from risky sexual behavior and practices including the actual and potential engagement in sex works for financial reasons. The scheme had an inherent quality of protecting human rights, saving lives from risky sexual practices, developing self-confidence and instilling hope and self-esteem.

8. Innovation

The way it was planned and implemented was based on action oriented assessment mechanism and such approach made it innovative. Also, the scheme was the first of its kind and no other HEI was engaged in such supportive and rehabilitative endeavor for dismissed students. The dual purpose of the project in saving the students from the potential HIV infection, its role in building self-confidence and self-esteem as well as its initiative of supporting the students re-engage in their education so that they become successful made the scheme innovative.

9. Making a difference

The support and rehabilitation scheme for female dismissed students as reported by the discussants has made a significant difference in the lives of the beneficiaries. The program contributed a great deal in the efforts that the university was making towards bringing the female students back to the academic scene and enable them complete their education. Some of the dismissed students had been working in bars and hotels and local alcohol houses as prostitutes. Some others were also in a similar position because of the socio-economic conditions that trapped them into frustration and hopelessness. The project was successful in providing the students with a gleam of hope in bringing them back to the university. It also helped those who had no chance of readmission to reunite them with their families. Over eighty students benefited from the three intervention schemes. The innovativeness of the scheme, the commitment and dedication of the focal persons, as well as the constant psychosocial, advisory and technical supports provided contributed to the difference that the scheme was making.

10. Replication of good practice

The scheme is relatively new. It has been on trial for the last one year and the work of promotion and introduction to other similar universities in SNNPR was on process. However, so far recommendation has been made to introduce the intervention to at least three universities in the region including Hawassa, Arba Minch and Soddo. These universities have already allocated budget to take up the project.

The scheme had very strong potential for replication, because dismissal of female students from universities was quite common due to lack of poor academic background. Therefore, the HEIs could no more ignore the plight of such students and universities; rather to proactively engage in devising ways to

address gender equity by supporting female succeed academically at the same time rehabilitating those who are vulnerable to risky sexual practices.

The key aspects of the good practice that were of value to replicate include the innovative idea of engaging dismissed female students in IGAs, vocational training, rejoining with family and rehabilitation of those with academic potentials through the process of readmission.

11. Sustainability

With adequate assessment of needs, potentials and interests of the target groups, the project may continue sustainably. For those who engage in IGA, the university had an ample market as long as their businesses were based on the needs of the campus. Since the IGA was operating with a revolving fund, the market targeted students in the campus selling items with low cost, sustainability was ensured. Readmitted students could get the necessary guidance in psychosocial, life skill and similar supportive mechanisms. This can continue as part of the work of the University. .

IV. Hawassa University

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1. Background

Hawassa University is one of the public universities established in 2000 to meet the qualified human resource needs of the nation. It was established with the mission to advance knowledge, enhance technology creation and transfer, and promote innovation of technology and effective entrepreneurship. It has been producing professionals of various kinds that would fulfill the demand for skilled manpower. At the time of this study, the university had four institutes, seven colleges, one teaching regional referral hospital, and thirty-four academic departments.

The University enrolled students in its regular evening/ extension, weekend and the special summer in-service programs. In 2010/11, the University enrolled a total of 22,500 students of which 16,500 were regular undergraduate students, of which about 3465 (21%) were female students. The extension program in its evening, weekend and summer classes enrolled about 6000 students during the year. The university encompasses three types of staff such as the academic, the administrative and the academic support staff members. In 2010/11 academic year, the university had about 1100 academic staff and nearly 1500 support staff members.

2. Good practice: Formulation of Institutional HIV and AIDS Policy

The focal person indicated that the formulation and approval of the institutional HIV and AIDS policy document was a good practice of the university. Having such strong policy document in place paved the way for drawing the attention of all concerned to HIV and AIDS issues, and mainstreaming HIV and AIDS into faculties' and departments' plans and the academic curriculum in a uniform way. HU was the only higher learning institution which has made such practical integration apart from the policy formulation.

As indicated in the policy document, the rationale behind formulating such policy has stemmed from recognizing HIV and AIDS as a national crisis and the university accepted that the fight against the pandemic needed to be handled in a sustainable manner. Furthermore, the university strongly believed that a policy formulated in an adequate manner would help to devise and implement HIV and AIDS

preventive measures in a strategic way. It was believed that the policy provided strength and gave legitimacy to all activities related to HIV and AIDS programs within and outside the university. It can also serve as a foundation for building consensus with other institutions to assist the national efforts in dealing with the pandemic.

It was important to mention some of the guiding principles that the university emphasized in formulating the policy document which includes:

- a. Promotion of human rights, social justice and equity.
- b. Comprehensive response with the recognition that HIV and AIDS remained to be a medical, social, legal, psychological and economic problem that requires a comprehensive approach of appropriate awareness, training and education, treatment, care and support for those infected and affected.
- c. Supportive and committed leadership for laying out the system and establish workplace institutional structure that enabled effective interventions for prevention and control, establish sustainable budget allocation, create a working, teaching and learning environment that was supportive, sensitive and responsive to employees and students living with the virus and encourage employees and students to take personal responsibility for preventing the further spread of the pandemic, ensure that HIV and AIDS was a prime focus in teaching, research and community outreach.
- d. Adopt gender sensitive and gender specific intervention strategies to avert the spread of HIV and mitigate its socio-economic impacts.

3. Objectives

The general objective of the policy was to create a new generation free of HIV and AIDS by minimizing and controlling the spread of the pandemic.

The specific objectives were:

- To raise the level of awareness of HIV and AIDS throughout the University and outside community at large;
- To equip students and staff members living with the virus to be able to live and work positively in societies;
- To encourage collaboration with partners and develop community participation with regard to HIV and AIDS intervention efforts to create an environment where people living with the virus are free from stigma and discrimination, address the legal and ethical issues concerning HIV and AIDS, ensure HIV and AIDS incorporation in teaching and research activities, enable proper management and coordination of HIV and AIDS activities and create effective monitoring and evaluation mechanisms.

4. Main Activities

4.1 The policy formulation

The initial works that were exerted to formulate the actual policy document and the activities include establishment of a task force, assessment of the existing situation to establish the components and direction of the policy, drafting the initial document, edition and refinement of the draft, discussion and consultation with the management and different stakeholders in the university community and relevant

experts, partners and donors, incorporation of feedback and comments and polishing and refining the document to the desired standard and formal approval and adoption as a working policy document.

4.2. Policy popularization

Policy popularization amongst the university community and internationalization by the faculties and departments were the next activities after formulation of the policy. Even though the policy document was approved and adopted in a formal manner, there was a need to popularize it in order to pave the way for the forthcoming practical implementation of the provisions made in the policy document.

4.3 Incorporating gender issues

The policy addresses gender related issues in order to curb aggravating factors of HIV and AIDS and make the campus safe and secure environment for female students. The practical tasks include:

- a) Making the library, study rooms, computer pools and TV rooms available in the proximity of the female students' dormitory;
- b) Making sure that there was sufficient lighting throughout the campuses and strengthening the security in order to mitigate and control possible gender-based violence;
- c) Formulation of code of conduct to avoid sexual harassment and other gender-based violence during interactions of students and staff members;
- d) Collaboration with the outside community, government and NGOs to stop sexual exploitation of female students in terms of prevention as well as reporting cases for necessary action;
- e) Involve female students and female staff members in dissemination of information, planning, decision-making, implementation, training and research activities related to HIV and AIDS in an equitable manner;

4.4 Integration of HIV & AIDS in teaching, research and community services

The integration of HIV and AIDS issues in the teaching, research and community services were accomplished through incorporation of HIV and AIDS education into the academic curriculum of all fields of study offered by the university; research and publications have incorporated HIV and related issues. Involving the neighboring community was essential to curb aggravating factors and to create conducive environment to the students.

4.5 Prevention, treatment, counseling, care and support services

The policy incorporated the comprehensive way of dealing with HIV and AIDS. Hence, the University provides services on HIV prevention, ART treatment, prophylaxis, counseling, care and support.

4.6 Partnership and multi-sectoral involvement

The policy indicates that collaboration with and other partners working in the mitigation of HIV and AIDS in the university and surrounding community should involve partners in planning, implementation, monitoring and evaluation. Hence, many relations were established with government organizations at

various levels, multilateral and bilateral international organizations, NGOs, FBOs, CBOs, PLHIV associations.

5. Ethical Adherence

The policy document was based on adherence to human rights specifically to PLWHA.

6. Making a Difference

The most noticeable positive and tangible impact of the policy document was the stride that the University has made in the successful mainstreaming of HIV and AIDS in plans, in the academic curriculum, research endeavors of all faculties' and departments' plans. This has successfully promoted the participation of every faculty and department to render the services of prevention and control and put everyone on the same page for collaborative interventions.

7. Replication of good practice

Almost, all the HEIs were in the process of formulating their policy and the content of the policy document matched the formulation in other universities. However, the salient lesson that others can draw from the HU was the strategy that the institution adopted in making the policy a basic working document for all of the HIV and AIDS interventions. This strategic approach to HIV and AIDS interventions and the commitment of management was worth replicating by the other HEIs.

8. Sustainability

Applying the policy and keeping it as a working document for HIV and AIDS interventions in a sustainable way required setting up budget, management commitment, infrastructure, office facilities and human resources which were already in place. This will sustain the work of HIV and AIDS.

V. Haramaya University

Key contact persons:

- 1. Ato Lemessa Olijira** **Haramaya University HIV and AIDS Prevention and Control Directorate Director**
- 2. Netsanet Moges:** **HU HIV and AIDS Prevention and Control Directorate Community outreach Assistant Director**
- 3. Ibrahim Seid:** **HU In-campus HIV and AIDS Prevention and Control Directorate Assistant Director**

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1. Background

The Haramaya University is located about 510 km away from Addis Ababa, in the Oromia Regional State, East Hararghe Administrative Zone. It is found at a distance of about 20 and 40 KM from Harar and Dire Dawa cities, respectively; and about 5 km from the town of Haramaya Town. The University campus used to overlook Lake Haramaya, now a dry land, from which its name is derived.

The University was established in the early 1950s when the government of Ethiopia and the United States of America agreeing to jointly establish the Alemaya College of Agriculture. After three decades of existence and rich experience, the college achieved the status of a university in 1985. Currently, the University provides education in diverse fields of study ranging from undergraduates to Ph.D. level in its seven faculties with regular, summer, distance and continuing education programs. At present, the university has approximately 2000 staff members and 25,000 students.

The strategic plan document further states that the HIV and AIDS pandemic and its socio- economic impacts go beyond the boundaries of HU and its environment. The pandemic has already posed serious health, social, economic and developmental threats for the country in general and the HEIs in particular, including the HU. The University has lost many lives to the pandemic. In addition to the obstacles HIV posed to the teaching-learning process, the pandemic increased absenteeism, school dropout rates, poor performance among students, increasing educational costs with the consequent results of compromising the quality of educational services. It is imperative for the university to be proactive and take appropriate preventive and control measures.

2. The Good Practice-Welcoming and induction training for incoming freshman students

As new comers from the different regions with diverse social, economic and cultural backgrounds, exposure or lack of it to various life experiences might instantly end up in risky sexual behavior and practices with severe health consequences. Especially, female students may be taken advantage, fall prey to different sorts of gender-based violence including sexual harassment and abuse. Such incidents have the potential and actual risks of resulting in unwanted/unintended pregnancy, STIs and HIV infections. According to the manual prepared by the HU for the induction training, the behavioral survey conducted among university students revealed that students have low knowledge, attitude and practice (KAP) in their reproductive health potentials thereby demonstrating exposing themselves to different unhealthy practices.

Needless to say that new incoming students need basic information and facts on sexual and reproductive health issues to be able to know what constitutes risky or safer sexual behavior and practices and make informed choices and decisions while they stay in the university. Having the necessary information to know the difference between facts and myths with regard to sexual reproductive health conditions and the accompanying behavior and practices; having knowledge and skill on how to express sexual feelings in a way that is not harmful to oneself and others; having information and knowledge on the potential consequences of unprotected sexual practices and on how to avoid the subsequent outcomes and consequences of such practices are important in dealing with all forms of risky habits, the spread of HIV/STI, unwanted pregnancy and abortions, and others.

3. Objectives

The objective of the welcoming and induction training for the incoming fresh students was to provide information to the young people who are joining the university and enable them make informed choices and decisions in their sexual behavior and practices and their university life in general. The other objective of the training program was to minimize and prevent unintended pregnancy, abortion, HIV and other STIs by empowering the students in general and the female students in particular.

4. Main Activities

The program for the welcoming and induction training was to be performed in two complementary and reinforcing stages.

The set of activities under the welcoming stage include:

- Identification of the university representative from among the academic and administrative staffs who are to be delegated to go to cities such as Addis Ababa, and coordinate and arrange the safe travel of the new students to the university campuses.
- Identification and selection of volunteers from senior students who would coordinate the preliminary guide and orientation of the new comers and ensuring settlement at their respective dormitories.
- Providing orientations to both representatives and volunteers on the seriousness of the mission, their roles and responsibilities, the behaviors expected from them in order to enable them accomplish their mission in a successful manner.

- The next logical sequence was to deploy the representative and volunteers at the right time and place with the necessary administrative and logistics supports. At the same time, the university leadership and management and the HIV and P&C Coordination Office were expected to make close follow-up and supervision and provide administrative supports in the welcoming effort of the institutional.

The induction training is the next important stage which is expected to come immediately after the safe arrival of the fresh students. The set of activities at the induction training phase include:

- Preparation of training manual. This manual was at its completion form after being prepared in three modules at the time of the study. Module I is about “Reproductive health, Sex, Sexuality and Gender” while Module II was focusing on “Sexual Behaviors and Consequences of Risky Sexual Behaviors”, and Module III was about “Prevention and Consequences of Risky Sexual behaviors”.
- Preparation of trainer guide based on the three modules. The university has already developed trainers’ guide and the document was ready for practical use.
- Identification and selection of trainers from the academic staffs and senior students from the relevant departments such as Health Sciences and provide them with ToT on the manual contents and training methods.
- Divide and categorize the students into convenient small groups in order to deliver the training modules in an effective manner.
- Arrange training venues and the necessary logistics such as scheduling, informing and inviting trainees and trainers on the schedule and venues.
- Deliver the three modules training for four days.

The success of the training program was to rest on factors such as the level of emphasis that the university leadership gives to the training, the full coverage of all the incoming students, their full and active participation, the effective facilitation roles of the trainers in making the training sessions entertaining and educative.

5. Evidence

Although there was no formal evaluation as evidence, the past experiences showed that the program was effective in reducing risks of new comers in their travel as well as starting them on the right foundation by protecting them from unwanted reproductive health related issues. However, the induction training was a new initiative as reinforcement for the welcoming.

6. Effectiveness and Efficiency

The welcoming and induction training program was to cover 100% all incoming fresh students without any exception. With the institutional emphasis and leadership commitment and support, the achievement of 100% coverage was made possible. The program effectiveness will yet to be evaluated; however, the well prepared and organized training manual and trainers’ guide would ensure the effectiveness of the training delivery and transfer of knowledge and information. The program cost was minimal and the human resource requirement was also well under the control of the university.

7. Ethical Adherence

The welcoming and induction training introduces the code of conduct and ethical adherence on gender-based violence, sexual harassment and abuse, which was implemented by Haramaya University.

8. Making a Difference

The welcoming and former orientation session was making a big difference in introducing the new comers to the university life. As reported by the key contact persons, this program was the only initiative that has made possible to reach all the new comers. The orientation session that used to take place for one day was proved to be the most effective mechanism in reaching out to all students at the same time and acquainting them with most of the risky practices that the new comer would encounter, the consequences and the ways they can protect themselves from such dangers.

It was believed that the forthcoming induction training would capitalize on the previous orientation sessions starting students with making informed decision on sexual behaviors, gender-based violence, HIV/STI infections, unintended pregnancy, abortion and the like.

9. Replication of Good Practice

The welcoming and induction training initiated by the HU has huge potential for replication. The initiative appeared to be simpler to be transferred to other similar universities in the country. It takes leadership commitment and development or adoption of training manual to own context. It is believed that most of the undesirable behaviors and practices manifested by students start during the first year, when the new comers are strangers to the university life and get reinforced through time. The incoming students were given adequate information on the institution that they were going to live in and learn their higher education, sensitize them to some realities of life, the potential risky practices in their campus that they might encounter and fall prey into one or another. Most of the young new comers were anxious about their academic performance, ways of life, interaction with different people and such anxieties create confusions and worries that incapacitate the students to take rational choices and decisions. This program curbs some of these problems and is worth replicating.

Therefore, the initial welcoming and care and support that the new comers get and the subsequent full-fledged induction training they get in a comprehensive way could bring positive and tangible impact on the behavior and practice, condition of life and subsequent academic achievement of the students and their ultimate freedom from risky behaviors and practices.

10. Sustainability

Given the leadership commitment, planning and implementation, there was no foreseeable hindrance to sustain the program. The University can further improvise and transfer the entire responsibility of the program to the students in a way that could ensure the ownership by the end beneficiaries and in a method that could strengthen and improve the impacts.

VI. University of Gondar

1. Key Contact Person Name:

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- b) **Wro. Tinsae Berihun:** Gender Issues and HIV/AIDS Mainstreaming
- c) **Sr. Almaz Kinfu:** Gender Issues Officer
- d) **Ato Kassahun Emiru:** HIV and AIDS Officer
- e) **Ato Teodros Bogale:** Social Worker

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1. The Good Practice: HIV and AIDS Prevention Outreach Services

2. Objectives

- a) Sensitize students to HIV/AIDS issues.
- b) Care for young students who live with HIV/AIDS within the university community
- c) Curb the transmission of HIV/AIDS

3. Main Activities

- Providing behavioral change communication, HIV and STI trainings.
- Organizing events regarding HIV and AIDS.
- Promoting utilization of AIDS resource center.
- Awareness raising campaigns through IEC materials.
- Conducting VCT and PICT among students.

4. Evidence

The good practice and the other HIV and AIDS interventions of the university were evaluated every year by the university and found to be effective. As evidence of the effectiveness, there is one page evaluation summary available in the form of a letter at the HIV and AIDS coordination office, though it was not conducted in a formal evaluation approach.

5. Effectiveness and Efficiency

The major activities of the good practice include: organizing BCC training, HIV and STI training, events regarding HIV and AIDS, utilization of AIDS resource resources center and awareness raising through IEC/BCC materials. Only the activities related to VCT and PICT among the students were partially achieved. Availability of resources (financial and human from the CDC), participatory approach (students and stakeholders); management attention and commitment to do the job contributed to the highest level of achievement.

There was no separate budget for the good practice. The budget source for the activity was drawn out of the overall budget of the University, which works in partnership with and get funding from CDC for HIV and AIDS interventions.

6. Innovation

- a) Using dormitories to training female student
- b) Transmission of short messages after almost all class lectures
- c) The involvement of Female Academician Association (for HIV/AIDS protection) targeting female students.

7. Making a Difference

Involving the surrounding community to be part of the program and the following activities contributed to making a difference in the lives of the beneficiaries:

- a) Awareness creation among the surrounding community
- b) Providing structured counseling
- c) Synthesizing programs
- d) Providing pre-test, post-test and follow-up counseling
- e) Organizing different social events (talk show, workshops, coffee ceremony, poetry and poems nights)
- f) Having separate library rooms and tutorial sessions particularly for girls.

8. Replication of Good practice

Thus far the Teacher Training College in Bahir Dar has adopted the good practice. Because of the experience sharing forum between universities, the interviewees believe that the practices of the University would definitely be adopted by other HEIs.

9. Sustainability

The University has taken up the intervention program as its prime activity and will continue to serve the community. Hence, there is no doubt about its sustainability.

VII. Jimma University

Key contact persons:

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1. Background

Jimma University is a public higher educational institution established in December 1999 by the amalgamation of Jimma College of Agriculture (founded in 1952) and Jimma Institute of Health sciences (established in 1983). JU is located 352Km southwest of Addis Ababa at Jimma Town with an area of 165 hectares. It has three campuses, namely BECO, JUCAVM and main campus. The fourth campus is the institute of technology which was under construction at Kito Furdisa area. JU was Ethiopia's first innovative community oriented institution of higher learning. Jimma is one of the cities known for its year-round green attractive landscape scenery and for its coffee production. It was also the seat of the King of the Five Gibe States in 19 century. The main campus is situated adjacent to the ex-palace of Aba Jifar, now preserved as an open museum.

2. The Good Practice: Peer education for HIV & AIDS behavioral change communication

Jimma University has a large population with different socio-cultural background that requires availability and access to appropriate HIV/AIDS and other SRH services. At the time of the study, a total population of 36,000 (3,000 staff and 33,000 students) existed in the University, among which 16,000 were accommodated in the campus under the regular program. The University's enrolment was rapidly increasing within the last few years. For instance, there were 5,642 regular students in 2005/06 compared to the 14,841 in 2008/09. Similarly, the number of staff also tripled during this time. Nevertheless, the availability of services like youth friendly reproductive health constellation was not enough to address the need of the ever increasing University's community. As a result, the implementation of this project would be a backbone for all efforts made by the University's community in promoting favorable behaviors to mitigate the spread of HIV/AIDS and other RH problems.

Peers education refers to the process of sharing information among members of a specific community to achieve positive health outcomes. Peer education's success lies in the passing on of health information among individuals who identify with a particular culture. It is also defined as the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background, or interests). These activities, occurring over an extended period of time, were aimed at developing young people's knowledge, attitudes, beliefs, and skills and at enabling them to be responsible for and to protect their own health. Through peer led credibility, peer educators can influence a change in sub-cultural norms within the paradigm of adolescent drug peer education. Peer leaders are targeted, selected and trained to inform and encourage others in their social network to adopt healthier lifestyle choices, particularly in relation to drug using behaviors. Those that are reached by the intervention can be encouraged to adopt safer methods of HIV prevention and thereby prevent the risk of HIV infection.

3. Objectives

The main objectives of the peer education practice were to:

- Enable students with SRH/HIV/AIDS information and so that peer educators can disseminate these information to their respective peers;
- Build the behavioral skills/life skills of youth in Jimma University promoting positive behaviors so that they can prevent themselves from life threatening conditions like HIV infection;
- Sustain the program in the university so that students can share their experiences from senior to junior from sophomore to freshman students;
- Monitor and evaluate peer education program so that it can be used for future planning
- Replicate the program to outside the community- based on monitoring and evaluation of the program results.

4. Main Activities

The main activities implemented to achieve the objectives stated above include:

4.1 Preliminary phase

Peer educators were selected during this preliminary phase by the coordinating offices together with potential stakeholders of the gender office, student services director, student union representatives and the college deans based on the specific criteria set in advance.

The selection criteria included:

- Self-confidence and the potential to be a role model
- Ability to communicate clearly and confidently
- Good interpersonal skills
- Strongly motivated to work on adolescent reproductive health
- Time and energy to devote to volunteering as a peer educator
- Able to regularly access JUHAPCO
- Socio cultural background similar to that of other students
- Accepted and respected by peers

The University developed the list of activities which included the preparation of implementation manual contextualized to the local situation, recruit trainers based on their academic specialization, ToT and

power point presentation. The slide presentation was then developed based on the behavioral theory and model such as health belief model, social cognitive theory, theory of reasoned action, and information, motivation and behavioral skill model.

A) Phase I

Sixty selected students (20 female, 20 male, 20 academically successful students) were organized into two different sessions (30 students per training session).

Training was given for the sixty students based on the standard validated module of the peer education for four days. The trained students then drew their action plan after the final presentation of the training on what they were going to do and how they were going to do. The offices also prepared and gave them a message package based on the above behavioral models and facilitation guide to help the peer on how to counsel; on how to give basic knowledge about HIV/AIDS, STI other SRH, life skill.

B) Phase II

During the second phase, a message was developed and students facilitated activities like drama and enable youth dialogue for conversation on gender inequality, drug use, STI HIV/AIDS and based on the AIDS risk reduction model, stage of change, diffusion of innovation theory model and refocus on the information, motivation-behavioral skills model (especially motivation and behavioral skills). During the first phase, it was highly devoted on the information part but on the second phase it was intended to focus on motivation and behavioral skill.

C) Phase III

The third phase implemented structural activities like promoting positive and maintenance of behavior on use of sport (club inauguration, focus on the replacement of the bad behavior). The outside communities were also involved on those factors predisposing the students to risky behaviors (like discussion with pub and club owners, discussion with town police and other stakeholders to focus on the structural part of the university which might influence the student's behaviors.) Theory of stages of change was also highly focused on. (The detail description of each model can be accessed from internet).

Reinforcement of some positive behaviors was expected to be promoted by pamphlet, newsletters and brochures. Some of the ways this is used in schools around the world include:

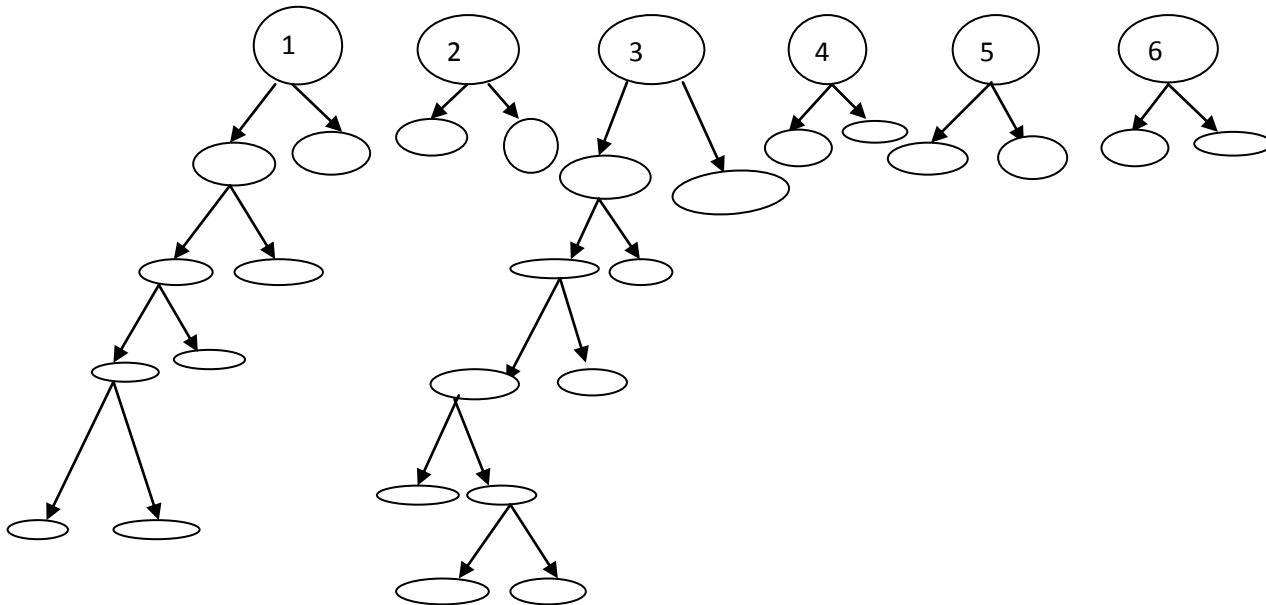
- ❖ leading informal discussions
- ❖ video and drama presentations
- ❖ one-to-one talking with fellow students
- ❖ handing out condoms, leaflets and brochures
- ❖ offering counseling, support and referral to services.

Those students reached with the program would graduate at the end of the year and the effectiveness of the program would also be evaluated.

4.2 Method of cascading

Sixty students trained during the first phase as peer educators would develop their action plan with a package of an office message to disseminate for their respective two peers each. Then the peers reached by the group becomes 120 (totaling 180 with the initial peer educators). At the point of action by the 120 using the same progression of two peers, they will be assessed if the message is correctly and consistently delivered using the tools.

To illustrate this binary system diagrammatically:



5. Evaluation

It was indicated that the efficacy of the project was assessed through employing the following methodological tools:

- **A quantitative pre and post-test questionnaire** was administered before the intervention commenced and re-administered six months after the project had been in the field. This questionnaire collected data on HIV knowledge; levels of risky sexual behavior and peer educator's age of initiation into sexual debut, on use of condom.
- **A quantitative self-completion questionnaire** collected data on the total number of students contact was done. This information was collected at every follow-up session and also at youth events.
- **Satisfaction surveys** were administered at the training camp and at follow-up sessions to assess the relevance of the topic, presenter's competence, and whether there was enough time for questions.
- **A focus group discussion** with six peer educators was conducted earlier by the external evaluator following completion of all project training. The purpose of the focus group was to tease out some of the finer details of the peer educator's experience with the project.
- **A qualitative questionnaire** was also administered to supervisors of peer educators to ascertain their thoughts on their HIV intervention involvement with the project.

6. Evidence

The University was working on the peer education of first phase. The first phase I of the peer education was expected to be evaluated at the end of November 2011, and the result of the evaluation documentation would be available after completion.

7. Effectiveness

Although it was too early to see the expected output, the focal persons remarked that the program would have an expected effectiveness of 50% to 75%. The plan was to reach maximum of 2000 and minimum of 1200 students per year with those message and activities designed in the program.

8. Expected output

Produce students with:

- comprehensive knowledge on HIV/STI/SRH prevention and control
- knowledge on life skills
- knowledge on facilitation skill
- adequate information on counseling skills.

9. Efficiency

Total number of student beneficiaries per year was planned to reach 2000, total number of funds employed for the project amounted to USD 20,000.00; total duration of the project was one year with expansion scale up to three years and total number of project staff would be 6 permanent staff; training and facilitation resource persons would be eight individuals and 60 volunteers drawn from the student community.

10. Ethical adherence

The implementation manual will have its own guide, principles on the code of conduct on confidentiality, expectation from the peers, issue of human right within the context of stigma and discrimination. Peer educators were also expected not to abuse the program to their own benefits and their activities would strictly be supervised.

11. Innovation

JU peer education program used different models in different phases of its implementation. In a sense it was original but adopted from different set up and localized to the current situation. As indicated above, it was using binary system (arithmetic progressive method) of marketing technique for further evaluation and monitoring, and also using formal and informal ways of communication.

12. Making a difference

This program would have a positive impact up on the youths if appropriately implemented and monitored. It could also increase awareness of students on their personal development, HIV and AIDS prevention and would also help change attitude for future practical life skills. Above all, peer education methodology would have significant efforts of bringing sustainable behavioral change through the extended peer-to-peer discussion by using the BCC approach. The factors that contributed to making a difference include motivation of staffs, trainees and facilitators. Having adequate funds and good monitoring system would help make the difference. Besides, involvement of student from the planning to evaluation, addressing gender equity and equality through the peer approach also played a significant role in making a difference.

13. Replication

The practice has its own challenge to replicate but with adequate funding, good commitment/volunteerism, leadership quality, the peer education program has its own values to become more replicable. It is well understood that peer is the most source of information and credible than the other sources of information and peer education program has a good potential for replication.

14. Sustainability

Sustainability of this program required preparation of implementation manual, supporting laws and policy on HIV/AIDS, developing the strategic plan for the interventions. Commitment of leaderships and adequate funds from the partners can also sustain the program. The program also monitored and evaluated very carefully the implementation of all phases to incorporate results for planning purposes and make it more comprehensive.

VIII. Ethiopian Civil Services University

Key contact persons:

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1. Background

The Ethiopian Civil Service University was established in January 1995 mandated to offer multi-disciplinary and specialized education, carry out research, and provide consultancy services and short-term capacity building trainings. By recognizing the multifaceted impacts and enigma of HIV and AIDS on civil service, the university developed HIV and AIDS Management Policy and incorporated HIV and AIDS Program in its Strategic Plan. ECSU established HIV and AIDS Management Unit (HAMU) with the purpose of institutionalizing and mainstreaming gender sensitive HIV and AIDS management activities and contributed its share to the enhancement of the national/sectoral fight against the pandemic in workplace.

The HIV and AIDS unit has the following objectives:

- a) Serve as a focal place for sensitization, listening, negotiation and counseling about HIV prevention, reproductive health, and contribute to the achievement of ECSU goal and to that of the national, sectoral and MDGs.
- b) Facilitate participatory planning, implementation, monitoring, supportive evaluation of HIV and AIDS related trainings, education, and research and consultancy services.
- c) Coordinate, enhance and ensure curricula and extra curricula mainstreaming of HIV and AIDS management within the university activities.
- d) Promote the availability and accessibility of HIV and AIDS management services including IEC/BCC, prevention, care, guidance and counseling support and treatment to the university community through streamlining referral linkages and task shifting strategies.

- e) Play role in developing and strengthening partnership and collaboration for knowledge transfer, resource mobilization, and create synergy with relevant stakeholders, team-up and encourage vibrant participation of ECSU organs and community including clubs of students and staff.
- f) Organize and develop and distribute relevant and reliable publications, flyers, and other IEC materials on HIV and AIDS to students and other community members.

2. The Good Practice: Standalone Course

HIV and AIDS curricular integration and standalone course was claimed by the HIV and AIDS Management Unit to be the good practice of the university. Thus far, the HIV and AIDS Unit has coordinated curricular mainstreaming of HIV and AIDS into education and research where aspects and topics of HIV and AIDS were incorporated in the ECSU curriculum such as: English, Development Management, Leadership, Public Policy, Rural Development, Economics, Urban Studies, Sociology, Gender and Development, Public Management, and Psychology courses. The university also drafted a standalone HIV and AIDS course to be given as an independent course of study to be taken by all the university students with three credit hours.

The ECSU has hired an external consultant to work on the standalone course to develop syllables and course modules which has already been completed. There were series of workshops and conferences for comments and feedback to enrich the course contents. Currently, the HAMU forwarded the course to the leadership and management unit for final decision and endorsement and was decided to be given as a standalone course during the second semester of this 2012 academic year.

3. Objectives

The HIV and AIDS standalone course has the following objectives:

- a) To offer learning opportunities for developing the knowledge, attitude, skill, competency and values that will address:
 - Comprehensive responses to HIV and AIDS from gender perspectives
 - Prevention of new infections and vulnerability and risk reduction
 - Provision of improved care and support services
 - Mitigation of HIV and AIDS socio-economic impacts.
- b) Ensuring that students were given the opportunities to acquire knowledge about HIV and AIDS gender inequalities and how these will affect their future professional careers and practices, learn about the implication of managing HIV and AIDS in the learning institution and workplaces, develop the understanding and potential impacts of HIV and AIDS and gender discrimination on the social and economic development of the country, articulate positive responses to the vulnerability of HIV and AIDS, especially women and girls.
- c) Examining the relevance of HIV and AIDS to the life of the members of the university community as well as enabling them to understand social attitudes towards care and support and non-discriminatory approach to those infected and affected.

- d) Channeling the national response to include the HIV and AIDS in teaching and learning curriculum through institution's mission of teaching, training, research and consultancy services.
- e) Strengthening and deepening institutional responses simultaneously enhancing national multi-sectoral responses.

4. Main Activities

Main activities to have a standalone HIV/AIDS course include:

- Need assessment conducted regarding integration and mainstreaming HIV and AIDS in the institution's educational system;
- Held series of workshops and conferences with students, academic and administrative staff and the management to build understanding and consensus on the issue of integration and mainstreaming;
- Reached consensus on which strategy to take decision whether to make integration and mainstreaming and/or standalone course. At the initial stage the agreement was to have integration of the HIV and AIDS into departments' courses to start. Accordingly, two or more chapters of the HIV and AIDS were integrated into various departments and instructors were facilitated to offer the chapters to their students;
- Five people were sent to South Africa to study on the standalone course;
- Subsequently, there were curriculum reviews in order to make decisions on which of the departments and educational streams were to be considered for introducing the standalone course;
- Conferences, workshops, experience sharing internally and with external universities, and invitation of expertise experience sharing and advisory supports;
- Hired a consultant from Kenya who had curriculum development expertise to develop the standalone course modules and syllables and course content identification;
- Series of discussion and validation of the course content, modules and syllables with the relevant bodies within the university community;
- Review was conducted by pedagogical and curriculum experts from the university in order to incorporate their views and expertise for enriching the course;
- The final document was forwarded to management for decision and endorsing the standalone course.

5. Evidence

Evaluation of the course integration into some of the academic departments and its ongoing activities was undertaken. As the ECSU was a public sector service institution, annual evaluation was a culture and this has been done as per the guideline, checklist and format of the government and the universities. However, the evaluation document would always be part of the various works and activities of the university as evaluated and documented by the planning department. As a result, it would be difficult to have a separate documentation on the integration efforts.

6. Effectiveness and Efficiency

The integration and the standalone HIV and AIDS course allows all get adequate information on HIV/AIDS. The well prepared and organized teaching course with all its relevant, appropriate and developed course contents and modules and syllables would ensure the effectiveness of the training

delivery and transfer of knowledge and information. Developing a standalone course is a one-time investment but will have continued life-saving dividend.

7. Ethical Adherence

The University legislation, guideline and policy on teaching and training works are applicable to the stand alone HIV/AIDS course.

8. Making a Difference

With organized introduction and effective implementation of the standalone course, the program would make a big difference in achieving all of the objectives stated earlier. In terms of coverage, the course education and training would be effective because of its 100% coverage of the students learning in the institution. The course contents and modules were tailored to the needs of the students and would have great efficiency in inculcating HIV and AIDS knowledge and understanding of the epidemic and craving sustainable behavioral change.

9. Replication of Good Practice

The HIV and AIDS standalone course that was introduced by the ECSU would have a huge potential for replication. The initiative appeared to be uncomplicated and simpler to be transferred to other similar universities in the country. It will take leadership commitment and willingness to adopt the course content and syllables by the respective institutions in the country.

10. Innovation

ECSU was the only HEI in Ethiopia which introduced a standalone course on HIV/AIDS; in addition to integrating HIV/AIDS in relevant courses. This innovative approach was adopted from other countries like South Africa to deal with HIV and AIDS issues in the educational settings.

Annex 2

Case Stories on Good Practices of HIV/AIDS Interventions in Higher Education Institutions

Case Story 1

Name of HEI: Saint Mary University College
Name of Beneficiary: YF
Age: 25
Sex: Male
Education Level: Diploma

YF used to be a merchant in Merkato area before he joined the SMUC. He was trading ready-made clothes and shoes. YF was a young, energetic and knowledgeable man who clearly shared his experiences with the study team.

During his stay at the SMUC, YF was involved in the students' leadership of HIV and AIDS programs, and other social and academic affairs. He was the Students' Vice-president and therefore was concerned with the students' affairs including academic, administrative, students' personal problems such as HIV and AIDS and all matters related to the social relations and personal interactions and conflicts that might arise among students.

Prior to joining the university, YF had no access to HIV and AIDS information and knowledge. He stated, "Based on my work situation, the type of people I used to interact with and busy business schedule, I had no time and opportunity to have access to HIV and AIDS information. As a result, my knowledge and awareness on HIV and AIDS issues were quite limited. Such situations have put me in a vulnerable situation to the virus due to exposure to risky sexual behaviors and practices. Because of my limited exposure to information, I used to have negative attitude towards PLWHA."

Regarding the benefits he has obtained from the HIV and AIDS interventions, YF expressed that the opportunity as a students' leader gave him a great chance of engaging in HIV and AIDS affairs through facilitation and decision-making. Such participation greatly improved his leadership and management skills.

He further stated that the Friday Talk-show helped him to change his attitude and practices regarding HIV and AIDS. Other than the information and knowledge on HIV and AIDS, he developed leadership skill, the courage and confidence to talk in publicly, interest and skill to listen to others and share his views with others in small and large group gatherings. Furthermore, through the participation in the HIV and AIDS activities in general and through the Friday Talk-show in particular, he had a chance of participating in different training, capacity building and awareness raising sessions, which have been of great help to develop positive attitude towards people infected and affected by the virus.

YF explained that he participation in the students' leadership, campus social and academic affairs and, above all, his interaction and discussion with others on HIV and AIDS issues on the talk-show immensely improved his leadership skills, his attitude with regard to stigma and discrimination against people living with HIV and AIDS, and compassion for PLHIV and the HIV affected people including children.

During his stay in the SMUC, gender-based violence and sexual harassment were not the major problems for the students and the other university community as a whole. Several support mechanisms were introduced giving women priority to participate in training and capacity building interventions and in the talk-show. Even in the academic involvement the number of female students was greater than that of the males.

As a last remark, YF said that there should be a continuous training and capacity building and awareness raising on HIV and AIDS issues. Such continuity would help in upgrading the information and knowledge base of the students and other university community members. He also stated that there should be HIV and AIDS mainstreaming and integration into the curriculum and other planning aspects. Such mainstreaming, integration and due attention to be given to the pandemic would shape the young students as the majority of the students in the university are vulnerable to the HIV.

Case Story 2

Name of HEI: Addis Ababa University
Name of Beneficiary: YM
Age: 24
Sex: Male
Education level: Fourth year student

YM was a Social Work student at the Addis Ababa University and was a fourth year student. He started participating in the MARCH project in 2009 and through this participation he took the initial training on issues of how to resist peer pressure, healthy communication, gender equality, how to adapt well to campus life, on how to acquaint fresh students and make them settle in the university life and overcome the challenge in the new environment, how to develop self-esteem, monitoring and evaluation, on modes of HIV transmission and prevention mechanisms, and others. YM explained that “All these issues were raised in one-lengthy training. The training helped me see myself well. In fact, it was a turning point for my life. I was able to assume responsibilities in the students’ leadership, as MARCH Project change agent, and highly involved in the campus social, administrative and academic affairs. With the help of the training, I developed good communication skills, problem solving skills, developed my knowledge and skill on how to live and learn with diverse people, and so forth.”

He stated, “During the first year, I had hard time with my roommates due to my inability to interact and mingle with others. This resulted in exclusion and rejection by dormitory roommates. That experience was quite frustrating. During the training sessions, I asked advice from the trainers how to deal with this. I was told to build my self-confidence and engage in a dialogue with the concerned people in a positive and constructive ways. This enabled me to solve the problem in win-win situation. The training skills from the MARCH Project enabled me to improve my communication and problem solving skills, which earned me respect from my roommates and now we are good friends.”

The initial training set the ground for YM’s further participation in different leadership and managerial duties and responsibilities. At the time of the study, YM was serving at the MARCH Project as Behavioral Change Communication Modeling Agent, Students’ Chairman for Amhara National Democratic Movement (ANDM), students’ Chairman for ESSWA for the main campus.

After completing the above training YM was able to establish Anti-AIDS club, obtained magazines, brochures, leaflets, flyers and the like from Save Your Generation (an NGO) and disseminated the materials among the university students. He also held series of discussions with students on HIV and AIDS and other relevant issues. In collaboration with students’ council, he was able to conduct orientation for new students on campus life, how they can avoid risky sexual behaviors and practices, on HIV and AIDS facts and figures, on how students can get adapted to the new campus life. In consultation with the campus clinic, YM managed to arrange convenient spots for students to collect condoms; organized World AIDS day which included voluntary counseling and testing which was carried on the same day.

As a final remark, YM suggested that that the mainstreaming of HIV and AIDS in the academic curriculum, and plans of faculties and departments should be there as soon as possible for sustainable HIV/AIDS program in the university.

Case Story 3

Name of HEI:	Dilla University
Name of Beneficiary:	BD
Age:	22
Sex:	Female
Education level:	Readmitted student

BD was initially from the SNNPR, Wolayta Zone and she joined Dilla University in 2009, in the Sociology Department. Unfortunately, she was dismissed during the second semester of the first year.

BD was from one of poor families, which also contributed to poor educational background. Hence, she had done poorly on her academic performances. Moreover, she was not able to cope with the university life and academic environment. As a result, she was dismissed at the first year. One of the things that contributed to her poor performance was her allocation to unfamiliar department which she had no educational background. After the dismissal, she preferred not to go back to her place of origin which made her vulnerable to risky situations.

After dismissal, she started living with a relative in Dilla town when she applied for readmission and also competed at the same time to engage in income generating activities offered at Dilla University. She was selected to be one of the IGA beneficiaries and returned to the campus with the purpose of getting readmission as well.

After taking the training in entrepreneurship and business skills development with other similar students, they formed their IGA group and were given working space within the university campus, constructed working shade and started providing tea, coffee, bread and all sorts of refreshments to the students thereby generating a reasonable income.

The original support from the university included the provision of Birr 15,000.00 as a working capital, provision of training for business skills development, allocation of adequate working space and construction of working shade and many other technical and administrative supports. The group used the working capital for the renovation of the working shade to make it durable and convenient for the business.

BD has been generating income for the last one year and has benefited in many ways since her engagement in the IGA group activities. In her own words she stated, "I am able to continue my education during the weekend, have been generating income, an average of Birr 200.00 on weekly basis. In a common bank account with my friends, currently we have Birr 16,000.00 in a bank account, I am now self-sufficient and pursuing my education in a proper manner. Being in an IGA group with similar students who face the same fate like me has helped me to develop a true sense of sisterhood, which I can't buy with any amount of money. Now I am happy and my mind and spirit have quite improved. I am now advising other students. I am working, doing my studies with good encouragement and moral strength. The opportunity I got with support from the university helped me improve my potential and have learned how to handle my school mates, customers and people in general and how to have good social relationship with people around me."

BD indicated that prior to her participation in the IGA, she used to be quite, shy and silent. Apart from the above benefits, she was able to develop her communication skills, came to know how to work with others and developed her customer handling, leadership skill and ended up to be the chairwoman of the IGA group at the time of this assessment.

BD believed that the business venture had the potential for good market and sustainability for the future continuity if the university guarantees them to stay longer in the work area.

The members of the IGA association were all female. BD testified that the focal persons and the university provided them the necessary support in a mature and responsible manner while at the same time addressing gender issues. No sense of discrimination against the female students and especially those facing academic underperformance was shown.

Before joining the university, BD had a decent life in Sodo with her uncle and completed her high school studies quite satisfactorily. The fact that she was allocated in a different educational stream than her background coupled with a financial challenge exposed her to dismissal which also resulted in frustration and severe mental stress.

Until recently, she had neither a boy-friend nor any sexual partner and had no sexual experience, thus with no risk factor. However, after joining the IGA and returning to the university, she has a boy-friend whom she planned to marry in the near future. She used to have limited knowledge and information on HIV and AIDS and underwent VCT before starting relationship with her boyfriend. Now she has adequate information on the issue due to involvement in the University's training and awareness raising programs.

She said that the campuses at Dilla University were not convenient for female students. There were different gender-based violence and sexual harassments going on in the campuses. The setup of the campuses and the lights, the routes through which the students travel within the compounds were convenient for male perpetrators. As an example, she cited a girl who was attacked by a male student in the Dilla University Samara Campus. Hence, in addition to the IGA program, there should be systemic improvement in the infrastructure to make female students' life tolerable and work on sexual harassment and abuse for female students enjoy their campus life with free from GBV.

Case Story 4

HEI:	Haramaya University
Name of Beneficiary:	DF
Sex:	Male
Age:	30
Region:	Oromia, East Haraghe zone
Education level:	Grade 10

DF is from West Shewa Zone, around Ambo Town and migrated to east Haraghe Zone, Haramaya Town about ten years ago. He was a married man. His wife and he knew their HIV status as positive in 2008 and were living with the virus. He is an employee of the university.

Regarding his first reaction to the knowledge of his HIV status, he described his reaction in the following manner. He said, “By the time I came to learn my positive result, I was completely devastated and thought of committing suicide. I had no family member, a relative or a friend to go to for comfort. I felt deserted and very much confused and terrified. After a month, I met the focal person, told him my situation. He gave me comfort, advice and support and selected me as beneficiary to the Haramaya University Community HIV and AIDS Outreach Program. He advised me that I can live with the virus positively and took to a place where I could check my CD4 counts regularly.”

After becoming the beneficiary of the outreach program, he obtained different kinds of support. He was initially supported with Birr 1000.00 as seed money to start a small business. With the money he bought three bicycles to rent to boys who enjoy bicycle riding. The university saw his efforts and supported him with another Birr 1000.00 and with the additional money he added two more bicycles.

Next, the university trained DF in HBC-palliative care and economic strengthening for twelve consecutive days and he said the training changed his life drastically. He said, “I have started to identify people who are living with the virus for care and support. These people were quite destitute and hopeless, in urgent need of care and support, but were afraid of disclosing themselves due to stigma and discrimination. For example, I identified a lady who herself and her child are living with the virus. She was working in Haramaya University earlier before, she got sick due to the virus and quit her job and confined to be home. I reached to her and provided psychosocial support as per my training. Immediately, I reported her case to the university, she was called back to her job, got her three months’ salary back pay, and along with her child started ART. Now the lady is healthy working and her child is also in good health condition.”

Later on, DF underwent vocational skill training in woodwork for three months with the support of the university. He organized an IGA group of five people who also got training with him. The University supported them with Birr 15,000.00 in the form of starting capital. OSSA also supported them with additional 11,000.00. Currently, they are in the process of acquiring working place from the town administration. DF, in the meantime, was using his acquired skill and producing different wood products on his own and was selling his crafts. He said, “I am producing different wood furniture using the workshop and machines of the Haramaya University. My finished wood products have high demand. I am using my skill to produce furniture to generate income. I don’t want to be idle until the town administration gives us a workplace and start our group IGA with the others.”

His other four work associates have already purchased production tools and equipment with Birr 9,000.00 and were waiting for the municipality to provide them with a manufacturing and marketing place. They have planned a business proposal of birr 58,000.00 and submitted the proposal to the town administration

as a supporting document. DF said that he had acquired skills which made him work hard and effectively. He is generating good income and hopes that he and his friends would be successful in the business. Before getting the support from the HU outreach program he had no hope and was at the verge of committing suicide. The university's provision of psychosocial support, training and financial provision has changed DF's life forever.

After the support from the university, he dealt with self-imposed stigma and perceived discrimination and started to practice positive living changing his negative attitude. He witnessed that he managed to earn the respect and appreciation of his neighbors in successfully managing his life.

Case Story 5

Name of HEI:	Ethiopian Civil Service University
Name of Beneficiary:	YG
Age:	43
Sex:	Male
Education level	7th grade

YG was married and a father of four sons of ages 18, 15 and twins of 11. He was an employee of the Civil Service University. His wife died in 2006 and was suspected that she died of AIDS. Upon her death he became suspicious of himself and underwent VCT and confirmed his status which shocked and frightened him to the extent of committing suicide.

With frustration and demoralized situation, he began to deteriorate and reached the situation in which he was not capable of function in a proper way. He stated that the university management recognized his situation and referred him to the then existing HIV and AIDS Unit of the University. YG witnessed that he received the necessary counseling and psychosocial support in a very useful way from the coordinator. He says the counseling, psychosocial and advisory support changed his life in a drastic way and began to recover from his shock.

He asserted in his own words that “if it were not for the HIV and AIDS intervention, I would have lost my life and abandoned my children altogether. My benefits were not any material or financial support but the result of the psychosocial support I obtained from the HIV and AIDS unit”. He recalled that the university management in consultation with the HIV and AIDS Unit supported him by changing his working hours to a day shift which contributed to the recovery from his depression and shocks. Having worked for more than three years during the day hours, he could take up his duties of the night shift. Such a favor was quite important for his health and helped him to adapt to his situation and start living positively. Now he is on ART and his treatment is arranged by the University.

Finally, YG commented that there was a serious lack of care and support service for the people living with the virus. People who disclosed themselves and participated in the HIV and AIDS awareness raising and education programs were from low income group and would want to get financial, material and medical supports. Those from high or medium income group could take care of themselves and did not need any support from the HIV and AIDS unit or any organization; hence did not see the need to disclose their HIV status. The University does not assign budget for care and support services. This puts the low income workers in a serious disadvantage position. Hence, the University needs to create a mechanism to address care and support needs of the workers and students living with HIV as stated in the Policy.

Case Story 6

Name of HEI:	Jimma University
Name of Beneficiary:	MA
Sex:	Female
Age:	40
Education level:	10+1
Region:	Oromia, Jimma Zone

MA was a single mother heading a household of her own. Her son worked in one of the government offices. She was one of the beneficiaries and a chairperson of the beekeeping project started by the Jimma University HIV and AIDS Prevention and Control Coordination Office Community Outreach Program. She said that she was participating in the poultry production with a group of women in the earlier days. They acquired land from the municipal administration for the scheme but the project failed due to the death of the chickens. Later on, the same group of women has tried sheep production, but this scheme failed in the same manner. Then the group members started their on IGA on individual basis by abandoning the group IGA.

The group came across the initiative from Jimma University through the Women Affairs in their town and was organized with intent to start an IGA group. The Women Affairs took the initiative and introduced the group to the University which provided with the startup capital.

MA further explained, “Now I am the chairperson of the association who coordinates the group work. This has helped me develop my leadership and coordination as well as relational skills. The sense of solidarity and sisterhood is quite precious for me more than the economic gain. We mutually care for each other and engage in activities of common interest and which strengthens our relationship.”

“We have more than 400 square meters of land registered under the name our group IGA. The university gave us training in entrepreneurship, IGA works, strengthened our group, and provided us with modern beehives and financial support. With these support, we have started the planned business activities with full energy. Learning from the past experience, we resumed the apiculture farm and are prepared towards the full momentum of production and income generation.

I have now acquired the full understanding, knowledge and information on HIV and AIDS issues from my experience as a peer educator. Using that background, I am teaching and raising the awareness of the group members and others in my community”.

Having developed her leadership capacity through the training and the mentoring of the University, MA has demonstrated to be energetic with a potential for leading and working harmoniously with her group members. Moreover, the group initiated other small business activities such as **“injera” baking and traditional household food (“baltina”) products**. The income generation, peer education, and leadership experiences have lifted up my life and face the world courageously.

Case Story 7

Name of HEI:	University of Gondar
Name of Beneficiary:	AT
Sex:	Male
Age:	46
Education level:	3rd Year Student
Region:	Amhara

AT was a 46 years old male and a third year student at the UoG. He graduated from the same University with Diploma in Business Management a couple of years ago and employed by the University to work in the HIV and AIDS program as a case manager. .

Some of the major benefits he enjoyed from the HIV and AIDS service intervention offered by the UoG include

- a) Counseling by teachers and health assistants
- b) Financial support for drug purchase for four years (1995-1998 E.C.) before free support was given by the HIV/AIDS Frehiywot established association
- c) Scholarship from the University until finishing Diploma program
- d) Personal assistance from individuals (university staff)
- e) University tuition fee through staff contribution
- f) Successive skill training – at Bahir Dar, Dessie, Debremarkos and Gonder
- g) Training on the capacity building of other PLWHA.

AT recognized that initial counseling and successive life skill trainings helped him to bring tangible impact in his life. The services helped him to participate in the effort to mitigate the challenge in several ways. Because of the intervention program he was:

- a) Encouraged to be ready to help others;
- b) Able to share his personal history with others without being ashamed and how he benefited from counseling services to change his life.
- c) Able to work as a counselor before and after VCT is provided to PLWHA.
- d) A member of Frehiwot Association and assisted PLWHA.
- e) Participating in the intervention program during off hours and on weekends within and outside the university community.
- f) Meeting so many people in the city who need consultation.

He indicated that sustainability of most good practices within the University depended largely on the conditional commitment of both donor support and the university management. Hence, institutionalization of the activities is highly required to sustain the activities started.

Before the intervention AT did not believe that HIV/AIDS would infect him and was not careful in his sexual behavior which led him to lose his wife and other dear ones. After the intervention, his attitude has changed, his awareness to HIV and AIDS has increased and he has become faithful to his present partner. Though he graduated with a diploma in business administration, he preferred to stay employed in the university as a case manager which gave him an opportunity to help those infected or affected by HIV and AIDS and those who were vulnerable to the pandemic.

Because of stigma and discrimination his children faced expulsion from classes. Due to his increased awareness about HIV/AIDS and its effects, he took the initiatives to build relationship with other people socializing for coffee/tea, dinner or for discussions which normally did not happen before. Now, he gives

two kinds of counseling, pre- and post-voluntary testing. After he overcame his fear of community issues, he started addressing HIV issues publicly to overcome stigma and discrimination. He managed to give speech and testimonies in the same school where his children were expelled and succeeded in getting them readmitted to their classes.

His listed some suggestions on how the program could be more gender sensitive as follows:

- The involvement of PLWHA, particularly those who changed their behavior would be very crucial. He asserted that those who overcame the challenge of being a victim would be heard most than anyone else.
- Sustained assistance and commitment of the University management also very crucial.
- Effectiveness of sensitization to be recognized and be continuing as an instrument for public awareness.
- Systematically prepared documentation for trainings and awareness at different levels for “Edir”, “Kebele meetings”, religious centers and family.

Case Story 8

Name of HEI:	University of Gondar
Name of Beneficiary:	AA
Sex:	Male
Age:	22
Education level:	3rd Year Student
Region:	Amhara

AA was a 22 years old third year student of Business Management at the UoG. His benefit from the HIV and AIDS service intervention offered by the UoG include:

- a) Mental satisfaction by helping others.
- b) Acquiring wide range of information about HIV/AIDS and the people living with HIV/AIDS
- c) Socializing with people after awareness from the intervention program.

Most of all, he benefited from the entertainment and anti-sexual harassment programs which included literature nights, talk shows, music and coffee ceremony evenings. Knowledge about sexual harassment and misconduct policy helped him not to haunt and entice girls. The policy sensitized him about human rights, his responsibilities and hence he restrained himself and adopted the principle of self-control and limited himself from exposing to risky sexual behaviors and sexual harassment.

In his capacity he **participated** in working as a secretary for the Gender and HIV/AIDS committee; Vice president of the Anti-HIV/AIDS club; Member of the students' police to control sexual harassment and acted as a representative to resolve conflicts that may arise between students; active participant of the literature and entertainment nights presenting poems and drama.

He believed that the intervention program is **sustainable** without incurring heavy financial burden on the University. The "talk-show" nights were very effective in attracting students since topics related to the university life (e.g. psycho-social) bothering students were well discussed. In the "talk show" discussions, students were not allowed to discuss divisive topics about religion, politics and ethnicity. People came to be more informed about the impact and influence through the "talk show" mainly because of entertainment, drama and hear comments collected from the suggestion boxes. The suggestion box started less seriously and has grown to be very helpful particularly after filtering comments which were very sensitive and related to divisive matters. He noted that the university community were not interested in a direct lecture about the HIV/AIDS but definitely attracted to dramatic shows full of humor regarding current issues. He thought that HIV/AIDS positive people working on the program were most effective to bring about an impact. And also confirmed that though the activities were financed by the HIV/AIDS program it can sustain within the University at a minimum cost.

No individual within the university community declared to be an HIV/AIDS positive may be because of fear of being stigmatized.

Before the intervention, anything related to counseling and training on HIV/AIDS were worthless for him. He enjoyed flirting with female students and did not care about consequences. After the intervention, "Talk show" events created awareness in his life and changed his attitude regarding sexual behavior. His knowledge about the consequences of being loose increased enormously compared to his ex-friends. He was no more harassing female students and has developed respect for women than before. At the time of this study he was committed to helping friends who were chewing, smoking and harassing female students.

Before the intervention program, he was faced with intensive temptation and was always going to risky places for self-entertainment. Later on, his behavior changed gradually and has even helped friends who were in the same position as he was in the past. He convinced a friend to be tested who was found to be positive and then became an active member of the Woreda HIV/AIDS club who committed to be counseling other HIV/AIDS positive friends.

His major risk factors were smoking, chewing and unprotected sex. During the study, he assured that he had no risk factor unless he slides back from the principles he has acquired.

He witnessed that there was no serious sexual harassment within the University. Because of the policy adoption, sexual harassment has declined sharply compared to the near past. Among the major contributors for a significant change are: installment of light bulbs at some dark spots in the compound where likely abuses may take place; the presence of police students and discipline committee working in the compound and to listen to complaints from female students; continuous training and increased awareness in the compound. Although cases have been reported, he as a member of the police along with the discipline committee acted and finalized the situation between the two parties. It was a normal practice for the police to keep the IDs of the offenders and take the necessary action.

The intervention programs were considered as gender sensitive according to AA. Gender issues were addressed through panel discussion arranged with students, teachers, other office employees, proctors and female students. Sometimes, they were separately addressed while at other times they were joined with male counterparts. The other approach was preparing training for the female community of the university which included life skill, leadership, study methods and provision of tutorial classes to build their capacities.

Finally, he gave some of the important suggestions on how the program interventions at the University could be more gender sensitive:

- a) Students, in their early years before they join universities, need to be given series of orientation and awareness about sexuality, HIV/AIDS, feeling of responsibility and social environment of the university life. A synergic approach between the university and high schools need to be developed.
- b) The efforts of CDC, working with high school students on a continuous basis has to be commended and replicated elsewhere.
- c) Surrounding environments of the university need to be free from- addictive shops of “chat”, night clubs and video houses.
- d) The community needs special entertainment programs to be arranged especially for Fridays.

Annex 3

Questionnaire for the Identification and Documentation of Good Practices on HIV/AIDS Interventions in Higher Education Institutions of Ethiopia

Data Collection Tool for Good Practices on HIV/AIDS Program in the HEIs

The Good Practice Data Collection Tool is developed to gather qualitative information from HEIs in order to identify and document good practices that are useful, tried and shown to work. The result of the documentation is expected to provide guidance on how one can be more effective in some aspects of HIV/AIDS interventions. This will be shared among institutions and other organizations.

Part One: Contact Information

(Please include the key contact person for any follow-up questions)

Key Contact Person Name: _____
Name of HEI: _____
Acronym (If any): _____
Organization Address: Region: _____
City: _____ Postal Address: _____
Telephone: Off: _____ Contact person's: _____
Fax: _____
E-mail: _____ Off: _____ Contact Person's: _____

Part Two: Background

Please give details of the following background information:

- 2a. Please describe the extent (magnitude) of HIV/AIDS problem before the intervention program:

- 2b. Would you please indicate the major HIV/AIDS intervention programs within your organization?

- 2c. When was the need for the intervention program felt? _____ (Eth Calendar).
- 2d. What specifically created the felt need? _____
- 2e. What structure does the HIV/AIDS intervention have? _____
- 2f. What strategy/approach is used within the system to alleviate HIV/AIDS challenges?

- 2g. Would you please describe the current status of HIV/AIDS after the intervention?

Part Three: Description of Eligible Practices

Please, identify your institution's involvement in the area of HIV and AIDS among those listed below by making a mark [✓]. If your institution's area of involvement is not included among those given below write the area(s) of involvement below the table in the space provided. **Please state not more than two most important practices in the ranking.**

Areas of Involvement to Describe Good practice

Involvement	Check involvements with a tick mark '✓'	Mark two most important practices with 1 st and 2 nd ranking.
1) Leadership commitment and coordination		
2) Mainstreaming and integration of HIV and AIDS in policy and systems of the institution (if there is budget / manpower allocation)		
3) Workplace policy and program		
4) Integrating HIV/AIDS in the curriculum		
5) Life skill based education/sexuality education		
6) Positive learners		
7) Positive educators		
8) Addressing issues of “Key population/Most at Risk Populations” (specifically young people)		
9) Community mobilization and responses		
9a. University Community:		
9b. Non-University community:		
10) Partnership & strengthening linkage b/n the institute and the community		
11) Resource mobilization		
12) Resource development		
13) Gender equality		
14) Human right issues – e.g. addressing stigma and discrimination		
15) Psychosocial support services		
a. Orphans care		
b. Responding to the needs of learners affected by HIV and AIDS		
c. Responding to the needs of educators affected by HIV and AIDS		
16) HIV/AIDS related services		
a. Promotion of ABC		
b. Peer education		
c. Prevention and treatment education		
d. Voluntary Counseling and testing		
e. IEC/BCC		
f. Prevention of mother-to-child transmission		
17) Monitoring and evaluation of HIV/AIDS responses		

Any other 1. _____
 Any other 2. _____

Abstract: (provide a brief synopsis of good practice / summary of the area of involvement)

Objectives: Statement(s) of purpose or intent of the practice.

1. _____
2. _____

3. _____
4. _____

List main activities related to the involvement of good practice implemented to accomplish objectives.

1. _____
2. _____
3. _____
4. _____

Evidence:

- a. Has the practice been evaluated at any one time (mid or terminal)?
 1. Yes If yes, when? Month _____ (Day) _____ (Year) _____
 2. No
- b. Is the evaluation documentation and evidence available for examination?
 1. Yes 2. No
- c. If yes, please give the address of the office where the document can be secured.

(If possible secure the evaluation document. Otherwise refer to it for important information).

Name of Contact Person: _____
 Organization Address: _____
 Region: _____ City: _____
 Postal Address _____ Tele: _____
 E-mail of the organization or the contact person: _____

Part Four – Data on Practices

The following questions assess the proposed practice across the various criteria defining “good practice”. *(Please, note that your answers should be based on tangible data and you may be asked to produce evidence in subsequent examinations of the practice in the process of filtering out good practices).*

Effectiveness

List expected outputs of the practice and show the level of achievement if indicated in the project proposal or any other planning document. (Please, make a mark [✓] across the expected outputs you listed based on your rating.

The scale: 5=Achieved 100% or more;
 4=Achieve from 75 to 100%;
 3=Achieve from 50 to 75%;
 2=Achieve from 25 to 50%;
 1=Achieve 25% or below)

Note: $EFFECTIVENESS = (ACHIEVED OUTPUT / EXPECTED OUTPUT) \times 100$

Ser. No.	Expected Outputs	1	2	3	4	5
1						
2						
3						
4						
5						

Describe what contributed to the effectiveness of the activity?

Efficiency

Ser. No.	Description	Planned	Actual
1	Total number of beneficiaries		
2	Total amount of fund employed for the project (in Birr)		
3	Total duration of the project in months		
4	Total number of project staff (human resources used)		
5			

Describe what contributed to the efficiency of the activity?

Ethical adherence

a. Does the practice/project have any written code of conduct and/or ethical standards that ensure the observance of human right, social and/or professional code of conduct?

1. Yes 2. No

b. If “Yes”, please indicate at least one document in which a code of conduct and/or ethical standard is recorded (***Obtain the document for citation if possible***).

c. If “No”, is there any other mechanism through which the project or practice is protected from breaking any human right, social and/or professional code of conduct?

1. Yes 2. No

d. If “Yes”, please, indicate the code of conduct and the mechanism through which the project or practice is protected from breaking the code of conduct.

Innovation

a. Is there any feature of the practice / project that could be considered as “creative” or “original”?

1. Yes 2. No

b. If “Yes”, please, indicate at least one feature or aspect that you consider as creative and/or original.

1. _____
2. _____
3. _____

Making a difference

a. Has the practice/project demonstrated any positive and tangible impact on the living conditions, quality of life or environment of its beneficiaries?

1. Yes 2. No

b. If “Yes”, please indicate at least one evidence of a positive and tangible impact on the living conditions, quality of life or environment of its beneficiaries.

c. Can you cite one beneficiary who may be considered as a witness for the project in making a difference in his/her life?

Name: _____ Address: _____

(Arrange in advance before making a visit to the Key Contact Person)

d. Describe factors that contributed to making the difference (an impact) on the lives of beneficiaries.

Replicability

a. Has the practice been adopted in other similar or relatively different social, cultural, economic contexts?

1. Yes 2. No

b. If “Yes”, please indicate the address of the organization in which the practice is adopted.

Name of Contact Person: _____

Organization Address:

Region: _____ City: _____

Postal Address _____ Tele: _____

E-mail: _____

c. Any challenge in replication of the practice?

d. If “No”, do you believe that the practice has a potential to be adopted in other similar or relatively different social, cultural, economic contexts?

1. Yes 2. No 3. Not sure

e. If “Yes”, please give your reasons for claiming that the practice has a potential to be adopted in other similar or relatively different social, cultural, economic contexts.

f. Describe key aspects of the good practice that are of value to replicate

1. _____

2. _____

3. _____

Sustainability

a. Has the practice already been transferred to the beneficiaries or community or any other local body to carry on into the future?

1. Yes 2. No

b. If “Yes”, is the practice still proving to be effective after it has been transferred to the beneficiaries or community or any other local body?

1. Yes 2. No

c. Describe the process that ensures sustainability.

d. Is there any plan to ensure sustainability of the project in the future through the involvement of the target population, groups, and communities?

1. Yes 2. No

e. If “Yes”, please give at least one additional reason of success demonstrating that this practice should be selected as a good practice.

1. _____

2. _____

3. _____

Gender Issues

a. Do you consider gender based violence and sexual harassment a major problem in your HEI?

1. Yes 2. No

b. If Yes to Q18a, describe the situation in detail: _____

c. Do you consider the program intervention to be gender sensitive?

1. Yes 2. No

d. If Yes to Q18c, describe the strategy and intervention mechanisms used to address gender issues:

e. What are special services provided for female students? _____

(Thank you for your cooperation, the questionnaire is completed)

Please AUTHENTICATE your response with your signature and the organization’s seal.

Name: _____

Annex 4

**Questionnaire for Individual Beneficiary of
HIV/AIDS Interventions in Higher Education
Institutions of Ethiopia**

Individual Beneficiary Questionnaire Guide

Instruction: This interview guide is prepared for beneficiaries to share their personal experiences for benefiting from the HIV/AIDS interventions in the HEI. This will be used as case study or lessons learnt in the intervention of HIV and AIDS in the HEI.

1. Name of the HEI: _____
2. Identity of the beneficiary:
 - 2a. Name (Optional and if willing): _____
 - 2b. Telephone address (Optional and if willing): _____
 - 2c. Sex: _____ 2d. Age: _____ 2e. Region: _____
 - 2f. Literacy level: Read and write: 1. Yes _____ 2. No _____
 - 2g. If yes to 1f, education level: 1. Grade completed _____ 99. Non-formal education _____
3. What did you benefit from the HIV and AIDS service intervention offered by the HEI concerned?
List the major services you got from the HEI.

4. Which services or activities have brought tangible impact on your life?

5. How and in what ways have the services rendered to you addressed the following issues:
 - a. Participation: _____

 - b. Sustainability:

Human rights: _____

6. How do you describe yourself before and after intervention regarding:
 - a. HIV/AIDS knowledge, attitude and practice:
Before: _____

After: _____

 - b. Your vulnerability due to sexual behavior and practice:
Before: _____

After: _____

 - c. Your major risk factors:
Before: _____

After: _____

 - d. Stigma and discrimination:
Before: _____

After: _____

e. As to HIV and AIDS information:

Before: _____

After: _____

7. Do you consider gender based violence and sexual harassment a major problem in your HEI?

1. Yes 2. No

8. If Yes to Q7, describe the situation in detail: _____

9. Do you consider the program intervention to be gender sensitive?

1. Yes 2. No

10. If Yes to Q9, in what ways has it addressed gender issues? _____

11. During your stay in the HEI have you encountered any gender biased harassment or discrimination?

1. Yes 2. No

12. If Yes to Q11, please describe the situation: _____

13. Do you have any suggestion on how the program could be more gender sensitive? _____

Annex 5

List of HEIs' Focal Persons and Case Story Participants



Annex 5

LIST OF HEIs FOCAL PERESONS

S/No	Name of HEI	Name of focal person	Responsibility
1	SMUC	1. Wro Ergoge Tesfaye	Gender Office Head
		2. Ato Abebe Zenebe	Students' Wellness and Development Center Head
2	AAU	3. Dr. Assefa Abegaz	HIV & AIDS P & C Acting Director
		4. Wro Tigist Addis	MARCH Project Coordinator
3	ABUC	5. Ato Gebreyesus Habte	HIV & AIDS Focal Person
4	AAAEB	6. Wro Sifreya Mengesha	HIV & AIDS and Gender Coordinator
5	HU	7. Ato Lemessa Olijira	HIV & AIDS P & C Director
		8. Ato Netsanet Moges	HIV & AIDS P & C Community Outreach A/Director
		9. Ato Ibrahim Seid	HIV & AIDS P & C In-campus Program A/Director
6	DU	10. Ato Abayneh Unash	HIV & AIDS P & C Coordinator
		11. Ato Tarekegn Taddesse	HIV & AIDS P & C A/Coordinator
7	JU	12. Ato Mulusew Gerbaba	HIV & AIDS P & C Coordinator
		13. Ato Abera Jaleta	HIV & AIDS P & C Assistant Administrator
8	ECSU	14. Ato Philipos Petros	HIV & AIDS Management Unit Coordinator
9	HU	15. Ato Shewangizew Gebereweld	HIV and AIDS P & C Project Coordinator
10	UoG	16. Dr. Shitaye Alemu	Associate Professor; Coordinator of CDC Anti-AIDS Project.
		17. Wro Tinsae Brehanu	Gender Issues and HIV & AIDS Mainstreaming Coordinator.
		18. Sr. Almaz Kinfu	Gender Issue Officer
		19. Ato Tewodros Bogale	Social Worker

LIST OF CASE STORY PARTICIPANTS

S/No	Coded Name	Sex	Age	Education/ Literacy level
1	YF	M	25	Diploma
2	YM	M	24	4th year
3	BD	F	22	1st year
4	YG	M	43	7th
5	DF	M	30	10th
6	MA	F	40	10+1
7	AT	M	40	3rd year
8	AA	M	22	3rd year
