

**End of Programme Evaluation of the Concern Worldwide  
Ethiopia HIV Prevention and Impact Reduction Programme in  
Addis Ababa City Administration and Kalu Woreda of  
Amhara Region (2011-2013)**

**Concern Worldwide Ethiopia**

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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BCC	Behaviour Change Communication
CBO	Community Based Organisation
CC	Community Conversation
Concern	Concern Worldwide
CSSG	Community Self-help Saving Group
FGM	Female Genital Mutilation
GBV	Gender Based Violence
HAPCO	HIV and AIDS Prevention and Control Office
HBC	Home Based Care
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HR	Human Resources
HTP	Harmful Traditional Practices
IEC	Information Education and Communication
IGA	Income Generating Activities
MOU	Memorandum of Understanding
MARP	Most at Risk Population
NGO	Non-Governmental Organisation
OI	Opportunistic Infection
OSSA	Organisation for Social Service for AIDS
OVC	Orphans and Vulnerable Children
PLHIV	People Living With HIV
PMTCT	Prevention of Mother to Child Transmission
STI	Sexually Transmitted Infections
TB	Tuberculosis
TLH	Timret Le-Hiwot Organisation
VCT	Voluntary Counselling and Testing
WAD	World AIDS Day
WFP	World Food Programme

## **Glossary of Terms**

- Iddirs:** Self mobilized organization traditional throughout Ethiopia. Initially developed to respond to funeral needs, Iddirs have recently broadened their role to include development initiatives.
- Kebele:** Lowest hierarchy in the government administration system, equivalent to a sub district.
- Woreda:** Second lowest hierarchy in the government administration system, equivalent to a district.
- Zone:** Third lowest hierarchy in the government administration system, equivalent to several woredas.

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## Executive Summary

This report presents results of the evaluation of the programme, "Partnership for HIV Prevention and Impact Reduction in Ethiopia". The four local partner organizations that received funding and collaborated with Concern in the programme implementation are PRO PRIDE, Mekdim Ethiopia National Association (MENA) and Timret Le Hiwot Organization (TLH), Organization for Social Services for AIDS (OSSA). The programme period runs from October 1, 2010 to December 31, 2013.

The overall objective of the evaluation was to review the impact and process of HIV prevention and impact mitigation programme implemented by Concern Worldwide Ethiopia and its four Implementing Partners (IPs) in Addis Ababa and Kalu Woreda. The review also tried to address the objectives and targets stated in the programme proposal and identified challenges experienced during the process of the programme implementation and generated key lessons learned and forwarded relevant recommendations.

The methods used to assess the performance of the programme include: review of programme documents, baseline and end line survey reports, annual performance reports, training and discussion manuals. Interviews and group discussions were carried out with programme officers/coordinators from Concern Worldwide Ethiopia and the four Implementing partners, representatives of relevant woreda and sub city offices, leaders of Iddirs, PLHIV associations, health professionals, volunteers, community members and beneficiaries of the programme.

The evaluation team was composed of a senior public health expert and two research assistants.

Key findings and recommendations are summarized below:

**Programme management and coordination:** Through its review of documents and discussions held with representatives of stakeholders and the programme staff, the evaluation team noted that Concern closely worked and assisted its' four IPs to implement the different components of the programme in line with the agreed performance framework.

Concern conducted joint quarterly review meetings with its IPs and encouraged them to involve their stakeholders in Participatory Review and Reflection Processes (PRRPs). In most cases this coordination system set by the programme helped with the smooth communication, decision making, and reporting processes between Concern, the IPs and their key stakeholders. It was however noted that despite the same coordination approaches and mechanisms followed by Concern and its IPs, the level of involvement and commitment of government bodies and representatives of communities, CBOs and PLHIV associations in the different cycles of the programme and their respective commitment to the sustainability of the different activities of the programme beyond the life of the programme varied between Addis Ababa and Kalu Woreda.

**Improving access to information, raising HIV and AIDS related knowledge and reduction of stigma and discrimination:** The programme design and implementation of

different communication strategies was effective in reaching the target groups with different HIV and AIDS related messages and information. However, the programme performed much lower than the three year target in establishing community conversation (CC) sites, in enrolling participants in the regular CC sessions and training of CC facilitators. The programme performance reports showed that the achievements in the three areas were 30 percent, 45.5 percent and 20 percent of the target respectively.

Some improvements have been observed in HIV and AIDS related knowledge among the general adult population, in the uptake of HIV testing among the most-at-risk populations and in the enrollment PLHIVs in ART programmes. However, the end line survey result concluded that knowledge about HIV prevention is still low in the areas covered by the programme both in Kalu and Addis Ababa (49 percent in Kalu and 69 percent in Addis Ababa) and misconceptions about how HIV could be transmitted are high among the community (about 47 percent of the respondents have demonstrated some form of misconceptions about how HIV could be transmitted and a further 41 percent failed to correctly identify all three ways for preventing sexual transmission of HIV). Accepting attitude towards PLHIV was also reported to be still low where only 67 percent of the adult respondents reflected accepting attitude towards PLHIV.

**Enhancing access to Antiretroviral Treatment (ART), HIV counseling and testing (HCT) and medical, emotional and psychological support services:** The programme performed very well in enhancing access to ART, HCT, medical, emotional and psychological support services to the beneficiaries. During the three years period covered by the programme, a total of 634 PLHIVs directly accessed ART and other HIV and related services and a further 2,280 PLHIVs received medical, emotional and psychological support services from facilities supported by the programme achieving 157.7 percent and 114 percent of target respectively .

**Improvement in income of PLHIVs, OVCs and poor vulnerable women:** The programme registered notable achievements in helping the targeted beneficiaries including those who live with HIV, sex workers, female headed households, and guardians of orphans and vulnerable children (OVCs) to get involved in different income generating activities. A total of 2,223 beneficiaries received trainings on vocational skills, startup capital, business management, marketing and production. A 65 percent and 143 percent increment on the average monthly income was also reported (from the baseline) among the beneficiaries of the IGA scheme from Addis Ababa and Kalu Woreda respectively.

Concern and its IPs managed to organize a total of 1,723 PLHIV and OVC guardians in to 60 Community Self Help Groups (CSSGs) and 15 cooperatives. Efforts were also made to link the CSSGs with microfinance institutions to help members of the groups to get better access for loan and other supports.

**Improvement in the quality of life of PLHIV and OVCs:** PLHIV and OVCs who benefitted from the different components of the programme said that the quality of their life has greatly improved because of the benefits they get from the different components of the programme. They have better knowledge about HIV and AIDS; have better access to ART care,

and support services. They started to work and generate income for their family and as the result they started to eat well, take their medications consistently, send their children to school and save money. Above all many reported greatly improved self-worth and self-respect. Some also acknowledged that the attitude of the community towards them has changed for the positive and felt that their status in the community has improved.

**Reducing the risk of individuals at risk of HIV exposure:** A total of 6,513 individuals at risk of HIV exposure were reached with information and/or services on Sexual and Reproductive Health (SRH) (93 percent of the target) and 1,963 individuals at risk of HIV exposure received HCT services (39.3 percent of the target) and a total of 343,250 condoms were distributed among individuals at risk of HIV exposure and others. The programme also provided 19 in and out of school youth clubs with different types of support (15.2 percent of the target).

The poor performance of the programme in reaching individuals at risk of HIV exposure with different types of preventive services was also reflected on the result of the survey conducted among the individuals at risk of HIV exposure. Only 30 percent of youth had comprehensive knowledge about HIV prevention and similarly only about a quarter (24 percent) of the youth respondents had accepting attitudes towards PLHIV. Similarly, the proportion of sexually active youth who reported consistent condom use with non-commercial partner in the preceding 12 months was 43 percent.

Findings from the end line survey related to the practice of condom use among the FSWs showed that about 81 percent used condom consistently with a paying client in the previous 30 days.

Only 42 percent of sexually active PLHIVs had regular sexual partners and 77 percent of them reported use of condom the last time they had sex with their regular sexual partner.

**Capacity building (CB) support provided for Community Based Organizations:** The programme supported the formation of six Iddir coalitions in Addis Ababa and Kalu Woreda. The six Iddir coalitions have a total number of 111 member Iddirs under them. The CB support provided to the Iddir coalitions included financial and material support and trainings on resource mobilization, fund raising, office management, business skills and management etc. With the grant they received from the programme the Iddir coalitions reached OVCs and PLHIVs with financial, school materials, clothing, psychosocial and legal supports.

The CB support provided by the programme enabled the three Iddir coalitions from Kalu Woreda to reach a capacity to take over the care and support responsibilities of OVCs and PLHIVs from the programme by the end of the programme period. However, the remaining three Iddir coalitions from Addis Ababa still need additional support to be economically self-sufficient and independently work on the care and support of OVCs and PLHIVs.

**Care and Support Referral Network:** The programme supported the formation of ten sub-city level care and support referral networks in Addis Ababa. The networks have about

800 registered members including Non-Government Organizations (NGOs), Government Organizations (GOs), Faith Based Organizations (FBOs), Community Based Organizations (CBOs), and private organizations working on HIV and AIDS Prevention and Control activities in the different sub cities of Addis Ababa.

About 18,358 people living with HIV (9,355 women) and their families benefitted from the different types of services provided by the network members. It was also noted that about 912 poor women living with HIV from all the 10 sub cities of Addis Ababa and referred by the network members received vocational skills trainings on sewing and embroidery and clay making from TLH training units. Most of the trained women also received financial and material support from the programme to start IGA activities

**Workplace HIV and AIDS Programme:** The programme supported Concern and its IPs to develop workplace HIV and AIDS policy documents and/or to incorporate a section which clearly states the organizations' commitment to adapt non-discriminatory policies and practices in recruitment, advancements and benefits for employees with HIV in their HR manuals. A total of 450 staff from Concern and its four IPs (43.9 percent of the target) benefitted from the regular Organizational Conversation (OC) sessions and other services including Information, education and communication/ behavioral change and communication (IEC/BCC) materials, HCT etc. supported by the programme.

The end line survey result conducted among staff who benefitted from the workplace programme revealed that proportion of staff with a comprehensive knowledge about HIV and AIDS has increased by 34 percentage points from the baseline, more staff have shown accepting attitude towards PLHIV (38 percent at the baseline vs. 76 percent at the end line) and the HIV counseling and testing service uptake has increased significantly among the staff (8 percent at the baseline vs. 48 percent at the end line).

## **Recommend changes for future learning and action**

### ***Improving access to information and services:***

The evaluation findings indicate that there is huge need for the scale up of a well-designed and target group focused BCC interventions in areas covered by the programme.

There is a need to revise the existing youth dialogue facilitators' manuals to address the needs and risk vulnerability of the different youth groups. There is also a need to assess and define the information and service needs of the HIV positive youth and prepare a training and communication guide that can be used during the peer to peer education and the life skill training conducted among the groups.

Concern and all its IPs should be encouraged to use their own resources to sustain the different components of the workplace HIV and AIDS programme supported by the programme. The organizations should also reach all their workers, including those working in regions and branch offices, with the full package of the prevention and care and support interventions.

***Continued support to Cooperatives and CSSGs***

The so far poor performance of the cooperatives established in Addis Ababa and the mostly unknown current status and future course of most of the CSSGs, calls for Concern and its IPs to continue to provide technical and mentoring support to the groups so that members of the different groups would be able to reach to a level where they can run their business with minimum external support.

There is also a need for Concern and its IPs to consider the existing/current market value of inputs when providing startup capital for the IGA beneficiaries. Both Concern and IPs should also plan and clearly outline, who should take the responsibility for follow up and mentoring for IGA beneficiaries after the end of the programme period.

***Capacity building support for CBOs***

The current inadequate financial capacity of the three Iddir councils from Addis Ababa demands Concern to continue working with Pro Pride to extend their support until the Iddir councils reach to the level where they can independently handle the care and support responsibility for the target groups from their respective communities.

***Sustaining the Care and Support Referral Network:***

Concern should take a lead and coordinate with other members to work towards putting a clearly defined strategy to sustain the activities of the care and support referral network beyond the programme period.

## **I. 1. Background**

### **I.1 Introduction**

This report is an external evaluation of the three-year programme: Partnership for HIV Prevention and Impact Reduction in Ethiopia, with funding provided by Comic Relief, Irish Aid, Concern General Donations, Medicor Foundation, Concern US, Bank of Ireland and Electric Aid through Concern Worldwide Ethiopia. The four implementing partner organizations (IPs) that received funding are PRO PRIDE, Mekdim Ethiopia National Association (MENA), Timret Le Hiwot Association (TLH), and the Organisation for Social Services for AIDS (OSSA). Mekdim and PROPRIDE were selected to partner with Concern Worldwide Ethiopia in the programme because they were supported by Comic Relief funding from 2005-2008 and registered good results whereas TLH and OSSA were involved due to their strong experience in income generating activities (IGA) and their presence in programme areas selected for intervention.

The programme aimed at improving the quality of life of orphans and vulnerable children (OVCs), people living with HIV and AIDS (PLHIV) and their families in Addis Ababa and Kalu Woreda of the Amhara Regional State by developing their skills, livelihood options and strengthening the role of the community and positive support groups. The programme also focused on building the capacity of local community based organizations (CBOs) and supported key HIV and AIDS related treatment, care and support services provided by government facilities, IPs, CBOs and community volunteers to improve their response to the HIV epidemic. The programme worked to strengthen the networks between key stakeholders working on HIV and AIDS treatment, care and support to ensure sharing of information and resources for efficient co-ordination and referral regarding service provision. The programme also supported Concern and its IPs to address the impact of HIV in the workplace.

The HIV and AIDS Programme Coordination Unit in the Concern Worldwide Ethiopia head office and the Concern Northern Branch office located in Kombolcha closely worked with the four IPs in all areas of programme implementation.

The period of this assessment was the end of December, 2013 to January 2014.

### **I.2 Scope of work**

The Consultant was given the assignment to make a critical review of the performance of the HIV prevention and impact reduction programme implemented by Concern Worldwide Ethiopia and its four implementing partners. The programme under review is located in Addis Ababa and Kalu Woreda of the Amhara Regional State.

## **2. Objectives of the Evaluation**

### **2.1 Main Objective**

The main objective of this evaluation was to review the impact and processes of the Partnership for HIV prevention and impact reduction programme implemented in Addis Ababa and Kalu Woreda. The review also assessed whether or not the objectives stated in the programme proposal were fulfilled and generated key lessons experienced during the process of programme implementation.

### **2.2 Specific Objective:**

The specific objectives of the evaluation were to:

- Review if the programme objectives met the needs and priorities of the target group and if not, was the programme able to adapt them in an appropriate way?
- Review if programme activities generated the planned outputs and if these were delivered on time.
- Review how the programme work plan was reviewed to incorporate changes during the life span of the programmes.
- Identify significant achievements brought about by the programme.
- Identify strengths in programme implementation processes and recommend learning points.
- Identify challenges as well as limitations faced in the programme implementation process and recommend possible changes for future learning.
- Review how well the relationships among Concern Worldwide Ethiopia and local partner organizations worked.
- Assess the sustainability of the benefit of the programme intervention and recommend changes for future learning.

See the details on the Terms of Reference attached in Annex I

## **3. Methodology**

### **3.1 Evaluation Design, Areas Covered and Target Groups**

The evaluation followed institution- and community-based cross-sectional surveys and employed both qualitative and quantitative data collection techniques to gather the required data.

The evaluation covers the programme offices at Concern Worldwide Ethiopia Head Office and the four partner non-governmental organizations (NGOs) namely PROPRIDE, MENA, TLHA and OSSA; district and sub-city HIV and AIDS Prevention and Control Offices (HAPCO); CBOs; PLHIV associations; youth clubs; and programme beneficiaries in their communities in different sub-cities in Addis Ababa and in Kalu Woreda of the North Wolo Zone.

The selection of the respondents was made based on the designated position they held in the implementing agency, at partner organizations and the community. For the number and Location of Persons Interviewed see table I in Annex I.

### 3.2 Methods of Data Collection

Multiple data collection techniques including document review, in-depth interviews/key informant interviews and focus group discussions (FGDs) were used to gather the required information for the evaluation.

Literature and programme documents including programme proposals, annual plans, bi-annual and annual performance reports and the CC manual used for the community level CC activities were reviewed and relevant information was extracted.

In-depth interviews and FGD guides were used to facilitate the discussions that took place with the different target groups. In addition, to the interviews and discussions made with key people at different levels, group discussion sessions were held with staff of the partner NGOs to outline the strengths, limitations, gaps and opportunities to; and threats of programme implementation.

### 3.3 Data Processing and Presentation

The collected secondary data was manually edited, summarized and presented in the form of tables and graphs.

The FGDs and in-depth interview results were summarized and presented thematically. The qualitative study findings generated from each FGD and in depth interviews were compiled to reflect the collective as well as particular responses of focus group discussants and in depth interviewees.

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

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

### **3.4 Limitations**

The difficulty in objectively attributing the changes observed among the target groups during the end line community survey was found to be the major limitation of this evaluation. In the presence of multiple sources of information, we could not specifically associate the observed behavioral changes among the target groups to a single programme.

Some critical documents such as, quarterly review meeting reports, the three year comprehensive report for the programme, the revised programme work plan, and documentation on the follow up of IGA beneficiaries either were not made available by some of the Implementing Partners or only some of them were available to the evaluation team.

## **4. Result**

This section includes the summary of findings, achievements and conclusions based on the programme goal, objectives and result specific indicators set on the programme log framework prepared to guide the implementation of the programme. The evaluation further attempted to answer the following key evaluation questions and present the result from the perspective of: relevance, impact and sustainability.

- What are the achievements of the programme vis-à-vis the initial programme targets?
- What are the impacts brought about by the programme on the target groups, their family and communities?
- To what extent does the programme contribute to the observed positive behavior of the target groups?
- Is participation an evident value? Is personal responsibility/ownership an issue?
- Can the intervention and its effects be sustained? What strategies should be followed to sustain the programme activities?

### **4.1 Performance of the programme against the Programme Goals, Objectives and Results**

#### **4.1.1 Awareness raising and stigma reduction through IEC/BCC activities**

To help raise the awareness of the community and mitigate the impact of stigma and discrimination on the lives of PLHIV and their families<sup>1</sup>, the programme employed different communication strategies and approaches and disseminated information to the different target groups using different approaches including: community conversations, coffee ceremonies, youth dialogue sessions, community radio programmes, information education communication/behaviour change communication (IEC/BCC) materials and mobilizing the

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<sup>1</sup> Annual Report: 01st January 2012- 31st December 2012

community during the annual world AIDS day celebrations and the national voluntary counselling and testing (VCT) day campaigns.

HIV and AIDS, stigma and discrimination, reproductive health (RH), sexually transmitted infections (STIs), care for PLHIV and OVCs, antiretroviral treatment (ART), nutrition for PLHIV, condom use, and so forth are some of the topics covered during the community conversation and youth dialogue sessions organized among the different groups targeted by the programme. In some places, like Addis Ketema Sub-City and in Kalu Woreda, members and leaders of the community used the opportunities created by CC sessions to discuss and find solutions for common community concerns like poor environmental hygiene, use of addictive substances like chat and shisha, peace and security in the community, and so forth.

Volunteer members of the community including women, female sex workers, youth, elderly people, *Iddir* leaders, PLHIV, and others who were trained and supported by the programme, also reported to have played key roles in coordinating and facilitating the regular community conversation, group and youth dialogue sessions that took place among members of the community and the different groups targeted by the programme.

Concern's IPs closely collaborated with local programme partners like PLHIV associations, youth clubs, *Iddirs* and IGA beneficiaries to identify and organize the groups targeted by the programme into the in- and out-of-school youth clubs, HIV positive youth clubs, discordant couples groups, ART adherence groups, and community self-help saving groups (CSSGs). This makes the task of mobilizing the target groups for programme interventions easier for the Implementing Partners.

The programme performance report showed that during the three years period covered by the programme, a total of 45 CC sites were established and about 4,777 people participated in the regular CC sessions achieving 30 percent and 45.5 percent of the target respectively. About 89 technical staff members from Concern and its four IP and volunteers were trained as CC and youth dialogue facilitators. The achievement in this regard was about 20 percent of the target. Table 2, Annex I.

The programme supported nineteen in- and out-of-schools youth clubs, anti-AIDS and RH clubs from Addis Ababa and Kalu woreda with providing training and stationary materials. The clubs that received CB supports reached a total of 2,005 in- and out-of-school youth with regular youth dialogue sessions.

Many people, who participated in the FGDs and KIIs, believe that the regular awareness raising activities conducted in the form of community conversation, coffee ceremony, youth dialogue and others have contributed to the observed improvement of awareness of HIV and AIDS and the associated reduction in stigma and discrimination towards PLHIV.

PLHIV, OVC care givers and OVCs interviewed during the evaluation exercise also reported that stigma and discrimination towards PLHIV has decreased. Many said that members of the community were demonstrating a positive and supportive attitude towards PLHIV. According to them, more and more people have started to support the efforts made by PLHIV and OVC

to become self-sufficient and buy different products like meat, vegetables and other food items from business outlets owned by PLHIV.

The result of the end line survey showed some improvements in HIV and AIDS related knowledge among the general adult population, in the uptake of HIV testing among the most-at-risk populations and in the enrollment of PLHIV in the ART programmes. In this regard, the survey findings showed that, by the end of the programme, the proportion of adults between age 15-49 who correctly identify all the three ways of preventing the sexual transmission of HIV has increased by fourteen to seventeen percent in Kalu and Addis Ababa respectively. Similarly, the proportion of male and female adults who tested and received their HIV results within 12 months preceding the survey dates has increased by 16 percent from the baseline figure. It was also reported that stigmatizing attitude towards PLHIV has decreased by 18 percent from the baseline.

However, the end line survey result shows that knowledge about HIV prevention is still low in the areas covered by the programme both in Kalu and Addis Ababa (49 percent in Kalu and 69 percent in Addis Ababa) and misconceptions<sup>2</sup> about how HIV could be transmitted are high among the community (about 47 percent of the respondents have some form of misconceptions about how HIV could be transmitted and 41 percent failed to correctly identify all three ways for preventing sexual transmission of HIV). Accepting attitude towards PLHIV<sup>3</sup> was also reported to be low where only 67 percent of the adult respondents reflected accepting attitude.

For the changes in HIV and AIDS related knowledge and attitude between the baseline and end line survey see Table 3, Annex 1

#### **4.1.2 Access to ART and VCT, medical, emotional and psychological support services**

The three year programme performance report shows that a total of 634 PLHIV directly accessed ART and other HIV related services, and 2,280 PLHIV received medical, emotional and psychological support services from facilities supported by the programme. It was also reported that 3,200 OVCs (0-17) live in households that received at least one of the medical, school related assistance and emotional/psychological supports. The performance achievement of the programme in the three areas was 157.7 percent, 114 percent and 276 percent of the targets.

It was further reported that about 3,559 and 3,806 people indirectly benefited from the ART, medical, emotional and psychological services supported by the programme respectively.

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<sup>2</sup> HIV can be contracted from a mosquito bite, HIV can be contracted by sharing a meal with someone who is infected with HIV, and healthy-looking person cannot be infected with HIV

<sup>3</sup>Accepting attitude towards PLHIV including: would be willing to care for a family member who became sick with the AIDS virus; would buy fresh vegetables from a vendor whom they knew was HIV positive; female teacher who is HIV positive but not sick should be allowed to continue teaching in school; would not want to keep the HIV positive status of a family member a secret.

The programme supported a functional referral linkage that was established between facilities supported by the programme like Mekdim ART clinics, VCT units, hospitals, health centers and clinics, with that of community level care providers like PLHIV associations, CBOs, home-based care (HBC) providers, community volunteers, and others.

People acknowledged that the established referral linkage helped PLHIV and OVCs to get different care and support services both from the programme and from others within the care and referral network. The social mobilization activities performed during the CC and youth dialogue sessions, during the World AIDS Days celebrations, national VCT day and the ART adherence education provided by health workers and members of the ART adherence group have significantly contributed to the improvement in peoples' awareness about and access to the HIV and AIDS related services.

For planned vs achievements results in access to ART and VCT services see Table 4, Annex 1.

In Addis Ketema area, where Pro Pride operates, HBCs providers, CC facilitators and members of the community actively search for chronically sick and bed ridden patients and link them with the nearby health facilities for HIV testing and treatment. The HBCs and PLHIV support group members also pay regular home visits to known bed ridden PLHIV and provide them with the necessary care and support. The volunteers assist the PLHIV with household chores; wash their body and clothes, prepare food and help them take their medication. Similar activities have been reported from among beneficiaries supported by Mekdim National Association in Addis Ababa and OSSA in Kalu Woreda.

In areas covered by the programme, neighbors and families also reportedly to play active roles in providing care and support services to PLHIV and OVCs. In most areas, PLHIV are often encouraged to participate in the CC sessions, teach the community about HIV and AIDS, share their experiences about the disease, stigma and discrimination they faced and volunteer to work in PLHIV support groups to address fellow PLHIV and OVCs.

The end line survey result shows that the most common home-based psycho-social care and support interventions that PLHIV and OVCs received were counseling and spiritual care (30 percent), PLHIV children school related support in the form of school fee payment, uniform, books and other stationeries (16 percent), shelter/cloths and personal hygiene (24 percent) and food/nutritional support (12 percent).

In Degan, Gerba and Harbu areas of Kalu woreda, members of PLHIV associations and *Iddirs* formed coalitions to closely Health Extension Workers and HBC providers in addressing the health and psychosocial needs of PLHIV and OVCs. The PLHIV associations closely work with the local health centers and assist with the follow up of those who are on ART. Members of the CSSG group contribute money on a regular basis to support each other at the time of their needs.

The Mekdim ART clinic which is supported by the programme provides comprehensive clinical care, laboratory and professional counseling services to about 404 PLHIV enrolled in the clinic.

The clinic also works together with other units within the MENA to address the psychosocial and economic needs of PLHIV and OVCs. The 300 PLHIV organized into 25 ART adherence support groups under Mekdim ART clinic, who regularly participate in ART adherence education and this was reported to have contributed to a very high adherence rate among PLHIV enrolled in the ART clinic. The reported high ART adherence rate and the home based care provided to bed ridden patients by the trained HBC providers and volunteers also markedly contributed for the reduction of the number of bed ridden patients and improved the quality of life of PLHIV who are supported by the programme.

The results of the baseline and end line surveys conducted among PLHIV living in areas covered by the programme concluded that access to ART has not shown significant change from the baseline. However, the survey result noted that more PLHIV in Addis Ababa use ART at the end line survey than what was reported at the baseline survey (79% in 2010 vs. 89% in 2013). However, the proportion of PLHIV in Kalu Woreda who were on ART at the end line survey was lower than what was reported in the 2010 baseline survey (92% in 2010 vs. 89% in 2013).

Reports showed that Pro Pride, OSSA and Mekdim were actively engaged in the promotion and provision of HCT services to targeted beneficiaries through static VCT centers and using mass mobilization activities during the national VCT days. The HCT service supported by the programme was implemented in the context of risk reduction and creating opportunity for a good entry point to the ART programme.

#### **4.1.3 Improvement in the household income of beneficiaries**

The programme registered remarkable achievements in helping the targeted beneficiaries including those who live with HIV, sex workers, female headed households, and guardians of OVCs to get involved in different livelihood/income generating activities.

The programme supported beneficiaries to get specific vocational skills trainings on sewing, embroidery, knitting and pottery. Before being engaged in the IGA activities, beneficiaries also received training on business management and entrepreneurship. The trainings provided to the beneficiaries specifically focused on enhancing their knowledge and skills so that they would be able to establish business, and generate income to sustain their livelihood.

The programme completion report showed that during the three years period covered by the programme, a total of 2,223 beneficiaries received trainings on vocational skills, business management, marketing and production. From Addis Ababa, about 2,039 poor families infected by HIV or affected by AIDS benefitted from the IGA scheme, achieving 272 percent of the target. In the majority of the cases, people who received the different types of training were given startup capitals and received technical support and close follow-ups while identifying and launching their business.

The result of the end line survey conducted among PLHIV living in areas covered by the programme showed that about two-third (68 percent) of PLHIV who participated in the survey have benefited from at least one form of economic and psycho-social care and support interventions in the preceding three years. More than half (54 percent) of PLHIV reported that

they have benefited from at least one form of economic empowerment interventions including vocational skill training (22 percent), saving and credit schemes (27 percent) and seed money for IGAs (31 percent).

Reports indicate that the income of the PLHIV and OVCs who benefitted from the programme has shown significant improvement during the course of the programme. The end line survey result shows that the average monthly income of the beneficiaries of the IGA scheme in Addis Ababa has increased from \$23.7 USD in 2010 to \$39 USD in 2013 (a 65% increase from baseline). The increment of the average monthly income of the beneficiaries in Kalu was also reported to be 42 percent from the baseline i.e., from \$14.57 USD in 2010 to \$35.1 USD in 2013.

With the aim of improving the saving habits and sustaining the business activities of the IGA beneficiaries, both Concern and its implementing partners managed to organize beneficiaries of the IGA scheme in to community self-help groups and cooperatives. Reports showed that in Addis Ababa and Kalu Woreda, a total of 1,723 PLHIV and OVC guardians who benefitted from the IGA scheme were organized in 60 CSSGs. The great majority of those who are organized in CSSGs and started to save money had no previous experience of saving.

However, it was reported that only two of the 15 cooperatives organized by TLH were able to sustain and work as a group by the end of the programme period. Lack of interest to work in a group, difficulty in getting working space, inability to fulfill the requirements set by microfinance institutions to get loans and limited market for products were the frequently mentioned reasons for the high defaulter rate observed among the cooperatives organized by TLH.

Concern and its IPs also collaborated with the small and medium microfinance institutions in providing training and technical support to build the technical and business capacities of individuals, saving groups and cooperatives. To further ensure the commitment of the beneficiaries of the programme to continue functioning as a group, the programme provided a total 950,000 birr as a startup capital for the 60 CSSGs. Most of those organized in CSSGs and cooperatives have also been linked with microfinance institutions like the Addis Ababa and Amhara Saving and Credit Banks so that their members could get access to credit services. Some of the CSS groups from Kalu also reported to have started lending money to their members with a very low interest rate.

The overall achievements of the programme showed that the majority of people who benefitted from the IGA scheme were able to earn better income and see improvement in the quality of their life. The majority of the beneficiaries of the IGA scheme attested that because of their involvement in the IGA scheme, they were able to get regular income that helped them to cover their household expense including house rent, utilities and food expenses. Parents also reported that they were able to send their children to school covering the cost for school fees, uniforms, books and materials. Many also said that the income that they got from their business helped them to have a relatively decent meal and take their medication regularly. The performance of the programme in trainings and IGA activities is summarized in Table 5, Annex

#### **4.1.4 Improvement observed in the quality of life of PLHIV and OVCs**

PLHIV and OVCs who benefited from the different components of the programme such as the community conversation, youth dialogue, counseling support, ART adherence education, the medical and psychosocial care and that of the IGA scheme have reported marked improvement in their quality of life.

Members of the different groups also used the discussion forum to share their experiences about stigma and discrimination. Many also acknowledged that the information and education as well as counseling support that they got during CC sessions, youth dialogue and group discussions helped them to avoid negative thoughts and feelings and develop positive outlook about their future.

Members of the different support groups involved in the different focus group discussions also reported that they have benefitted from being a member of a group with people of similar health and social problems. While describing how being a member of a group helped her and her HIV positive husband with their life, a member of a discordant couples group said, “Before joining this group, I used to feel that I was the only person who lived with an HIV positive partner. I used to have little information about the types of drugs my husband was taking and I had no idea on how I could support my husband with his treatment. Though my husband always insisted on having sex with me only with a condom, I was really not sure why I should remain HIV negative while my husband was living with the virus. These and other issues used to put me in a constant psychological stress. But after my husband and I started to attend the discordant couples support group, we received lots of new and useful information about many things. The information helped me to make sure that my husband would take his medication regularly, I follow up and remind him about the dates for his check up, his meals and rest. We always use condoms during sex. Because of this, my husband is in a better health condition and I am no longer stressed and am happy.”

Similarly, a member of HIV positive youth group, who participated in one FGD, said that she and other members of the HIV positive youth group regularly participated in the peer to peer learning sessions and this helped them to have a better awareness about many issues including HIV and AIDS, STIs, reproductive health and ART. She and her other colleagues further indicated that the information they got about ART adherence specifically helped them to take their medication without interruption.

Another member of the HIV positive youth group said that only few of her family members were aware of her HIV status. Before joining the group, she had a big burden to bear because she felt that she should have to keep her HIV positive status secret. However, after joining the group, she became more confident about herself. She also said that the group discussions gave her the opportunity to get important information about HIV and AIDS and ART and it also helped her share her worries and positive experiences with other HIV positive people of her age.

Practically all PLHIV who benefited from the care and treatment services supported by the programme and were met during the evaluation exercise reported to have observed marked

improvement on their health and overall wellbeing. Many acknowledged that the sick and bed ridden PLHIV have received regular home visits and counseling support from HBCs and other community volunteers and this has helped many seriously sick AIDS patients to recover from their illness and start to lead a productive life. Many also said that in addition to the ART they were getting from the ART clinics, other services and supports from the programme including the cost covered for opportunistic infection (OI) treatment, counseling service, the food and nutrition support, and psychosocial support contributed for the improvement of their health and the quality of their life.

According to some of the programme beneficiaries, the fact that they were healthy and economically productive improved the attitude that the other members of the community had towards PLHIV. As the result, they started to feel that their status in the community has improved.

#### **4.1.5 Reducing the risk of groups and individuals most-at-risk of infection by HIV**

The programme aimed at reducing the risk of HIV infection of more than 3,750 people targeted as most-at-risk groups such as youth and female sex workers by 20% from the baseline. It also aimed at reducing the risk of HIV infection, and vulnerability to the impact of HIV and AIDS of more than 600 employees of Concern and its partners by 45 % from the baseline.

As part of the risk reduction strategies put in place to reach groups and individuals most at risk, the programme planned to accomplish multiple activities including: establishing 125 youth dialogue sites, involving 2,500 youth in regular youth dialogue exercise, conducting risk factor analysis research among these groups in Addis Ababa, Amhara and SNNPR regions, reaching targeted groups and individuals with HCT and SRH services, and promoting and distributing condoms.

The programme performance report showed that during the three years period, groups and individuals targeted by the programme including commercial sex workers, in- and out-of-school youth, and sero-discordant couples were reached with various HIV-related services in order to prevent new HIV infection. This includes behavioral change communication interventions, condom promotion and distribution, access to VCT services, STI treatment and care, referral linkage for prevention of mother to child transmission (PMTCT), life-skills trainings and IGA activities. In this respect, it was reported that a total of 5787 individuals were reached with information and/or services on SRH (93 percent of the plan) and 1,963 individuals received HCT services (39.3 percent of the target) and a total of 343,250 condoms were also distributed among the different target groups of the programme. Condom outlets like condom boxes were fixed in and around offices; and anti-AIDS clubs, PLHIV associations, PLHIV support groups, female sex workers and others used to distribute the condoms to the beneficiaries.

The programme performance report shows that only 19 of the planned 125 in- and out-of-school youth clubs were supported with training, IEC/BCC and stationery materials and were engaged in youth dialogue programmes (15.2 percent of the plan) and 2,005 youth were

reached with a regular youth dialogue sessions (80.2 percent of the plan). The topics covered during the youth dialogue sessions were: sexual and reproductive health including HIV and AIDS, STIs, family planning and different life skills issues such as negotiation, conflict resolution, critical thinking, decision-making and communication skills. Reports shows that 64 of the planned 1,000 discordant couples were reached through a facilitated professional counselors support and one discordant couples support group with 30 members was established by MENA.

The planned HIV risk factors analysis research was conducted in 2011 among youth, sexually active single women and discordant couples in the targeted areas. The result of the research was able to identify the factors that increased risk and vulnerabilities to STIs and HIV transmission among the high risk groups and individuals.

A total of 6,513 different types of IEC materials such as posters, brochures and leaflets with targeted messages on MARP were produced and disseminated by the partners and other voluntary groups.

Despite the IEC/BCC activities carried out among the in- and out-of-school youth in the areas covered by the programme, the result of the end line survey conducted among never married youth age 15-24 in the areas covered by the programme showed that only 30 percent of youth had comprehensive knowledge about HIV prevention. Correct knowledge of all three HIV prevention methods was low among the study groups, ranging between 50 and 56 percent in Kalu and Addis Ababa respectively. Similarly, only about half of youth (52 percent) reject all the three common misconceptions about HIV transmission and similarly only about a quarter (24 percent) of the youth respondents had accepting attitudes towards PLHIV.

The survey result further shows that among those who have had sex within 12 months preceding the survey date, about 60.3 percent reported having sex with two or more partners and, 82 percent reported having sex with at least one non-commercial partner and out of them, 74 percent reported using condom at their last sexual encounter. The proportion of sexually active youth who reported consistent condom use with non-commercial partner in the preceding 12 months was 43 percent. The survey also noted that higher proportion of sexually active youth reported having multiple sexual partners at the end line survey than the 2010 baseline survey (43% in 2010 vs. 49% in 2013).

The survey result also indicates that the overall HIV test uptake among youth is very low whereby only 33% of the youth reported to be tested at the 2013 end line survey.

The proportion of youth involved in the study that benefited from any HIV and AIDS related intervention was very low. Those who reported getting any form of HIV prevention education was 8 percent in Kalu and 24 percent in Addis Ababa. Only 16 percent of youth reported to have received life skills-based HIV prevention training or peer education. According to the youth, school teachers and programme staff, a decline in intensity and scale of HIV prevention BCC interventions targeting youth was observed in the past few years.

The survey result on sex workers shows that only 37 percent had comprehensive knowledge about HIV prevention and only 45 percent have rejected all the three common misconceptions about HIV.

The findings related to the practice of condom use among the female sex workers (FSWs) show that about 98 percent reported to have used condom at the last sex with a paying client and 81 percent reported consistent condom use with a paying client in the past 30 days. The survey result also noted that the proportion of FSWs who reported condom use at last sex with paying client increased by 11 percent (from 87 percent in 2010 to 98 percent in 2013).

The findings related to FSWs access to HIV and AIDS related service revealed that compared to the baseline, the proportion of FSWs who tested for HIV within 12 months preceding the survey date has increased by 10 percent (from 41 percent in 2010 to 51 percent in 2013). Those with access to screening for STIs in the past 12 months increased by 14 percent (from 59 percent in 2010 to 73 percent in 2013) and those who reported to have attended life skills-based HIV education or peer education in the past 12 months has increased by 15 percentage points (from 30 percent in 2010 to 45 percent in 2013).

Findings of the survey conducted among PLHIV and discordant couple show that only 42 percent of the sexually active PLHIV had regular sexual partners and 77 percent of them reported to have used condom in the last time they had sex with their regular sexual partner and 63 percent reported consistent use of condoms while having sex with their regular partner in the previous 12 months.

Of the fifth of the PLHIV who reported having sex with non-regular or casual sexual partner in the previous 12 months, about 76 percent reported to have used condom in the last time they had sex with non-regular or casual sexual partners. However, only about half (54 percent) of them reported to have consistently used condoms during sexual intercourse with non-regular or casual sexual partners within 12 months of the survey date. About a tenth (9 percent) of the sexually active PLHIV also reported to having multiple sexual partners in the 12 month period prior to the survey. The survey result concluded that more PLHIV reported condom use in the last sexual intercourse and consistent condom use during sex with non-regular sexual partners. On the other hand, PLHIV who reported to having multiple sexual partners has reduced by 2 percent from 11% in 2010 to 9 percent in 2013.

#### **4.1.6 Workplace HIV and AIDS programme**

With the aim of reducing the risk of HIV infection and vulnerability to the impact of HIV and AIDS among workers, the programme supported the implementation of a workplace HIV and AIDS programme within Concern and its four Implementing Partners. The programme supported the organizations to develop a workplace HIV and AIDS policy document and/or to incorporate a section in their HR manuals which clearly states the organizations' commitment to adapt non-discriminatory policies and practices in recruitment, advancements and benefits for employees with HIV.

The organizations also received training, financial and material support to regularly conduct organizational conversations (OCs) among their staff. The programme also created opportunities for the staff to access condoms, IEC/BCC materials and HIV counseling and testing services.

Trained staff and invited guests helped with the facilitation of the OC sessions that took place in each of the organizations.

The programme performance report shows that a total of 450 staff (45 percent of the target) from Concern and its four IPs benefitted from the regular OC sessions and other services supported by the programme. The fact that organizations like Mekdim and TLH did not reach staff working in their branch offices was reported as the contributing factor for not reaching the target.

Achievements of the project in workplace HIV intervention is shown in Table 6, Annex I.

Staff members from Concern and the four partner organizations acknowledged the benefits that they got from the workplace interventions. Many reported that the discussions that took place between them, the facilitators and invited guests helped them to have an in depth knowledge and understanding about how HIV was transmitted and could be prevented. They also said that the sessions helped them to clear the misconceptions that they had about the disease and helped them change their attitude towards PLHIV.

Many also believed that workers received HIV and AIDS related education and information from the OC sessions and from the IEC/BCC materials helped them to get tested for HIV and know their status. Practically, staff members of the organizations communicated that stigma and discrimination were not a problem in their respective workplaces.

The survey result shows that among a total of 92 staff of Concern Worldwide Ethiopia and its four partner organizations, all of those involved in the survey are aware that their organization was implementing a work place HIV prevention intervention. About 87 percent reported to have had access to at least one workplace HIV programme intervention.

The end line survey result further noted that the proportion of staff with a comprehensive knowledge about HIV and AIDS increased by 34 percent from the baseline, more staff have shown accepting attitudes towards PLHIV (38 percent at the baseline vs. 76 percent at the end line) and the HIV counseling and testing service uptake has increased significantly among the staff (8 percent at the baseline vs. 48 percent at the end line)

Despite the significant achievements made by the programme in raising the awareness of the staff members about HIV, changing their attitudes towards PLHIV and enhancing the VCT uptake among the staff, the survey result concluded that there are still some staff members who are involved in risky sexual practice and hence, the risk factor and vulnerability of the small groups of staff members has not significantly changed over the course of the years.

#### **4.1.7 Capacity building support for Community Based Organizations:**

Building the capacity of local CBOs is one of the key interventions of the programme where Concern worked closely with two of its partners PROPRIDE and OSSA. The capacity building support was mainly carried out in order to strengthen the responses of the CBOs to provide care and support to OVCs and PLHIV and to ensure sustainability of the care and support component of the programme after the phase out.

In this regard the programme led the formation of a total of six *Iddir* coalitions in Addis Ababa and Kalu Woreda. The three *Iddir* coalitions from Kalu have 41 *Iddirs* and while the three *Iddir* councils organized in Addis Ababa have 70 *Iddirs* under them. As part of the CBOs' support, the *Iddir* leaders get training on resource mobilization, fund raising, office management, business skills management and mentoring. In addition, office furniture and supplies as well as small annual grants were given to run the OVC care programme and the care for PLHIV.

The leaders of the six *Iddir* coalitions reported that the capacity building support they received from the programme helped them to understand their roles and responsibilities in addressing the needs of families affected by HIV and AIDS. Many believed that the CBO support encourages representatives of the *Iddir* coalitions and members of the community to discharge their collective social responsibilities using their own resources. They also believe that ultimately the *Iddir* coalitions would take the lead and provide the necessary care and support for OVCs and families affected by HIV.

The programme performance report showed that, with the financial support they received from the programme and with the support from volunteers, programme staff members and PLHIV associations, the three *Iddir* councils from Addis Ababa and Kalu were able to reach out to a total of 3,200 OVCs

The leadership of the *Iddir* coalitions from Kalu Woredas were involved in mobilizing their members to contribute for HIV and AIDS related services. The CBOs' support provided by the programme helped the *Iddir* coalitions from Kalu Woreda to get registered as local consumer associations and receive business licences from the Trade and Transport Ministry Office of the Woreda. The business license helped all the three *Iddir* coalitions to be engaged in an IGA activity and started retail businesses distributing sugar and oil to their respective local communities. One of the three *Iddir* councils in Addis Ababa was also finalizing its preparations to establish a bakery as an IGA.

The leadership of the three *Iddir* coalitions from Kalu Woreda who communicated during the evaluation confirmed that the capacity building support they received from the programme enabled them to mobilize resources from their members and take the leading role in the care of OVCs, PLHIV, poor elderly people in their communities.

#### 4.1.8 Care and Support Referral Network

With the aim of enhancing the care and support referral networks at city and sub-city levels in Addis Ababa, the programme with the leadership of TLH and in collaboration with the Addis Ababa ten sub-city HAPCOs, supported the formation of ten care and support referral networks at the sub-city level. The networks have about 800 registered members including NGOs, government organizations (GOs), faith-based organizations, CBOs, and private organizations working on HIV and AIDS prevention and control activities in the different sub cities of Addis Ababa.

Organizing partners into care and support referral networks was useful to provide holistic HIV and AIDS services to PLHIV and OVCs through information and service exchange among service providers. The network was also helped to build the capacity of technical service providers' and share experience among service providers.

In this respect the programme performance report showed that TLH in collaboration with the ten sub-city HAPCOs organized quarterly review meetings, published and distributed service directories with information on the type of services provided by each network member. Thus far, five quarterly newsletters entitled, "Alliance" were printed and distributed to help members and stakeholders to share experience and information about good practices and inform them about the network's progress.

The programme also organized capacity building training on networking and partnership, and monitoring and evaluation for 48 representatives of member organizations. A five-day long experience sharing visit to Southern Nations Nationalities and People Region was also organized for forty network members. The experience sharing visits was reported to have created the opportunity for the network members to know how to scale up good practices using resource mobilization.

It was also reported that about 18,358 people living with HIV (9,355 women) and their families benefitted from the different types of services provided by the network members. This was possible through facilitated service exchange and the referral mechanism established among member organizations.

Skill trainings and startup capital for IGAs, financial support, VCT service, awareness creation, clothing and food support are some of the support that the beneficiaries got through the referral network. About 912oor women living with HIV from all the ten sub-cities of Addis Ababa and referred by the network members received vocational skills trainings from TLH training units.

Though not organized in a very formal way like the Care and Support Referral Networks in Addis Ababa, Concern, OSSA and other local partner organizations including the PLHIV associations, *Iddir* coalitions and the local health facilities organized an informal network, share information and follow up OVCs, and PLHIV who benefited from the different components of the programme in Kalu Woreda.

Even though organizations do not meet on a regular basis to specifically discuss the performance of the network, they use opportunities like the quarterly review meetings to share information and discuss achievements and gaps on the treatment, care and support services provided to PLHIV and OVCs. Many acknowledged that OSSA effectively utilized the established referral and networking system with the government and non-governmental institutions to ensure that the PLHIV and their families access basic social services including health, education, and legal services.

## 4.2 Significant Achievements

### ***Income Generating Activities (IGA):***

The programme managed to engage significant number of PLHIV and older OVCs IGAs and this has positively affected the health and wellbeing of the majority of the beneficiaries. Using the business training, the seed money as well as the continuous support they get from the programme as an input, the majority of the IGA beneficiaries managed to get involved in different business activities like sewing and embroidery, petty trade, animal fattening, vegetable and cereal cultivation, selling of meat and vegetables, and other food items. Some of those trained in sewing, embroidery and knitting also got employment opportunity and started to earn a living for their family.

The IGA scheme has helped in raising the average monthly income of PLHIV and their families. In Addis Ababa, the average monthly income of PLHIV who benefitted from the programme has increased by 65 percent while the increment of the average monthly income of PLHIV in Kalu was reported to be 143 percent from where it was at the beginning of the programme.

It was also noted that the IGA has significantly changed the life of PLHIV and their families who benefitted from the scheme. In this respect, most of the IGA beneficiaries are economically empowered and use the money from their business to cover the basic living cost for their family including house rent, food, medical care, education and expenses related with their children. Some beneficiaries reported to have increased their working capital by 20 folds, built houses, sent their children to the university, became major suppliers of food items like meat and vegetables in their locality.

Many of the IGA beneficiaries also said that apart from the economic benefits they got from the business activities they were engaged in, their involvement in the IGA scheme has positively affected their self-esteem and changed the attitude of the community towards them. Many also acknowledged that the community dialogues that took place in their respective communities in the form of CC sessions, *Iddir* meetings and coffee ceremonies helped to change the attitude the community towards PLHIV and the products they sell.

It was also noted that the work done by the programme to encourage IGA beneficiaries to be organized in CSSGs greatly improved the success rate of those involved in different business activities. The IGA beneficiaries who have joined CSSGs were able to learn about saving and to take additional loans to expand their business, financially support their business at the time of

bankruptcy or to send their children to college and universities. The IGA beneficiaries organized into sixty community self-help saving groups were financially and technically supported by the programme and have been linked with microfinance institutions so that their members can get access to credit services. Since the CSS groups lend money to their members without collateral and with very low interest, this has created the best option for the members to get much needed capital without lengthy lending and repayment procedures required by formal financial institutions.

#### ***Discordant couples support groups:***

The discordant-couples support groups and the HIV positive youth clubs organized by Mekdim with the support from the programme have registered remarkable achievements in improving the quality of life of the beneficiaries. In this respect, about forty discordant couples were organized in two discordant couples support group, and were given a platform to share their personal experience, get counseling support and receive information on different issues like ART adherence, food and nutrition, opportunistic infection, use of condom and so forth. Most reported that the information they got from the group discussions helped them to be more supportive to each other and take the necessary measures to protect their partners from HIV. ART adherence among the HIV positive members of the discordant couples is reported to be 100 percent. The discordant couples are also organized in the 'Self Help Group' and started to save money on a regular basis. The achievements of the discordant couples support group was considered by members as very useful and life changing.

#### ***HIV positive youth clubs:***

Different groups of people include programme officers, counselors, parents and HIV positive youth believe that any HIV and AIDS related intervention focusing on HIV positive youth is long overdue. Apart from treatment, care and support needs which are similar to the other PLHIV, HIV positive youth have special needs related to their age including needs for reproductive health and counseling services. The positive youth clubs established and supported by Mekdim tried to address the basic HIV and AIDS and RH related needs of about 250 adolescents from all over Addis Ababa. The information that HIV positive youth get through facilitated peer group discussions, peer to peer learning and during the one-to-one counseling sessions, helped the HIV positive youth to have an in depth understanding about HIV and AIDS and ART, basic reproductive health issues and to develop self-confidence and adopt a sense of responsibility to control the spread of HIV. Most reported being aware of the effect of early sexual experiences, unwanted pregnancy, abortion, family planning options, condom use and so forth. HIV positive youth who are on ART are also reported to adhere to their treatment. Most also reported helping their parents adhere to their ART.

### **4.3 Sustaining the Benefits of the Programme**

The programme has been implemented by four different local NGOs with diverse experience and specialties. The different components of the programme were also implemented in a large urban setting with a very complex social fabric and with multiple agencies working on HIV and

AIDS in the case of Addis Ababa and in a semi urban setting with closely knit communities and with very limited resources available for the HIV programmes in the case of Kalu Woreda.

In Addis Ababa the programme beneficiaries came from all sub-cities while from Kalu Woreda, limited number of kebeles within and around the three small semi urban settings namely: Gerbau, Degan and Harbu benefited from the programme. The degree of working relationships established between the IPs and their key programme partners including the government, CBOs, and the community as well as the commitment of the parties involved in the programme varies between Addis Ababa and Kalu.

Some of the key strategies that were employed by the programme to sustain the different components include: building the capacity of CBOs, engaging volunteers in programme implementation, creating strong referral and networking mechanisms, supporting health facilities to provide ART and related clinical services and formation of CSSGs and cooperatives. The summary of key achievements the programme made and gaps identified in sustaining the changes brought about the programme is presented below.

It was noted that in Kalu woreda the level of commitment of the key programme stakeholders including the different government offices, PLHIV associations, *Iddir* coalitions and members of the community was very high. As explained elsewhere in the body of the report, in Kalu woreda, by the end of the programme period, OSSA managed to formally hand over the entire programme activities to relevant government offices, *Iddir* coalitions, and local PLHIV associations. However, this was not the case in Addis Ababa.

The capacity building support provided by the programme helped the three *Iddir* coalitions in Kalu Woreda build their organizational capacity to sustain the activities beyond the programme period. All the three *Iddir* coalitions have establish a fund (mobilize resources from their members in the form of monthly contributions), and two of them managed to build office facilities, and started to generate money from the retail businesses they are engaged in. This enabled them to take the responsibility to sustain the OVC and PLHIV care and support interventions initiated by the programme.

Unlike what was observed in Kalu Woreda, all the three *Iddir* coalitions in Addis Ababa reported that due to lack of regular financial resources, they would not be in a position to sustain the care and support and CC activities beyond the programme period. Almost all reported that thus far they have not been successful in convincing their members to regularly contribute to the established fund. It was noted that at the time of the closure of the programme, Pro Pride provided 302,510 birr as a start-up capital for one of the *Iddir* coalitions to get engaged in an IGA activity. However, the realization of the IGA still needs follow up.

Reports showed that Concern and its IPs managed to organize a total of 1,723 PLHIV and OVC guardians in to sixty community self-help groups and twenty five cooperatives. The capacity of the CSSGs and cooperatives was built through training, mentoring and financial support. The CSSGs received financial support to enhance their capital and their lending capacity while the cooperatives organized by TLH received working capital to continue to be productive. Some of

the CSSGs and cooperatives were linked with microfinance institutions so that their members would have access to loans to expand and sustain their businesses.

However, it was noted that out of fifteen cooperatives established with the support from TLH in Addis Ababa about thirteen have either stopped working or could not sustain their activities due to reasons including lack of willingness of their members to work in a group, difficulty to get own working space, shortage of working capital and inability to get loan from microfinance institutions. The new civil society legislation which prohibits TLH to purchase products from beneficiaries also limits the cooperatives' access to the market and further discourages their members to work as a group.

Considering the loose relationship among members of the CSSGs, and in the absence or limited follow up and supports after the end of the programme, it would be very difficult to predict on how many of the CSSG will sustain their activities.

As part of the implementation strategy followed, the programme focal persons and health workers from the IPs played key roles in supporting the CC and youth dialogue facilitators in terms of coordination and conducting the sessions. The programme also hosted monthly review meetings, provided regular monthly transport allowances for the facilitators, and covered tea and coffee expenses for participants. However, with the completion of the programme, all the above mentioned inputs will not be available and this will seriously affect the continuation of CC and youth dialogue activities beyond the programme period. This is particularly true in Addis Ababa where the CBOs have not yet reached full capacity to take over and continue with the activities initiated by the programme.

The Network coordinator of TLH, members of the Care and Support Referral Network and representatives of the Arada Sub-city HAPCO met with during the evaluation noted the possible problems of sustaining the activities of the programme. Lack of capacity as well as willingness both from members of the network and the sub-city HAPCOs to host the sub-city level quarterly network meetings seriously impact the network activities. Other constraints like frequent staff turnover at the sub-city HAPCOs and related poor organization memory on the activities of the network, and lack of an ear marked budget for the network activities were also cited as the possible obstacles that could be faced to sustain some or all activities of the network.

Mekdim needs financial support to cover the cost for trainers and transport allowances for discordant couples groups and HIV positive youth groups. MENA reported that it lacks the required financial capacity to sustain the activities of the HIV positive youth groups and discordant couples' groups.

Both Mekdim and PLHIV getting clinical care from the ART clinic also believed that quality of care for people on ART will be greatly affected with the completion of the programme. They said that the clinic would face shortages of essential inputs like laboratory supplies and OI drugs.

## 4.4 Strengths in the Programme Implementation Process

### 4.4.1 Involvement of key stakeholders in the programme

Concern closely worked and assisted its four IPs to implement the different components of the programme and ensure that the programme objectives are achieved in accordance with the agreed performance framework. Concern staff members participated in different trainings and during regular quarterly monitoring visits organized by the four IPs.

All the four NGOs signed MOU and/or cooperative agreements with relevant government bodies in their respective areas of operation. Representatives of the NGOs participate in regular quarterly and annual planning and review meetings organized by the government offices like the *woreda* and Zonal/Sub-City HAPCOs and health offices. Similarly, representatives of government offices, key community level actors like representatives of CBOs and programme beneficiaries participated during regular quarterly meetings and monitoring visits to programme sites. The NGOs also sent their quarterly performance reports both to the donor and their relevant government partners. In Kalu *woreda*, Concern, OSSA and local stakeholders organized a joint evaluation exercise to assess the three years performance of the programme.

This coordination system put in place by Concern and its IPs, in most cases helped with the smooth communication, decision making, and reporting processes between Concern and its IPs and with the government partners. It was, however, noted that the level of involvement of government bodies and representatives of communities, CBOs and PLHIV associations in the different cycles of the programme and their respective commitment to the sustainability of the programme activities beyond the life of the programme vary in Addis Ababa and Kalu *woreda*.

It was noted that in Kalu *woreda* both OSSA and Concern managed to forge strong ties and involved their local partners at different stages of the programme cycle. As a result, throughout the programme period, health offices, HAPCOs and administration offices of Kalu *Woreda* and the zone worked with and provided support to the efforts made by the local PLHIV associations and the three *Iddir* coalitions supported by the programme. This has helped OSSA to formally handover the different components of the programme to the relevant government offices, CBOs, and PLHIV associations, by the end of the programme period.

### 4.4.2 Capacity building for CBOs

Through mentoring, technical support, and financial provision, as well as trainings on resource mobilization, fund raising, business skills and management, the programme managed to build the technical and financial capacities of *Iddirs* in Addis Ababa and Kalu *woreda*.

The capacity building support they get from the programme helped the *Iddirs* to be organized as *Iddir* councils and *Iddir* coalitions to mobilize own resources to support HIV affected families. The capacity building support helped members and the leadership of *Iddirs* to understand their roles and responsibilities in addressing the needs of families affected by HIV and AIDS and poor elderly people. It encouraged members of the community to discharge their collective social

responsibilities using their own resources and ultimately take the leadership to sustain the care and support activities for families affected by HIV initiated by the programme.

Using the financial support they got from the programme, the three *Iddir* counsels organized in Addis Ababa were able to reach OVCs with education materials, legal protection and medical support. Similarly the three *Iddir* coalitions in Kalu were able to reach out for PLHIV and OVCs with material and financial support.

The capacity building support they received from the programme enabled the *Iddir* coalitions from Kalu woreda, to receive legal recognition and get business licenses to work in retail businesses. The *Iddir* coalitions engaged in retail businesses, started to use some of their profits for the care and support of PLHIV and OVCs. In Addis Ababa, Pro Pride provided seed money for one of the three *Iddir* councils to be engaged in an income generating activity.

#### **4.4.3 Organizing PLHIV support groups, HIV positive youth clubs and discordant couples groups**

The programme managed to organize HIV positive youth, PLHIV and their HIV negative partners in different groups including community-based PLHIV support groups, HIV positive youth clubs and discordant couples groups. This helped to address barriers to service delivery so that members of the different groups were able to directly benefit from the programme activities including care and treatment services, ART adherence, reduction of stigma and discrimination and economic empowerment activities. Community-based PLHIV support groups specifically had significantly contributed in activities that provided HBC services to the critically sick bed ridden PLHIV, facilitating CC sessions, supporting members with IGA activities.

It is widely believed that because of their age and their position in society, the care and treatment needs of HIV positive young people is not well addressed by institutions working in the HIV and AIDS arena. Because of fear and stigma, many of the HIV positive youth do not disclose their HIV status and even in most cases their partners do not encourage them to disclose their status. Many, including those who are on ART, do not get the opportunity and the platform to discuss their worries, their illness and drug treatment. Due to a lack of adequate information and poor access to RH services, HIV positive youth, are found being involved in risky sexual behavior. The HIV positive youth clubs established and supported by Mekdim, managed to address the information as well as service needs of HIV positive youth through peer learning groups and one-to-one counseling sessions. This helped the HIV positive youth to have an in depth understanding about HIV and AIDS and ART, basic reproductive health issues and to develop self-confidence and adapt a sense of responsibility to control the spread of HIV.

Similarly, the discordant couples groups created a forum for the discordant couples to share information and counsel each other on several issues including ART adherence, food and nutrition, positive living, use of condoms, and so forth. Many of the members of the groups also acknowledged that the quality of their life has greatly improved as the result of the information and care and support they are getting as the result of their being members of the group.

#### 4.4.4 Promoting volunteerism at community level

Promoting volunteerism through active engagement of PLHIV and members of the community in HIV and AIDS related prevention, care and support activities is one of the areas where the programme achieves well. In this regard the programme managed to involve PLHIV and members of the community to work on ART adherence support groups, *Iddir* councils, CCs, youth dialogue and community-based PLHIV support groups.

The volunteers have significantly contributed in home-based care for critically sick and bed ridden AIDS patients, worked in counselling and support for PLHIV and discordant couples, promoted ART adherence among patients on treatment, facilitated community conversations and youth dialogue sessions and reduction of stigma and discrimination. The volunteers who lead the *Iddir* coalitions contributed their best to mobilize their members to contribute their money, time and energy and discharge their social responsibilities and provide care and support to PLHIV and OVCs.

### 4.5 Challenges and Gaps in the Programme Implementation

There is inadequate capacity among neither local stakeholders nor a clear sustainability strategy regarding how some or all programme activities related to awareness raising, networking, and ART adherence education could be sustained beyond the programme period. The three *Iddir* coalitions from Addis Ababa did not devise strategies on how to get the additional support they require after the end of the programme to reach full capacity to take over the care and support and CC activities initiated by the programme.

Some beneficiaries of the skill training run by TLH reported to have received neither tools nor the startup capital required to be engaged in the IGA activities. There is also little follow up on the status of the PLHIV and the poor elderly women who were recruited by network members and trained by TLH on sewing, embroidery, knitting and pottery.

Many of those who benefitted from the IGA scheme also reported that the startup up capital provided by the programme was not often enough to start a meaningful business. The progressive rise in the price of materials and inputs for business and the cost of rent for working space were cited as some of the factors that demanded for higher initial capital to start some businesses.

The government land policy which prohibits free land provision for individual or groups and problems related to getting collateral for loans seriously affected most of the fifteen cooperatives organized by the IGA beneficiaries in Addis Ababa. The lack of working space and inadequate finance seriously hampered the functions of about thirteen of the fifteen cooperatives.

The same youth dialogue manual is used by the youth dialogue facilitators for different groups of youth including in-school and out-of-school youth, married and unmarried youth, young

adolescents and older adolescents/youth or others. In this regard, it was possible to say that the manual in use fails to comprehensively address some very important age and sex specific issues for the different group of youth reached by the intervention.

The HIV positive youths and discordant couples organized into groups benefitted from the information and counseling support provided by trained facilitators and professional counselors from MENA. However, it was noted that the interventions were not supported by well-designed and targeted group focused IEC/BCC materials, manuals or facilitator guides. Pre- and post-test results for the different training sessions or any other information that could show the changes in knowledge, attitude or practice among the groups over time was not available.

## **5. Conclusions and Recommendations:**

### **Improving access to information and services:**

The result of the end line survey conducted to assess the level risk vulnerability and Knowledge, Attitude and Practice among affected groups and individuals showed that the programme achieved relatively well in reaching most of its targets. However, the findings also show that there is need for the scale up of a well-designed and target group focused BCC interventions in areas covered by the programme.

Considering the number of OVCs with possible HIV infections and in light of the absence of similar interventions targeting HIV positive youth in the two programme sites, it is possible to assume that there is a huge demand for HIV and AIDS and RH programme interventions targeting HIV positive youth. Hence, it is highly recommended for Concern and its IPs to find the means to scale up and reach more HIV positive youth with a well-designed and behaviour change focused HIV and AIDS and RH education and services.

Consideration should also be given to “tested strategies” that improve accesses to information on HIV and AIDS and RH services to discordant couples. In this respect, the effort made by MENA in helping discordant couples to come together in groups for information, counseling support and HIV and AIDS care and treatment services should be scaled up and supported.

The existing youth dialogue facilitators’ manuals should be revised in a way that it can address the needs and risk vulnerability of the different youth groups including: in and out of school youth, married and unmarried youth, young adolescents and older adolescents/youth etc.

There is also a need to assess and define the information and service needs of HIV positive youth and prepare a training and communication guide/manual that can be used during the peer to peer education and the life skill training conducted for the group.

In most cases preventive workplace interventions can be perceived as high investment and low yield and because of this, as observed with some of the IPs in this programme, organizations may not be content and often get reluctant to spend staff time and reach all the workers in their payroll with preventive workplace interventions. However, the payoff in terms of change in behavior, reduction in stigma and discrimination and risk vulnerability may well be worth the effort. Thus, both Concern and its four IPs should be encouraged to establish a fund and sustain

the workplace HIV and AIDS programme and reach all their workers, including those working in region and branch offices, with a complete package of workplace HIV and AIDS prevention and care and support interventions.

### **Continued support to cooperative and CSSGs**

Among other things, the success of any IGA activity benefitting PLHIVs and poor vulnerable women should be measured from the perspective of sustainability. In this regard the programme achieved well and travelled a remarkable distance by providing training, financial and technical support to IGA beneficiaries and organizing them into Community Self-help Saving Groups and cooperatives. The support helped the beneficiaries to learn about savings, appreciate its benefits and get access to loans to sustain their collective or individual businesses. However, the so far poor performance of the cooperatives established in Addis Ababa and the mostly unknown current status and future course of most of the CSSGs, calls for continued technical and mentoring support to be provided to the groups.

In principle, beneficiaries who received skill training as part of the IGA scheme, should be provided with the required means of production, get adequate startup capital and be provided with mentoring for an adequate period of time to ensure that they reach the level whereby they would be able to sustain their business without external support. However, the evaluation findings concluded that this approach was not always practiced among the four IPs. In this regard it is highly recommended for Concern and its four IPs or other future programme holders to consider the existing/current market value of inputs while providing the startup capital for the IGA beneficiaries. Both Concern and IPs should also plan and clearly outline, who should take the responsibility for follow up and mentoring for IGA beneficiaries after the programme ends.

### **Capacity building support for CBOs**

Building the capacity of local community based organization (CBOs) is one of the key interventions where the programme achieved well in Kalu Woreda. In this respect, by the end of the programme period, the three Iddir coalitions from Kalu woreda demonstrated their capacity by taking the responsibility for the care of OVCs and PLHIVs in their respective communities. However, unlike those in Kalu woreda the three Iddir coalitions from Addis Ababa did not reach the capacity level to take the responsibility for the care of OVCs and PLHIVs in their community. This calls for additional technical and financial support to be provided to the three Iddir councils from Addis Ababa because (1) the investment made so far to build their capacity should not be lost and (2) the Iddir coalitions should reach the level where they can take responsibility for the target groups.

### **Care and Support Referral Network:**

Concern should take a lead and coordinate with other members to work towards putting a clearly defined strategy to sustain the activities of the care and support referral network beyond the programme period.

## Annex

### Annex I: Tables

**Table I: Number and Location of Persons Interviewed**

	<b>Addis Ababa</b>	<b>Kalu Woreda</b>	<b>Total</b>
Programme officers and coordinators	8	2	10
Representatives of <i>Iddirs</i>	12	11	23
Discordant couples	10	0	10
Sub City HAPCO Head and Monitoring and Evaluation Officer	2	0	2
PLHIV support group members	10	9	19
Woreda level partners	0	8	8
OVC care providers	0	8	8
Community Conversation (CC) participants	10	15	25
Members of PLHIV Association /IGA beneficiaries	16	13	29
CC facilitators	4	4	8
Youth dialogue participants	12	8	20
Youth dialogue facilitators	6	4	10
IGA beneficiaries	17	18	35
Staff working on skill training	10	0	10
ART support group members	10	0	10
Network members	6	0	6
OVCs	7	0	7
Member of HIV positive youth clubs	12	0	12
<b>Total Interviewed</b>	<b>152</b>	<b>100</b>	<b>252</b>

**Table 2: Planned vs. Achievements:  
Community Conversation and Youth  
Dialogue Related Activities**

<b>Implementation component</b>	<b>Planned</b>	<b>Achieved Number (percentage)</b>
Number of CC sites established	<b>150</b>	<b>45 (30%)</b>
Number of technical staff and volunteers trained as CC and youth dialogue facilitators	<b>450</b>	<b>89(19.8%)</b>
Number of youth dialogue sites established	<b>125</b>	<b>19(15.2%)</b>
Number of youth benefited from the youth dialogue sessions	<b>2,500</b>	<b>2,005(80.2%)</b>
Number of people reached with CC	<b>10,500</b>	<b>4,777(45.5%)</b>
Number of school committees/ youth associations received CB support	<b>50</b>	<b>19(38.0%)</b>

**Table 3: Planned vs Achievements, Changes in  
HIV and AIDS Related Knowledge and Attitude**

<b>Implementation component</b>	<b>Planned (percentage increment)</b>	<b>Achievement (percentage change from the baseline )</b>
Women and men (age 15-49 years) who both correctly identify ways of preventing the sexual transmission of HIV	20%	14% (in Kalu) 17% (in Addis Ababa)
The proportion of adults who had stigmatizing attitude towards PLHIV	51% (baseline figure)	33%

**Table 4:** Planned vs Achievements, access to ART and VCT Services

Implementation component	Planned (percentage increment)	Achievement (% change from the baseline )
Women and men aged 15-49 of most-at-risk populations who received an HIV test in the last 12 months and who know their results	20%	16%
Number of people who directly accessed ART and other HIV and related services		634
Increase in adults (men & women) and children receiving antiretroviral therapy	79% (Addis Ababa) 92% Kalu	89% (Addis Ababa)  89% Kalu

**Table 5: Planned vs Achievements,  
trainings and IGA Activities**

<b>Implementation Component</b>	<b>Planned (Number)</b>	<b>Achieved (Number)</b>
Poor families who are affected or infected by AIDS in 10 sub-cities of Addis Ababa and who have benefited from IGA	<b>750</b>	<b>2,039</b>
Number of people trained on vocational skills, business management, marketing and production.		<b>1551</b>
PLHIVs, OVC care takers and community workers participated in the CSSG training	<b>1250</b>	<b>1723</b>
Number of cooperatives benefited from the startup capital provided by the project.	<b>25</b>	<b>15</b>
Number of CSSG groups formed	<b>40</b>	<b>60</b>
PLHIV and OVC who get accessed for startup capital and engaged in various IGA	<b>470</b>	<b>1,499</b>
Provision of PMTCT and ART training for PLHIV	<b>4,200</b>	
OVCs 18 years and older who get vocational skill training and start-up capital	<b>180</b>	<b>150</b>

**Table 6:** Achievements, Workplace HIV intervention

<b>Implementation component</b>	<b>Baseline survey 2010 (Percentage)</b>	<b>End line survey 2013 (Percentage)</b>
Staff who reported accessing at least one HIV programme intervention		<b>87</b>
Staff with comprehensive knowledge about HIV	<b>44</b>	<b>78</b>
Staff with accepting Attitude towards PLHIV	<b>38</b>	<b>76</b>
Staff tested for HIV	<b>8</b>	<b>48</b>
Staff having sex without condom with non regular partner	<b>5</b>	<b>4</b>

## **Annex 2: List of Documents Reviewed**

1. Summary application to cycle 3: Comic Relief International Programme Grant Application 2010-2013.
2. Log Frame, Concern Ethiopia Partnership for HIV Prevention and Impact Reduction in Ethiopia Programme
3. HIV and AIDS Baseline Survey Report of Addis Ababa, Wolaita and Wollo Areas, October 2010.
4. End line Survey Report for the Concern Worldwide Ethiopia HIV Prevention and Impact Reduction Programme in Addis Ababa and Kalu Woreda of the Amhara Regional State, December 2013
5. Annual Comic Relief Report for the period, October 2010 to September 2011
6. Annual Comic Relief Report for the period, 01st January 2012- 31st December 2012
7. Manual for Organizational level Conversation on HIV and AIDS, January 2007, Concern Worldwide
8. Community Conversation Implementation Manual, Federal HAPCO, July 1999 EC
9. Youth Dialogue Facilitators Manual, Federal HAPCO & UNICEF, 1999 EC
10. Internal by law for Community Care & Support Coalition, Concern 2006 EC
11. Programme document a: Kalu HIV and AIDS Prevention & Control Programme, Concern and OSSA
12. Third quarter report (May 1- August 31, 2013) Timret Lehiwot Ethiopia
13. Grant start up form (June 1 2011) Timret Lehiwot Ethiopia
14. Programme Concept Note HIV and AIDS Partnership Programme Logical Framework, Timret Lehiwot Ethiopia Programme Summery, HIV and AIDS Prevention and Control Programme, Pro Pride
15. Annual Report (January 1st to December 31st 2011), Pro Pride Messalemia Programme
16. Annual Report (January 1st to December 31st 2012), Pro Pride Messalemia Programme
17. First Phase Report (January 1st to April 31st 2013), Pro Pride Messalemia Programme
18. Second Phase Report (May 1st to August 31st 2013), Pro Pride Messalemia Programme

### Annex 3: Evaluation Schedule

Evaluation Schedule for End of Programme Evaluation of the Concern Worldwide Ethiopia HIV Prevention and Impact Reduction Programme in Addis Ababa City Administration and Kalu Woreda of Amhara Region (2011-2013)

	<b>Concern Worldwide Ethiopia</b>	
	Kill with concern HIV and AIDS program manager	<b>13 December, 2013</b>

	<b>Temiret Le Hiwot Association</b>	
1	Focus group (8-10 individuals) discussion with vocational skill trainers	<b>17-20 December, 2013</b>
2	Focus group (8-10 individuals) discussion with individual IGA participants and cooperative members	
3	FGD with Addis Ababa referral and networking members organization	
4	FGD with TLH staff ( both IGA and referral and Networking)	
5	Discussion with TLH staff and OC facilitators (8-10) on internal Mainstreaming activities	
6	1 key informant discussion IGA beneficiaries	
7	Feld observation	

	<b>Mekdim Ethiopia National Association</b>	
1	Focus group (8-10 individuals) discussion with PLHIV engaged in economic empowerment activities (CSSG group members)	<b>23-24 December, 2013 and January 3, 2014</b>
2	Focus group discussion(8-10 individuals) with PLHIV on ART and care and support	
3	Focus group discussion with (8-10) OVC	
4	Focus group (8-10) discordant couples	
5	Focus group discussion with positive youth	
6	Focus group discussion(8-10 individuals) with PLHIV support group members	
7	Discussion with Mekdim Ethiopia project manager and project officer and technical staffs (counsellors and health professionals)	
8	FGD with Mekdim staff and OC facilitators (8-10) on internal Mainstreaming activities	
9	2 key informant discussion (one OVC one PLHIV)	
10	Feld Observation	

	<b>Propride</b>	
1	Focus group (8-10 individuals) discussion with PLHIV engaged in economic empowerment activities (petty trade)	<b>25-27 December, 2013</b>
2	Focus group discussion(8-10 individuals) with PLHIV support group members	
3	Focus group discussion with (8-10) OVC	
4	Focus group discussion with local CBO (8-10 individuals) representatives	
5	Discussion with Pro Pride project manager and project officer and community workers	
6	FGD with commercial sex workers	
7	FGD with in and out school youth dialogue participants and facilitators	
8	FGD with CC Participants and facilitators	
9	Discussion with Pro Pride staff and OC facilitators (8-10) on internal mainstreaming activities	
10	Key informant discussion (one OVC one PLHIV)	
11	Key informant discussion with woreda HAPCO representatives	
12	Feld observation	

	<b>Organisation for Social Service for AIDS Diessie</b>	
1	Two focus group (8-10 individuals) discussion with PLHIV CSSG group members (one Harbu and One degangerba)	<b>30 December 2013 - January 2,2014</b>
2	Focus group (8-10 individuals) discussion with PLHIV engaged in economic empowerment activities (petty trade)	
3	Focus group discussion(8-10 individuals) with PLHIV on care and support and support group members	
4	Focus group discussion with (8-10) OVC	
5	Focus group discussion with local CBOs (8-10 individuals) representatives from there areas	
6	Discussion with OSSA project manager and project officer and community workers	
7	FGD with in and out school youth dialogue participants and facilitators	
8	FGD with CC Participants and facilitators	
9	Discussion with OSSA staff and OC facilitators (8-10) on internal Mainstreaming activities	
10	key informant discussion with Zone and Woreda HAPCO representatives	
11	Field observation	
12	KII with Concern Area coordinator and HIV and AIDS officer in Kemabolcha	

## Annex 4: Terms of Reference

### **Terms of Reference for Final Evaluation of HIV Prevention and Impact Mitigation Programme in Addis Ababa and KaluWoreda of AmehraRegion (2011-2013)**

#### **I. Background**

Concern worldwide Ethiopia has been involved in HIV and AIDS programme since 2001 to address two broad strategic objectives. The first objective is to reduce risk and vulnerability of Concern Ethiopia staff and all programme participants to HIV and AIDS through mainstreaming HIV and AIDS at organizational as well as programme levels. The second objective is to contribute toward reduction of HIV transmission and impact of HIV and AIDS in Ethiopia through providing funding and capacity building support for local NGOs.

Since 2001 Concern Worldwide Ethiopia in partnership with PROPRIDE, Mekdim Ethiopia National Association, Timret Le Hiwot and Organization for Social Service for AIDS (OSSA), has been implementing HIV prevention, care, support and treatment programmes in Addis Ababa and KaluWoreda.

Partnership for HIV prevention and impact mitigation programme is a three year programme (2011-2013). Align with the Government's HIV and AIDS Policies and Strategy, overall the programme targets 15,000 beneficiaries, and has objective of improving health, psychosocial, economic and overall wellbeing of PLHIV and their families and reduces the HIV transmission. The specific programme objectives are to:

- Reduce the level of stigma and discrimination which prevents targeted PLHIV and their families accessing HIV and AIDS related services and living positively by 35% from baseline.
- Improve the quality of life of 2000 PLHIV and 1160 OVC will be by 40% from the baseline. Reduced the risk of HIV infection of more than 3,750 targeted most at risk groups will be reduced by 50% from the baseline by supporting more balanced relationship between women and men and promoting safer sex practices.
- Reduced the risk of HIV infection and vulnerability to the impact of HIV and AIDS of more than 600 employees of Concern, partners and targeted schools by 45 % from the baseline.
- Improved organizational and technical capacity of 25 CBOs to proactively engage in the provision of care and support services for PLHIV and their families and have taken over the project from Concern and partners.

The major activities these four partner NGOs are implementing are HIV prevention, improving quality of life through home and community based care, economic empowerment for PLHIV and OVC, reducing stigma and discrimination, capacity building support for local community based organizations and HIV and AIDS mainstreaming.

This TOR is developed based on Comic Relief's guidance on undertaking external evaluation.

## **2. General Objective of the Evaluation**

The main objective of this evaluation is to review the impact and process of HIV prevention and impact mitigation programme implemented in Addis Ababa and Kalu Woredas. The review will also refer to the objectives stated in the project proposal and will generate key lessons learned, best practices observed and challenges experienced throughout the project period.

## **3. Specific Objectives of the Evaluation**

- 3.1 To review if the project objectives met the needs and priorities of the target groups and if not was the project able to adapt them in an appropriate way.
- 3.2 To review if project activities generated the planned outputs and were they delivered on time.
- 3.3 To review how the project work plan was reviewed to incorporate changes during the life of the project?
- 3.4 To identify significant achievements brought by the project.
- 3.5 To identify strengths in the project implementation process and recommend learning points
- 3.6 To identify challenges as well as weaknesses in the project implementation process and recommend possible changes for future learning.
- 3.7 To review how well the relationships among Concern Worldwide Ethiopia, Local partner organizations and Comic Relief worked?
- 3.8 To assess the sustainability of the benefit of the project intervention and recommend changes for future learning.

## **4. Specific Questions That the Evaluation Must Address**

- 4.1 What difference has the project made to people's lives (what, who, where, when)?
  - Who has benefited (women, men, girls and boys) and in what ways?
  - Are those changes (outcomes) relevant to people's needs
  - Are they likely to be sustainable in the long term?
  - Have there been changes to policies, practice and attitudes of decision and policy makers to benefit the project's target groups?
  - To what extent has the project contributed to the achievement of broader national and international policies, conventions, targets etc in the country/ies where the project is working?
  - To what extent has the achievement of the changes/ outcomes been influenced by external context and other factors?
  - Did the project provide the appropriate support to strengthen community based organizations (CBOs) and networks?
- 4.2 How has the project made this difference?

Approaches used by the project and implementing organisations:

  - What was the overall theory of change for this project? Has it been effective in bringing about lasting change? Were there any gaps?

- What have been the most effective methodologies and approaches the organisation used to bring about changes to people's lives? What has worked and what has not? What lessons have been learned? Who have they been shared with?
- How has the type of organisations funded (e.g. user-led, social enterprise, national or international NGO), both UK and local, helped or hindered the delivery of lasting change?
- How have relationships between partners throughout the relationship chain (looking at UK organisation-local partner(s)-target groups) helped or hindered the delivery of change /outcomes?
- How effective have the project's management, monitoring, learning and financial systems been? How have they helped or hindered the delivery of lasting change?
- Has the project been cost effective?
- How did the project support people infected and affected by HIV and AIDS specially women and girls. What were the significant changes seen in the lives of the target population?
- Did the project address the basic needs as well as the basic rights of people infected and affected by HIV and AIDS? What basic needs did the project meet and were the basic rights of people protected and assisted?
- How well were the local people like people living with HIV, AIDS orphans, local community groups, Anti-AIDS clubs and relevant local governments involved throughout the project implementation period? How did the project adopt and work using the Greater Involvement of people with AIDS principles.
- How did the project interact and involve a range of relevant stakeholders like local government, other NGOs, community groups and HIV and AIDS Prevention and Control Offices (HAPCO)? And how did that involvement benefit the implementation of the programme.
- What have partner organizations learned from experiences and improved practices throughout the project period are those lessons documented and incorporated into other projects that partners implement
- Did the project put mechanisms in place to ensure sustainability of benefits?
- In regard to this evaluation would there be issues that Concern would want to learn about working with partners and the contribution of this programme
- How much of the programme development and implementation was owned by the partnership and driven by the community.
- What was the relationship between Concern Worldwide Ethiopia and partners?
- Do the partners now have the capacity to continue without Concern's support?
- How did this programme support Concern's Worldwide Ethiopia and Concern Worldwide strategic direction?
- To what degree have project outcomes been achieved? Were there any unexpected outcomes?

## **5. Specific Tasks and Processes to be followed**

- 5.1 Review of policy documents, HIV and AIDS policy and strategy of Ethiopia, donors and local partner organizations.

- 5.2 Review of donors and partners project proposals, base line survey, annual reports, and evaluation and assessment reports.
- 5.3 Discussion with relevant staff of HIV partner organizations, Concern Worldwide Ethiopia staff including SMT (senior management team), regional HIV and AIDS advisor, relevant Comic Relief staff, targeted groups (PLHIV, AIDS orphans and vulnerable to HIV), volunteers and CBO and local government official.
- 5.4 Contact discussion with stakeholders that are involved at all levels of the programme.
- 5.5 Project visit for direct observation changes
- 5.6 Document key lessons learned, best practices and challenges

## **6. Methodology**

The evaluation will be fully qualitative. Programme target groups, government and non-governmental organizations representatives, partner and concern staff will interviewed. In addition all secondary data like annual reports, strategies and learning review reports will be reviewed

## **7. Reporting**

The evaluation report should be written in plain English and free of jargon. The main body of the report should not exceed 30 pages and is expected to contain the following structure

- 7.1 Executive summary
- 7.2 Introduction – directly relevant to the report’s analysis and conclusions.
- 7.3 Analysis and main findings- supported by relevant data and how it has been sourced
- 7.4 Conclusions and recommendations - details as to how they might be implemented and guidance on the process by which findings will be shared and discussed with all stakeholders including those who are benefiting from the project and how any resulting changes.
- 7.5 Appendices - a list of informants, evaluation team work schedule and other technical details.

## **8. Duration**

The timeframe for conducting the evaluation will be two months from the date of official agreement signed between Concern Worldwide Ethiopia and the lead consultant.

## **9. Evaluation Team**

This evaluation will be commissioned to qualified institutions if available or to a consultant who has previous experience of carrying out similar evaluations and has relevant technical knowledge.

## **10. Logistics**

Concern Worldwide Ethiopia will make the necessary logistical arrangements for the smooth operation of the evaluation.

## **11. Lines of Communication**

- The HIV and AIDS manager under the direction of the Assistant Country Director and supported by the HIV and AIDS officer based in Kombolcho will be the focal person for the entire process.

- While conducting the field work, the evaluation team will liaise and/or directly communicate with Concern Worldwide North Area office and partners' project staff.

## **12. Debriefing**

The evaluation team will debrief Concern Worldwide Ethiopia and partners management staff on core findings and recommendations.