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IDENTIFYING AT RISK POPULATIONS AND HIV/AIDS REFERRAL SERVICES

BASELINE ASSESSMENT FOR MOBILE COUNSELING AND TESTING PROGRAM IN THE OROMIYA REGION OF ETHIOPIA



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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
CSW	Commercial Sex Worker
DOTS	Direct Observation Treatment, Short Course
FGAE	Family Guidance Association of Ethiopia
FGD	Focus Group Discussion
FHI	Family Health International
FSW	Female Sex Worker
HAPCO	HIV/AIDS Prevention and Control Office
HBC	Home-based Care
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IGA	Income-generating Activity
MARP	Most At Risk Population
MSM	Men Who Have Sex with Men
NGO	Nongovernmental Organization
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PICT	Provider-initiated Counseling and Testing
PLHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
PSP	Private Sector Program
RTI	Respiratory Tract Infection
STI	Sexually Transmitted Infection
TB	Tuberculosis
USAID	United States Agency for International Development

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EXECUTIVE SUMMARY

The objective of this assessment was to identify the size and distribution of the populations most at risk for HIV disease in the major towns of Oromiya region, which are located along the busiest roads in Ethiopia. It also sought to describe the interaction between populations. The resultant information will help in designing mobile HIV counseling and testing (HCT) services that are effectively linked to the ongoing community- and facility-based HIV continuum of care as well as in developing feasible strategies for increasing the demand for and access to mobile HCT services to most at-risk populations (MARPs) in the study towns.

The study was qualitative by design and information on MARPs was gathered from various sources. It was conducted in two phases: The first phase was a comprehensive review of published and unpublished reports. This was supplemented by interviews with key informants: heads of woreda HIV/AIDS Prevention and Control Offices, health offices, and local nongovernmental organizations; health facility providers; and care and support groups. In the second phase, in-depth interviews and focus group discussions were conducted with different groups that represent MARPs, including school and out-of-school youth, mobile/migrant workers or day laborers, and female commercial sex workers. Additionally, relevant information was gathered from key institutional records.

Ten towns were selected for the study based on criteria such as relatively high population, informal knowledge of traffic load, and number of migrant workers. Five towns are on the highway that runs from the Ethiopian capital, Addis Ababa, to Djibouti, five are on the road that links Ethiopia with Kenya.

The four data collectors (two female and two male) are holders of first degrees in health sciences; all have experience in conducting qualitative studies. A consultant and staff from PSP-Ethiopia participated in some of the interviews and discussions and supervised the entire data collection.

The assessment indicated that the demand for HCT is very high among the MARPs and the general population. The existing voluntary counseling and testing sites are not providing services to all in need due to shortage of staffs and reagents.

Substance abuse (of chat, shisha, and hashish,) is very common in most of the towns, contributing to the spread of sexually transmitted infections/HIV. Chat houses are everywhere and attract all segments of the population, especially the youth. Use of hashish was reported to be very high, especially in Shashemene town.

In addition to pervasive commercial sex work, transgenerational and transactional sex are also very common. Residents of Addis Ababa use nearby towns for chewing chat and transgenerational/transactional sex. Besides urban residents, rural migrant workers and rural residents who come to the towns for markets and other business are at risk of HIV infection. In addition to MARPs, married men and women are reported to be at risk.

All informants welcomed the idea of mobile HCT because they believe that it would help them cover the unmet need for HCT and enable them to target high-risk and underserved groups.

I. BACKGROUND

HIV/AIDS continues to have a devastating socioeconomic impact in Ethiopia. According to the sixth report on AIDS in Ethiopia, published in September 2006 by the Federal Ministry of Health, Ethiopia has around 1.3 million people living with HIV/AIDS (PLHA) and a national adult prevalence rate of 3.5 percent. While this represents a decrease from the adult prevalence rate of 4.4 percent in the 2004 report, there is great disparity in the rate among population groups. HIV incidence is generally higher in urban areas (10.5 percent), moderate in peri-urban localities, and much lower (1.9 percent) in rural areas. The prevalence rate for females (4 percent) is slightly higher than that for males (3 percent); in 2005, females accounted for a higher number of new infections and deaths. The peak age for HIV prevalence is 15-29 years for females, 25-39 years for males. There is wide regional variation in prevalence rate; the highest is in the capital, Addis Ababa (11.7 percent), the lowest in Somali (1.2 percent). The four biggest national regional states (Addis Ababa, Amhara, Oromiya, and SNNP) account for 86.6 percent of all HIV cases [1, 2].

The Federal Government of Ethiopia in collaboration with development partners has mounted a robust response to fight the HIV/AIDS epidemic. In the past decade, the country has gradually expanded HIV/AIDS-related services. At present, close to 800 facilities provide voluntary HIV counseling and testing (HCT) services, but the uptake for HCT services is still very low and in 2005 only 4 percent of females and 5 percent of males tested for HIV in their lifetime. The HCT centers throughout the country provide services for a smaller number of clients than expected [3]. Facilities providing antiretroviral treatment (ART) and prevention of mother-to-child transmission (PMTCT) services have now reached 268 and 396, respectively [4, 5]. Although it is well known that certain groups are at higher risk of acquiring HIV, few programs specifically target those groups. Recently, some programs have been designed to target at-risk groups such as students and uniformed men and women [6].

Recent reports indicate that HIV infection is concentrated among subpopulations that are commonly known as most at-risk populations (MARPs). The United States Agency for International Development (USAID) describes MARPS as [7]:

- Women and men identifying themselves as commercial sex workers (CSW)
- Clients and partners of CSW
- Girls age 15–24 years reporting sexual activity, reporting more than one partner, completing secondary school or higher, migrating to urban areas, or separated/divorced
- Pregnant women
- Men age 25–50 years engaging in transgenerational or transactional sex, highly mobile, or in an executive position of authority
- Young men with multiple sexual partners
- Uniformed service members

- Men who have sex with men (MSM).

MARPs are very important targets for effective HIV prevention and control. However, they also are the most difficult to reach with information, education and communication (IEC)/behavior change communication (BCC) and care and support services. Moreover, it is very difficult to determine the size and distribution of most MARP subpopulations as many MARPs are transient and practices such as CSW and MSM are illegal and highly stigmatized.

Abt Associates Inc. is a private company based in the United States. Abt Associates together with three international cooperating agencies, namely IntraHealth International (IHI), Population Services International (PSI), and Banyan Global, undertook the Private Sector Program (PSP)-Ethiopia in March 2004. Funding is from USAID and the President's Emergency Plan for AIDS Relief (PEPFAR).

The main objective of PSP-Ethiopia is to enhance public-private partnerships in the area of HIV/AIDS and tuberculosis (TB). Over the years, PSP-Ethiopia has established strong partnerships with several private institutions and the public health sector at different levels in seven regional states in the country. The project provides assistance to the private for-profit health sector to enhance its contribution to the national response to HIV/TB. PSP-Ethiopia works in HIV/TB prevention, care, and support in big government entities and private for-profit companies in the country. The project has contributed greatly to the initiation of private for-profit health sector involvement in the provision of direct observation therapy, short course (DOTS) at the medium and higher clinic levels, a first in Ethiopia. PSP is working with different stakeholders in the country to improve access and quality of HCT services in the private for-profit sector. Clinics are supported with training and supplies.

PSP-Ethiopia has also started working in the area of mobile HCT in order to reach the hard-to-reach MARPs. PSP has been working with the regional health bureaus of Addis Ababa, Oromiya, and Amhara, as well as with community stakeholders to enhance access and demand for mobile HCT services among MARPs in major urban and peri-urban localities.

This HCT assessment is, therefore, aimed at identifying the size and distribution of populations most at risk for HIV disease in Oromiya's major towns, which are located along the busiest roads in Ethiopia. Assessment findings will help in designing mobile HCT services that are effectively linked to the ongoing community- and facility-based HIV continuum of care as well as in developing feasible strategies for increasing the demand for and access to mobile HCT services to MARPs in the study towns.

2. OBJECTIVES

This assessment gathered and analyzed basic information to guide the design of the mobile HCT intervention to improve access to and demand for HCT services among MARPs. More specifically, its objectives are to:

- Identify areas in each town that are suited to reaching the MARPs outlined above as well as any other at-risk groups identified by local or regional health authorities and key informants.
- Document the specific locations where public, private, and nongovernmental organization (NGO) providers are delivering HCT or ART services. Identify a contact person and telephone numbers for each facility, and describe the services available as well as working hours.
- Identify and document the organizations providing other services in the HIV continuum of care and support.

3. METHODOLOGY

3.1 STUDY DESIGN

The study design had a three-pronged approach. First, the authors conducted a comprehensive review of published and unpublished reports to gather information on MARPs in Oromiya region. Second, the assessment used two qualitative study techniques, key informant interviews and focus group discussions (FGDs), with different groups that represent MARPs. Finally, data and information were gathered from key institutional records. The MARP groups included in-school and out-of-school youth, mobile/migrant workers or day laborers, and female commercial sex workers (FSWs). The key informants were heads of woreda HIV/AIDS Prevention and Control Offices (HAPCOs), health offices, and local NGOs; health facility providers; and care and support groups. Nine FGDs were conducted: three with in-school youth, three with out-of-school youth, and three with migrant day laborers. Nine in-depth interviews with FSWs were conducted.

The aim of the FGDs was to identify main predisposing factors for risk behaviors, and to find out who are the most at risk and whether and how they are being reached by HIV/AIDS/sexually transmitted infection (STI)-related messages and services. The discussions included issues related to participants' attitudes toward HCT service providers in general and toward new HCT modalities such as mobile HCT in particular. They also discussed which service delivery options and timing would be suitable to each target groups. In-depth interviews were conducted with women identifying themselves as CSWs.

3.2 STUDY SITES

The study was conducted in 10 towns of Oromiya region (Table I). The towns were selected based on criteria such as having a relatively large population, informal knowledge of traffic load, and a number of migrant workers. The towns are on the highways from Dukem to Shashemene and from Modjo to Adama, international roads that link Ethiopia with Djibouti and Kenya, respectively. The roads are busy, with high concentrations of bars, hotels, and commercial sex. Moreover, numerous industries and plantations attract many migrant workers. The growth of flower plantations in the past few years has greatly increased the number of migrant workers, especially on the Dukem–Shashemene route.

TABLE I. STUDY SITES IN OROMIYA REGION

Region	Main towns
Southeast	Dukem
	Bushofto
	Modjo
	Meki
	Zeway
	Arsi Negele
	Shashemene
East	Adama
	Wonji
	Metehara

3.3 DATA COLLECTION

The study had four data collectors (two women and two men), all first degree holders in health sciences with experience in conducting qualitative studies. The data collectors also were fluent speakers of local languages. The PSP-Ethiopia consultant and staff participated in some of the interviews and FGDs and supervised the entire data collection effort. The data collectors worked in teams of two persons; each team was responsible for five towns and nearby factory or plantation sites. The data collectors received a two-day orientation on the purpose of the study and on how to conduct data collection.

The assessment was conducted in two phases. Phase one consisted of mapping MARPs, such as areas where the CSWs and day laborers are concentrated, using secondary data generated from various sources supplemented by key informant interviews. Phase two comprised conducting in-depth interviews and FGDs with different groups of MARPs. Data collectors worked closely with relevant government authorities throughout the data collection process to organize and conduct each interview and FGD. Interview and FGD topics were based on the information generated in phase one.

In addition to obtaining consent from the relevant authorities including the regional HAPCOs and health bureaus, the consent of all discussants and respondents was obtained after explaining the aim of the assessment in detail by using standard consent form. All communications with the participants were conducted in local languages.

4. RESULTS

This chapter presents the key findings of the assessment by town, in order to give detailed and useful information for each town. Presenting the findings in this manner will assist program implementation to pinpoint and target services to the MARPs. The crude information, generated from secondary data, was submitted separately.

4.1 DUKEM

Dukem is in Oromiya region's East Shoa zone, only 37 km east of Addis Ababa. The town has only one kebele (lowest administrative unit), and an estimated total population of 16,708 (7,694 male and 9,014 females).

Risk setting and population

The risk factors for increased HIV transmission in Dukem is the result of poverty (especially among women and in-school and out-of-school girls) and the presence of truckers, businessmen, day laborers, and factory workers who have money to pay for sex. On the weekend, there also are many entertainment-seeking visitors from near-by Addis Ababa. The abundant bars, nightclubs, and chat and shisha houses, crowded with FSWs, put the town at high risk for HIV/AIDS.

TABLE 2. SIZE OF TARGET POPULATIONS IN DUKEM

Target population	Estimated number
Commercial sex workers (CSWs)	>500
Migrant day laborers/unskilled construction workers	3000
Farm/plantation workers	NA
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary)	687
Out-of-school youth	DK
Petty traders/informal traders	150
Truckers and bus drivers (entering and leaving the town)	175

Female sex workers

As has just been noted, for its population size, Dukem is a town with a high concentration of bars, nightclubs, hotels, and brothels, such as local brew sellers (bets), which sell local brews such as tella, teje, and araki. The town is also known for its increasing number of chat and shisha houses, located along the main Addis-Adama highway. Visitors from Addis Ababa and travelers passing through town buy sex from FSWs. At any one time, the town has more than 500 FSWs who move from town to town along the route. In-school and out-of-school girls pay contacts/brokers to link them with visitors seeking sex. It is reported that women involved in any form of sex work are young, ranging in age from 15 to 25 years.

FSWs believe that the persons most affected by HIV are members of the uniformed services, youth (students), housewives, and housemaids because condom use is not universally practiced among these groups. FSWs reported that they have sex without a condom only if forced or when they are very drunk.

TABLE 3. BARS, NIGHTCLUBS, BROTHELS (TELLA AND ARAKI BETS), AND OTHER SITES IN DUKEM WHERE SEX WORKERS OPERATE

Name	Address
Samisa Hotel	Key Amba Sefer (market)
Radar Bar	Debrezeit Street
Ehitimamachoch Hotel	Tele Sefer
Dawit Hotel	Around Municipality Office
Other nightclubs	Around Dashen Bank
Tella, tej, and araki bets	Zequala Bar
Yerer Terara Hotel	Yerer Bar
Worku Bikila Hotel	Around Dashen Bank

TABLE 4. STREET/KEBELES/SEFER WHERE SEX WORKERS MEET CLIENTS

Name
On the main road
Zequala Bar-areki & tella bets
Chat and shisha houses

TABLE 5. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE

Name
Bekejo Sefer

Mid- and long-distance truckers

Middle- and long-distance truckers are usually away from their families for relatively long periods. Long-distance drivers seem to visit FSWs frequently, especially when they spend the night in town. In Dukem, truckers are the main customers of FSWs. Through the facilitation of brokers, truckers have access to sex with young in-school and out-of-school girls. The town has a large number of street youth who are reported to be at risk of sexual exploitation.

TABLE 6. NUMBER OF TRUCKS AND MID- AND LONG-DISTANCE BUSES ENTERING AND LEAVING DUKEM DAILY

Time	Estimated number
Morning	42
Mid-day	61
Night	72
Estimated trucks parking overnight	209

TABLE 7. PLACES WHERE TRUCKERS AND BUS DRIVERS PARK AT NIGHT

Name/location
Near customs office
Hadid Sefer
Along the main road, near hotels and bars
Adama-Asella road
Garages and fuel stations

TABLE 8. BARS, CLUBS, AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS

Name	Location
Samisa Hotel	Key-Amba Sefer
Radar Bar	Debrezeit Street
Ehitimamachoch Hotel	Tele Sefer
Worku Bikila Hotel	Along the main road
Chat and shisha houses	Along the main road

Day laborers/construction workers and factory employees

Dukem town is a center of many factories that employ more than 3,000 day laborers, who work on construction and in the factories and who visit FSWs.

Health profile

Several disease conditions have significance for public health in Dukem. Key informants report diarrhea to be the most prevalent health problem followed by unstable seasonal malaria epidemics. TB, HIV/AIDS, and STIs are also believed to be common problems.

TABLE 9. NUMBER OF PUBLIC AND PRIVATE HEALTH FACILITIES

Public facilities	Number
Hospital	---
Primary health center	1
Urban health post	---
Clinic	---
Total	1
Private facilities	
Hospital	---
Higher clinic	1
Medium clinic	1
Lower clinic	1
Diagnostic (laboratory)	1
Traditional medical center	1
Total	5

TABLE 10. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICES

Name	Level	HCT	TB		ART	STIs	OIs*
			DX	RX			
Hema	Higher clinic	---	√	---	---	---	√
Dukem	Medium clinic	---	√	---	---	---	√
Biruk	Lower clinic	---	√	---	---	---	√
Hawi Biftu	Diagnostic	---	√	---	---	---	---
Selam Traditional Medical Center	Traditional	---		---	---	---	---

* OI=opportunistic infection

Dukem has one public health center. It provides all HIV/AIDS-related services including chronic care, ART, and TB/HIV. The private clinics (one higher clinic, one medium clinic, one lower clinic, and a diagnostic laboratory) provide diagnostic and referral services for TB patients. None of these private health facilities provide counseling and testing and other HIV/AIDS-related services. The three clinics (higher, medium, and lower), however, do provide STI services.

MARPs (truckers, FSWs, youth, and day laborers) in the town are reported to have limited knowledge about STIs including HIV and they have limited access to services. It was reported that MARPs such as FSWs and day laborers are the groups least likely to visit health facilities for problems such as STIs. It is also noted that youth and other MARPs lack friendly services; the town has no health facility that targets these groups. FSWs are also uncomfortable with health services provided at public health facilities for several reasons; the main ones are long waiting times, poor quality of services, and health providers' negative attitude observed towards FSWs.

Condom use

Though condoms are widely used and easily accessible during the day, their higher price and unavailability at night makes it difficult for clients who unexpectedly need a condom. This finding means that innovative alternative distribution mechanisms for these groups are needed.

HCT services

Health service provision programs including HIV/AIDS services in Dukem are not targeted to the needs of MARPs. For example, the discussions with FSWs indicated that these women prefer to partake of HCT services during the afternoon, as it is the only time they have available. Moreover, most NGOs working on HIV/AIDS focus on the provision of income-generating activities (IGA) activities and other palliative care services. These agencies give very limited emphasis to the provision of HCT services in Dukem.

4.2 BISHOFTU

Bishoftu is located in East Shoa zone of the Oromiya region, only 47 km east of Addis Ababa. The town has nine kebeles, and an estimated total population of more than 136, 000 (66,677 male and 69,395 female).

Risk setting and population

Several factors put Bishoftu at an increased risk of HIV/AIDS transmission: It attracts local tourists and a good part of its population is transient, including large numbers of uniformed services members and day laborers from a number of factories and construction projects. In addition, many residents, especially women, are poor, and there is a significant number of FSWs. Abundant bars, nightclubs, recreational areas, hotels, and brothels facilitate interaction among these groups, exacerbating HIV transmission.

TABLE 11. SIZE OF TARGET POPULATIONS IN BISHOFTU

Target population	Estimated number
Commercial sex workers (CSWs)	1000
Migrant day laborers/unskilled construction workers	1500
Farm/plantation workers	2270
Fishermen	35
Uniformed government employees	DK
In-school youth (secondary & college)	8763
Out-of-school youth	DK
Petty traders/informal traders	2000
Truckers and bus drivers (entering and leaving the town)	116

Female sex workers

As noted above, Bishoftu has a high concentration of bars, nightclubs, hotels, and brothels such as tella and araki bets where local brews are sold and most FSWs operate. The majority of these facilities are located in Kebeles 04, 05, and 06, along the main Addis-Adama highway. There are an estimated 800 permanent and 200 transient FSWs in Bishoftu. In addition to commercial sex being transacted in the above-mentioned sites, outdoor sex (in cars and recreational places) is reportedly becoming common, typically on the weekends, when visitors enter the town. According to the informants, FSW customers are often members of the uniformed services and day laborers. Bishoftu also has several schools and colleges with a high number of young girls enrolled. The practice of sex with very young girls (especially among older men from Addis) in exchange of money is common.

TABLE 12. BARS, NIGHTCLUBS, BROTHELS (TELLA AND ARAKI BETS) WHERE FSWs OPERATE

Name	Address
Ayer Woled Hotel	Kebele 04 (along main road)
Geberewoch Hotel	Kebele 04 (along main road)
Tourist Hotel	Kebele 04 (along main road)
Ayer Hail Hotel	Kebele 04 (along main road)
Tella, tej, and araki bets	Kebele 06 (along main road)
Tomi Bar	Kebele 04 (along main road)
Farmi Hotel	Kebele 05 (to the West–Dukem Road)
Shuferoch Hotel	Kebele 04 (along main road)

TABLE 13. STREET/KEBELES/SEFER WHERE SEX WORKERS MEET CLIENTS

Name
Hotels and bars, Kebeles 03, 04, 07, 09, & 13
Tella and araki bets, Kebeles 05 & 06

TABLE 14. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE

Name
Petty trading at Kebele 06

Mid- and long-distance drivers

Some truckers park along the main road in Bishoftu town, though they number many fewer than in Dukem. Most truckers prefer to park in areas (hotels, bars, etc.) where FSWs operate.

TABLE 15. TRUCKS AND MID/LONG-DISTANCE BUSES ENTERING AND LEAVING THE TOWN DAILY

Time	Estimated number
Morning	26
Mid-day	40
Night	50
Estimated number of trucks parking overnight	75

TABLE 16. PLACES WHERE TRUCK AND BUS DRIVERS PARK AT NIGHT

Name/location
Hotels situated along the main road

TABLE 17. BARS, CLUBS, AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS

Name	Location
Ayer Weled Hotel	Kebele 04
Geberewoch Hotel	Kebele 04
Tourist Hotel	Kebele 04
Shoferoch Hotel	Kebele 04

Day laborers/construction workers and factory employees

Bishoftu town is the site of several factories and farms/plantations, with an estimated 1,500 migrant day laborers and 2,270 plantation workers. According to FSW respondents, the day laborers and plantation workers are among their usual clients.

Health profile

Several diseases have significance for public health in Bishoftu. Key informants report that diarrhea is the most prevalent health problem, followed by unstable seasonal malaria epidemics. TB, HIV/AIDS, and STIs are also believed to be common.

One public hospital and one health center provide services to the general public in Bishoftu. The hospital provides comprehensive HIV/AIDS clinical services, while the health center provides several clinical services except ART. Nine private clinics (one higher and eight medium) operate in the town, all providing diagnostic and referral services for TB patients. None of these private health facilities provide HCT or other HIV/AIDS-related services. However, six of them have services related to management of OIs and STIs.

Eleven NGOs operate in Bishoftu. Most of them provide home-based care (HBC) and orphans and vulnerable children (OVC) services, and a significant number have IEC/BCC activities; some of them have IGA and HCT activities. Nonetheless, it appears that there is lack of clear targeting of MARPs.

TABLE 18. NUMBER OF PUBLIC AND PRIVATE FACILITIES

Public facilities	Number
Hospital	1
Primary health center	1
Urban health post	---
Clinic	---
Total	2
Private facilities	
Hospital	---
Higher clinic	1
Medium clinic	8
Lower clinic	---
Total	9

TABLE 19. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICES

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Hora	Medium clinic	---	√	---	---	---	√
Beteseb	Medium clinic	---	√	---	---	---	√
Selam	Medium clinic	---	√	---	---	---	√
Hora	Higher clinic	---	√	---	---	---	√
Sheba	Medium clinic	---	√	---	---	---	√
Tedla	Medium clinic	---	√	---	---	---	√
Adea	Medium clinic	---	√	---	---	---	---
Kalkidan	Medium clinic	---	√	---	---	---	---
Edom	Medium clinic	---	√	---	---	---	---

4.3 ADAMA

Adama is located in Eastern Shoa zone of the Oromiya region, 100 km east of Addis Ababa. It is subdivided into 14 kebeles and has an estimated total population of 217,230 (108,110 male and 109,120 female). Adama is one of the largest and fastest growing towns in Ethiopia. It is a business center and is characterized by a highly mobile population.

Risk setting and population

Adama is located at the heart of Oromiya region and the country as the whole, and hence, high volumes of travelers pass through the town each day. Moreover, the town is a commercial center for several types of businesses. It has many hotels, bars, nightclubs, and motels, where most of the town's FSWs work. Adama town is used as a conference and training center by the government, United Nations agencies, and NGOs. The road to Djibouti, the main link to sea transport, passes through Adama. The resultant large transient population, migrant day laborers, and the poor socioeconomic condition of the local population mean there is a high risk of HIV transmission in the town.

TABLE 20. SIZE OF TARGET POPULATIONS IN ADAMA

Target population	Estimated number
Commercial sex workers (CSWs)	6000
Migrant day laborers/unskilled construction workers	4369
Farm/plantation/agro-industry workers	1600
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary & college)	16,347
Out-of-school youth	DK
Petty traders/informal traders	3000
Truckers and bus drivers (entering and leaving the town)	230

Female sex workers

Adama has a high concentration of bars, hotels, and brothels such as tella and araki bets where local brews are sold and most FSWs operate. The majority of these facilities are located along the main Addis-Djibouti road, Adama-Asella road, and Kebele 06 (around the Total fuel station). In Adama, there are an estimated 6,000 FSWs. Adama hosts several schools and colleges with a high number of youth. Transgenerational and transactional sex is common. There are also some street girls and female school youth who practice commercial sex. The commonest and riskiest sexual interaction is between FSWs and the drivers and conference attendees, day laborers, and factory workers.

TABLE 21. BARS, NIGHTCLUBS, BROTHELS (TELLA AND ARAKI BETS) WHERE SEX WORKERS OPERATE

Name	Address
Mechal Hotel	Kebele 06 (around Total fuel station)
Frank Hotel	Around bus station
Dire Dawa Hotel	Along Addis-Djibouti main road
Rift Valley Hotel	Along Addis-Djibouti main road
Organ Hotel	Along Addis-Djibouti main road
Green Land Hotel	Along Addis-Djibouti main road
Tella, tej, and araki bets	Along Adama-Asella road
City nightclub & hotels	Along Adama-Asella road

TABLE 22. STREET/KEBELES/SEFER WHERE SEX WORKERS MEET CLIENTS

Name
Along Adama-Asella Road
Along Addis-Djibouti Road
Around bus station
Kebele 06-around Total fuel station

TABLE 23. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE

Name
Menaheria
Main market area
Along Adama-Sodere road
Main square of the town
Amede Gebeya
Taiwan Sefer

Mid- and long-distance drivers

Several mid- and long-distance buses enter and leave Adama town. There are also many long-distance truckers who travel to the eastern part of the country and make Adama their main stopping point. According to informants, most truckers prefer to park in areas where FSWs operate (hotels, bars, etc.). In addition to hotels on the Addis-Djibouti and Adama-Asella exit roads, truckers park in garages, fuel stations, and near the customs office.

TABLE 24. TRUCKS AND MID/LONG-DISTANCE BUSES ENTERING AND LEAVING THE TOWN DAILY

Time	Estimated number
Morning	47
Mid-day	74
Night	109
Number of trucks parking overnight	240

TABLE 25. PLACES WHERE TRUCK AND BUS DRIVERS PARK AT NIGHT

Name/location
Garages & fuel stations
Hadid Sefer
Hotels along Adama-Asella road
Near customs office

Day laborers/construction workers and factory employees

Adama is home to about 4,500 day laborers/unskilled construction workers, 1,600 farm/plantation/agro-industry workers, and 3,000 petty traders/informal traders. A significant number of plantation workers from the nearby state farms of upper Awash also visit Adama frequently. Most of these individuals are young and sexually active and visit FSWs.

Health profile

The main health problems listed by the key informants are HIV/AIDS (estimated prevalence to be 9 percent), STIs, TB, and malaria. Adama has one government hospital, one private hospital, two government health centers, one NGO health center, two health posts, 33 private clinics, three NGO clinics, and 34 pharmacies.

The two government health facilities (the hospital and health center) provide all HIV/AIDS-related services including ART. Sr. Aklesia Memorial Hospital is the only private hospital that offers all HIV-related activities including ART. Two higher clinics have a public-private mix (PPM) TB program. The rest of the private clinics provide diagnostic services for TB and treat STIs. One laboratory provides diagnostic services for TB, STIs, and HIV.

This assessment identified 16 NGOs working in aspects of HIV/AIDS in Adama. Most of these organizations have programs related to HBC and OVC. Some of them provide IGA, IEC/BCC, and HCT services. Two organizations have identified specific target groups like CSWs. Most organizations target OVC. However, groups like truck drivers, day laborers, factory/plantation workers, and transients are not well targeted.

TABLE 26. NUMBER OF PUBLIC AND PRIVATE FACILITIES

Public facilities	Number
Hospital	1
Primary health center	2
Urban health post	2
Clinic	---
Total	2
Private facilities	
Hospital	1
Higher clinic	6
Special clinic	4
Medium clinics	14
Lower clinics	9
Diagnostic laboratory	2
Total	36

TABLE 27. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICES

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Sr. Aklesia Memorial Hospital	Hospital	√	√	√	√	√	√
Medhanealem	Higher clinic	---	√	---	---	√	---
Hibret	Higher clinic	---	√	---	---	√	---
Awash	Higher clinic	---	√	---	---	√	---
Blen	Higher clinic	---	√	---	---	√	---
DMC-1	Higher clinic	---	√	---	---	√	---
DMC-2	Higher clinic	---	√	---	---	√	---
14 MCs	Medium clinics	---	√	---	---	√	---
9 LCs	Lower clinics	---	---	---	---	√	---
4 special clinics	Special clinic	---	---	---	---	√	---
2 diagnostic laboratories	Diagnostic	---	√	---	---	√	---

4.4 WONJI

Wonji is located in Adama woreda, East Shoa zone, of the Oromiya region. It is 112 km east of Addis Ababa and 12 km southwest of Adama town. Its population is estimated at more than 22,000 (11,860 male and 10,293 female). Most are plantation and factory workers. The population usually increases during sugar cane harvests, when the sugar factory deploys day laborers.

Risk setting and population

The high number of migrant laborers at the Wonji sugar factory serves as a bridge for the transmission of HIV to and from residents. Most migrant laborers stay in Wonji, away from their families, for an extended period of time, which predisposes them to casual sex and sex outside of marriage. Unlike other towns, there are only a few hotels and tella/araki houses in Wonji town, but the factory is located near Adama town, with its high concentration of FSWs; this facilitates risky sexual practice among the population. In addition, male and female day laborers spend a long time together in the sugar plantation and engage in unplanned sex.

TABLE 28. SIZE OF TARGET POPULATIONS IN WONJI

Target population	Estimated number
Commercial sex workers (CSWs)	50
Migrant day laborers/unskilled construction workers	6222
Sugar cane plantation/sugar factory	10,072
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary & college)	3397
Out-of-school youth	DK
Petty traders/informal traders	118
Truckers and bus drivers (entering and leaving the town)	DK

Female sex workers

There are an estimated 50 FSWs in Wonji town. Risky sexual behavior, usually heterosexual, takes place among the factory workers and among students. CSWs are not visible in the town; most factory workers and employees go to Adama and its high concentration of FSWs, bars, hotels, and nightclubs for recreation and off-duty days. Sex outside of marriage among the residents is also reported to be common in Wonji.

TABLE 29. BARS, NIGHTCLUBS, BROTHELS (TELLA AND ARAKI BETS) WHERE SEX WORKERS OPERATE

Name	Address
Tella & araki bets	Alem Tena & Kuruftu around the market area
H/Michael Hotel	Alem Tena

TABLE 30. STREET/KEBELES/SEFER WHERE SEX WORKERS MEET CLIENTS

Name
Alem Tena
Around sugar cane plantation

TABLE 31. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE

Name
Around stadium

Mid- and long-distance drivers

The number of trucks and mid/long-distance buses entering Wonji is usually minimal, though the number increases significantly during sugar production seasons. However, most drivers stay in nearby Adama, where there is better accommodation.

TABLE 32. BARS, CLUBS, AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS

Name	Location
Groceries, tella, Araki house They prefer to drink alcohol in Adama	Alem Tena

Day laborers/construction workers and factory employees

Wonji is home to more than 6,000 day laborers and 10,000 farm/plantation/agro-industry workers. A significant proportion of sexually active plantation workers are migrants and reportedly visit FSWs.

Health profile

Respondents mentioned HIV/AIDS and malaria as the most common health problems in Wonji. The main health system in the area is the one operating through the factory. There is one general hospital managed by the factory; it is linked to satellite health posts. The hospital gives HIV/AIDS-related services such as provider-initiated counseling and testing (PICT), PMTCT, ART, OI management, and IEC. The satellite clinics also provide clinical care and IEC through mini-media, with anti-AIDS clubs, peer education, and occasional outreach. There are three private lower clinics in Wonji. These facilities provide STI diagnosis and treatment and management of OIs.

TABLE 33. NUMBER OF PUBLIC FACILITIES

Public facilities	Number
General hospital	1
Primary health center	---
Urban health post	1
Clinic	---
Total	2
Private facilities	
Hospital	---
Higher clinic	----
Medium clinic	---
Lower clinic	3
Total	3

TABLE 34. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICES

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Radiet Poly	Lower clinic	---	---	---	---	√	√
Ashagre	Lower clinic	---	---	---	---	√	√
Alem	Lower clinic	---	---	---	---	√	√

4.5 METEHARA

Metehara is in the East Shoa zone of the Oromiya region, 197 km east of Addis on the Addis-Djibouti road, and 100 km east of Adama town. Metehara has an estimated population of 17,165 (9,088 male and 8,077). There are three separately situated sub-towns (Metehara 01 Kebele, Addis Ketema 01 Kebele, and Merti town) that collectively form Metehara town.

Risk setting and population

Metehara has several populations at high risk of HIV transmission. The town is located on the main road to Djibouti and the eastern part of the country and so it is where middle- and long-distance drivers and business people cross paths. The area is also well known for plantations and small- and large-scale industries, where both transient and permanent laborers reside. The town has several hotels, bars, and

nightclubs, and a significant number of FSWs. In addition, there are several chat and shisha houses in Metehara. This, along with the poor socioeconomic level and living standards of its population, place Metehara among the top towns for potential high transmission of HIV.

TABLE 35. SIZE OF TARGET POPULATIONS OF METEHARA

Target population	Estimated number
Commercial sex workers (CSWs)	1530
Migrant day laborers/unskilled construction workers	6542
Sugar cane plantation/sugar factory	10,571
Fishermen/women	NA
Uniformed government employees	DK
In-school youth (secondary & college)	2067
Out-of-school youth	DK
Petty traders/informal traders	300
Truckers and bus drivers (entering and leaving the town)	176

Female sex workers

Metehara is a town with a high concentration of bars, hotels, and brothels, such as tella and araki bets where local brews are sold and most FSWs operate. The town is also known for its many chat and shisha houses. The majority of these establishments are located on the main Addis-Djibouti road (Metehara 01 Kebele); the tella and araki houses are concentrated in Addis Ketema. Metehara has an estimated 1,530 FSWs of different categories/levels. It is reported that most of the FSWs come from Amhara region and Hararge and their clients are the truck drivers, day laborers, and the surrounding rural community (Kereyu community). Many chat and shisha houses facilitate commercial sex.

The FSWs do not always use condoms; this may be at the behest of their male clients or because they themselves want to earn a better fee (on average a CSW is paid 200 birr without a condom or 100 birr with a condom). It is also reported that clients from the nearby Kereyu community do not want to use condoms mainly due to lack of awareness of their value.

TABLE 36. BARS, NIGHTCLUBS, BROTHELS (TELLA AND ARAKI BETS) WHERE SEX WORKERS OPERATE

Name	Address
Fasika Hotel	Metehara -01 (along Adama-Harar main road)
Langano Hotel	Metehara -01 (along Adama-Harar main road)
Kasaye Hotel	Metehara -01 (along Adama-Harar main road)
Axum Hotel	Metehara -01 (along Adama-Harar main road)
Tella, tej, araki and chat houses	Along the main road, Jegol Sefer Bertukan Sefer
Tella, tej, and araki houses	Addis Ketema – 1 st , 2 nd , 3 rd Menged
Ergesha Hotel	Metehara -01 (along Adama-Harar main road)
Admasu Zeleke Hotel	Metehara -01 (along Adama-Harar main road)
K/Gebriel Hotel	Metehara -01 (along Adama-Harar main road)
Mekambo Hotel	Metehara -01 (along Adama-Harar main road)
Kereyu Hotel	Metehara -01 (along Adama-Harar main road)
Many other hotels	Metehara -01 (along Adama-Harar main road)

TABLE 37. STREET/KEBELES/SEFER WHERE SEX WORKERS MEET CLIENTS

Name
Addis Ketema-01
Adama-Harar main road

TABLE 38. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE

Name
Gebeya Sefer-Addis Ketema 01
Jegol Sefer-Metehara 01
Bertukan Sefer-Metehara 01

Mid- and long-distance drivers

Several mid- and long-distance buses enter and leave Metehara. There are also many long-distance truckers who travel to the eastern part of Ethiopia and to the port of Djibouti. Many truckers park for 24 hours in Metehara 01 Kebele, along the main road, where there are many hotels, bars, and chat and shisha houses, FSWs, traders, and some day laborers. The number of trucks peaks at about 250 during the night.

TABLE 39. TRUCKS AND MID/LONG-DISTANCE BUSES ENTERING AND LEAVING THE TOWN DAILY

Time	Estimated number
Morning	49
Mid-day	57
Night	70
Trucks parking overnight	250

TABLE 40. PLACES WHERE TRUCKS AND BUS DRIVERS PARK AT NIGHT

Name/location
Admasu Zeleke, K/Gebriel, Mekambo & Axum hotels, along the main road
Around bus station
Bertukan Sefer

TABLE 41. BARS, CLUBS, AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS

Name	Location
Tella, tej, and araki bets, chat & shisha houses	Along Adama-Harar main road
	Jegol Sefer
	Bertukan Sefer

Day laborers/construction workers and factory employees

Metehara is home to more than 6,500 day laborers/unskilled construction workers, 10,500 farm/plantation/agro-industry workers, and 300 petty traders/informal traders. Metehara sugar factory alone has more than 6,000 day laborers, though the number varies depending on the harvesting season; most of the day laborers come from SNNPR (Wolaita) and usually stay for about eight months of the year. Most of these workers are young and sexually active and visit FSWs.

Health profile

Several diseases have public health importance in Metehara. The major health problems are malaria, TB, and STIs including HIV/AIDS. Only one health center is public; it provides all HIV-related services. Nine private clinics (three medium and six lower) operate in the town; the three medium clinics provide diagnostic and referral services for TB patients. None of the private health facilities provides HCT and other HIV/AIDS-related services. However, all of them have services related to the management of STIs.

Nine NGOs operate in Metehara. The majority of them offer HBC and IGA. Some of them are involved in IEC/BCC activities. Only one offers OVC services. For most of these organizations, PLHA are their targets. It seems little attention is given to MARPs.

TABLE 42. PUBLIC AND PRIVATE HEALTH FACILITIES

Public facilities	Number
General hospital	---
Primary health center	1
Urban health post	---
Clinic	---
Total	1
Private facilities	
Hospital	---
Higher clinic	---
Medium clinic	3
Lower clinic	6
Total	9

TABLE 43. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICE

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Tropical	Medium clinic	---	√	---	---	√	---
Elshaday	Medium clinic	---	√	---	---	√	---
Metehara Pc	Medium clinic	---	√	---	---	√	---
Sileshi	Lower clinic	---	---	---	---	√	---
Wegene	Lower clinic	---	---	---	---	√	---
K/Gebriel	Lower clinic	---	---	---	---	√	---
Harar	Lower clinic	---	---	---	---	√	---
HaraAdi	Lower clinic	---	---	---	---	√	---
Tesfa	Lower clinic	---	---	---	---	√	---

4.6 MODJO

Modjo is in the East Shoa zone of the Oromiya region, east of Addis Ababa. It is located at the intersection of the roads heading to Kenya and Djibouti. Its population is estimated to be 43,000 (20,488 male and 22,493 female).

Risk setting and population

Modjo has several populations at high risk of HIV transmission. Located on the main road leading to the east and south parts of the country and to Djibouti and Kenya, Modjo is frequently visited by middle- and long-distance drivers and business people. The area hosts several factories and construction projects where transients and permanent residents, usually day laborers, look for work. The town has a number of hotels, bars, and nightclubs, and a significant number of FSWs. In addition, there are several chat and shisha houses in Modjo town. These conditions, coupled with the poor socioeconomic level and living standards of the population, contribute to the transmission of HIV/AIDS.

TABLE 44. SIZE OF TARGET POPULATIONS IN MODJO

Target population	Estimated number
Commercial sex workers (CSWs)	447
Migrant day laborers/unskilled construction workers	200
Farm/plantation workers	3000
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary & college)	3,133
Out-of-school youth	DK
Petty traders/informal traders	DK
Truckers and bus drivers (entering and leaving the town)	238

Female sex workers

Modjo has several bars, hotels, and brothels, such as tella and araki bets where local brews are sold and most of the towns nearly 450 FSWs operate. The majority of these facilities are located around “Meskelegna,” where the two roads heading to the southern and eastern part of the country intersect. Transgenerational and transactional sex is common. FSWs in the town can be divided into those who are based in the bigger hotels and those who work in the tella/araki houses; their clients, respectively, are the well-to-do and farmers/day laborers. There are also some street girls who practice commercial sex.

TABLE 45. BARS, NIGHTCLUBS, BROTHELS (TELLA AND ARAKI BETS) WHERE SEX WORKERS OPERATE

Name	Address
Modjo Hotel	Mesekelegna Akababi
Tulu Hotel	Mesekelegna Akababi
Mammo Gudeta Hotel	Mesekelegna Akababi
Alemtsehay Hotel	Mesekelegna Akababi
Genet Pension	Mesekelegna Akababi
Genet Pension	Yetebaberut fuel station Akababi
Central Hotel	Yetebaberut fuel station Akababi
Tella and araki bets	Kebele 01
Chat and shisha houses	Meskelegna Akababi

TABLE 46. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE

Name
Gebeya-petty traders
Meskelegna Akababi-Lottery Azuari & Shoe Shiners

Mid- and long-distance drivers

Several mid- and long-distance buses enter and leave Modjo town. There are also many long-distance truckers who travel to the eastern and southern part of the country and make Modjo their main rest point. Most truckers prefer to park in areas where FSWs operate (hotels, bars, etc.).

TABLE 47. TRUCKS AND MID/LONG-DISTANCE BUSES ENTERING AND LEAVING THE TOWN DAILY

Time	Estimated number
Morning	88
Mid-day	65
Night	85
Estimated number of trucks parking overnight	80

TABLE 48. PLACES WHERE TRUCKS AND BUS DRIVERS PARK AT NIGHT

Name/location
Meskelegna Akababi – Along the main road

TABLE 49. BARS, CLUBS AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS

Name	Location
Modjo Pension	Meskelegna Akababi
Tulu Hotel	Meskelegna Akababi
Four Corner houses	Meskelegna Akababi
Alemtsehay Hotel	Meskelegna Akababi
Chat and shisha houses	Along the main road

Day laborers/construction workers and factory employees

Modjo has an estimated 200 day laborers/unskilled construction workers and 3,000 farm/plantation/ agro-industry workers. These workers visit FSWs who work in smaller hotels and Araki houses, facilities located in Kebele 01 of the town.

Health profile

The key informants, from the woreda HAPCO, Modjo health center, and an NGO working in the area of HIV/AIDS, mentioned malaria, TB, intestinal parasites, typhoid, and skin diseases as the town's top public health problems. Though not placed among the top-10 diseases, STIs/HIV/AIDS and OIs were mentioned as important public health problems.

There is only one public health center. It provides all HIV-related services. Six private clinics (two higher and four medium) operate in the town. The two higher clinics provide TB diagnosis and treatment services and OI management. All private clinics provide STI management. None of the private health facilities provides HCT services.

This assessment identified five NGOs working in areas of HIV/AIDS in Modjo town. Four of the NGOs provide various OVC services and IGA, and target OVC and PLHA, while the other provides OVC services. Neither a comprehensive HIV/AIDS program nor targeting of MARPs is observed among the programs that these organizations implement in Modjo. Specific target groups like truck drivers, day laborers, factory/plantation workers, and transients were not well targeted.

TABLE 50. NUMBER OF PUBLIC AND PRIVATE HEALTH FACILITIES

Public facilities	Number
Hospital	---
Primary health center	1
Urban health post	---
Clinic	---
Total	1
Private facilities	
Hospital	---
Higher clinic	2
Medium clinic	4
Lower clinic	---
Total	6

TABLE 51. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICE

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Abissiniya	Higher Clinic	---	√	√	---	√	√
Sama Senbet	Higher Clinic	---	√	√	---	√	√
Ziquala	Medium Clinic	---	---	---	---	√	---
Global	Medium Clinic	---	---	---	---	√	---
Family	Medium Clinic	---	---	---	---	√	---
St. Gabriel	Medium Clinic	---	---	---	---	√	---

4.7 MEKI

Meki is in the East Shoa zone of the Oromiya region. It is one of the busy towns found on the main road to southern part of Ethiopia and Kenya. It has three kebeles.

Risk setting and population

Meki has recently been overwhelmed by high numbers of day laborers due to the flourishing big floriculture farms and small-scale farms in the area.

TABLE 52. SIZE OF TARGET POPULATIONS OF MEKI

Target Population	Estimated number
Commercial sex workers (CSWs)	439
Migrant day laborers/unskilled construction workers	3000
Farm/plantation workers	NA
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary & college)	2631
Out-of-school youth	DK
Petty traders/informal traders	70
Truckers and bus drivers (entering and leaving the town)	38

Female sex workers

Meki has several local brothels like tella and araki bets and smaller bars and hotels where most FSWs operate, though commercial sex work takes place outside of these facilities also. Most of these facilities are located in Kebele 03, while most of the tella and araki houses are located in the place known locally as “DC sefer.” There are close to 450 sex workers in Meki town. Most of their clients are plantation workers and day laborers. Youth also engage in commercial sex work.

TABLE 53. BARS, NIGHTCLUBS, BROTHELS (TELLA AND ARAKI BETS) WHERE SEX WORKERS OPERATE

Name	Address
Awash Hotel	Kebele 03
Bush Hotel	Kebele 03
Finote-Selam Hotel	Kebele 03
Enjori Hotel	Kebele 03
Abay-Minch Hotel	Kebele 01
Tella and araki bets	DC Sefer

TABLE 54. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE

Name
Segno Gebeya
Hamus Gebeya

Mid- and long-distance drivers

The number of trucks staying for longer periods of time in Meki is limited compared to other major towns across the main road. However, there are on average 40 trucks and buses entering the town on daily basis.

TABLE 55. TRUCKS AND MID/LONG-DISTANCE BUSES ENTERING AND LEAVING THE TOWN DAILY

Time	Estimated number
Morning	5
Mid-day	13
Night	20
Total	38

TABLE 56. PLACES WHERE TRUCKS AND BUS DRIVERS PARK AT NIGHT

Name/location
Awash Hotel
Bush Hotel
Kebele 02

TABLE 57. BARS, CLUBS, AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS

Name	Location
Awash Hotel	Kebele 03
Bush Hotel	Kebele 03
Finote Selam Hotel	Kebele 03
Enjori Hotel	Kebele 03
Abay-minchi Hotel	Kebele 01

Day laborers/construction workers and factory employees

Meki is home for about 3,000 day laborers/unskilled construction workers. The recent growth in the number of floriculture farms in the area has attracted a significant number of day laborers to the town. Most of these laborers visit FSWs in tella and araki houses in the town. Sex among the day laborers and the town's youth, which number more than 2,600, is common.

Health profile

According to the woreda health office and woreda HAPCO, malaria, intestinal parasites, respiratory tract infection, TB, and STIs are the most common diseases in the town. The town has one public health center, which provides HIV/AIDS services including TB/HIV, HCT, and OI/STI. It does not, however, provide ART services. There are seven private clinics (three medium and four lower) in the town; none offers HIV services except for STI treatment.

Five NGOs provide HIV/AIDS services in Meki town. All of them are reported to have OVC programs that target PLHA and OVC. Lack of comprehensive HIV/AIDS interventions and targeting of MARPs is observed.

TABLE 58. NUMBER OF PUBLIC AND PRIVATE FACILITIES

Public facilities	Number
Hospital	---
Primary health center	1
Urban health post	---
Clinic	---
Total	1
Private facilities	
Hospital	---
Higher clinic	---
Medium clinic	3
Lower clinic	4
Total	7

TABLE 59. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICE

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Dagim	Medium clinic	---	---	---	---	√	---
Kidane-Meheret	Medium clinic	---	---	---	---	√	---
Amakelech	Medium clinic	---	---	---	---	√	---
Gelila	Lower clinic	---	---	---	---	√	---
Tigist	Lower clinic	---	---	---	---	√	---
Effa	Lower clinic	---	---	---	---	√	---
Rabbirra	Lower clinic	---	---	---	---	√	---

4.8 ARSI NEGELE

Arsi Negele, located on the main road to southern Ethiopia and Kenya, has an estimated population of 35,000 (16,160 male and 18,840 female).

Risk setting and population

Arsi Negele is famous for production of the local alcohol drink (araki). The araki produced in Arsi Negele is distributed throughout the country. A significant proportion of residents depend on the araki business for their livelihood. The town has a large population of in-school youth. The number of day laborers is also high, and it increases during winter season.

TABLE 60. SIZE OF TARGET POPULATIONS OF ARSI NEGELE

Target population	Estimated number
Commercial sex workers (CSWs)	60
Migrant day laborers/unskilled construction workers	1000
Farm/plantation workers	NA
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary & college)	10905
Out-of-school youth	DK
Petty traders/informal traders	125
Truckers and bus drivers (entering and leaving the town)	30

Female sex workers

There are about 60 FSWs in this town, most operating in hotels, bars, and nightclubs in Kebele 01. Groups engaged in risky sexual behavior include youth (among themselves), merchants and married men with FSWs, day laborers with FSWs, out-of-school youth among themselves and students. Female high school students having sex with the rich and merchants is becoming common.

TABLE 61. BARS, NIGHTCLUBS, BROTHELS (TELLA AND ARAKI BETS) WHERE SEX WORKERS OPERATE

Name	Address
Arsi-Negele Hotel	Kebele 01-around commercial bank
Tsedey Hotel	Kebele 01
Agip Hotel	Kebele 01
Shuferoch Hotel	Kebele 01
Alem Bar	Kebele 01
Birhan Nightclub	Kebele 01

TABLE 62. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE

Name
Arb Gebeya
Segno Gebeya

Mid- and long-distance drivers

The number of trucks staying for extended periods of time in Arsi Negele is more limited than in other major towns along the main road. However, there are on average 30 trucks, usually Isuzus, and buses entering the town on a daily basis. Most of the drivers visit hotels, bars, and clubs found in Kebele 01.

TABLE 63. TRUCKS AND MID/LONG-DISTANCE BUSES ENTERING AND LEAVING THE TOWN DAILY

Time	Estimated number
Morning	5
Mid-day	10
Night	15
Estimated number of trucks parking overnight	25

TABLE 64. PLACES WHERE TRUCKS AND BUS DRIVERS PARK AT NIGHT

Name/location
Hotels in the main road

TABLE 65. BARS, CLUBS AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS

Name	Location
Arsi Negele Hotel	Kebele 01
Tseday Hotel	Kebele 01
Agip Hotel	Kebele 01
Shuferoch Hotel	Kebele 01
Alem Bar	Kebele 01
Birhan Nigat club	Kebele 01

TABLE 66. TRUCK AND BUS COMPANIES THAT PASS THROUGH ARSI NEGELE TOWN

Names
Bekelecha
Waliya
Ambessa
Nebir

Day laborers

Arsi Negele hosts about 1,000 day laborers year round, and the number reaches as many as 2,000 in the winter season. Most of them are young and sexually active and visit FSWs. It is reported that sex among the day laborers and out-of-school youth is common.

Health profile

According to health personnel in the area, the major health problems are malaria, intestinal parasites, diarrhea, pneumonia, and HIV/AIDS. The town has only one public health center. It provides all HIV-related services. In addition, six private clinics (two higher and four lower) operate in the town. All of these private health facilities provide STI management and the two higher clinics provide OI management and TB diagnosis services. However, none of them offers HCT services.

There are three NGOs providing HIV/AIDS-related interventions. Two of them provide OVC services, while the other is involved in IEC/BCC, STIs, and reproductive health/family planning activities in the general community. Like most of the towns in the transport corridor, neither comprehensive HIV/AIDS program nor targeting of MARPs is observed among the programs that these organizations implement in Arsi Negele. Specific groups like day laborers and in-school and out-of-school youth, who are prominent in the town, are not well targeted.

TABLE 67. NUMBER OF PUBLIC AND PRIVATE FACILITIES

Public facilities	Number
Hospital	---
Primary health center	1
Urban health post	---
Clinic	---
Total	1
Private facilities	
Hospital	---
Higher clinic	2
Medium clinic	---
Lower clinic	4
Total	6

TABLE 68. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICE

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Africa Poly Clinic	Higher clinic	---	√	---	---	√	√
Dr. Beri Clinic	Higher clinic	---	√	---	---	√	√
Waggi Clinic	Not known	---	---	---	---	√	---
Deme Clinic	Not known	---	---	---	---	√	---
Bela Clinic	Lower clinic	---	---	---	---	√	---
Awade Clinic	Lower clinic	---	---	---	---	√	---
Bela Clinic	Lower clinic	---	---	---	---	√	---

4.9 SHASHEMENE

Shashemene is one of the busiest towns in the transportation corridor leading to Moyale. Its population is estimated to be more than 103,000 (50,470 male and 52,530 female). Two other major roads, to and from Arba Minch and Bale, converge in this commercial center.

Risk setting and population

Shashemene has several populations at high risk of HIV transmission. The town serves as a business center, always crowded by people passing through, and tourists traveling to the major tourist sites in the southern part of the region and in particular around Shashamene. The town is close to other business towns where easy means of interaction and communication exists. Many day laborers live in Shashamene

on both a permanent and temporary basis. The town has a number of hotels, bars, and nightclubs, and tella and araki houses with significant number of FSWs. In addition, there are several chat and shisha houses. All these circumstances contribute to high transmission of HIV/AIDS. Substances such as chat, shisha and hashish are highly valued and used especially among foreigner residents (mainly Jamaicans/Rastafarians) and the use of these substances has become very common among the residents of the town. According to the respondents hashish is known as “brain food” by the Jamaicans and “Yechinkilat Migib” by the natives, and using it is perceived as something good and normal.

TABLE 69. SIZE OF TARGET POPULATIONS IN SHASHEMENE

Target population	Estimated Number
Commercial sex workers (CSWs)	600
Migrant day laborers/unskilled construction workers	3000
Farm/plantation workers	NA
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary & college)	9969
Out-of-school youth	DK
Petty traders/informal traders	3000
Truckers and bus drivers (entering and leaving the town)	141

Female sex workers

There are about 600 FSWs in Shashamene. Most of them operate in hotels, bars, and nightclubs located on the main road to Awassa and in Kebeles 04 and 07. Day laborers, drivers and their assistants, married men, businessmen, and foreigners are among their frequent clients. In-school and out-of-school youth have sex in exchange for money, facilitated by brokers. This occurs especially between newcomers/foreigners and the youth.

TABLE 70. BARS, NIGHTCLUBS, BROTHELS (TELLA AND ARAKI BETS) WHERE SEX WORKERS OPERATE

Name	Address
Komfort Hotel	Main road
Abay Hotel	Main road
Ambessa Hotel	Main road
Zeray-Deres Hotel	Main road
Meskerem Hotel	Main road
Mekonnen Hotel	Main road
Wubeshet Hotel	Kebele 04
Crown Hotel	Kebele 04
Warka Hotel	Kebele 04
Chereka Hotel	Kebele 07
TF Nightclub	Kebele 04
Abaro Nightclub	Kebele 04
Green Land Nightclub	Kebele 04
Chilalo Hotel	Kebele 07

TABLE 71. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE

Name
Taiwan Sefer
Abosto Sefer
Menaharia

Mid- and long-distance drivers

Shashamene connects several towns – several mid- and long-distance buses enter and leave the town and most travellers stay for a short period of time in the town. The significant number who come from long distances prefer to pass the night in Shashamene. According to informants, most truckers prefer to park in areas where FSWs operate (hotels, bars, etc.). Most of them park around the hotels, bars, nightclubs, and chat and shisha houses in Kebeles 04, 02, and 07.

TABLE 72. TRUCKS AND MID/LONG-DISTANCE BUSES ENTERING AND LEAVING THE TOWN DAILY

Time	Estimated number
Morning	18
Mid-day	35
Night	88
Estimated number of tracks parking at night	100

TABLE 73. PLACES WHERE TRUCKS AND BUS DRIVERS PARK AT NIGHT

Name/location
Main road; Kebele 04 & 07
Warka Hotel – Kebele 04
Sileshi Hotel – Kebele 04
Green Hotel – Kebele 04
Selale-Wubet Hotel – Kebele 04
Fasil Hotel – Kebele 02

TABLE 74. BARS, CLUBS AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS

Name	Location
Warka Hotel	Kebele 04
Chilalo Hotel	Kebele 07
Komfort Hotel	Kebele 07
Abay Hotel	Kebele 07
Ambessa Hotel	Kebele 07
TF Nightclub	Kebele 04
Abaro Nightclub	Kebele 04
Green Land Nightclub	Kebele 04

Day laborers/construction workers and factory employees

Shashamene is home for about 3,000 day laborers/unskilled construction workers, close to 10,000 school youth, and 3,000 petty traders/informal traders. The number of out-of-school youth, petty traders, and day laborers is among the highest in the corridor. This huge population is disorganized and very difficult to target, so little attention is given them. Most of these individuals are young and sexually active and visit FSW.

Health profile

Key informants report that STIs, HIV/AIDS, diarrheal disease, and TB are the most common health problems in Shashamene. The town has one government hospital and one health center. These facilities provide all HIV/AIDS services. Shashamene has 18 private health facilities including one private general hospital. However, none of these facilities provides HIV/AIDS services except for STI management (provided in all facilities) and TB diagnosis and OI management (in some facilities). There are also nine pharmacies and four drug venders in the town.

There are 11 NGOs directly working in Shashamene town in areas of HIV/AIDS. Most of them target PLHA and OVC by providing HBC, OVC, and IGA services. All of them have IEC/BCC interventions in their programs. However, none of them provides HCT services nor targets populations at higher risk of HIV/AIDS, like the huge population of out-of-school youth, in-school youth, day laborers, informal traders, and transportation workers.

TABLE 75. NUMBER OF PUBLIC AND PRIVATE FACILITIES

Public facilities	Number
Hospital	1
Primary health center	1
Urban health post	---
Clinic	---
Total	1
Private facilities	
Hospital	1
Higher clinic	4
Medium clinic	3
Lower clinic	10
Total	18

TABLE 76. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICE

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Adonay	General hospital	---	√	---	---	√	√
Gizaw	Higher clinic	---	√	---	---	√	√
Shashemene polyclinic	Higher clinic	---	√	---	---	√	√
Fayya	Higher clinic	---	√	---	---	√	√
Roket	Higher clinic	---	√	---	---	√	√
Rohobot	Medium clinic	---	√	---	---	√	---
Afiya	Medium clinic	---	√	---	---	√	---
Universal	Medium clinic	---	√	---	---	√	---
Elshaday	Lower clinic	---	---	---	---	√	---
Medhanit	Lower clinic	---	---	---	---	√	---
Abba Jifar	Lower clinic	---	---	---	---	√	---
Darfata	Lower clinic	---	---	---	---	√	---
Bereket	Lower clinic	---	---	---	---	√	---
Betelihem	Lower clinic	---	---	---	---	√	---
Betel	Lower clinic	---	---	---	---	√	---
Hiwot	Lower clinic	---	---	---	---	√	---
Marta	Lower clinic	---	---	---	---	√	---
Kaleb	Lower clinic	---	---	---	---	√	---

4.10 ZEWAY

Zeway is on the main road heading to Moyale. Its population is estimated to be more than 42,000 (21,127 male and 21,211 female).

Risk setting and population

Several categories of people involved in different types of businesses live in Zeway town. There is a high concentration of day laborers, farm plantation workers, fishermen, and youth. The town is close to other business towns, recreation areas, and tourist attractions. It has a number of hotels, bars, nightclubs, and tella and araki houses with a significant number of FSWs. In addition, there are several chat and shisha houses in the town. These conditions contribute to high transmission of HIV/AIDS.

TABLE 77. SIZE OF TARGET POPULATIONS IN ZEWAY

Target population	Estimated number
Commercial sex workers (CSWs)	314
Migrant day laborers/unskilled construction workers	100
Farm/plantation workers (mainly flower plantations)	4000-7000
Fishermen	40
Uniformed government employees	DK
In-school youth (secondary & college)	5567
Out-of-school youth	DK
Petty traders/informal traders	1600
Truckers and bus drivers (entering and leaving the town)	98

Female sex workers

Nearly 320 FSWs work in hotels, bars, and tella houses in Zeway. Their clients are merchants, government employees, married people, migrant day laborers, and out-of-school youth. The day laborers and out-of-school youth mainly have sex with FSWs based in the tella houses.

TABLE 78. BARS, NIGHTCLUBS, BROTHELS (TELLA AND ARAKI BETS) WHERE SEX WORKERS OPERATE

Name	Address
Tourist Hotel	Kebele 02
Wondimamachoch Hotel	Kebele 02
Jemaneh Hotel	Kebele 02
Touring Hotel	Kebele 02
Hayikoch Nightclub	Kebele 02
National (Beherawi) Nightclub	Kebele 02
Araki bets	Kuchura Sefer, Buanbua Sefer – Kebele 01
Tella bets	Enkuro Sefer, Buanbua Sefer, Kuchura Sefer – Kebele 01
Touring Hotel	Kebele 02
Hayikoch Nightclub	Kebele 02

TABLE 79. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE

Name
Menaharia/bus station
Gulit
Main market days (Tuesday and Saturday)

TABLE 80. TRUCKS AND MID/LONG-DISTANCE BUSES ENTERING AND LEAVING THE TOWN DAILY

Time	Estimated number
Morning	20
Mid-day	40
Night	38
Estimated number of trucks parking overnight	50

TABLE 81. PLACES WHERE TRUCKS AND BUS DRIVERS PARK AT NIGHT

Name/location
Touring Hotel, near Bekele Molla Hotel
Shell Depo, near Bekele Molla Hotel
Tourist Hotel – Kebele 02
Kasaye Hotel – Kebele 02
Jemaneh Hotel
Bekele Molla Hotel – Kebele 02

TABLE 82. BARS, CLUBS AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS

Name	Location
Tourist Hotel	Kebele 02
Wondimamachoch Hotel	Kebele 02
Touring Hotel	Kebele 02
Jemaneh Hotel	Kebele 02
Kasiye Hotel	Kebele 02
Hayikoach Nightclub	Kebele 02
National Nightclub	Kebele 02

Day laborers

There are thousands of day laborers in Zeway – currently, 4,000-5,000 day laborers work in the large plantation sites and factories. Almost 90 percent of them are females who migrated to the town looking for work. The major employers of the day laborers in the town are Share-Ethiopia and Costic Soda Factory.

Health profile

According to the informants, malaria and HIV are among the most common diseases in Zeway.

The public health center offers PICT, HCT, PMTCT, ART, clinical care, STI, and OI services. The 13 private facilities offer STI services. There is no special outreach program for MARPs.

Organizations like the Family Guidance Association of Ethiopia (FGAE), Family Health International (FHI), Compassion, and “Edirs” work on HIV in the town.

TABLE 83. NUMBER OF PUBLIC AND PRIVATE HEALTH FACILITIES

Public facilities	Number
General hospital	---
Primary health center	1
Urban health post	---
Clinic	---
Total	1
Private facilities	
Hospital	---
Higher clinic	---
Medium clinic	10
Lower clinic	3
Total	13

TABLE 84. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICE

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Ruth	Medium clinic	---	---	---	---	√	---
Kidane-Meheret	Medium clinic	---	---	---	---	√	---
Oliyad	Medium clinic	---	---	---	---	√	---
Adisu Poly	Medium clinic	---	---	---	---	√	---
Roba Heyi	Medium clinic	---	---	---	---	√	---
Yemane	Medium clinic	---	---	---	---	√	---
Golodias	Medium clinic	---	---	---	---	√	---
Meskel	Medium clinic	---	---	---	---	√	---
Dr. Habtamu	Medium clinic	---	---	---	---	√	---
Dr. Hanim Poly	Medium clinic	---	---	---	---	√	---
Beiminet	Lower clinic	---	---	---	---	√	---
Betegziaber	Lower clinic	---	---	---	---	√	---
Share Ethiopia	Lower clinic	---	---	---	---	√	---

5. DISCUSSION AND CONCLUSIONS

The demand for HCT is very high in all the towns studied. HCT is being provided, mainly by the public health centers and hospitals; involvement of the private for-profit sector is limited. The publicly provided services, however, are often interrupted due to lack of test kits. The key informants to this study welcomed the idea of mobile HCT because they believe that it would help them to meet the unmet need for HCT and to target high-risk and underserved groups. They also suggested that mobile HCT is the best strategy for patients who do not want to reveal their status to counselors working in the towns' static facilities, whom the patients may know.

Substance abuse (chat, hashish, and shisha) is very common along all the routes and almost all informants indicated that this contributes significantly to the spread of STIs/HIV. The establishments which serve the substances cater to all segments of the population (adult, youth, men, and women) and activities often end with risky sexual behavior. Once, people would go to chat houses, chew chat for a while, and leave; now, many houses operate on a 24-hour basis and offer clients a range of services including drinks and FSWs. In towns near Addis Ababa, chat houses attract customers from the capital as well as town residents. Awareness creation and mobilization efforts should try to reach owners and employees of these establishments.

The study found that Shashemene is at more risk than are other towns along the routes studied. Respondents from Shashemene reported wide use of hashish/marijuana. Shashemene is a host town for the Jamaican community, which, according to the respondents, uses marijuana heavily. For this reason, every community education and mobilization effort should include involvement of the Jamaican community. Places like Metehara, which have peak seasons for migrant day laborers and therefore a seasonal influx of sex workers, deserve well-timed and targeted services such as mobile HCT.

The practices of transgenerational and transactional sex are very common along all the routes, but especially in Dukem and Bushoftu. Adult clients are local residents and visitors from the bigger towns, especially Addis Ababa. The practice deserves special attention because the customers use different incentives to sleep with the young girls and they may persuade them to engage in unsafe sex, including sex without condoms. Towns with bigger teaching institutions, such as Adama, also need special attention, as it was reported that commercial/transactional sex by female university students is reported to be prevalent.

Rural men visit the FSWs who are based in tella and araki houses, where, it is apparent, they will have sex under the influence of alcohol. This group is among those who have less access to information and services related to HIV, and they are very likely to go home and infect partners/wives. They should be reached with education and services such as HCT. Targeting market days and the regular petty markets (Gulits) for education and service provision is very important. Interpersonal communication to disseminate information on the availability of services is particularly appropriate for rural residents, and providing repeated mobile HCT events at one marketplace could increase number of acceptors as information could reach many people over time. Members of the Kereyu community who come to the Metehara market should be reached with messages and services.

The day laborers, migrant workers, and rural men visit similar group of FSWs. The groups share characteristics including that they are less aware of HIV, have less access to services, and are less likely

to use condoms. Towns such as Adama, Zeway, and Meki host thousands of day laborers and migrant workers. The ideal time to reach them is on Sundays – on other days, including Saturdays, they are looking for jobs or are working. Those with formal employers, such as the flower plantations, can be reached through the plantation clinics.

Almost all of the key informants and the FSWs labeled married men as being at increased risk – they have sex without condoms, and multiple sexual partners including FSWs and young girls. HIV/AIDS services do not target them in part because they are hard to reach: Most of them are self-employed, and therefore are not found at regular places as are the day laborers and the youth. A mechanism should be devised in collaboration with local partners to reach this group and provide information and services. Traveling businessmen, numerous along the two routes of the study, are also a hard-to-reach high-risk group. Married women, especially housewives, also should be targeted with messages and services. As they spend most of their time at home, it should be possible to reach them. Approaches such as peer promotion and providing education through coffee ceremonies are worth considering. Working with women's groups and Edirs could be useful to mobilize these groups for HCT.

Among respondents, condoms are more popular than abstinence and faithfulness as a way to prevent HIV transmission. Awareness creation and BCC efforts should focus equally on the latter two methods of prevention. Condom availability should improve and FSWs should always be able to access condoms as they are, as this assessment found, the consistent users. In addition to hotels and bars, condoms should be available at tella, chat, and shisha houses. FSWs working at tella houses are largely rural and have limited awareness about condoms. They should be educated about condoms and be empowered to protect themselves as much as possible. They should also be given access to mobile HCT services as they are less likely to visit health facilities. Sustained education efforts should be made, and condoms made available, to the customers, owners, and employees of the establishments.

Because town residents often know local counselors, the residents are often reluctant to utilize HCT services. They prefer to go to the adjacent town, where no one knows them. Mobile HCT can improve this by using counselors who are not from areas being visited. Proper timing and placement of the mobile services and tailoring them to the needs of different groups also are critically important. FSWs prefer to visit services just before 6:00 pm, as they sleep in the morning and chew chat in the afternoon. Day laborers are available only on Sundays. The ideal time to reach rural men is on market days, which vary from town to town. The place where the mobile service is provided should also be carefully considered: Is the center of town preferable to the outskirts? Is conducting services at the side of a street better than in someplace more obscure? Service locations should be selected in collaboration with local partners

Before beginning the mobile CT, it is good to work with local promoters to mobilize the urban residents. Reaching the peri-urban community is also possible by using the local promoters, such as the anti-AIDS clubs.

The Jamaican community living in Shashemene is at risk of STIs/HIV. They should be reached with information and services that reach the natives.

6. REFERENCES

1. Federal Ministry of Health, National HIV/AIDS Prevention and Control Office. September 2006. AIDS in Ethiopia 6th report. Addis Ababa.
2. Central Statistical Agency [Ethiopia] and ORC Macro. 2006. Ethiopia Demographic and Health Survey 2005. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ORC Macro.
3. National HIV/AIDS Prevention and Control Office. 2005. Annual HIV/AIDS Monitoring and Evaluation Report, 2004/2005.
4. <http://www.etharc.org/arvinfo/artupdate/ARTGinI999Jun2007.pdf>
5. <http://www.etharc.org/>
6. <HTTP://WWW.MODHD.GOV.ET/INDEX.PHP?TOPIC=MARCH>
7. The Presidents Emergency Plan for AIDS Relief (PEPFAR). 2005. Indicators, reporting requirements, and guidelines for focus countries. Revised for FY 2006 reporting, July 29, 2005.

ANNEX A. PRIVATE PHARMACIES/ DRUG VENDORS/DRUG STORES

Private pharmacies, drug stores/vendors, Dukem

Type	Number
Pharmacy	---
Drug store	---
Drug vendor	2
Total	2

Private pharmacies, drug stores/vendors, Bishoftu

Type	Number
Pharmacy	5
Drug store	2
Drug vendor	2
Total	9

Private pharmacies, drug stores/vendors, Adama

Type	Number
Pharmacy	10
Drug store	19
Drug vendor	6
Total	35

Private pharmacies, drug stores/vendors, Wonji

Type	Number
Pharmacy	---
Drug store	---
Drug vendor	4
Total	4

Private pharmacies, drug stores/vendors, Metehara

Type	Number
Pharmacy	---
Drug store	3
Drug vendor	3
Total	6

Private pharmacies, drug stores/vendors, Modjo

Type	Number
Pharmacy	---
Drug store	7
Drug vendor	1
Total	8

Private pharmacies, drug stores/vendors, Meki

Type	Number
Pharmacy	---
Drug store	2
Drug vendor	5
Total	7

Private pharmacies, drug stores/vendors, Arsi Negele

Type	Number
Pharmacy	1
Drug store	---
Drug vendor	6
Total	7

Private pharmacies, drug stores/vendors, Shashemene

Type	Number
Pharmacy	9
Drug store	---
Drug vendor	4
Total	13

Private pharmacies, drug stores/vendors, Zeway

Type	Number
Pharmacy	--
Drug store	5
Drug vendor	3
Total	8

ANNEX B. NGOS WORKING IN HIV CARE AND SUPPORT ACTIVITIES

NGOs working in HIV care and support activities, Dukem

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVC	STIs	ART	IGAs	Nut. Sup.	IE/BCC	OIs	HCT	
Gojo Berhan	√		√			√		√			Children, PLHA, OVC
Mekdim Ethiopia	√		√			√	√	√		√	OVC, youth,
SC-USA	√		√			√		√		√	Youth, CSWs, PLHA, general population
OSRA	√		√			√		√			OVC, PLHA, households (IGA)
Children & Women AIDS			√								Children & women

NGOs working in HIV care and support activities, Bishoftu

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVC	STIs	ART	IGAs	Nut. Sup.	IEC/BCC	OIs	HCT	
FCE	√	√						√			Women, PLHA
JECDO-Jerusalem			√								Children, family
RATSUN			√								OVC
Adera			√								OVC
Betelhem Child Center			√								OVC
Eliderash Child & Family Dev't	√										PLHA, elderly
Tesfa Goh	√		√			√		√			OVC, PLHA, general population
FGAE	√	√	√					√		√	All population
SC-USA	√		√			√		√		√	CSWs, MARPs, OVC, PLHA
OSSA	√									√	All population
Mekaneyesus Child & Youth Ctr			√			√					OVC, street children

NGOs working in HIV care and support activities, Adama

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVC	STIs	ART	IGAs	Nut. Sup.	IE/BCC	OIs	HCT	
FGAE	√	√								√	All
Elileta						√					CSWs
Vision Comm. Dev't	√		√			√	√	√			All
SC-USA	√		√			√					Youth, CSWs, PLHA, general population
OSSA	√		√					√		√	OVC, community
Baptist Church	√		√			√					OVC, PLHA
Godana Tedadari Wedajoch Mahiber			√			√					OVC, general population
Tesfa Goh	√		√				√				OVC, PLHA
Wegen Le Wogen	√							√			PLHA, community
Bethzatha HCT Center										√	All
Hiwot Tesfa	√		√			√				√	OVC, PLHA
Red Cross								√			Community
EOC	√		√								OVC, PLHA, community
Redeem Ethiopia	√		√					√			OVC, PLHA
Medan Acts	√									√	PLHA, community
Atekalay Iddirs			√					√			OVC, community

NGOs working in HIV care and support activities, Wonji

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVC	STIs	ART	IGAs	Nut. Sup.	IE/BCC	OIs	HCT	
CRS											
Meserete Kirstos											
Muluwongel											
Kale Hiwot											

NGOs working in HIV care and support activities, Metehara

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVC	STIs	ART	IGAs	Nut. Sup.	IE/BCC	OIs	HCT	
Mekdim Ethiopia								√			PLHA, OVC, Women
Redeem the Generation		√						√			Women and children
CCF-Ethiopia			√			√					Children
Kalehiwot Church AID	√					√					PLHA
Meserete Kirstos Church	√					√					PLHA
Muluwongel Church	√					√					PLHA
Hiwot Berhan	√					√					PLHA
Catholic Church	√					√		√			All
Tesfa Hiwot	√							√			PLHA, community

NGOs working in HIV care and support activities, Modjo

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVC	STIs	ART	IGAs	Nut. Sup.	IEC/BCC	OIs	HCT	
Save the Children USA			√			√					PLHA; OVC
Mekdem Ethiopia			√			√					PLHA; OVC
Compassion			√								PLHA; OVC
Kebion			√			√					PLHA; OVC
Lume Woreda Atekeley Idir			√			√					PLHA; OVC

NGOs working in HIV care and support activities, Meki

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVC	STIs	ART	IGAs	Nut. Sup.	IEC/BCC	OIs	HCT	
OSHO			√				√				PLHA; OVC
CCF/Christian Children's Fund/			√								PLHA; OVC
Catholic Mission			√								PLHA; OVC
Muluwongel Church			√								PLHA; OVC
Meserete-Christos			√								PLHA; OVC

NGOs working in HIV care and support activities, Arsi Negele

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVC	STIs	ART	IGAs	Nut. Sup.	IE/BCC	OIs	HCT	
African Humanitarian Action (AHA)		√		√				√			Community
Rift Valley Women and Children Development			√								Orphan
Engage			√								Orphan

NGOs working in HIV care and support activities, Shashemene

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVC	STIs	ART	IGAs	Nut. Sup.	IEC/BCC	OIs	HCT	
Egna-Legna								√			Community and youth
AHA		√		√				√			Community
African Development Aid Association (ADDA)	√					√		√			PLHA
FGAE	√	√		√				√		√	
Tesfa-Goh Mahebir	√					√					PLHA,
Mekdem-Ethiopia	√		√					√			PLHA; community
Center for Development Initiative (CDI)			√			√		√			OVC, PLHA
Shashemene Sostu Atbiya Sebeka Gubae HIV prevention and control office	√		√			√		√			PLHA; OVC
Mekdem-Ethiopia	√		√					√			PLHA; community
Center for Development Initiative (CDI)			√			√		√			OVC, PLHAs
Shashemene Sostu Atbiya Sebeka Gubae HIV prevention and control office	√		√			√		√			PLHA; OVC

NGOs working in HIV care and support activities, Zeway

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVC	STIs	ART	IGAs	Nut. Sup.	IE/BCC	OIs	HCT	
Food for Hungary International	√							√		√	Community, OVC, PLHA
FGAE	√	√		√				√			Community, OVC, PLHA
Adventist Development and Relief Agency (ADRA)			√			√					OVC
Catholic Relief								√			Community, and out-of-school youth
FHI-Adama and youth club								√			Community, and out-of-school youth
Mehaber-Selam Idir	√						√				PLHA
Saint Gabriel Idir	√						√				PLHAs
Saint Michael Idir	√										PLHAs

ANNEX C. TRUCK AND BUS COMPANIES THAT PASS THROUGH OROMIYA

Truck and bus companies that pass through Modjo

Names
Bekelecha
Waliya
Ambessa
Nebir

Truck and bus companies that pass through Meki

Names
Bekelecha
Waliya
Ambessa
Nebir

Truck and bus companies that pass through Shashemene

Names
Bekelecha
Waliya
Ambessa
Nebir

Truck and bus companies that pass through Zeway

Names
Bekelecha
Waliya
Ambessa
Nebir