



**USAID**  
FROM THE AMERICAN PEOPLE

# IDENTIFYING AT RISK POPULATIONS AND HIV/AIDS REFERRAL SERVICES

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



November 2007

This publication was produced for review by the United States Agency for International Development. It was prepared by Yilma Melkamu, MD, MPH, for the Private Sector Program—Ethiopia.





**Recommended Citation:** Melkamu, Yilma. November 2007. *Identifying At Risk Populations and HIV/AIDS Referral Services: Baseline Assessment for Mobile Counseling and Testing Program in the Amhara Region of Ethiopia*. Bethesda, MD: Private Sector Program (PSP)-Ethiopia project, Abt Associates Inc.

**Contract/Project No.:** GPO-I-00-04-00007-00 TO # 807

**Submitted to:** Bradley Corner, CTO  
Office of Health, Population, and Nutrition  
United States Agency for International Development/Ethiopia  
Addis Ababa, Ethiopia



Abt Associates Inc. | 4800 Montgomery Lane, Suite 600  
| Bethesda, Maryland 20814 | Tel: 301.347-5000 | Fax: 301.652.3916  
| [www.PSP-One.com](http://www.PSP-One.com) | [www.abtassoc.com](http://www.abtassoc.com)

*In collaboration with:*

Banyan Global | IntraHealth International | Population Services International



# CONTENTS

<b>Acronyms</b> .....	<b>v</b>
<b>Acknowledgments</b> .....	<b>vii</b>
<b>Executive Summary</b> .....	<b>ix</b>
<b>1. Background</b> .....	<b>1</b>
<b>2. Objectives</b> .....	<b>3</b>
<b>3. Methodology</b> .....	<b>5</b>
3.1 Study design.....	5
3.2 Study sites.....	5
3.3 Data collection.....	6
<b>4. Results</b> .....	<b>7</b>
4.1 Debre Birhan.....	7
4.2 Kemissie.....	11
4.3 Dessie.....	16
4.4 Kombolcha.....	20
4.5 Woldiya.....	24
4.6 Debre Markos.....	28
4.7 Bahir Dar.....	31
4.8 Gondar.....	35
4.9 Woreta.....	38
4.10 Metema Yohannes.....	41
<b>5. Discussion and Conclusions</b> .....	<b>47</b>
<b>6. References</b> .....	<b>49</b>
<b>Annex A. Private Pharmacies/ Drug Vendors/ Drug Stores</b> ...	<b>51</b>
<b>Annex B. NGOs Working in HIV Care and Support Activities</b> .....	<b>53</b>
<b>Annex C. Truck and Bus Companies that Pass through Amhara</b> .....	<b>57</b>



# ACRONYMS

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





# ACKNOWLEDGMENTS

We would like to thank all the regional health bureaus, woreda health offices, and health facility staffs who assisted us throughout the data collection. Our heartfelt gratitude goes to the focus group discussion, in-depth interview, and key informant interview participants. We would also like to thank PSP-Ethiopia staff, especially Kathleen Poer, Wasihun Andualem, Abenet Leykun, and PSP field coordinators, who greatly contributed to the design and conduct of this assessment.



# 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 Amhara 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 in the eastern part of the region, five from the western part.

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, hashish, and shisha) is very common in most of the towns, contributing to the spread of sexually transmitted infections/HIV. Chat chewing houses are everywhere and attract all segments of the population, especially the youth.

In addition to pervasive commercial sex work, transgenerational and transactional sex are also very common. Urban residents, and rural migrant workers and other rural residents who come to the towns for markets and other business are all at risk of HIV infection.

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

In addition to providing the number and distribution of MARPs in a given town, the assessment tried to provide information on the interaction of the various MARP groups and possible ways of reaching them.



# 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 Amhara'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 Amhara region (Table 1). 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 study focused on towns along the route from Debre Markos to Metema in the western part of Amhara, and the route from Debre Birhan to Woldiya in the eastern part. In addition to being the corridors along which the region's major towns are located, the two roads link the country to Djibouti and Sudan, and there are huge plantations especially on the road from Gondar to Metema.

**TABLE 1. STUDY SITES IN AMHARA REGION**

<b>Region</b>	<b>Main towns</b>
Amhara (West)	Debre Markos
	Bahir Dar
	Woreta
	Gondar
	Metema
Amhara (East)	Debre Birhan
	Kemissie
	Kombolcha
	Dessie
	Woldiya

### 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 DEBRE BIRHAN

Debre Birhan is the zonal capital of the North Shoa zone of the Amhara region. The town is situated 130 km to the northeast of Addis Ababa. Its population is estimated to be 80,212 (40,422 female and 39,790 male).

#### Risk setting and population

The research team interviewed key informants from the zonal HAPCO, woreda HAPCO, and woreda health office.

The risk level for HIV/AIDS in Debre-Birhan town is the result of poverty (especially among women) and the availability of money from truckers, government employees, and day laborers, who seek out commercial sex. Vulnerable women, in particular, low-income earners such as petty traders and local brew sellers (tella and araki bets), constitute another important risk group.

**TABLE 2. SIZE OF TARGET POPULATIONS IN DEBRE BIRHAN**

Target population	Estimated number
Female sex workers	650 (500 permanent)
Migrant day laborers/unskilled construction workers	800
Farm/plantation workers	NA
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary & college)	12,692
Out-of-school youth	DK
Petty traders/informal traders	300
Truckers and bus drivers (entering and leaving the town)	475

#### Female sex workers

Debre Birhan is a town with many bars, hotels, and brothels where alcoholic drinks, including local brews such as tella, tej, and araki, are sold. FSWs operate in these establishments. According to this assessment's key informants, FSW clients are all sorts of men, including older men, married men, young unmarrieds, and truck drivers. Other groups that frequent FSWs are separated, divorced, and unmarried government employees.

Most of the hotels and bars where most FSWs work are along the main road, in Kebeles 09, 03, 08, and 06. The local brew selling houses are found almost in every corner of the town.

**TABLE 3. BARS, NIGHTCLUBS, AND BROTHELS (TELLA AND ARAKI BETS), WHERE SEX WORKERS OPERATE**

Name	Address
Tella, tej, and araki bets	Kebeles 02, 06 (Katanga sefer)
Girma and Tsigereda Hotels	Kebeles 01 & 08
Abebayehu Hotel	Kebele 08
Misrak Tsehay Hotel	Kebele 01
Mekonen Hotel	Kebele 01

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

Name
Katanga Sefer
Ehitmamachoch Bar
Bus station
Guassa Sefer
Ankober Sefer

### **Vulnerable women**

The key informants indicate most women who work in the informal sector, including women who do petty trading (“Gulit”) and sell local brews, are vulnerable to contracting HIV. These groups are economically disadvantaged and have little education and awareness of STI/HIV transmission and prevention.

Assessment informants reported a high level of alcohol abuse among clients of local brew sellers. Most clients are unemployed and low-paid men – migrant day laborers, weyalas (mini-bus assistants), and truckers – who frequently are illiterate, have little knowledge of HIV transmission, and rarely practice safe sex, such as consistent use of condoms. Informants also noted women working at local brew selling houses often engage in sex in exchange for money. Clients often perceive rural women who have recently joined the local brew selling business as being HIV-free, and prefer them for sex.

The informants also indicate that on Saturdays, the biggest market day of the week, men and women from the neighboring rural areas visit Debre Birhan. Visitors of both sexes frequently consume high amounts of alcohol in local brew selling houses, and have unsafe casual sex.

**TABLE 5. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE**

Name
Frash Tera
Guassa Sefer

### **Mid- and long-distance truckers**

Long-distance drivers, especially drivers who have to spend the night in the town, frequently visit FSWs. According to the informants, long-distance truckers and bus drivers prefer Debre Birhan for overnight parking; on average, 550 truckers spend the night in the town. The drivers park overnight mainly on the main road and around the bus station.

**TABLE 6. NUMBER OF TRUCKS AND MID- AND LONG-DISTANCE BUSES ENTERING AND LEAVING THE TOWN DAILY**

<b>Time</b>	<b>Estimated number</b>
Morning	125
Mid-day	125
Night	225
Total	475
Estimated number of trucks and buses parked overnight	550

**TABLE 7. BARS AND CLUBS FREQUENTED BY TRUCK AND BUS DRIVERS**

<b>Name</b>	<b>Location</b>
Helen Hotel	Kebele 08
Abebayehu, Etagegnehu & Girma hotels	Kebele 01
Abebe & Tsigereda hotels	Kebele 08
Gelila Hotel	Kebele 02
Ehitimamachoch Nightclub	Kebele 03
Shinkit Hotel	Kebele 03
Stadikan Markesha Araki Bet	Kebele 01
Sisay G/Yohannes Bar	Kebele 05

### **Day laborers/construction workers**

Currently, there is an increased demand for day laborers, especially in the construction sector. The ongoing construction work at Debre Birhan University in particular has attracted a very high number of day laborers from rural areas. These laborers are mostly illiterate, or have little education.

Day laborers frequently visit FSWs who work in tella bets. As noted above, the laborers rarely practice safe sex given their low awareness of HIV transmission and prevention. According to the informants, the number of females working as day laborers is increasing, and some female day laborers have sex with their male counterparts to supplement their income.

### **Adolescents and youth**

Almost all Debre Birhan youth, including out-of-school youth, are sexually active. Even in-school youth initiate sex at young ages and most of their partners are their schoolmates. Girls start to have sex at age 15, boys at 18. Most schoolgirls have sex with their male counterparts, but some of them have sex with teachers to get better grades, and with other civil servants in exchange for gifts and money. Casual sex among in- and-out-of-schools youth, including college students, is becoming common.

### **Health profile**

Various diseases have public health significance in Debre Birhan. They include reproductive tract infections, HIV/AIDS, and typhoid fever. The informants identified HIV/AIDS as a major health problem. All government facilities with the exception of health posts provide basic HIV prevention, care, and support activities, including HCT, TB, ART, PMTCT, STIs, and opportunistic infection (OI) drugs for PLHA.

**TABLE 8. NUMBER OF PUBLIC AND PRIVATE HEALTH FACILITIES**

Public facilities	Number
General hospital	1
Primary health center	1
Urban health post	1
Clinic	---
Total	3
Private facilities	
Hospital	---
Higher clinic	1
Medium clinic	3
Lower clinic	2
Total	6

HCT is available in the one private higher clinic, and all private facilities provide TB diagnosis and referral services. Informants noted that STI patients get treatment at both public and private facilities. The number of STIs patients who seek treatment at private facilities is high compared with those who go to public facilities, for reasons of perceived good quality of services, and especially of confidentiality and privacy. STI patients often seek treatment in private pharmacies and drug shops where there are no trained personnel for appropriate diagnosis and treatment.

**TABLE 9. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICE**

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Biruk Health Center	Higher clinic	√	√	---	---	√	---
Shoa Polyclinic	Medium clinic	---	√	---	---	√	---
Hibret	Medium clinic	---	√	---	---	√	---
Andinet	Medium clinic	---	√	---	---	√	---
Kidane Mihiret	Lower clinic	---	√	---	---	√	---
Mitak Amanuel	Lower clinic	---	√	---	---	√	---

**HCT:** Most HIV/AIDS-related activities in the town are limited to IEC/BCC. The town health office and government health facilities targeted MARPs in prisons, colleges, and workplaces during the last two Millennium HCT campaigns, but there has never been an effort to reach MARPs such as FSWs, and tella, tej, and araki sellers. These groups, like other people on lower rungs of the socioeconomic ladder, cannot afford long waits at the limited number of static government HCT sites; in addition, the prevailing perception of low-quality government services, especially in terms of confidentiality, privacy, stigma, and discrimination, discourages them from benefiting from the static sites. The key informants noted that as the Millennium AIDS campaign did not target MARPs, most people tested were those at low risk, including “those who have been tested before, school adolescents and low risk college youths. High risk sub-groups, such as FSWs, patrons of tella, tej, and araki bets, truckers, and owners of hotels, bars, and tella and araki bets, were not addressed.”

## **Condom use**

Like most urban areas, there is a high level of awareness about condoms in Debre Birhan. Condoms are widely available, including in private pharmacies, hotels, and shops, during normal business hours. Despite this availability, key informants noted that condom use is inconsistent: there is overall high uptake of condoms among in-school and out-of-school youth, PLHA, and CSWs. On the other hand, lack of ready access to condoms means that young people who have unplanned and quick sex often don't use them. Married men and young people having sex with their peers eschew condoms for various reasons, including trust of their partner, perceived low risk, and reduced sexual pleasure. Nevertheless, respondents noted that FSWs and youth use condoms more frequently than religious and married men, as well as rural and less-educated men such as day laborers.

## **4.2 KEMISSIE**

Kemissie is situated 300 km northeast of Addis Ababa. The town's population is estimated to be 37,000 (18,000 female and 19,000 male). The research team interviewed key informants from the town HAPCO, the Oromiya zone HAPCO, and the woreda health office. They also held FGDs with FSWs and in- and out-of-school youth.

### **Risk setting and population**

The FGDs and key informant interviews indicated a wide range of factors that are responsible for HIV transmission. Young rural men are expected to acquire sexual experience before marriage, and as a result, they are encouraged to have sex with FSWs. These young men often do not use condoms for reasons of lack of experience, awareness, and shame.

Similarly, married men with multiple sexual partners also affect risk setting and risk factors. The wide cultural practice of concurrent sexual partners, "Wushima" (keeping one wife/girl in each town/village), and "Warsa" (widow inheritance) are believed to expose men to HIV. FSWs reported that local married men are one of their client groups, followed by truck drivers; they also noted that married men usually prefer to not use condoms.

The informants also indicated high levels of alcohol and substance abuse. For example, chat use (and less widespread hashish use) among young men is responsible for unplanned and unsafe sex. Urban youth frequently visit the neighborhood referred as "Blocket Sefer," where they chew chat and use hashish in houses called "Med'a Bets" or "Shisha Houses." Mede'a Bets are the usual places where young men meet with females, and the encounters usually end with unsafe causal sex. The rural youth from the neighboring woredas visit Kemissie every Thursday, the biggest market day of the week, and consume large amounts of araki, a local brew with a high alcohol content. Chat chewing is becoming popular among rural young men. They chew chat on market day (Thursday) and visit FSWs. The informants further noted that each araki house has four or more FSWs, and their clients are commonly migrant day laborers who are less educated and have poor knowledge of safe sex practices.

Young girls who are "Yebet Lijoche", that is, young girls residing with their families having sexual practices with older men in exchange for gifts, recreation, and money, are said to be at much more risk for contracting HIV than are FSWs, who are more experienced and not ashamed to use condoms.

Informants pointed out that due to lack of family support, school girls benefit from school-based HIV peer education less than their male counterparts. The FGDs held with in- and out-of-school youth also

indicated that family limits on young girls result in girls lacking knowledge of HIV prevention methods, and they have few negotiation skills for safe sex, such as condom use.

The other important risk groups include migrant day laborers, who occupy a low social stratum and often have little formal education and awareness of safe sex practices. The situation is worse among poor and migrant women, especially those hired as housemaids and “Injera Gagari” again because of lack of education and awareness of safe sex practices.

**TABLE 10. SIZE OF TARGET POPULATIONS IN KEMISSIE**

Target population	Estimated number
Commercial sex workers (CSWs)	200 [140 transient]
Migrant day laborers/unskilled construction workers	150
Farm/plantation workers	859
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary & college)	2,166
Out-of-school youth	DK
Petty traders/informal traders	100
Truckers and bus drivers (entering and leaving the town)	112

### Female sex workers

Most customers of FSWs are married men, mid- and long-distance drivers, and youth who visit Kemissie every Thursday for the weekly market. The in-depth discussion held with FSWs indicated the number of migrant day laborers (from highland areas) increases at harvest times, and they frequently visit FSWs. Most FSWs and day laborers are found around “Kella Sefer” or “Gare Sefer,” in Kebeles 01 and 02.

**TABLE 11. BARS, NIGHTCLUBS, AND BROTHELS (TELLA AND ARAKI BETS) WHERE FSWS OPERATE**

Name	Address
Tayech Tej Bet	Kebele 03, around Nice Photo Bets & police station
Sehein Amede Tej Bet	Yusuf Hadji floor market
Zewude Borne Tej Bet	Kebele 02 around Derarto Music Shop
Shimbira Tej Bet	Kebele 02 around Derarto Music Shop
Shisha Bets	In front of Warka Menafesha

**TABLE 12. STREET/KEBELES/SEFER WHERE SEX WORKERS MEET CLIENTS**

Name
Dragados Camp
K 02 along the asphalt road
K 03 along the main asphalt road



### Mid- and long-distance drivers

Kemissie town is situated along the Addis–Adigrat route, and many trucks enter and leave the town each day. On average, 36 trucks and buses park overnight. The information solicited from in-depth interviews indicates that long-distance drivers entertain themselves in the town’s bars, hotels, and local brew selling houses. Truckers are the FSWs’ most popular clients, more than married men, youth, and migrant laborers.

**TABLE 13. TRUCKS AND MID/LONG-DISTANCE BUSES ENTERING AND LEAVING THE TOWN DAILY**

Time	Estimated number
Morning	35
Mid-day	42
Night	45
Total	122

**TABLE 14. PLACES WHERE TRUCK AND BUS DRIVERS PARK AT NIGHT**

Name/location
Oasis Hotel-Kebele 01
Araya Hotel-Kebele 01
Semen Hotel-Kebele 01

**TABLE 15. BARS, CLUBS, AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS**

Name	Location
Night clubs near to Hailu Abayneh Hotel	Kebele 03 (blocket sefer)

### Migrant day laborers

There are not a particularly large number of migrant day laborers in Kemissie town; their numbers peak during harvest seasons. They often consume large amounts of local brews, including tella, tej, and araki, and this leads to unplanned and unsafe sex with FSWs working in local brew selling houses.

Migrant day laborers are one of the groups most neglected by HIV prevention programs such as awareness-raising activities and access to HCT service. They perceive mobile HCT service as a good way to create access to HCT services.

### Adolescents and youth

According to various sources, boys and girls in Kemissie town start to have sex at a very young age, girls usually at 13 years, boys at 16 years. Informants attribute this to the widely practiced traditional romantic relationship between boys and girls called “Shilshalo,” non-penetrative/brushing sex with beloved ones, who are referred as “Kenfer Wodaj.” This practice encourages young people to engage in early premarital sex. Shilshalo is practiced mainly by rural and peri-urban youth.

## Vulnerable women

Women who work in the informal sectors as petty traders (Gulit), housemaids, and injera gagari are vulnerable groups as they are in the lowest social and economic strata. These women are economically fragile, could be subjected to sexual violence, and may engage in sex in return for shelter, food, and money. They usually also are illiterate, with little knowledge of HIV prevention methods.

**TABLE 16. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE**

Name
Around Yusuf Hadji
Around Araya Hotel
Around bus station,
Around Kemissie Health Center,
Lulseged bet near to the health center

## Health profile

The major public health problems in Kemissie are malaria, acute diarrheal disease, TB, HIV/AIDS, meningitis, and intestinal parasites. Most men and women seek STI diagnostic and treatment services in public health facilities because of the perceived high prices in private health facilities. There are many misconceptions about the cause of STI transmission, including passing urine when facing the moon, or onto hot stones.

**Facilities:** The government-owned health center provides basic HIV prevention, care, and support activities, including HCT, TB, ART, PMTCT, STIs, and OI drugs for PLHA.

**TABLE 17. 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	2
Lower clinic	5
Total	7

HCT service is not yet offered in any of private health facilities. Currently, service in private health facilities is limited to TB diagnosis and referral, and STI and OI treatment.

**TABLE 18. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICES**

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Elfora Clinic	Lower clinic	---	√	---	---	---	---
Salah	Medium clinic	---	√	---	---	√	√
Alpha	Medium clinic	---	√	---	---	√	√
Abdella	Lower clinic	---	√	---	---	---	---
Kokeb	Lower clinic	---	√	---	---	---	---
Afia	Lower clinic	---	√	---	---	---	---
Beletu	Lower clinic	---	√	---	---	---	---

**HCT:** The wider population is knowledgeable about HIV/AIDS prevention, care, and support. A key informant believes that, over time, stigma and discrimination toward PLHA is lessening. The source pointed out the need for BCC to change aspects of people’s lifestyle that increase their risk for contracting HIV. In this regard, the informant noted that the low socioeconomic status of much of the population, and especially young women, forces them into risky jobs, including sending young women to work in Middle Eastern countries, where they may be subjected to sexual violence.

Access to HCT is limited, and there are virtually no testing options as the only facility that provides HCT is the government-owned health center. The young people who participated in FGDs suggested that service providers/HCT counselors should not be residents of the town in which they work. The respondents also noted that they prefer to go to Dessie, where no one knows them, if they decide to be tested for HIV.

**NGOs with HIV/AIDS prevention, care, and support programs:** Organizations working on HIV/AIDS services for MARPs include UNICEF, World Vision, the Family Guidance Association of Ethiopia (FGAE), and the Muslim Agency. The woreda HAPCO is actively engaged in community mobilization, coordinating HIV programs, and strengthening the town’s anti-AIDS clubs. The woreda HAPCO also coordinates care and support programs for people infected and affected by HIV with special emphasis on OVC and income-generating activities (IGAs) for PLHA.

### **Condom use**

The urban and more-educated youth are more likely to use condoms. The reasons for non-use of condoms include believing that the partner is faithful. Rural men do not use condoms because of poor knowledge of and attitude toward condoms. Assessment informants also noted that religion sometimes hinders condom use. For instance, some Muslim families consider condoms as “Haram”; the same holds with some Christian religious leaders, who refer to AIDS as a curse from God.

Condoms are available in shops, hotels, public and private health facilities, and private drug stores/vendors. Kemissie Health Center distributes condoms free of charge. However, the government and NGOs have not yet considered doing this in other outlets such as hotels and bars. Informants suggested installing condom machines as an alternative and best option to increase condom accessibility.

### 4.3 DESSIE

Dessie is situated 400 km northeast of Addis Ababa. The total population of the town is estimated at 206,091 (96, 939 male and 109, 152 females).

The research team interviewed key informants from the Dessie Town Health Office, the town HAPCO, the Addis Hiwot Rehabilitation and Reintegration Association, and the FGAE Model Youth Center. Additionally, in-depth interviews were held with FSWs, and FGDs were conducted with in-and out-of-school youth and migrant day laborers.

#### **Risk setting and population**

According to informants, a large number of high-risk and vulnerable groups are found in Dessie town. These include FSWs, long-distance bus/truck drivers, married men and women, out-of-school youth, migrant laborers, and government employees. Many people enter and leave Dessie town, including truckers, businessmen, government employees from the neighboring Afar region, and people from adjacent towns. The town is known for its numerous nighttime entertainment places such as nightclubs and red-light bars. These establishments are frequented by the residents and short-term visitors and are densely populated with FSWs.

Discussions held with various respondents, including key informants, FSWs, and in- and out-of-school youth indicated that married men are the most risky group because of their concurrent sexual relations with multiple women (“Wushima”). The informants described this sexual network as one of long-term relationships that at times involve emotional ties, such as trust, that may jeopardize the consistent use of condom. They also pointed to the traditional “Warsa,” or widow inheritance. In addition, the high-paying transactional and transgenerational sex between married and older men and young girls fuels the spread of HIV in the community.

Other factors that contribute to HIV transmission is the exploitation of urban adolescents and youth in particular by illegal video houses that show pornographic films and shisha houses that expose the young to substance abuse, such as chat and (more rarely) hashish. According to the informants, pornographic films are one of the reasons for early sexual initiation and experimentation. High alcohol consumption and substance abuse, especially of chat, are the main reasons for unplanned and unsafe sex among young people. The FGD held with out-of-school youth indicated that substance abuse is attributed to the lack of alternative and safe recreational places. The respondents emphasized that the situation is worsening due to adults’ highly judgmental views, and high unemployment, frustration, and hopelessness among youth.

The informants further noted that young girls, particularly street children and young housemaids, are becoming victims of sexual violence. In- and out-of-school youth discussants reported incidents where young girls were raped by tutors and even by the school guards. The problem is perpetuated by lack of open communication between children and parents, which discourages young girls from discussing the threat and get appropriate help.

The informants have also indicated that mid- and long-distance drivers and married men have sex with “Yebet Lijoch,” young girls who are living with their family in exchange for money and gifts. There is transgenerational sex between in-school girls and drivers, police, teachers, and other government employees who can afford to pay for sex. These young girls usually lack sexual negotiation skills for using condoms and are more often exposed to HIV than are FSWs. Poor migrant women from the

neighboring rural areas also are at high risk of contracting HIV as they have little education and awareness of safe sex practices.

**TABLE 19. SIZE OF TARGET POPULATIONS IN DESSIE**

Target population	Estimated number
Commercial sex workers (CSWs)	2,400
Migrant day laborers/unskilled construction workers	350
Farm/plantation workers	NA
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary & college)	24,327
Out-of-school youth	DK
Petty traders/informal traders	2000
Truckers and bus drivers (entering and leaving the town)	133

### Female sex workers

Sex workers are found in strategic locations throughout the town, usually in entertainment venues such as nightclubs, hotels, bars, and local brew selling house. The prevailing high poverty in the town, especially among in-and out-of-school girls, pushes them to engage in commercial sex. FSW clients include married men, truckers, businessmen, and men who visit the town from surrounding areas for workshops and trainings. On average FSWs charge Birr 80-110 for the night and Birr 30-40 for quick sex. According to the informants, there are 2,400 FSWs in Dessie, of which 500 are transient.

**TABLE 20. BARS, NIGHTCLUBS, AND BROTHELS (TELLA AND ARAKI BETS) WHERE SEX WORKERS OPERATE**

Name	Address
Dessie Hotel	Shell Sefer
Edom Hotel	Shell Sefer
Lumbard Hotel	Shell Sefer
Axum Hotel	Shell Sefer
Nyala Hotel	Piassa Sefer
Zenith (Seven-up) Hotel	Banbuha Sefer
Banbuha Sefer Araki Bets	Banbuha Sefer
Robit Araki Bets	Robit Sefer
Medhanialem Tella/Kerefe bet	Medhanialem Sefer

**TABLE 21. STREET/KEBELES/SEFER WHERE SEX WORKERS MEET CLIENTS**

Name
Along the main route from Piassa to Shell Sefer
MIDROC construction Sefer (Zeit Tera)
Around Nyala Hotel to W/Gebriel Tej Bet
Assen Ayele Bergo Sefer
Ghion Hotel to Shell along the road

### Mid- and long-distance drivers

Truckers enter and leave Dessie on a daily basis. Bus drivers operate mid- and long-distance buses owned by individuals, companies, and organizations. Their major sexual partners are FSWs and in- and out-of-school girls commonly referred to as “Yebet Lijoch,” who have sex with drivers in exchange for money.

**TABLE 22. TRUCKS AND MID/LONG-DISTANCE BUSES ENTERING AND LEAVING THE TOWN DAILY**

Time	Estimated number
Morning	95
Mid-day	20
Night	18
Number of trucks parking overnight	133

**TABLE 23. PLACES WHERE TRUCK AND BUS DRIVERS PARK AT NIGHT**

Name/location
Banbuha Sefer, near Awash Greenland Hotel
Shewa Ber (Mesgid Sefer)

**TABLE 24. BARS, CLUBS, AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS**

Name	Location
Dessie Hotel	Shell Fermata
Edom Hotel	Shell Fermata
Fikreselam Hotel	Piassa
Seven-up Hotel	Banibu Weha sefer
Axum hotel	Shell Sefer

### Migrant day laborers

An increasing number of day laborers are migrating from rural areas to urban ones such as Dessie in the hope of getting a job. These migrants are usually illiterate or have little education, and are unskilled and so are not absorbed into the existing limited skilled job market. Therefore, most of them work in low-paying jobs such as construction and carrying heavy items. Alcohol abuse, especially of araki, is common among the migrant day laborers. They frequently visit FSWs who operate in local brew selling houses, and are more exposed to HIV/STI infection because of their lack of awareness of prevention methods, especially condoms. They are also marginalized from accessing information and treatment, including facility-based HCT services.

### Health profile

The major public health problems include upper respiratory tract infections (RTIs), acute febrile illnesses, and HIV/AIDS. The respondents noted those who acquire STIs often self-medicate, with drugs

purchased from local drug stores. As a result, there is a delay in seeking STI diagnosis and treatment, and increased chance of HIV transmission.

**Facilities:** There are nine government-owned health facilities operating in Dessie town. Only two provide HIV/TB services, including PMTCT, HCT, TB/DOTS, OI and STI treatment, and ART. Private health facilities are limited to TB diagnosis and referral to public facilities with the exception of two private hospitals that also provide HCT and several facilities that provide OI management.

**TABLE 25. NUMBER OF PUBLIC AND PRIVATE FACILITIES**

Public facilities	Number
Hospital	2
Primary health center	2
Urban health post	1
Clinic	4
Total	9
Private facilities	
Hospital	2
Special higher clinic	1
Higher clinic	3
Medium clinic	1
Lower clinic	2
Total	9

**TABLE 26. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICES**

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Bate	Hospital	√	√	---	---	√	√
Ethio	Hospital	√	√	---	---	√	√
Selam	Higher clinic	---	√	---	---	√	√
Addis Hiwot	Higher clinic	---	√	---	---	√	√
Wollo	Higher clinic	---	√	---	---	√	√
Mahlet	Medium clinic	---	√	---	---	√	---
Addis surgical	Special higher clinic	---	√	---	---	√	---
Hayat	Lower clinic	---	---	---	---	√	---
Ekram	Lower clinic	---	---	---	---	√	---
Dr. Teklewoyne Internal Medicine Clinic	Special higher clinic	---	√	---	---	√	---
Tilme	Lower clinic	---	---	---	---	√	---
Tossa Cinic	Lower clinic	---	---	---	---	√	---
Bethlehem	Lower clinic	---	---	---	---	√	---

**HCT:** Respondents reported that the FGAE provided outreach HCT services to nearby rural communities. The FGAE has also experience in conducting outreach HCT for college youth. The respondents, however, noted the need to introduce HCT to rural people who visit Dessie on major

market days. The Dessie town health office and HAPCO representatives reported that there is huge unmet demand for HCT services in the town. They further noted that there is more need to introduce an innovative approach to reach high-risk groups, such as workers and other adults, than to reach lower-risk in-school youth. In conclusion, informants recommended mobile HCT services at workplaces and marketplaces.

**TABLE 27. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE**

Name
Sherf Tera
Banbu Wuha
Segno Gebeya
Melaku Desalegn Sefer

FSWs appreciate the idea of introducing mobile services. However, they raised the issue of cost and operating hours. They prefer to have services late in the afternoon as they sleep in the morning.

**NGOs working in HIV care and support activities:** Programs targeting MARPs include mobilization and advertisement for HCT and initiating youth-friendly services at the public health centers in collaboration with Netsebrak, a local NGO, and Pathfinder. IGAs especially for FSWs by Negat Development Project, and counseling and condom distribution for members and the public are the major activities carried out by the association. Some interventions undertaken by the FGAE, Netsebrak, and Abyssinia include IEC/BCC for youth, HCT, Peer Service Providers for out-of-school youth, community conversations on coffee ceremonies, hotline counseling, and panel discussions.

### Condom use

The respondents indicated that condom use is quite widespread among educated youth and unmarried men. The main reasons for not using condoms include trusting the sexual partner, perceived reduced sexual pleasure with condoms, misconceptions (e.g. condoms contain virus), high alcohol and other substance (chat) abuse, and unavailability of condoms. Condoms are available during work hours at kiosks/shops and public, private, and NGO health facilities. Respondents found condom machines that local NGOs had installed on the streets a good strategy for condom distribution, especially for the youth and those needing condoms late at night.

The respondents indicated much had been done to enhance community awareness and to bring about behavioral change in the area of consistent condom use. They felt less effort was being made to educate young people on safe sex negotiation skills and delaying sexual activity, and on IEC/BCC to reduce substance abuse, such as chat chewing, and build morale among youth.

## 4.4 KOMBOLCHA

Kombolcha is situated 379 km northeast of Addis Ababa. The town population is estimated to be 89,000 (46,000 male and 43,000 female).

The research team interviewed key informants from the town health office, Kombolcha health center, and CHAD-ET, an NGO. In-depth discussion and FGDs took place with FSWs, migrant day laborers, and in- and out-of-school youth.



## Risk setting and population

Kombolcha is one of the industrial towns in Ethiopia, and the workforce (both skilled and unskilled) comes from different part of the country. The informants/discussants reported that men working in the various factories have sexual networks with high school and college girls. Furthermore, with increased urbanization and business activity, less-educated men from rural areas move to the town seeking employment. These men usually operate as day laborers and have no permanent residence. High poverty among women increases their vulnerability to HIV as they may engage in sex in return for money, shelter, and food. The respondents also noted that the other important population sub-groups are FSWs and their clients, including truck drivers, married men, day laborers, and out-of-school youth, especially those who are jobless and are substance abusers, of chat and hashish.

The respondents noted the high level of transgenerational sex, especially among in-school girls and older men. The respondents indicated an increasing trend of sexual networks among teachers and in-schools girls in return for better grades. School girls are said to prefer to have sex with older men, who have more sexual experience and money.

**TABLE 28. SIZE OF TARGET POPULATIONS IN KOMBOLCHA**

Target population	Estimated number
Commercial sex workers (CSWs)	1200
Migrant day laborers/unskilled construction workers	1000
Sugar cane plantation/sugar factory	NA
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary & college)	8,021
Out-of-school youth	DK
Petty traders/informal traders	2000
Truckers and bus drivers (entering and leaving the town)	225

## Female sex workers

FSWs operate in hotels, bars, and local brew selling houses. Close to 1,200 FSWs work in the town; of these, 800 are permanent residents. The FSWs vary from non-educated young rural girls to educated, unemployed older women. Their clients come from a wide range of population sub-groups including less-educated, rural, married men to educated, urban, married and unmarried men. They also include drivers, civil servants, businessmen, members of the uniformed services, migrant day laborers, and youth. FSWs charge their clients Birr 50-70 for the night and Birr 15 for quick sex.

Most FSWs operate in hotels and bars around Piassa, Showa ber, and BGI (beer factory) sefer. FSWs working in hotels and bars are more expensive and their clients are truckers, men from uniformed services, and other civil servants. FSWs operate in local brew selling houses, densely concentrated in Berchele Sefer (Kebeles 01 and 02), and their clients are men from lower-income groups, such as day laborers.

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

Name	Address
Berchele Araki Bets	Berchele Sefer (K 03)
Woine Hotel	Berchele Sefer (K 03)
Axum Hotel	Berchele Sefer (K 03)
Bar Koca	Piassa Sefer
Senai Hotel	Along the road to Afar Region

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

Name
Piassa Sefer (from Kombolcha Adebabay to Assab Ber route)
Around Senai Hotel

### Mid- and long-distance drivers

Kombolcha is the largest industrial zone in Amhara state. The town is also situated along the main route that runs through Addis Ababa, Dessie, Djibouti, Afar, and Mekelle. As a result, the town is crowded with bus and truck drivers; often, truckers stay a day or two to unload and load their goods. The drivers entertain themselves in hotels and bars, having sex with FSWs and young girls (“Yebet Lijoch”) in exchange for money.

**TABLE 31. TRUCKS AND MID/LONG-DISTANCE BUSES ENTERING AND LEAVING THE TOWN DAILY**

Time	Estimated number
Morning	140
Mid-day	55
Night	30
Parking overnight	225

Most truck drivers park for the night in Kebele 04, in front of the high school and Asseb ber sefer.

**TABLE 32. PLACES WHERE TRUCKS AND BUS DRIVERS PARK AT NIGHT**

Name/location
Harego Lodge Sefer-on the way to Dessie
Soupral Sefer-around BGI beer factory
Near Tikur Abbay construction office
In front of Meron Hotel

**TABLE 33. BARS, CLUBS, AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS**

Name	Location
Senai Hotel	Along the road to Afar Region
Bar Koca	Piassa
Woine Hotel	Piassa
Axum Hotel	Piassa
Dessie Hotel	Shell Fermata

**Migrant day laborers**

Virtually all migrant day laborers are from the rural and peri-urban neighboring woredas. They are less educated and have little awareness of safe sex, especially consistent use of condoms, as they have difficulties in accessing information and service from existing health facilities. The migrant day laborers frequently visit the Borchelle neighborhood, where they seek out local brew selling houses and FSWs. The respondents noted that day laborers who do loading and unloading are the ones who frequently visit local brew selling houses as compared with those who work in road and other construction.

**Health profile**

The town's main public health problems include malaria, HIV/AIDS, TB, typhoid fever, diarrheal diseases, and reproductive tract infections.

**Facilities:** The two government health centers provide HIV-related services including HCT, PMTCT, ART, OI treatment, and TB and STI diagnosis and treatment. The respondents noted that STI patients often visit public facilities as the consultation fee and drugs are readily available at lower costs than in private health facilities. However, the respondents also noted that older men and women who contacted STIs prefer to consult traditional healers because of perceived poor privacy and confidentiality in public health facilities.

**TABLE 34. NUMBER OF PUBLIC AND PRIVATE FACILITIES**

Public facilities	Number
Hospital	---
Primary health center	2
Urban health post	---
Clinic	---
Total	2
Private facilities	
Hospital	---
Higher clinic	2
Medium clinic	2
Lower clinic	4
Total	8

Even though there are eight private health facilities, they offer no HIV-related activities with the exception of condom distribution, and STI services, and, in the higher and medium clinics, TB diagnosis.

**TABLE 35. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICE**

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Hiwot fana	Higher clinic	---	√	---	---	√	---
Ethio HC	Higher clinic	---	√	---	---	√	---
Hayat MC	Medium clinic	---	√	---	---	√	---
Shalom MC	Medium clinic	---	√	---	---	√	---
Bilal Clinic	Lower clinic	---	---	---	---	√	---
Ruhi Legesse	Lower clinic	---	---	---	---	√	---
Hiwot Clinic	Lower clinic	---	---	---	---	√	---
Piassa Clinic	Lower clinic	---	---	---	---	√	---

**HCT:** HCT services are available only in a limited number of health facilities, and there is high unmet need for services. The respondents said that facility-based HCT impedes service accessibility, especially for those who work in the informal sector, including day laborers, who cannot afford to take time to visit health facilities during working hours. While discussing mobile HCT service, the respondents suggested an alternative HCT approach, such as weekend outreach and mobile HCT to enhance access to persons in the informal sector.

**NGOs with HIV/AIDS care and support programs:** A limited number of local and international NGOs work in HIV prevention, care, and support, with emphasis on mitigating the impact of HIV/AIDS to infected and affected people.

### Condom use

Widespread misconceptions and rumors strongly affect condom use. The most common misconceptions are that condoms reduce sexual pleasure and the lubricant contains virus. Condoms are more popular among educated and urban men than among less-educated and rural men. High alcohol abuse also was noted as attributing factor for inconsistent condom use. The respondents also suggested increasing condom outlets through hotels, bars, and local brew selling houses.

## 4.5 WOLDIYA

Woldiya is 520 km northeast of Addis Ababa. The town has an estimated population of 55,040 (male 28,327 and female 26,713).

The research team interviewed the key informants from North Wollo Zone and Woldiya town health office; and the head of the FGAE Sexual Reproductive Health Clinic.

### Risk setting and population

The risk for HIV/AIDS in Woldiya include early initiation of sex by girls and boys; multiple sexual partners among older men and women; and a transient workforce such as businessmen and truckers who are visiting Woldiya. The town has a large number of FSWs, and their clients are truckers, government employees (in particular, uniformed men) and migrant day laborers. The other important risk group include the former government's demobilized military. Vulnerable women, such as low-

income earners like petty traders and local brew sellers (tella and araki bets), constitute another important group.

**TABLE 36. SIZE OF TARGET POPULATIONS OF WOLDIYA**

Target Population	Estimated Number
Commercial sex workers (CSWs)	2000
Migrant day laborers/unskilled construction workers	840
Farm/plantation workers	NA
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary and college)	5755
Out-of-school youth	DK
Petty traders/informal traders	2887
Truckers and bus drivers (entering and leaving the town)	150

### Female sex workers

There are 2,000 FSWs, of which 500 are reported to be transients. Most of them are very young and from rural areas. According to the FGD held with FSWs, their main clients are truckers, government employees, married men, and out-of-school youth. FSWs operate in hotels and bars, many of which are on the main road, especially around Piassa and Meneharia, and local brew selling houses. Local brew selling houses, including tella, tej, and araki houses, are concentrated around Adago, Mugad, and Kidane mihret sefer. The clients of FSWs who work in local brew selling houses are usually in occupational categories of low prestige and substance, such as migrant day laborers.

**TABLE 37. BARS, NIGHTCLUBS, AND BROTHELS (TELLA AND ARAKI BETS) WHERE SEX WORKERS OPERATE**

Name	Address
Lemlem Bar	Mekele Ber
Ethiopia Hotel	Piassa
Tikur Woha Hotel	Bus station
Sost Godana Hotel	Bus station
Tella and tej bets	Mugad, Tasa Kebele (K05)–Yeju Genete
Other bars and hotels	Around bus station

**TABLE 38. STREET/KEBELES/SEFER WHERE SEX WORKERS MEET CLIENTS**

Name
Around bus station
Around Piassa route
Around Mekele Ber

### Mid- and long-distance drivers

Woldiya is one of the main routes used by heavy truck drivers and long-distance bus drivers. The drivers' sexual network includes FSWs and young girls who have sex in exchange for entertainment, gifts, and money.

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

Time	Estimated number
Morning	50
Mid-day	50
Night	50
Trucks parking overnight	54

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

Name/location
Tinfanz
Piassa
Piassa to Mekele exit

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

Name	Location
Djibouti Bar	Piassa
Bar Bumbardia	Piassa
Menab Bar	Piassa
Genet Hotel	Around Piassa to Mekele Road

### **Migrant day laborers**

The migrant day laborers are usually men from highland areas who migrate to the town in anticipation of a low-wage job, especially in road construction. The migrant laborers usually roam the main road, in particular around Piassa, where they wait for the day's job. They leave their families behind in rural locations, and have no permanent residence in the town. They consume large amounts of locally brewed alcoholic drinks (tej and araki), and they usually sleep with low-paid FSWs who work in the brew selling houses.

### **Vulnerable women**

Woldiya town has an estimated 2,887 petty traders, most of whom are women. These women form the lowest social stratum, and the fragile economy increases their vulnerability to contracting HIV, as many of them resort to sex in return for money.

**TABLE 42. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE**

Name
Debregelila
Petty trading around Piassa/bus station
Gondar ber
Adago (in front of Dashen Bank)

## Health profile

According to the information obtained from North Wollo Zone and Woldiya town health office officials, health problems are HIV/AIDS, malaria, TB, intestinal parasites, RTI, and diarrheal diseases.

The respondents indicated that many people self-medicate to treat STIs. Most STI patients seek treatment from drug vendors and pharmacies, as public health facilities are perceived to offer poor privacy and confidentiality. This practice causes delay in seeking the right treatment, increases drug resistance, and contributes to the rapid spread of HIV in the community.

**Health facilities:** There are four government-owned health facilities. All HIV-related interventions, including HCT, PMTCT, ART, STIs, OI treatment, and TB diagnosis and treatment, are available in Woldiya Hospital, and all but ART service is offered in the only government-owned health center. Though there are six private health facilities, only two have HCT services; the others are limited to TB diagnosis and referral and STI treatment. Therefore, there is potential to introduce TB/HIV services in private health facilities to increase service accessibility, especially to create confidential testing options.

**TABLE 43. PUBLIC AND PRIVATE HEALTH FACILITIES**

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

**TABLE 44. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICE**

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Teferi Memorial	Medium clinic	---	√	---	---	√	---
Ruh MC	Medium clinic	√	√	---	---	√	---
Addis Tesfu	Medium clinic	√	√	---	---	√	---
Hiwot Clinic	Lower clinic	---	---	---	---	√	---
Tesfa Clinic	Lower clinic	---	---	---	---	√	---
Wollo Clinic	Medium clinic	---	√	---	---	√	---

**HCT:** The woreda health office in partnership with local and international NGOs conducted a series of community mobilizations to increase uptake of HCT services, especially in the Millennium AIDS Campaign. HCT service is available in the government hospital, health center, two medium clinics, and

FGAE clinic. The FGAE clinic has also conducted an outreach program to the neighboring semi-urban and rural districts. FGAE in particular gives utmost priority in creating access to youth-friendly HCT service. Mobile HCT is seen as a good way to increase service accessibility to underserved sub-populations, especially migrant day laborers, FSWs, in- and-out-of-school students, and women.

**NGOs with HIV/AIDS care and support program:** Several local and international NGOs focus on HIV/AIDS prevention, care, and support programs, including HCT, condom distribution, IEC/BCC, sexual and reproductive health, and care and support to people infected and affected by HIV/AIDS. The NGOs that are operating in Woldiya town include the local HAPCO, CHAD-ET, Ethiopian Muslim Relief and Development Agency and FGAE.

### **Condom use**

The respondents believe that there is underuse of condoms in Woldiya town, due in part to the widespread misconception that condom lubricant has HIV virus. These rumours are often heard from married men, truckers, and day laborers. Similarly, young boys and girls and married men/women do not use condoms due to perceived safety of their partners, trust, and lack of safe sex negotiation skills.

Condoms are available in various distribution outlets including private, NGO, and government health facilities, kiosks/shops, and hotels. Condom use is relatively high among educated youth, compared to less-educated and older men. The respondents suggested increasing condom availability through use of condom machines in entertainment venues and other selected sites where the youth can easily access them.

## **4.6 DEBRE MARKOS**

Debre Markos is 299 km northwest of Addis Ababa. The town has an estimated population of 117,789 (55,751 male and 62,038 female).

The research team interviewed key informants from Debre Markos HAPCO, and the FGAE branch office.

### **Risk setting and population**

Debre Markos town is characterized by a significant number of people whose livelihood depends on the informal sector, such as petty traders, day laborers, and local brew sellers. Poverty is high among women in the informal sector, especially those women working in petty trading (Gulit), such as selling food items at the side of the road, and local brew selling.

The informants noted that the newly built college and technical schools have increased the number of youth coming to Debre Markos town. This and other factors have led to cultural change among youth, including early sexual debuts and premarital sex. The informants also pointed out that some of the college girls who live in rented houses practice sex with married and single men in return for money. Male civil servants are said to have sexual networks with college girls. The other important risk is FSWs and their sexual networks with married men and in-and-out-of-school youth.



**TABLE 45. SIZE OF TARGET POPULATIONS IN DEBRE MARKOS**

Target population	Estimated number
Commercial sex workers (CSWs)	2500
Migrant day laborers/unskilled construction workers	DK
Farm/plantation workers	NA
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary & college)	8726
Out-of-school youth	DK
Petty traders/informal traders	5550
Truckers and bus drivers (entering and leaving the town)	30

**Female sex workers**

FSWs operate in hotels, bars, and local brew selling houses. The majority of them are permanent residents.

**TABLE 46. BARS, NIGHTCLUBS, AND BROTHELS (TELLA AND ARAKI BETS) WHERE SEX WORKERS OPERATE**

Name	Address
Alegena Chifera Bet	Kebele 01
Mota Sefer	Kebele 02
Sake Besak Chifera Bet	Kebele 09
Sytane Bet	NA
Abema Sefer	Amarachoch Kebele 01, 03

**Mid- and long-distance drivers**

The number of truckers entering and leaving Debre Markos is lower than in other towns.

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

Time	Estimated number
Morning	10
Mid-day	10
Night	10
Estimated number of trucks parking overnight	20

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

Name/location
Kebele 04–Total fuel station
Kebele 05–Shebele Hotel
Bahir dar Mewcha

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

Name	Location
Shebele Hotel	Kebele 05
Paradise Hotel	Kebele 01
Enemaye Hotel	Kebele 04
Yegna Hotel	Kebele 04
Martina Hotel	Kebele 04
Blue Nile Bar	Kebele 04
Tella/araki houses	Kebele 01, 03, 02 (Mota Sefer)
Marzeneb	Kebele 04
National Hotel	Kebele 04
Kana Zegelila	Kebele 04
Nehase 30	Kebele 01
Menkorer	Kebele 04
Zewditu	Kebele 05

**TABLE 50. STREET/KEBELES/SEFER WHERE SEX WORKERS MEET CLIENTS**

Name
Algena–Kebele 01
Mota Sefer–Kebele 02
Kebele 04

**TABLE 51. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE**

Name
Tele Menaharia zuria
Abema Sefer and surroundings

### Health profile

The key informants, from the woreda HAPCO, Modjo health center, and an NGO working in the area. The common health problems in the town are RTIs including TB, malaria, intestinal parasites, and skin infections.

**Health facilities:** The two public health facilities provide all HIV-related services, including HCT, ART, PMTCT, and STI and TB diagnosis and treatment. Of the four private health facilities, only two have HCT services; all provide STI diagnosis and treatment. Although the private sector facilities have good human resources, their contribution to TB prevention and control is limited to case identification and referral.

Self-medication is commonly used for treating STIs. According to respondents, most STI patients buy drugs from local drug vendors. The delay in seeking appropriate diagnosis and treatment contributes to the rapid spread of HIV. Urban residents have a strong preference for private sector facilities for STI treatment, whereas rural residents use public health facilities for the relative low service fee.

**TABLE 52. NUMBER OF PUBLIC AND PRIVATE HEALTH FACILITIES**

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

**TABLE 53. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICE**

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Markos	Medium clinic	√	√	---	---	√	---
Amanuel	Medium clinic	---	√	---	---	√	---
Eyerusalem	Higher clinic	√	√	---	---	√	---
Aschalew	Lower clinic	---	---	---	---	√	---

**HCT:** HCT services are available in public, private, and NGOs health facilities. Nonetheless, there is still high unmet demand for such services. The respondents said outreach/mobile HCT could increase service accessibility and provide confidential testing options. They recommended against using local counselors in outreach/mobile HCT to ensure confidentiality and increase service uptake. They also suggested organizing outreach HCT services beyond working hours and on weekends to increase service accessibility by the workforce.

**NGOs working in HIV care and support programs:** Several local and international NGOs work to increase community awareness and bring about behavioral change in HIV prevention, care, and support. Some local NGOs, however, focus exclusively on mitigating the impact of AIDS in people infected and affected by HIV.

## 4.7 BAHIR DAR

Bahir Dar is 563 km northwest of Addis Ababa. The town is the capital of Amhara national regional state; and it has an estimated population of 210,000 (105,642 male and 104,358 female).

The research team interviewed key informants from Bahir Dar HAPCO and the FGAE branch office.

## Risk setting and population

Bahir Dar has a wide range of high-risk groups including FSWs, university students, high school students, and migrant workers. A common practice is cross-generational and transactional sex between young girls and older men, especially between university/college girls and civil servants. High school girls also have sex with older men in return for gifts and money. Assessment sources indicated that some of the men act as brokers to link the girls with men. The respondents also noted high alcohol and chat abuse among youth, which leads to unplanned and possibly unsafe sex.

The town is endowed with a varied cultural and historical heritage that attracts many international and national tourists. Many of these tourists entertain themselves watching traditional music and dance in hotels and bars, where they meet young girls and men. Some university and college girls have sex with foreign tourists in exchange for money. There is also a report of young men having commercial sex with older foreign women.

FSWs are important risk factors and their clients come from a wider segment of the population, such as married men, mid- and long-distance drivers, tourists, uniformed men, and other civic servants. FSWs work in local brew selling houses, where they are targeted by men from lower social strata, including day laborers, unemployed, and youth.

**TABLE 54. SIZE OF TARGET POPULATIONS OF BAHIR DAR**

Target Population	Estimated number
Commercial sex workers (CSWs)	2500
Migrant day laborers/unskilled construction workers	266
Farm/plantation workers	NA
Fishermen	300
Uniformed government employees	DK
In-school youth (secondary & college)	27,633
Out-of-school youth	DK
Petty traders/informal traders	300
Truckers and bus drivers (entering and leaving the town)	180

## Female sex workers

Bahir Dar is seeing a high influx of young girls from rural areas who are searching for employment. These young women usually are divorced, less educated, and with no skills and no place to live; often, they meet with brokers who link them with madams (older women who own hotels, bars, and inns). These young girls are forced to equally share their daily income with their madams, a practice known locally as “Akafayoch,” meaning those who work on a shared basis. The informants estimated that there are close to 2,500 FSWs in the town, mainly in Kebeles 04, 12, 16 (“Koshe Sefer”). The FGD held with FSWs indicated that their clients range from less-educated and unskilled men to the highly educated and professionals. FSWs categorized their clients based on income and educational level, for instance, low-paid civil servants (“Bale Egir,” meaning barefooted), men with better education and incomes (“Bale Mekina,” meaning vehicle owners), university students (“Ande Lenate”), and businessmen (“Ande Lebusiness”). The respondents further noted that in a place called “Koshe Sefer,” most FSWs operate in local brew selling houses; their clients are daily laborers and unemployed youth.

**TABLE 55. BARS, NIGHTCLUBS, AND BROTHELS (TELLA AND ARAKI BETS) WHERE SEX WORKERS OPERATE**

Name	Address
Karaoke	Kebele 05
John Bar	Kebele 05
Jerry	Kebele 05
Our Bar	Kebele 05
Shingrella	Kebele 05
Oriental	Kebele 04
Sun Way	Kebele 04
Kosh Kosh Sefer–Local drinks	Kebele 04, 12, & 16
Alegena–Local drinks	Kebele 01
Mota Sefer–Local drinks	NA
Mom Shebeko–Local drinks	Kebele 04 (Ablene sefer)
Amrachoch Sefer–Local drinks	Kebele 03, 04

### Mid- and long-distance drivers

Truck drivers are another important risk group; their sexual network range from FSWs to in-and out-of-school girls.

**TABLE 56. TRUCKS AND MID/LONG-DISTANCE BUSES ENTERING AND LEAVING THE TOWN DAILY**

Time	Estimated number
Morning	60
Mid-day	60
Night	60
Trucks parking overnight	30

**TABLE 57. PLACES WHERE TRUCKS AND BUS DRIVERS PARK AT NIGHT**

Name/location
Papyrus Hotel to Melat Café
Garage Sefer
Big marketplace to Geshe Abay
Giorgis Church
Around bus station
Kebele 01 (Guna hotel)
Ring road,
Dashen Bank

**TABLE 58. BARS, CLUBS, AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS**

Name	Location
John Bar	Kebele 05
Karaoke	Kebele 05
Walya Hotel	Lemlemitu Gojam
Ageritu Hotel	Lemlemitu Gojam

**TABLE 59. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE**

Name
Kebeles 04, 05, 12, and 06
Around Menaharia

### Health profile

Several diseases have public health significance, the most prevalent of which are TB and HIV/AIDS.

**Health facilities:** Bahir Dar town has four public health facilities which provide all HIV/AIDS-related services including chronic care, ART, and TB/HIV treatment. The private clinics (four higher and six medium) provide diagnostic and referral services for TB patients. The respondents noted that all higher clinics provide HCT and other HIV/AIDS-related services, while all private health facilities provide STI services and six clinics OI treatment.

**TABLE 60. NUMBER OF PUBLIC AND PRIVATE FACILITIES**

Public facilities	Number
Hospital	2
Primary health center	2
Urban health post	---
Clinic	---
Total	4
Private facilities	
Hospital	---
Higher clinic	4
Medium clinic	6
Lower clinic	2
Total	12

**HCT:** There is high unmet need for counseling and testing, especially among couples who plan to get married. The existing facility-based HCT services are few in number, and their opening hours are inconvenient for the workforce, especially for those operating in the informal sectors. The respondents suggested increasing service accessibility for selected target groups through outreach/mobile HCT, for instance, for those working in marketplaces and construction sites. They also suggested extending regular working hours and offering HCT service on the weekend.

**TABLE 61. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICE**

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Gambi	Higher clinic	√	√	---	---	√	√
K/Michael	Higher clinic	√	√	---	---	√	√
Eyerusalem	Higher clinic	√	√	---	---	√	---
Alem Stega	Higher clinic	√	√	---	---	√	---
Tana Clinic	Medium clinic	---	√	---	---	√	---
Agmas	Medium clinic	---	√	---	---	√	√
Bahir dar	Medium clinic	---	√	---	---	√	√
Universal	Medium clinic	---	√	---	---	√	√
Ethiopia	Medium clinic	---	√	---	---	√	---
St John	Medium clinic	---	√	---	---	√	√
Beza	Lower clinic	---	---	---	---	√	---
Tikur Abay	Lower clinic	---	---	---	---	√	---

**NGOs working in HIV prevention, care, and support programs:** Several NGOs are actively engaged with prevention, care, and support programs. Some NGOs provide IEC/BCC; others operate in the areas of educational, medical, and nutrition support to OVCs. There is also an effort in providing IGAs to selected target groups, such as FSWs. Some NGOs provide youth-friendly services, including recreation, peer education, HCT, condom distribution, and STI diagnosis and treatment.

## 4.8 GONDAR

Gondar is located 743 km to the northeast of Addis Ababa. The town has an estimated population of 254,583 (118,792 men and 135,791 female).

The research team interviewed key informants from the North Gondar HAPCO, Gondar health office, and CVM (Communita Voluntari per il Mondo).

### Risk setting and population

The high-risk groups Gondar include FSWs, civil servants, day laborers, and university students.

The University of Gondar, one of the country's largest universities, is located in the town. The young university students start experimenting with new lifestyles, including using alcohol and substances such as chat. Assessment respondents indicated that female university students engage in risky sexual behavior with their fellow students, civil servants, and businessmen. Male students also have sexual networks, with high school girls and sometimes with FSWs. Nightclubs such as Lambadina bar are popular with university students. The respondents noted that there is an increasing trend of premarital sex among secondary school boys and girls.

The other important risk setting is the sexual network between truck drivers and their clients, such as FSWs and young girls who engage in sex with drivers in return for gifts and money.

**TABLE 62. SIZE OF TARGET POPULATIONS OF GONDAR**

Target population	Estimated number
Commercial sex workers (CSWs)	500
Migrant day laborers/unskilled construction workers	DK
Farm/plantation workers	NA
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary & college)	26,132
Out-of-school youth	DK
Petty traders/informal traders	DK
Truckers and bus drivers (entering and leaving the town)	600

**Female sex workers**

FSWs are numerous in Enkoye Meske, historically considered to be where commercial sex started in Ethiopia. The other important neighborhoods where FSWs operate include Arada and 'Buluko Sefer.' There are an estimated 350 permanent and 150 transient FSWs in Gondar. Transient FSWs stay in Gondar for days or months and move to Metema, the site of a big sesame plantation, during harvest season.

Most FSWs are young girls from rural areas, brought to the town by brokers who persuade them to work as FSWs. Their clients are mainly truck drivers, married men, and businessmen. FSWs operate in bars, hotels, and local brew selling places.

**TABLE 63. BARS, NIGHTCLUBS, BROTHELS (TELLA AND ARAKI BETS) WHERE SEX WORKERS OPERATE**

Name	Address
Sakebesak Bar	Kebele 13
Lambadina Bar	Kebele 13
Borbococh Bar	Kebele 13
Bars around Arada	Kebele 05
Oriental	Kebele 04
UN way	Kebele 06
Enkoy Mesk-LD	Abajale- Kebeles 11 & 12

**TABLE 64. STREET/KEBELES/SEFER WHERE SEX WORKERS MEET CLIENTS**

Name
Kebele 13
Piassa to Arada
Mogn Mekomia



### Mid- and long-distance drivers

Economic relations between Ethiopia and Sudan have improved recently and as a result there is increasing number of truckers crossing the Ethiopian boarder to transport petroleum and other goods. The truckers spend a day or two in Gondar, at customs checkpoints situated in Azezo and Bluko Sefer.

**TABLE 65. TRUCKS AND MID/LONG-DISTANCE BUSES ENTERING AND LEAVING THE TOWN DAILY**

Time	Estimated number
Morning	200
Mid-day	200
Night	200
Estimated number of trucks parking overnight	200

**TABLE 66. PLACES WHERE TRUCKS AND BUS DRIVERS PARK AT NIGHT**

Name/location
Around Bluko
Kebele 01
Garage Kebelow 04-Asmara Road

**TABLE 67. BARS, CLUBS AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS**

Name	Location
Bars around Piassa	Kebele 13
Hotels and bars around Bluko police camp	Road to Azezo
Hotels and bars	Arada

**TABLE 68. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE**

Name
Arada
Azezo–Kebele 09

### Health profile

Several diseases are of public health significance in Gondar. The main ones are TB, HIV/AIDS, and intestinal parasites.

**Health facilities:** Gondar University Hospital and two of four public health centers offer HIV-related services, including HCT, PMTCT, ART, and STI/TB diagnosis and treatment. Though there are 11 private health facilities, HIV-related services are limited to STI and OI diagnosis and treatment. Private health facilities also provide TB diagnosis and referral service.

**NGOs with HIV/AIDS prevention, care, and support programs:** The local HAPCO is responsible for facilitating HIV/AIDS-related activities in the town. Local and international NGOs offer a wide range of HIV services, including life skills training for people infected and affected by HIV, IEC/BCC

to strengthen HIV awareness and behavioral change, IGAs for select target groups such as CSWs, and OVC support.

**TABLE 69. NUMBER OF PUBLIC AND PRIVATE FACILITIES**

Public facilities	Number
Hospital	1
Primary health center	4
Urban health post	---
Clinic	---
Total	5
Private facilities	
Hospital	---
Higher clinic	3
Medium clinic	8
Lower clinic	---
Total	11

**TABLE 70. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICE**

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
Gondar HC	Higher clinic	---	√	---	---	√	√
Aste Bekafa	Higher clinic	---	√	---	---	√	√
Nure	Higher clinic	---	√	---	---	√	√
Menaheria	Medium clinic	---	√	---	---	√	√
Ethiopia	Medium clinic	---	√	---	---	√	√
Berhan Tesfa	Medium clinic	---	√	---	---	√	√
Universe	Medium clinic	---	√	---	---	√	√
Selam	Medium clinic	---	√	---	---	√	√
Abajale	Medium clinic	---	√	---	---	√	√
Tinsae	Medium clinic	---	√	---	---	√	√
Kidane mihret	Medium clinic	---	√	---	---	√	√

## 4.9 WORETA

Woreta is located 623 km northwest of Addis Ababa. The town is situated along two main routes, namely, Addis Ababa to Sudan via Gondar/Metema and Dessie to either Bahir Dar or Gondar. The town has a population of 241,488 (123,922 male and 117,566 female).

The research team interviewed key informants from the Woreta health office and health center.

### Risk setting and population

As Woreta is situated at the junction of the two main roads, it sees a lot of activity by truckers and other mid/long-distance drivers. As the traffic load has grown, businesses have been established, for

instance, hotels and bars with restaurants. The increasing urbanization has resulted in rural to urban migration. Similarly, the number of FSWs operating in hotels, bars, and local brew selling houses has significantly increased. The clients of FSWs are mostly truckers, out-of-school youth, day laborers, and married men from the town and the neighboring rural areas.

**TABLE 71. SIZE OF TARGET POPULATIONS IN WORETA**

Target population	Estimated Number
Commercial sex workers (CSWs)	300
Migrant day laborers/unskilled construction workers	DK
Farm/plantation workers	NA
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary & college)	5518
Out-of-school youth	DK
Petty traders/informal traders	205
Truckers and bus drivers (entering and leaving the town)	150

### Female sex workers

Woreta town has close to 300 FSWs, most from other parts of the country, especially from Gondar. Their clients are truckers, students, and some farmers from near-by rural districts.

The local brew selling houses (tella and araki bets) are concentrated in Kebeles 01 and 02. The clients for FSWs in local brew selling houses include day laborers, unemployed men, and farmers from the neighboring districts.

**TABLE 72. BARS, NIGHTCLUBS, AND BROTHELS (TELLA AND ARAKI BETS) WHERE SEX WORKERS OPERATE**

Name	Address
Barkiya Nightclub	Kebele 04
Vertex Hotel and Nightclub	Kebele 03
Nile Bar	Kebele 03
Temamen Hotel	Kebele 01
Awramba traditional night club	Kebele 03
Menaheria Hotel	Kebele 03
Local drinking establishments (tella and araki houses)	Kebeles 01, 02

### Mid- and long-distance drivers

Truck drivers are an important risk group. Their sexual partners include FSWs and in- and out-of-school girls.

**TABLE 73. TRUCKS AND MID/LONG-DISTANCE BUSES ENTERING AND LEAVING THE TOWN DAILY**

Time	Estimated number
Morning	50
Mid-day	50
Night	50
Trucks parking overnight	100
Total	250

**TABLE 74. PLACES WHERE TRUCKS AND BUS DRIVERS PARK AT NIGHT**

Name/location
Fasika Hotel
Meseret Hotel
Around Shell Fuel Station
Around Michael Church

**TABLE 75. BARS, CLUBS AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS**

Name	Location
Awrabma Hotel	Kebele 03
Barkiya Hotel	K 04
DJ bar	K 03
Vertex	K 03

### Health profile

The common health problems in Woreta town are TB and malaria.

**Health facilities:** There is only one public health center. It provides all HIV-related services, including HCT, ART, PMTCT, and STI and TB diagnosis and treatment. There is only one private clinic, and its HIV-related services are limited to STI and OI diagnosis and treatment and TB diagnosis and referral.

**TABLE 76. NUMBER OF PUBLIC AND PRIVATE FACILITIES**

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

**TABLE 77. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICE**

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
WaT/VIC	Lower clinic	---	√	---	---	√	√

**NGOs with HIV/AIDS prevention, care, and support programs:** No national or international NGOs work directly on HIV-related activities in Woreta. The respondents, however, noted that some international NGOs, such as FHI and IntraHealth International, provide capacity building, including training and technical assistance, in particular for enhancing HCT and PMTCT services, for the only public health facility.

#### 4.10 METEMA YOHANNES

Metema Yohannes is on the Ethio-Sudan border, 850 km from Addis Ababa. The town has a population of 78,741 (39,781 male and 38,960 female).

The research team interviewed key informants from Metema health center and the head of the Metema HAPCO.

##### Risk setting and population

Risk in Metema is primarily the result of large numbers of seasonal migrant day laborers working in big plantations. Their numbers increase during harvest season, from the beginning of June to November. At those times, the town is crowded with many thousands of day laborers, truckers, and businessmen, who leave their families behind. Hotels, bars, and local brew selling houses are packed with transient FSWs. Different groups of men gravitate toward individual neighborhoods; for instance, migrant day laborers frequent local brew selling houses in “Jijira.”

The other important risk group in Metema is the Sudanese men who cross the border to for business and entertainment purposes. The Sudanese use brokers to get FSWs, and pay more than local men do.

**TABLE 78. SIZE OF TARGET POPULATIONS IN METEMA YOHANNES**

Target population	Estimated number
Commercial sex workers (CSWs)	4150
Migrant day laborers/unskilled construction workers	80,000
Farm/plantation workers	NA
Fishermen	NA
Uniformed government employees	DK
In-school youth (secondary & college)	929
Out-of-school youth	DK
Petty traders/informal traders	400
Truckers and bus drivers (entering and leaving the town)	900

##### Female sex workers

FSWs migrate from the central part of the country to Metema during the harvest season. At that time, their numbers can exceed 4,000. Their clients are truckers, businessmen (including Sudanese men who come from across the border), and more importantly, day laborers.

**TABLE 79. BARS, NIGHTCLUBS, AND BROTHELS (TELLA AND ARAKI BETS)  
WHERE SEX WORKERS OPERATE**

Name	Address
Memaza Bar	Shehidin
Donate Hotel	Shehidin
Hana Hotel	Shehidin
Sweet Bar	Shehidin
CD Bar	Shehidin
Millennium	Metema Yohannes
Addis Ababa Restaurant	Metema Yohannes
Etsub Denke	Metema Yohannes
Tsehay Gebate	Metema Yohannes
Jijira-LDs	Not specified

**TABLE 80. MAIN MARKETPLACE WHERE INFORMAL TRADERS OPERATE**

Name
Mogn Mekomia
Around St. Michael Church

**Mid- and long-distance trucker drivers**

The number of truckers increases during the harvesting session.

**TABLE 81. TRUCKS ENTERING AND LEAVING THE TOWN DAILY**

Time	Estimated number
Morning	300
Mid-day	300
Night	300
Estimated number of trucks parking overnight	200

**TABLE 82. PLACES WHERE TRUCKS AND BUS DRIVERS PARK AT NIGHT**

Name/location
Around Kella Exit
Customs office in center of Shehidin
Shehidin to Metema Yohannes

**TABLE 83. BARS, CLUBS, AND LOCAL INNS FREQUENTED BY TRUCK AND BUS DRIVERS**

Name	Location
Satellite Bar	Shehidin
Donate Hotel	Shehidin
Hana Hotel	Shehidin
Aster Hotel	Shehidin
Zobel Bar	Metema Yohannes
CD Bar	Metema Yohannes
Etsub Dinke	Metema Yohannes

### Health profile

The major health problems in Metema are malaria, RTIs, TB, STI, HIV/AIDS. The other common public health problems are Kalazar and onchocerciasis. There is a high level of self-medication of STIs, which contributes to drug resistance and may fuel HIV transmission.

**Health facilities:** The public hospital offers the basic HIV services, including HCT, PMTCT, provider initiated counseling and testing (PCT), and TB and STIs diagnosis and treatment, ART. Private health facilities provide TB diagnosis and referral and STI services. No NGO or philanthropic organizations operates a HIV prevention, care, and support program.

**TABLE 84. NUMBER OF PUBLIC AND PRIVATE HEALTH FACILITIES**

Public facilities	Number
Hospital	1
Primary health center	5
Urban health post	---
Clinic	---
Total	6
Private facilities	
Hospital	---
Higher clinic	---
Medium clinic	5
Lower clinic	5
Total	10

**HCT:** Though there is high demand for HCT, there is no specific intervention, including outreach/mobile HCT service. Woreda health office officials would like to initiate mobile HCT for MARPs, especially day laborers. The respondents suggested providing outreach/mobile HCT services over the weekends and outside regular facility working hours.



**TABLE 85. PRIVATE HEALTH FACILITIES BY TYPE OF HIV/AIDS SERVICE**

Name	Level	HCT	TB		ART	STIs	OIs
			DX	RX			
St Giorgis	Lower clinic	---	√	---	---	√	---
Hayat	Medium clinic	---	√	---	---	√	---
Shehidin	Medium clinic	---	√	---	---	√	---
Woreda 5	Lower clinic	---	√	---	---	√	---
St Mary	Medium clinic	---	√	---	---	√	---
Kidane mihret	Lower clinic	---	√	---	---	√	---
St Mariam	Medium clinic	---	√	---	---	√	---
Ethio	Medium clinic	---	√	---	---	√	---
St Yohannes	Lower clinic	---	√	---	---	√	---
St Gabriel	Lower clinic	---	√	---	---	√	---

**Condom use**

Condom use among FSWs in Metema is very inconsistent, in contrast to other places. This is attributed to negotiations of the price of sex, especially by men from Sudan and businessmen. According to the informants, much needs to be done to strengthen condom promotion and education with emphasis on consistent use by both FSWs and their clients. Similarly, the respondents suggested increasing condom distribution outlets from the current health facilities and drug vendors to hotels, bars, and small shops.



## 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. Awareness creation and mobilization efforts should try to reach owners and employees of these establishments.

The practices of transgenerational and transactional sex are very common along the routes studied. Adult clients are local residents and visitors from the bigger towns. 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 Bahir Dar and Gondar, also need special attention, as it was reported that CSW/transactional sex by female university students is prevalent.

Rural men visit the FSWs who are based in tella 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.

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 Kombolcha 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 chat, shisha, and tella 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 Sudanese who cross borders and meet the FSWs in Metema should also be targeted with messages and services. The likelihood of their going home and infecting their wives/partners is quite high because Sudan is a Muslim country where commercial sex is strictly illegal and condom use is not widely practiced.

## 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 President's 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, drugstores/vendors, Debre Birhan

Type	Number
Pharmacy	2
Drug store	1
Drug vendor	1
Total	4

## Private pharmacies, drugstores/vendors, Kemmisie

Type	Number
Pharmacy	---
Drug store	2
Drug vendor	1
Total	3

## Private pharmacies, drugstores/vendors, Dessie

Type	Number
Pharmacy	4
Drug store	4
Drug vendor	3
Total	11

## Private pharmacies, drugstores/vendors, Kombolcha

Type	Number
Pharmacy	1
Drug store	4
Drug vendor	4
Total	9

## Private pharmacies, drug stores/vendors, Woldiya

Type	Number
Pharmacy	1
Drug store	2
Drug vendor	3
Total	6

**Private pharmacies, drug stores/vendors, Debre Markos**

Type	Number
Pharmacy	1
Drug store	---
Drug vendor	4
Total	5

**Private pharmacies, drug stores/vendors, Bahir Dar**

Type	Number
Pharmacy	7
Drug store	---
Drug vendor	4
Total	11

**Private pharmacies, drug stores/vendors, Gondar**

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

**Private pharmacies, drug stores/vendors, Woreta**

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

**Private pharmacies, drug stores/vendors, Metema**

Type	Number
Pharmacy	---
Drug store	2
Drug vendor	4
Total	6



# ANNEX B. NGOS WORKING IN HIV CARE AND SUPPORT ACTIVITIES

## NGOs working in HIV care and support activities, Debre Birhan

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVCs	STIs	ART	IGAs	Nut. Sup.	IEC/ BCC	OIs	HCT	
Mekanyesus Church						√		√			Youth & children
Addis Kidan Baptist church			√								OVC
Kalehiwot church			√								Children & IGA
Marie Stopes Intl.		√								√	Youth & women
Amanuel Devt. Org.			√								Children
Life in Abundance Ethiopia								√			Youth

## NGOs working in HIV care and support activities, Kemmisie

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVCs	STIs	ART	IGAs	Nut. Sup.	IEC/ BCC	OIs	HCT	
World Vision	√		√			√					OVC, PLHA
Fana Orphan Care			√								OVC
FGAE		√								√	Youth
Muslim Agency										√	Community

### NGOs working in HIV care and support activities, Dessie

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVCs	STIs	ART	IGAs	Nut. Sup.	IEC/BCC	OIs	HCT	
Netsebrak RH Devt. Org.	√		√			√		√		√	CSWs, OVC, PLHA, youth
FGAE		√		√				√		√	Youth
Mekdim Ethiopia	√									√	PLHA, OVC, youth
OSSA	√		√							√	PLHA, OVC, youth

### NGOs working in HIV care and support activities, Kombolcha

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVCs	STIs	ART	IGAs	Nut. Sup.	IEC/BCC	OIs	HCT	
CHAD -ET	√									√	Youth, CSWs, PLHA
Africa Service Committee										√	Youth
Concern Kombolcha						√					
FGAE		√		√				√		√	Youth & community

### NGOs working in HIV care and support activities, Woldiya

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVCs	STIs	ART	IGAs	Nut. Sup.	IEC/BCC	OIs	HCT	
FGAE		√		√				√		√	Youth
PADET	√		√								OVCs

### NGOs working in HIV care and support activities, Debre Markos

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVCs	STIs	ART	IGAs	Nut. Sup.	IEC /BCC	OIs	HCT	
Marie Stopes		√								√	
Ethiopian Aid		√				√					PLHA, orphans
CVM											
OSSA	√		√					√			PLHA, associations, peer groups
Red cross	√							√			Youth, PLHA, community
FGAE	√	√						√		√	
FCE			√			√					OVC, street children, CSWs
Megbare Senay			√			√					OVC, PLHA
Felege Arz			√								OVC

### NGOs working in HIV care and support activities, Bahir Dar

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVCs	STIs	ART	IGAs	Nut. Sup.	IEC/ BCC	OIs	HCT	
OSSA	√										PLHA
Tesfa Goh						√	√				
FGAE		√		√						√	
Mekaneyesus			√								Orphans
Young men Christian Ass.		√						√		√	Youth
St. Rufael											
JACCCDO			√					√			OVC, youth
Red Cross											Financial support for PLHA
Helina AAC								√			CSWs

### NGOs working in HIV care and support activities, Gondar

Name of organization	HIV/AIDS prevention, care and support activities										Target groups
	HBC	RH/FP	OVCs	STIs	ART	IGAs	Nut. Sup.	IEC/BCC	OIs	HCT	
OSSA	√		√							√	PLHA
CVM								√			Health workers & community
FGAE		√								√	Youth
Bridge to Israel			√								Children
Focus on Children at Risk			√								Children
Mahiberawi Hiwot Ethiopia											
Yenigat Tesfa Street Children			√								Children
Missionary of Charity							√				
Red Cross											

# ANNEX C. TRUCK AND BUS COMPANIES THAT PASS THROUGH AMHARA

## Truck and bus companies that pass through Debre Berham

Names	Names
Debre Iba Truck Owners Association	Gosh Middle Vehicle Transport Association (Bus)
Tikur Abbay Transport	Rigib Middle Vehicles Transport Association (Bus)
Trans Ethiopia Transport	Waliya Cross Country Transport Association (Bus)
Sheger Transport	Tana Transport
Semen Transport	Bekelcha Transport
Yared Transport	Fetan Transport
Ghion Transport	Woirra Transport
Shebele Transport	East-West Transport

## Truck and bus companies that pass through Kemissie

Names	Names
Debre Iba Truck Owners Association	Gosh Middle Vehicles Transport Association (Bus)
Tikur Abbay Transport	Rigib Middle Vehicles Transport Association (Bus)
Trans Ethiopia Transport	Waliya Cross Country Transport Association (Bus)
Sheger Transport	Tana Transport
Semen Transport	Bekelcha Transport
Yared Transport	Fetan Transport
Ghion Transport	Woirra Transport
Shebele Transport	East-West Transport

## Truck and bus companies that pass through Dessie

Names	Names
Debre Iba Truck Owners Association	Gosh Middle Vehicles Transport Association (Bus)
Tikur Abbay Transport	Rigib Middle Vehicles Transport Association (Bus)
Trans Ethiopia Transport	Waliya Cross Country Transport Association (Bus)
Sheger Transport	Tana Transport
Semen Transport	Bekelcha Transport
Yared Transport	Fetan Transport
Ghion Transport	Woirra Transport
Shebele Transport	East-West Transport

### Truck and bus companies that pass through Kombolcha

<b>Names</b>	<b>Names</b>
Debre Iba Truck Owners Association	Gosh Middle Vehicles Transport Association (Bus)
Tikur Abbay Transport	Rigib Middle Vehicles Transport Association (Bus)
Trans Ethiopia Transport	Waliya Cross Country Transport Association (Bus)
Sheger Transport	Tana Transport
Semen Transport	Bekelcha Transport
Yared Transport	Fetan Transport
Ghion Transport	Woirra Transport
Shebele Transport	East-West Transport

### Truck and bus companies that pass through Woldiya

<b>Names</b>	<b>Names</b>
Debre Iba Truck Owners Association	Gosh Middle Vehicles Transport Association (Bus)
Tikur Abbay Transport	Rigib Middle Vehicles Transport Association (Bus)
Trans Ethiopia Transport	Waliya Cross Country Transport Association (Bus)
Sheger Transport	Tana Transport
Semen Transport	Bekelcha Transport
Yared Transport	Fetan Transport
Ghion Transport	Woirra Transport
Shebele Transport	East-West Transport