



Model Woredas: Global Standard Interventions

Goal and Proposed Outcomes

NASTAD Ethiopia's goal was to enhance the capacity of selected woreda (district) health offices to better coordinate and manage HIV prevention and care activities through the implementation of national social mobilization strategies. By implementing the strategies, it was expected that public awareness and knowledge would increase, HIV service demand and uptake would increase, and stigma and discrimination would decrease. With the experiences and lessons learned from this project, regional and zonal health offices were expected to scale up similar quality and comprehensive social mobilization interventions to other woredas.

Strategy and Approach Used

First introduced by the Government of Ethiopia in 2005, the National HIV/AIDS Social Mobilization Strategy (NSM) expanded and strengthened the national focus on HIV prevention and care services. In subsequent years, however, the Federal HIV/AIDS Prevention and Control Office (FHAPCO) recognized that implementation of NSM was weak and fragmented in many regions. At the request of FHAPCO, and with support from CDC/Ethiopia, NASTAD developed an intervention package based on the NSM to enhance HIV prevention and care in selected woredas. The package included descriptions and tools necessary for a selection of interventions, and NASTAD provided assistance to the four partner woredas to select and adapt the intervention(s) to their specific community and needs. Interventions used by the model woredas included:

- Local adaptation of the UNDP's Community Conversations program
- Designing and supporting a cadre of Voluntary Community Anti-AIDS Promoters which was then adapted to a very successful intervention with traditional birth attendants to support PMTCT
- Designing and supporting the implementation of school-based HIV prevention interventions
- Mainstreaming HIV prevention messaging, screening, and compassionate care in public sectors companies
- Strengthening the community-based health facility HIV referral system such that linkage rates improved
- Identification of key and vulnerable populations, and adaptation and implementation of proven HIV prevention interventions to address the community's needs.

Peer-to-peer technical assistance was provided throughout the project by U.S.-based state health department staff with expertise in the areas of HIV prevention, linkage, and sub-national program design and management.

In 2013, this program was officially transitioned to the FHAPCO. The approaches and methods tested and compiled during this project have continued implementation in the respective woredas as we checked with our follow up visits and telephone calls.

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Results

Health Service Utilization in Model Woredas Before and After Comprehensive Social Mobilization Intervention

| Woredas | HIV Health Services | | | | | | | | |
|------------------------------|-----------------------|---------------------|--------------|-------------------------------------|---------------------------------|--------------------------|--------------------------|----------------------------|--------------------------|
| | Ethiopia Fiscal Year* | HIV tests performed | ≥1 ANC visit | Pregnant mothers receiving HIV test | HIV+ mothers on ARV prophylaxis | Patients in chronic care | Patients enrolled in ART | Condom distribution points | Male condoms distributed |
| Hawella Tula Woreda | 2009 | 4,314 | 4,283 | 3,726 | 60 | 97 | 60 | 6 | 6,869 |
| | 2011 | 9,936 | 5,432 | 3,890 | 80 | 113 | 80 | 13 | 351,640 |
| | 2012 | 31,895 | 5,471 | 3,048 | 78 | 671 | 247 | 34 | 511,905 |
| Degem Woreda | 2009 | 9,552 | 812 | 812 | 6 | 67 | 22 | 27 | 18,168 |
| | 2011 | 13,092 | 3,827 | 1,158 | 14 | 138 | 41 | 37 | 32,413 |
| | 2012 | 12,243 | 4,449 | 1,682 | 7 | 83 | 36 | 37 | 40,374 |
| Jabi Tehnan Woreda | 2009 | 14,509 | 1,000 | 1,028 | 26 | 463 | 304 | 12 | 196,456 |
| | 2011 | 20,457 | 1,778 | 1,708 | 47 | 329 | 231 | 34 | 102,190 |
| | 2012 | 62,891 | 6,706 | 5,558 | 19 | 273 | 248 | 74 | 381,198 |
| F. Selam Town Administration | 2009 | 27,697 | 1,596 | 1,510 | 8 | 69 | 26 | 5 | 150,432 |
| | 2011 | 37,970 | 6,127 | 3,890 | 5 | 190 | 111 | 8 | 20,266 |
| | 2012 | 23,956 | 1,705 | 1,698 | 25 | 318 | 318 | 74 | 611,619 |

Summary of Outcomes and Impact

NASTAD Ethiopia's capacity building support ensured that comprehensive and quality social mobilization activities were implemented and that local leadership, implementers, and the community owned the response. A sample of impactful outcomes include:

- Community Conversations was implemented in 51 kebeles (sections) of the woredas; each session included the development of a community action plan developed by the participants. Through this, and other interventions, increased utilization of health services was observed (Table, above).
- 89 public sector offices, 42 schools and 51 kebele administrative offices assigned a HIV focal person, included HIV activities in their annual work plan, and allocated at least 2% of their recurrent budget for implementation of HIV/ AIDS programming.
- Comprehensive school-based interventions focusing on HIV prevention were implemented in 42 schools, in which several thousands of students participated.

- An AIDS fund to support People Living with HIV (PLHIV) and orphans and vulnerable children (OVC) in the community was establishing in more than 51 kebeles, 42 schools, and 98 sector offices.
- Adaption of a policy to mandate HIV testing before marriage in a total of 51 kebeles (11 in Hawella Tula, 20 in Degem, 15 in Jabi Tehnan and 5 in Fenote Selam) was implemented to help ensure knowledge of HIV status, and decrease incidence in adults and (unborn) children.
- Identified key populations including female sex workers (CSWs), daily laborers, out of school youth and PLHIVs' were provided with a combination of prevention interventions. For example, SISTA, a DEBI intervention for female youth and CSWs, resulted in improved academic performance, increased HIV testing, and increased competency in negotiating condom use.
- Small group discussion opportunities were designed and found to be useful to promote peer support and improved HIV treatment adherence.
- Woreda health offices demonstrated capacity to manage HIV social mobilization activities through implementation and use of a M&E system.