



University HIV and STI Prevention University Package Implementation Guide

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Acronyms

AAC	Anti AIDS Club
AAU	Addis Ababa University
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti Retroviral Therapy
BCC	Behavioral Change Communication
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
HAPCO	HIV/AIDS Prevention and Control Office
IEC	Information, Education and Communication
MARCH	Modeling and Reinforcement to Combat HIV/AIDS
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
MOH	Ministry of Health
NASTAD	National Alliance of State & Territorial AIDS Directors
PEPFAR	President's Emergency Plan For AIDS Relief
RHAPCO	Regional HIV and AIDS Prevention and Control Office
RHB	Regional Health Bureau
SISTA	Sisters Informing Sisters about Topics on AIDS
STIs	Sexually Transmitted Infections
TOF	Training of Facilitators
TOR	Term of Reference
TOT	Training of Trainers
UNAIDS	United Nations Programme on HIV/AIDS
VCT	Voluntary Counseling and Testing

Introduction

HIV/AIDS is a global epidemic with its epicenter in Sub-Saharan Africa. The latest report from UNAIDS estimates that at the end of 2008 there were an estimated 33.4 million people living with HIV worldwide, with sixty-seven percent (22.4 million) of those people living in Sub-Saharan Africa.

Ethiopia is an ancient African country with a diverse population of over 80 ethnic groups with rich cultural heritage. It is a developing country with an estimated annual per capita income of USD 810 (PPP). The population is growing at an annual rate of 2.7% and, according to the 2007 census, has reached 73.9 million, with 83.9% of the population living and working in rural areas. The latest estimates from the Federal Ministry of Health (FMOH) and Federal HIV/AIDS Prevention and Control Office (HAPCO) at UNAIDS suggest an HIV adult prevalence of 2.2%, and a prevalence of 5.6% among 15 to 24 year olds. Previous studies conducted among this age group in Ethiopia have shown that those engaging in sexual contact report multiple partners, inconsistent and incorrect condom use, and sexual contact with commercial sex workers. All of these behaviors increase the likelihood of contracting HIV.

Furthermore, recent preliminary reports indicate that the risk behaviors among university students are increasing at an alarming rate. There are many risk factors fueling the spread of HIV and other communicable infections (e.g., sexually transmitted infections - STIs) among this group in particular. However, the response has been fragmented in higher education institutions (HEIs). Until recently, there was no clearly coordinated way of implementing HIV prevention, nor was there any strategic policy or priority document for HIV prevention in HEIs.

In response, the Modeling and Reinforcement to Combat HIV/AIDS (MARCH) project has been implemented on the Siddist Kilo Campus of Addis Ababa University (AAU) with funding from PEPFAR since 2003-2004. The MARCH project centers on skills building and behavior change communication through entertainment and discussions. During the implementation of the project, project staff and other Addis Ababa University students noted the need for this project by stating:

“Being a university freshman is an exciting time for any young person, but many students get carried away, partying too hard and taking sexual risks. It’s a chance to experience life; there is no family, there are no restraints. Some use it in a good way but some do risky things, such as chewing khat [a mild stimulant], having [unprotected sex] and using commercial sex workers.”

“Female students have sex because of a threat or to have a ‘sugar daddy’, which makes them more at risk.” (Influenced or coerced sex is high risk.)

Similarly, MARCH statistics revealed the following issues among the students:

- Fifty percent of AAU students are sexually active, but only half of those use condoms.
- Evidence also suggests that male students use local sex workers; a survey of Addis-based sex workers found that 5.8 % of their clients were students. Sex workers in the nearby Arat Kilo area confirmed that many of their clients were AAU students.

Since the majority of Ethiopian universities have only recently been established, most university officials have not yet made HIV and STI prevention a priority and have little experience implementing HIV and STI prevention, despite these being environments that expose students to greater opportunities and circumstances that increase risky behavior.

Based on these facts and the experiences reported, it became clear that a standardized program was needed for implementation at higher education institutions.

Mainstreaming HIV Services in Universities

As the HIV and AIDS epidemic unfolds, it poses increasingly complex development issues for countries. An effective response requires timeliness, scale, inclusiveness, partnerships, innovation and responsiveness. In other words, to stay on top of the rapidly evolving epidemics, actions need to be “mainstreamed” - incorporated into normal operations while still seeking innovations and new partnerships.

Mainstreaming HIV and AIDS into national development processes remains a key approach to addressing both the direct and indirect causes of the HIV epidemic. By ensuring the integration of planning, resource development and program delivery, mainstreaming enables a multi-sectoral and multi-stakeholder response to the epidemic. Mainstreaming HIV/AIDS focuses on how each sector should respond based on its particular niche and role.

There is a need to mainstream HIV and AIDS into the core functions and operations of higher education institutions and to increase the overall relevance of the epidemic into all such institutions. In the context of a higher education institution, it may mean looking at how the epidemic

is likely to affect the university's goals, objectives and programs and whether the institution sees a benefit to responding to and limiting the spread of HIV.

To respond to these circumstances, NASTAD Ethiopia, in partnership with regional health bureaus and HAPCOs, university leaders, and other supporting organizations, developed a "minimum services package" to support comprehensive and continual HIV and STI prevention among the students, faculty, and staff of HEIs, and to strengthen Ethiopia's HIV mainstreaming guidelines. This package is currently being piloted in four public universities, one private university college, and one TVET college.

Overall Objective

The overall objective of the University Package is to reduce the impact of HIV/AIDS among university students, faculty, and other university staff members.

Specific Objectives

- To support and strengthen the planning, implementation and monitoring of HIV and STI interventions (sustainable HIV/AIDS mainstreaming) in HEIs.
- To assist HEI officials, students and staff to comprehend the scope of the epidemic among their populations and design a proper response at their institution.
- To support improved access to health related services for HIV and STI infections.

Target

The University Package targets students, faculty, and other university staff members.

Strategy

a. Mainstreaming and System Strengthening:

- Strengthen the capacity of the university to respond with effective HIV and STI interventions, strengthen university-based AIDS Resource Centers and Anti-AIDS clubs, strengthen media responses and ensure sustained/mainstreamed programming.

b. Behavioral Change and Communication:

- Promote behavioral change, IEC/BCC, peer education, life skills development, school-community conversations, implementation of the SISTA intervention, panel discussions and involvement of university staff.

c. Enhanced Service Provision and Partnerships:

- Increase access and availability of condoms, strengthen outreach for temporary and permanent voluntary counseling and testing (VCT), promote sexual reproductive health services and improve referrals and linkage to care services.

Major Activities

a. Capacity Building/System Strengthening:

- Establish/strengthen an HIV/AIDS task force at the university.
- Support establishment of AIDS Resource Centers (ARCs) and train anti-AIDS Club (AAC) members on leadership/club management and HIV related issues.
- Establish/strengthen music and mini-media clubs that include HIV/AIDS prevention in programming.
- Initiate review meetings.
- Support regular implementation of the Youth Risk Behavior Survey for assessment, planning, intervention design, and impact evaluation.
- Strengthen partnerships .
- Assist in the development and adoption of university HIV/AIDS policies.
- Advocate for the incorporation of HIV and STI material into academic curriculum and research initiatives.
- Support development of a university recreation center and facilitate the development of income-generating programs to assist vulnerable female students.

b. Promote Behavioral Change:

- Produce IEC/BCC materials.
- Conduct peer education interventions.
- Conduct school community conversations.
- Implement effective life skill development programs, including SISTA.
- Conduct sensitization events.
- Conduct panel discussions for students and staff.

c. Enhanced Service Provision:

- Facilitate increased condom promotion and distribution.
- Promote HCT campaigns.
- Increase the capacity for HCT and STI testing, treatment, and service management.
- Strengthen referral linkages.

Specific Activities**a. Establish and/or Strengthen Task Forces:****Objectives**

- To create common understanding on the necessity and composition of a university task force.
- To propose the roles and responsibilities of task forces and their mandate.

Roles and Responsibilities

- Assist in planning, implementation and monitoring of university HIV/AIDS programming.
- Guide the optimal implementation of social mobilization, mainstreaming, and prevention activities, according to the university implementation guidelines.
- Ensure that mainstreaming and prevention activities are institutionalized and sustainable.
- Proactively lead the assessment and development of the university's overall prevention strategy and implementation plan.
- Actively participate in the partnership forum on behalf of the university to create mutual understanding and maximize the benefit to the university.
- Manage and document the administrative and financial aspects of the university response.
- Assist the university management with decision making, strategic directions and mobilizing resources.
- Ensure progressive capacity building.
- Ensure faculty and student involvement.
- Organize and facilitate welcome events, panel discussions, etc.
- Ensure a comprehensive response within the university community by providing technical support through research, training and assessment.
- Lead the regular youth risk behavioral survey and design responses based on the results.

- Work vigorously to ensure the presence of necessary guidelines, policies and implementation procedures.
- Advocate and work closely with university community to integrate HIV into appropriate and relevant curriculum.

Membership

- University focal person/representative from university HAPCO office.
- Representatives from student council and AACs.
- Representatives from university management.
- Representatives from key departments, such as gender office, student council and others.
- Representative of any other partners working in the university Number of Committee Members.

The number of task force should not be less than five and should not exceed 10 individuals.

Accountability

- The university task force is directly responsible to university management, specifically to the university president or the delegate.

Chain of Authority

- The task force will have chairperson and deputy chairperson assigned by university management or president.
- The task force will select secretarial responsibilities responsible for taking minutes, documentation and other tasks as needed.

Decision Making

- Decisions will be made by consensus or by a vote of the majority.
- The task force will have its own TOR, detailing the scope of work and operations plan.

b. Review Meetings:

Objectives

- To discuss the extent of HIV/AIDS planning, coordination, and harmonization of HIV/AIDS program interventions as well as to identify the opportunities, constraints and obstacles of the university response and make recommendations for subsequent interventions.
- To assist the university to prepare and/or review and endorse an HIV/AIDS plan.
- To analyze and synthesize findings and agree on modalities for improvement to intensify university HIV and STI prevention approaches.
- To discuss and share responsibilities with other partners and key stakeholders to achieve sustainable HIV/AIDS programming in the university.

Main Activities

- Presentation of HIV/AIDS achievements, priority intervention areas and ownership and sustainability issues.
- Presentation and discussion on the progress made to mainstream programming and identify issues through the partnership meeting.
- Forward planning, including ways to synergize the university intervention.

Participants

The different stakeholders of the university intervention that should be involved include:

- University management.
- Student representatives (student council, club leaders and other delegates).
- Staff representatives (faculty from different departments, staff members from various units).
- Task Force members.
- Staff from the university clinic.
- Regional HB/HAPCO or Town HAPCO where the university is located.
- Representatives from Women's Affairs, Labor and Social Affairs.
- Representatives from the surrounding community
- Partners working in the university.
- Other stakeholders based on the local context.

Organizers/Facilitators

- The organizers/facilitators shall be the University HIV/AIDS "focal person" or office, in collaboration with partners.

Number of Participants

- The number of participants mainly depends on the stakeholders involved, however, the usual number will be about 60 key participants.

Expected Outputs/Results

It is expected that this stakeholder process will result in development of:

- A well-organized plan for HIV/STI prevention programming for the university.
- Identified gaps and constraints of the university's intervention plan and recommendations for mitigating these gaps and constraints.
- Strengthened ownership of HIV/STI prevention programming by the university.
- A collaborative and inclusive process to develop the plan and response.
- Ensured common understanding on planned HIV/AIDS prevention program implementation.
- An enabling environment for partners to support HIV and STI programming and interventions in the university.
- Clearly defined partner roles and responsibilities that are integrated into the planning process.
- Communication about the shared lessons learned and achievements of the university intervention.

c. Strengthen Partnerships:

Objectives

- To establish strong and functional partnerships among key partners working in and around the university community.
- To create a referral network system between the university and HIV service providing organizations.
- To provide comprehensive services to students and staff through a strong referral network of potential partners and service providers.

Major activities

- Provision of a short presentation on the importance and objectives of establishing the forum and having the referral network.
- Provision of presentations on the following main areas:
 - * HIV/AIDS and STI facts and current status of HIV/AIDS among the university community.
 - * Anticipated influence of the surrounding community on the university students and staff and the university on the community, including intended responses.
- Presentation of major agendas or deliverables expected by the forum and referral networks.

Participants/Beneficiaries

The main targets for the partnership forum and collaboration workshop are:

- University management.
- Representatives from the university clinic.
- Student representatives.
- Representatives from clubs such as AACs, gender and other members of the Task Force of the university.
- Town HAPCO/Health Bureau staff.
- Partners working with the university on HIV/STI prevention programs.
- A focal person liaising with health facilities providing HIV services in the town.
- The local administration.
- The education bureau.
- Youth and women affairs.
- The police department.
- Other important and relevant community members, such as the surrounding hotel owners, kebele leaders, chat and shisha houses, etc.

Organizers/Facilitators

- The organizers/facilitators shall be the University Task Force and/or University HIV Focal Person in collaboration with partners working in the university.

Number of Participants

- Approximately 60 - 80 individuals with a key stake or role in the expected outcome.

Roles and Responsibilities

Partners

- Provide technical support to prepare for the discussion.
- Secure necessary finance support for the meeting.
- Support the preparation of a concept paper and TOR for the partnership, and serve as the forum secretary.
- Support the preparation and follow up on the development and maintenance of the referral network and directory.
- Work with the university to obtain support for logistics for the partnership and referral network workshop.
- Monitor the progress and continuously build the capacity of forum participants.

University HAPCO/HIV Focal Person

- Lead the preparation of the workshop, including agenda development and workshop presentations.
- Identify potential partners for the workshop and prepare and distribute invitations.
- Identify a location within the university for the workshop.
- Facilitate necessary logistics for the workshop, in collaboration with partners.
- Provide leadership to insure sustainability and ownership of the program by the university.

Duration

- One day workshop.

Deliverables

- Identified major agendas for the partnership forum.
- Defined roles and responsibilities of each members.
- Assigned task responsibilities for drafting TOR partnership.

- Assigned task responsibilities for drafting of referral network directory.
- Endorsed rules and regulations to govern the participation of all partners and ensure an effective partnership forum.

d. Support Mainstreaming Program To Advocate for HIV Related Research In The Community

Objectives

- To discuss the extent of the HIV/AIDS problem in the university and reflect on the response, coordination and harmonization of HIV/AIDS interventions.
- To familiarize university stakeholders with the concepts of HIV/AIDS mainstreaming.
- To disseminate the research findings to management, staff, students and partners.
- To discuss and share responsibilities with other partners and stakeholders to address sustained HIV/AIDS programming in the university.

Main Activities

- Presentation on an university HIV/AIDS response.
- Presentation on harmonizing the university HIV and STI prevention and care activities and the coordination role of HAPCO/RHB.
- Presentation on the current HIV and STI situation on the university campus (research/assessment findings).
- Presentation on HIV/AIDS mainstreaming, including lessons learned from other universities.
- Presentation about NASTAD Ethiopia and planned HIV and STI prevention interventions, as well as collaboration with other partners and stakeholders.

Participants

- The workshop shall include the university management, regional health bureau, regional HAPCO, students and staffs of the university, the local administration, education bureau, media agencies, youth and women affairs, police department, NGOs, and others as necessary.

Organizers/Facilitators

- The organizers/facilitators shall be the university and RHAPCOs/HBs with technical and financial support from partners.

Number of Participants

- The number of participants may vary from region to region depending on the number of partners available to work together. It may range from 50 to 60 participants.

Duration

- One-day workshop.

Expected Results

- Strengthened leadership and ownership of HIV prevention programming by the university.
- Ensured common understanding of HIV/AIDS among partners.
- Established enabling environment for partners to support mainstreaming and other HIV and STI interventions in the university.
- An identified set of partner roles and responsibilities and strengthened partnerships.

Outcomes

- *Presence of an official university HIV Policy and Strategy*
- *Inclusion of HIV/AIDS material into the curricula*
- *Ownership and leadership by the university in the implementation of HIV/STI prevention interventions, as evidenced by the presence of assigned staff, a plan of action and the allocation of a budget, as well as an M&E component*
- *University responsibility for services related to HIV at the community level*
- *Up-to-date HIV/AIDS information and services in the surrounding community informed by basic and operational research*
- *Maintenance of improved partnerships*
- *An increased percentage of people aged 15-24 who can accurately describe how to prevent HIV/AIDS and who do not have misconceptions on the means of HIV transmission*
- *Decreased percentage of young people aged 15-24 who start sexual debut at an early age*
- *Increased percentage of sexually active people aged 15-49 reporting the use of a condom during last sexual intercourse with a non-regular sexual partner*
- *Increased number of individuals receiving HIV counseling and testing in the last 12 months*
- *Increased number of students using other HIV/STI and reproductive health related services*

APPENDICES

A. Plan of Action

University Prevention Package Action Plan													Remarks
Activity	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
1. Support University anti-HIV and STI task force to establish/strengthen and conduct monthly meeting of anti-HIV and STI task force													
2. Support one meeting for mainstreaming													
3. Support orientation and wellcome program for new students													
4. Support ARC and AAC in the University													
5. Support quarterly review meeting and planning session													
6. Support monthly meeting of anti-HIV and STI task force													
7. Support AAC with mini-media material													
8. Conduct capacity building training for mini-media workers													
9. Support YRBS													
10. Organize partnership and referral linkage meeting													
11. Purchase recreational materials													
12. Organize consultative meeting with the community around the University													
13. Produce IEC/BCC materials													
14. Conduct panel discussion among students													
15. Conduct panel discussion among staffs													
16. Train SISTA facilitators, peer educator, school CCFs													
17. Conduct SISTA, peer education, school CC													
18. Support educational entertainment													
19. Organize HCT													
20. Facilitate counseling training for clinic staffs													
21. Conduct program evaluation													

B. Monitoring and Evaluation Framework

Activities	Outputs	Expected Outcomes
I. Capacity Building and System Strengthening		
1. Establish/Strengthen task force that leads the University HIV Intervention by: <ul style="list-style-type: none"> Supporting quarterly meeting of task force Advocating to the university management to assign focal person, plan activities and allocate budget 	<ul style="list-style-type: none"> Number of meeting and meeting PPTs Assigned focal person HIV/AIDS plan with allocated budget 	Presence of HIV policy and inclusion of HIV/AIDS education in the curriculum University ownership for HIV/STI prevention interventions (allocation of staff, and budget to implement intervention package)
2. Train AAC members on leadership/club management and HIV-related issues <ul style="list-style-type: none"> Conduct one leadership training Support ARC with materials including computers and books 	<ul style="list-style-type: none"> Number of training participants 	Increased university response to HIV/AIDS epidemic beyond university compound (conduct research on HIV/AIDS, provision of HIV/AIDS services to the surrounding community, TA to partners)
3. Establish/strengthen music and drama and mini-media club and literature club in the university <ul style="list-style-type: none"> Purchase music instruments for AACs in the university students Train mini-media members on HIV and STI message production and delivery Purchase and distribute mini-media materials 	<ul style="list-style-type: none"> Provide musical instrument Number of training participants Provide mini media materials 	Presence of functional (concrete) partnership between the University and other stakeholders
4. Support the university to conduct quarterly review meetings <ul style="list-style-type: none"> Organize three review meetings to monitor implementation of the package and strengthen the package activities 	<ul style="list-style-type: none"> Number of meetings and meeting PPTs 	Percentage of people from among 15-24 age groups, that properly know about the prevention of HIV/AIDS, and free from the misconception of the means of HIV transmission
5. Support the university to conduct regular YRBS <ul style="list-style-type: none"> Support the university to conduct YRBS every two years and use the data for intervention 	<ul style="list-style-type: none"> YRBS conducted 	Decreased percentage of young people aged 15-24 who start sexual debut at early age
6. Strengthen partnerships and referral linkage <ul style="list-style-type: none"> Conduct meetings to strengthen partnerships and referral linkage Prepare referral directory and template 	<ul style="list-style-type: none"> Number of meeting and meeting PPTs Prepared referral directory and template 	Increased percentage of people aged 15-49 reporting the use of a condom during last sexual intercourse with a non-regular sexual partner
7. Advocate to have HIV/AIDS policy and incorporate HIV and STI issues into the curriculum <ul style="list-style-type: none"> Support one advocacy meeting 		
8. Support one mainstreaming workshop to advocate HIV-related research in the community <ul style="list-style-type: none"> Support one workshop involving key stakeholders from the community surrounding the university (including hotel owners, Khat and Sisha houses) 	<ul style="list-style-type: none"> Meeting conducted and number of meeting participants 	Increased number of individuals receiving HIV counseling and testing in the last 12 months
9. Support materials necessary for recreation center in the university and facilitate the income to be used by vulnerable female students	<ul style="list-style-type: none"> Materials supported for recreational center Number of female students supported financially with income from recreation centers 	Increased number of students using other HIV/STI and RH related services Reduced vulnerability of female students in the university

B. Monitoring and Evaluation Framework *cont.*

Activities	Outputs
II. Promote Behavioral Change	
1. Supports the university to produce IEC/BBC materials and billboard addressing prevention and service access for HIV and STI <ul style="list-style-type: none"> • Produce and print one billboard • Produce and print 10,000 brochures with key prevention message and service directory 	<ul style="list-style-type: none"> • Billboard prepared and in place • Number of brochures printed and number distributed
2. Conduct panel discussion for students <ul style="list-style-type: none"> • Conduct four panel discussion for four different categories / students 	<ul style="list-style-type: none"> • Number of training participants
3. Assist the university to implement peer education, school CC, SISTA <ul style="list-style-type: none"> • Conduct School CC TOT, peer education TOT, SISTA TOT • Conduct School CC TOF, peer educator training, SISTA TOF • Conduct Peer education, school CC, SISTA intervention (establish as many groups as possible) 	<ul style="list-style-type: none"> • Number trained for TOT • Number trained for TOF • Number of students participated and completed SISTA sessions
4. Conduct sensitization event/edutainment (during welcome graduation ceremony) <ul style="list-style-type: none"> • Conduct edutainment event at the beginning of each semesters (two events per year) 	<ul style="list-style-type: none"> • Number of edutainment events conducted and number of student participants
5. Conduct panel discussion for university staff <ul style="list-style-type: none"> • Conduct two panel discussions for academic and non-academic staff (one for each) 	<ul style="list-style-type: none"> • Number of panel discussions for university staff and number of staff participants
III. Enhance Service Provision	
1. Condom promotion and distribution <ul style="list-style-type: none"> • Establish condom outlet site in the university • Train peer as counselor and condom providers • Purchase condoms 	<ul style="list-style-type: none"> • Number of condom outlets prepared • Number of condoms purchased and number distributed • Number of peer students trained
2. Assist the university to conduct monthly outreach HCT	<ul style="list-style-type: none"> • Number tested for HCT
3. Support the university clinic to provide regular HCT and other SRH services <ul style="list-style-type: none"> • Sponsor counseling and sexual reproductive health training • Support the university clinic to get regular supply from the regional health bureau • Sponsor the university clinic staff to have training on STI diagnosis and treatment 	<ul style="list-style-type: none"> • Number tested for HIV (with test results) • Number of clinic staff trained on STI diagnosis and treatment

B. Monitoring and Evaluation Framework *cont.*

Expected Outcomes	Definition	Source/Mean of Data Collection	Frequency/Timing of Data Collection
<p>Presence of HIV policy and inclusion of HIV/AIDS education in the curriculum Report disaggregated by:</p> <p>Policy only: Integration of curriculum only: Both (policy & curriculum)</p>		Report/Document review/ Discussions (for physical presence of policy and curriculum documents)	Year end
University ownership for HIV/STI prevention interventions	Allocation of staff, and budget to implement intervention package	Report/document review/ Discussions	One year after initiation of this project
Increase university response to HIV/AIDS epidemic beyond university compound		Report/document review/ Discussions	One year after initiation of this project
Presence of functional (concrete) partnership between the university and other stakeholders	When university conducts research on HIV/AIDS, provides HIV/AIDS services to the surrounding community, and provide TA to partners	Report/document review/ Discussions	One year after initiation of this project and monthly reporting data
Percentage of people from among 15-24 age groups, that properly know about the prevention of HIV/AIDS, and free from the misconceptions of the means of HIV transmission	Presence of: <ul style="list-style-type: none"> • TOR (purpose/objectives) • Joint action plan • Regular meetings 	YRBS/DHS/BSS	Every two years
Decreased percentage of young people aged 15-24 years who start sexual debut at early age		YRBS/DHS/BSS	Every two years
Increased percentage of people aged 15-49 years reporting the use of a condom during last sexual intercourse with a non-regular sexual partner		YRBS/DHS/BSS	Every two years
Reduced vulnerability of female students in the university		Pre/post test evaluation for SISTA intervention	Each time SISTA session is completed
Increased number of individuals receiving HIV counseling and testing in the last 12 months		Report/Document review	One year after initiation of this project and monthly reporting data
Increased number of students using other HIV/STI and RH related services		Report/Document review	One year after initiation of this project and monthly reporting data

C. Guidelines to Implement SISTA in the University

1. Introduction

SISTA model is adapted into the region targeting students and Commercial Sex Workers (CSWs) using information obtained through consultative workshops, in-depth interviews, focus group discussions and training process by technical assistant team from USA, Michigan State. Though well organized evaluation is not yet complete, outcomes heard during field visits and discussions with different stakeholders are encouraging.

Considering those preliminary outcomes and the need for evidence based intervention among regions, the NASTAD central office has finalized its preparation to scale up the intervention to five other focus regions including Amhara.

2. Purpose of the Guideline

The SISTA model is an evidence-based intervention to reduce women's vulnerability to HIV/AIDS that is in the process of scale up after being piloted and outcome evidence gathered in the Amhara region. NASTAD is planning to implement the intervention in all the five focus regions by integrating it into the ongoing University HIV/STI Prevention Program and in the three model woredas in the largest regions (Oromia, Amhara and SNNPR). This implementation manual is required in order to have a standardized and uniform implementation procedure in all regions and implementation areas. Partners have determined that and developing the implementation guideline is worthwhile in order to standardize the implementation package and to determine:

- a. the number of training days for TOTs and TOFs, selection and training of facilitators.
- b. the selection criteria and size of participants and age ranges.
- c. incentive packages for facilitators and participants.
- d. means of monitoring and evaluation.
- e. inputs and necessary supplies.

3. Implementation packages

In SISTA implementation different activities are designed to be performed at different levels. Detailed activities are described below.

f. Training of Trainers:

Training of trainers is to be conducted at regional levels. The identification and selection of TOT participants will be the responsibility of the Regional HAPCO in collaboration with relevant organizations or individuals, with the following specifications:

- Co-facilitation of the training between the leadership of Regional HAPCO and NASTAD.
- The selection of TOT participants is also the responsibility of Regional HAPCO.
- The TOT participants should be female regardless of the age. However in the absence of female candidates males can be considered if the majority of participants are female.
- The minimum educational requirement is a diploma in any field of study.
- The number of TOT trainees should not be greater than 30.
- The number of training days including teach back sessions is five days.

g. Selection and Training of Facilitators:

It is recommended that two women co-facilitate SISTA sessions. Two facilitators are useful to allow one facilitator to lead the discussions and activities, while the other can monitor the mood and energy of the group, as well as individuals. A skilled and experienced facilitator is the key to ensuring the success of the intervention.

Ideally, SISTA facilitators should:

- Conduct the training at the University and Woreda/Town administration level.
- Ensure that all participants are female.
- Ensure that all participants can read and write.
- Have substantial working experience with the target population.
- Have knowledge about HIV/AIDS transmission, prevention and impact mitigation.
- Be peers of the target population.
- Be within the range of 15-35 years old.
- Ensure that the number of training days including facilitation practice sessions is three days.
- Possess group facilitation skills.

- Have experience working with the target population.
- Speak the same language and dialect as the target population.
- Be willing or volunteer to facilitate at least one cycle.

h. Selection and the Number of Participants:

In SISTA interventions, all group participants should be women and the following issues need to be considered.

- Ensure participants are commercial sex workers, those in higher institutions and high school students and other vulnerable women.
- Participants are between the ages of 13-35.
- Each SISTA group will have between 20-25 participants.
- Participants will be selected by the respective University and Woreda/town Administration HAPCO and trained SISTA facilitator in collaboration with the community in their respective implementation areas.
- The prospective participants should be volunteers and willing to participate in the SISTA group.
- At the booster sessions, participants can invite their male partner to give testimony.
- The first and second booster sessions will be conducted after the third and sixth months of the last or fifth sessions of SISTA group discussions respectively.

i. Place, Date And Time of Discussion:

The SISTA intervention consists of five weekly, two-hour sessions that are followed by two optional booster sessions. The SISTA group participants should have jointly agreed on a place, date and time for their weekly discussion. To ensure the availability of the gathering place it is necessary to discuss this with university/college officials, community leaders and kebele officials. Places, dates and times of discussions are to be determined by SISTA participants in mutual understanding with the relevant stakeholders. The following suggestions may be optional:

- Class rooms/meeting halls in university/college
- Government buildings such as health facilities, schools and kebele halls
- Private buildings such as hotels, schools and health facilities
- Nongovernmental organizations, public or community owned buildings

j. Incentives for Facilitators and Participants:

Both facilitators and participants are supposed to be volunteers and willing to facilitate and participate in the sessions. However, even though the facilitators and participants are volunteers, incentives may be provided to reimburse some expense like refreshment and room decoration.

- A review meeting/refresher training will be held with facilitators at the end of the sessions if they are supposed to start a new group.
- Based on participants need, coffee or tea or other refreshment should be provided in each session.
- A certificate of facilitation and participation will be given for the facilitators and participants at the end of the sessions.

k. Supplies for SISTA implementation:

SISTA needs:

- Anatomical models (male and female) for condom demonstrations and practice (e.g., penile and vaginal models).
- Condoms (male and female).
- Intervention materials (e.g., SISTA Implementation Manual, session handouts and session evaluations).
- Culturally relevant decorations (e.g., decorative cloths, wall hangings, photos, drawings) for the meeting room to set the climate for the sessions and make participants feel comfortable.

l. Inputs for the SISTA implementation:

The following inputs are optional and subjective for change in the process of implementation:

- Meeting site which can accommodate 20-25 participants
- Exercise book for each participants
- Pens and folders for participants
- Three pads of flip chart paper
- One pack of markers
- One roll of scotch tape

For session one

- Community referral lists
- Sign in sheet
- Large white pillar candle
- Lighter or match
- Opening or closing poem
- Personal Value handout
- Ranking My Personal Value handout
- Session one evaluation form

For session two

- Community referral lists
- Opening or closing poems
- Session one Key Learning Points handout
- Overview of Regional HIV/AIDS handout
- HIV/AIDS Facts handout
- Take-home activities Fact or Fiction handout
- Take-home activities HIV/AIDS Knowledge Test handout
- Session two evaluation form
- Sign in sheet
- Red, pink, yellow and green 3x5 inch index cards

For session three

- Community referral list
- Opening or closing poem
- Session two Key Learning Points handout
- Communication Style handout
- How Do I Handle This handout
- SISTA Assertiveness Model handout
- Situation handout
- Take-home activity handout
- Session three evaluation form
- Sign in sheet

For session four

- Community referral lists
- Opening or closing poem
- Session three Key Learning Points handout
- Assertiveness Model handout
- 15 Steps in Condom Use
- Condom Instructions handout
- Negotiating Safer Sex handout
- Take-home activity handout
- Session four evaluation form
- Sign in sheet
- Male condom
- Female condom
- Penile model
- Vaginal model
- Soft paper
- Set of "Condom Line up Game Card"

For session five

- Community referral lists
- Opening or closing poem
- Session one to four Key Learning Points handout
- Effects of Drugs and Alcohol handout
- Coping with Drugs and Alcohol in Situations

- Coping with Rejection and Negative Responses handout
- Session five evaluation form
- Sign in sheet
- A4 size paper
- Envelope

m. Monitoring and Evaluation

For the purposes of the SISTA intervention, process monitoring is a mechanism for testing whether the procedures for reaching the target population are working as planned. Outcome monitoring is tracking changes in knowledge, skills, behaviors, attitudes, beliefs, and/or intentions of individuals participating in the intervention. These are the most important activities in the evaluation process:

- Distribute data collection tools (SISTA Fidelity/ Process Form, SISTA Session Evaluation Forms, SISTA Facilitator Observation Form, SISTA Pre-test/Post-test).
- Distribute and report monthly on M&E formats and attach it to the SISTA training manual.
- Have the facilitator submit weekly reports to the University and Woreda/Town Administration HAPCO.
- Have Woreda or Town Administration HAPCO submit monthly report and M&E formats to Regional HAPCO and copy to NASTAD UPOs.
- Have University and Woreda/Town Administration HAPCO conduct weekly supportive supervision and have RHAPCO and NASTAD-Ethiopia conduct it monthly.
- Collect data both at the beginning of the intervention and at the first booster session by using the same data collection tools.
- Have University and Woreda/Town Administration HAPCO collect data where the intervention is implemented in collaboration with SISTA group facilitators.
- Ensure that the regional HAPCO/University receives the data for the baseline and outcomes data before the beginning of the implementation and immediately after the first booster session.
- Ensure that the regional HAPCO/University, in collaboration with NASTAD-Ethiopia, analyzes, interprets and disseminates the evaluation report to stakeholders and SISTA intervention actors to improve the long term plan implementation.
- Ensure that regional HAPCO/University uses the report data.



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