

**ST. MARY'S UNIVERSITY, SCHOOL OF
GRADUATE STUDIES**

**AN ASSESMENT OF HIV/AIDS
MAINSTREAMING IN SELECTED ETHIOPIAN
HIGER EDUCATION INSTITUTIONS**

**BY
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MARCH, 2014
ADDIS ABABA, ETHIOPIA

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**ST. MARY'S UNIVERSITY SCHOOL OF
GRADUATE STUDIES FACULTY OF BUISNESS**

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Table of Contents

Acknowledgement.....	i
List of Abbreviations.....	ii
List of Tables.....	iii
Abstract	iv

CHAPTER ONE: INTRODUCTION

1.1 Back ground of the study.....	1
1.2 Statement of the problem.....	2
1.3. Research question.....	3
1.4. Objective of the Study.....	4
1.5. Hypothesis.....	4
1. 6. Definition of Key Terms.....	4
1.7. Significance of the study.....	5
1.8. Delimitation/Scope of the study	5
1.9. Organization of the Study.....	5

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1. Introduction on HIV/AIDS situation in Ethiopia	7
2.2. Ethiopian Government Response to HIV/AIDS	7
2.3. Government Higher Education sectors situation & response to HIV/AIDS	8
2.3.1. HIV/AIDS Policy for Education sector.....	8
2.3.2. HIV/AIDS Strategic Plan	9
2.3.3. Motivation to implement HIV/AIDS policies and activities in HEIs	9
2.3.4. The Incidence of HIV/AIDS in the Universities	10
2.3.5. Impact of HIV/AIDS in the Universities.....	13
2.3.6. Higher Institution Response to HIV/AIDS in other countries	
2.3.7 Mainstreaming HIV/AIDS into the Curriculum & its advantage.....	14
2.3.8. University Community Response to HIV/AIDS	15
2.3.9. University Anti-HIV/AIDS Initiatives	16
2.3.10. Organizations collaborating with HEIs to fight against the HIV/AIDS Epidemic.	16
2.4. Mainstreaming interventions.....	16
2.5. Poverty, HIV/AIDS and gender inter connection	17
2.6. The rationale for HIV/AIDS mainstreaming as an Action	19

2.7. Mainstreaming inputs, process and output indicators	20
2.8. Stages of mainstreaming	20
CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY	
3.1. Research Design	22
3.2. Population and Sampling Techniques	22
3.3. Types of Data and Tools and Instruments of Data Collection	23
3.4. Procedures of Data Collection	24
3.5. Methods of Data Analysis	24
CHAPTER FOUR: RESULTS AND DISCUSSION	
4.1. Introduction	4.1
4.2. Finding of the study.....	25
4.2.1 Prevention of HIV/AIDS Structural & Behavioral	25
4.2.2. HIV/AIDS Impact <i>mitigation</i>	28
4.3. Detail discussions for the above major findings.....	29
4.3.1. HIV/AIDS Mainstreaming plan and its implementation	29
4.3.2. HIV/AIDS working policy, strategy and development of actions and top level managements' commitment.....	30
4.3.3. Establishment of AIDS fund and allocation of government budget.....	31
4.3.4. Anti HIV/AIDS Clubs	32
4.3.5. Employees/student risk/vulnerability and impact assessment	33
4.3.6. Referral linkage and HIV/AIDS related service	34
4.4 Summary of discussion of the findings	35
CHAPTER FIVE: CONCLUSION AND RECOMMENDATION	
5.1 Conclusions	36
5.2. Limitations of the effective performance of HIV/AIDS mainstreaming	38
5.3. Recommendations and the way forward	39
REFERENCES.....	42
Appendix 1- Questioner for Focal person/Student Dean.....	45
Appendix 2- Questioner for University President Office	50
Appendix 3- Questioner for Anti AIDS Club Leader.....	55
Appendix 4- Questioner for Higher Institution Forum representative	60
Appendix 5- Questioner for University Clinic Heads	62

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List of abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Anti Natal Care
ART	Antiretroviral Therapy
ARC	AIDS Resource Center
BCC	Behavioral Change Communication
CC	Community Conversation
CSA	Central Statistics Agency
CSW	Commercial Sex Workers
EDHS	Ethiopian Demographic Health Survey
FHAPCO	Federal HIV and AIDS Prevention and Control Office
FMoH	Federal Ministry of Health
FMOE	Ministry Of Education
GBV	Gender Based Violence
HCT	HIV Counseling and Testing
HIV	Human Immune-Deficiency Virus
HEIs	Higher Education Institutions
HAPCO	HIV and AIDS Prevention and Control Office
IEC	Information Exchange and communication
M & E	Monitoring & Evaluation
NAC	National AIDS Commission
OI	Opportunity Infections
PIHCT	Provider Initiative HIV/AIDS Counseling and Testing
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mothers to Child Transmutation of HIV/AIDS
SNNPR	South Nations Nationalities and People's Regional State
STI	Sexual Transmitted Infection
SPM	Strategic Planning for Multi-sectoral HIV/AIDS programs
TVT	Technical and Vocational Training
VCT	Voluntary counseling and Testing

List of Tables

	Page
Table 1-Area & type of support by collaborative organizations	66
Table 2- Indicators of HIV/AIDs mainstreaming	72
Table 3- Status of HIV/AIDS Mainstreaming	73
Table 4- Stages of HIV/AIDS mainstreaming	74

Abstract

The purpose of this study was to assess the effective implementation of HIV/AIDS Mainstreaming in selected Ethiopian Higher Education Institutions.

The researcher has used descriptive method to conduct this research. Eight public and two private HEIs were covered by the study. The study was conducted between Oct. and Dec. 2013. To assess the effective implementation of HIV/AIDS mainstreaming activities, the researcher has employed globally and nationally accepted parameters which are considered to be essential for the study. The major ones are HIV/AIDS mainstreaming plan, implementation of the plan, vulnerability assessment, establishment of AIDS fund, evidence based communications for behavioral change, commitment of top level managements, condom promotion and distribution, assignment of full time focal person, allocation of adequate budget, existence of AIDS club, provision of HIV/AIDS related clinical services, referral linkage, impact analysis, development of HIV/AIDS working policies, strategies and actions, development of action that mitigate impacts and finally M & E framework development.

Questioner, observation and document review were used to collect data and generate the required information for the study. A total of 52 respondents including: 10 university presidents, 10 HIV/AIDS focal persons, 10 clinic heads, 20 HIV/AIDS club leaders and 2 representatives of HEIs Forums were interviewed using semi-structured data collection tools.

The major findings of the research include: most of the universities have HIV/AIDS activities in their annual plan but their performance is limited, only 30% of the universities have formulated the HIV/AIDS working polices, almost all the universities did not conduct baseline and impact assessment as well as operational researches and using the results for planning, & M & E programs. Only one university integrated HIV/AIDS into the curricula, allocation of limited resource, none existence of AIDS resource Center (ARC), lack of participatory planning & implementation.

Generally, all the HEIs in the country need to mainstream HIV/AIDS into their core activities such as integration into curricula; research program for better intervention, work place program to enhance care and support activities, and outreach programs beyond the campus for comprehensive response and to excel their services to the required stages

AN ASSESSMENT OF HIV/AIDS MAINSTREAMING IN SELECTED ETHIOPIAN HIGER EDUCATION INSTITUTIONS

CHAPTER ONE: INTRODUCTION

1.1. Background of the Study

Three decades have now been elapsed since the emergency of HIV and AIDS pandemic. The pandemic has been the cause of death for over 30 million people in the world. According to the UNAIDS (2011) global update, currently, it is estimated that 34 million people are living with the virus including 3.4 million children less than 15 years globally. The report also shows that during the same year there were 2.7 million people newly infected with HIV including 390,000 children less than 15 years. In sub-Saharan African countries an estimated 1.9 million people become infected (end of 2010) 27% fewer than the annual number of people newly infected between 1996 and 1998 when the incidence of HIV in sub Saharan Africa peaked overall. The annual number of people dying from AIDS related causes worldwide steadily decreasing from a peak of 2.2 million (2005) to an estimated of 1.8 million (end of 2010).

In Ethiopia, HIV was first identified at Addis Ababa in 1984 after the detection of two HIV positive blood samples. Since then it was observed that the epidemic spread rapidly to all parts of the country. Ethiopia is among the countries most affected by the HIV epidemic. The EDHS (2011) estimated that an adult prevalence of 1.5%, from these females are affected two times more than males. It is estimated that 789,900 people are currently living with the virus (607,700 adults and 182,200 children aged 0-14 years). The urban prevalence rate is 4.2% and the rural 0.6%. Among People Living with HIV/AIDS (PLHA) 289,000 adults and 82,000 children are estimated to be eligible to ART. The number of AIDS orphans is estimated to be 952,700. Prevalence rates are highest in Gambella region (6.5%) and lowest in SNNPR (0.9%). Other regions in which HIV prevalence exceeds the national average include Addis Ababa (5.2%) and Dire Dawa (4.0%).

1.2. Statement of the Problem

The Government of Ethiopia has shown its commitment to fighting the epidemic by setting an HIV/AIDS policy in 1998, which laid the foundation of a multisectoral response through strong participation of government sectors, bilateral and multilateral non-governmental organizations, private sector, civil society organizations and the wider community.

In line with the government commitment to fight the HIV/AIDS, FMOH/FHAPCO (2003) developed HIV/AIDS Mainstreaming National Guideline by defining mainstreaming as a process whereby institutions, sectors and organizations are able to assess and respond openly to the factors that may be putting their workforce and communities at risk of HIV, and systematically respond to groups infected and affected both internally and externally.

According to the UNAIDS, TOOLKIT for Mainstreaming HIV and AIDS in Education Sector: Guideline for Development Cooperation Agencies (2008), the Education Sector contributes to the empowerment of individual, as well as to a country's economic and social well-being. It helps individuals to make more informed choices about their health, family size, their future and the future of their children.

FMOE, Education Sector Policy and Strategy on HIV & AIDS: Responding to the Challenges of HIVHIV & AIDS in Ethiopia (2009) also indicates education, as a very important factor to human development, is high priority in the overall development endeavor of any country. The human resources developed in the sector have a vital importance to accelerate and enhance the socio-economic development of the nation. The education sector comprises of a large number of academic and non-academic personnel and young people vulnerable to the infection of HIV and is affected by the AIDS epidemic.

As per the Education Sector Annual Abstract (2008), more than 24% of the country's population is reported to be linked with the sector, as students, teaching and non-teaching staff. This large number of Sectoral community represents a strategic avenue to the national response to HIV prevention, treatment, care and support as well as reduction of stigma and discrimination.

With reference to the above points, the joint responses mentioned above are the basis for the global and national multisectoral response, which in turn created a further advanced response strategy, named, HIV/AIDS Mainstreaming, which is predominantly dealing with *institutional behavioral change or 'AIDS Competence'* but there is a gap regarding its implementation as to my informal observations during the Joint Integrated Supportive Supervision of FHAPCO made during the previous years. Hence this initiated me to do a scientific research to assess the effective implementation of HIV/AIDS mainstreaming specifically in Ethiopia Higher Education Institutions by answering the research questions below.

1.3. Research question

In this study the researcher tried to investigate the following main and sub research questions:

Main Research Question

What is the status of the selected Ethiopian HLIs regarding the effective implementation of HIV/AIDS mainstreaming.

Sub Research Questions

In this study the researcher tries to investigate the following sub research question:

- How HIV/AIDS mainstreaming is being implemented in the selected Ethiopian HLIs?
- What are the factors/challenges that affect the implementation of HIV/AIDS mainstreaming in the HLIs.
- How the impact of HIV/AIDS are being addressed.
- What is the commitment of universities top level managements to integrate, plan and perform the HIV/AIDS activities?
- Are AIDS Fund established and adequate resources allocated to carry out the HIV/AIDS activities fully?
- Did M & E frame work exist to monitor and evaluate the HIV/AIDS activities?

1.4. Objective of the Study

General Objectives

The general objective of the study is to assess the implementation of HIV/AIDS mainstreaming in higher institutions by focusing on prevention of HIV/AIDS structural, behavioral and impact mitigation mechanisms.

Specific objectives

This research has the following specific objectives:

- (a) To assess the effective implementation of HIV/AIDS mainstreaming in selected Higher Education Institutions in Ethiopia.
- (b) To investigate the factors that affect the implementation of HIV/AIDS mainstreaming
- (c) To assess the impact mitigation strategies of the Universities are being addressed.
- (d) To assess the commitment of top level managements to integrate into plan and implement the planed action.
- (e) To assess the establishment of AIDS Fund and allocation of adequate resources
- (f) To assess the existence of Monitoring and Evaluation frame works
- (g) To provide recommendations based on the research findings to improve the implementation of HIV/AIDS mainstreaming in the HEIs.

1.5. Hypothesis

The researcher tries to prove the following hypothesis from the observation during the semi-annual Joint Integrated Supportive Supervision FHAPCO 2012.

- HIV/AIDS mainstreaming is not properly working in higher education institutions.

1. 6. Definition of Key Terms

In this study as per the UNDP African Regional HIV and AIDS Team cited in FHAPCO (2011) HIV/AIDS Mainstreaming Implementation Manual, HIV/AIDS Mainstreaming is operationally defined as:

1. What are the impacts of HIV and AIDS on development? What policies, strategies and actions do we need to put in place to minimize this impact?

2. What are the positive impacts of implementing development policies and strategies on the spread of HIV such as prevention, care and support as well as mitigation of its impacts in the community? What policies, strategies and actions should be put in place to enhance these positive impacts?
3. What are the negative impacts of implementing development policies and strategies on HIV and AIDS in the community? What policies, strategies and actions should be put in place to minimize these negative impacts? And
4. Mainstreaming is considered to be a process of integrating HIV/AIDS throughout the functioning of for example, an educational organization. HIV/AIDS mainstreaming relates to organizational attempts at including HIV/AIDS issues in all aspects of managing an organization. One aspect of these organizational efforts would be the integration of HIV/AIDS education into the curriculum itself.

1.7. Significance of the study

This study could significantly help:

1. The higher learning institutions Management to look into the status of their institution regarding HIV/AIDS mainstreaming and to improve its implementation by identifying opportunities and entry points.
2. Furthermore, it will serve as a springboard for potential researchers who like to conduct a reach on HIV/AIDs related issues.

1.8. Delimitation/Scope of the study

The study was limited to the performance of HIV/AIDS mainstreaming on eight Governmental and two private Higher Education Institutions in Ethiopia on a sampling basis for the year 2005 E.C because of time and cost constraints.

1.9. Organization of the Study

The study is structured in five chapters.

Chapter one briefly describes background of the study, statement of the problem, objective of the study, research question, significance of the Study and limitation of the study, chapter two provides review of related literature, chapter three explains methodology and design of the

study, chapter four contains overall assessment and discussions and finally, chapter five provides executive summary of findings, Constraints conclusion, recommendation and way forward.

The appendices to this thesis include the following:

- ❖ Appendix 1- Questioner for Focal person/Student Dean
- ❖ Appendix 2- Questioner for University President Office
- ❖ Appendix 3- Questioner for Anti AIDS Club Leader
- ❖ Appendix 4- Questioner for Higher Institution Forum representative
- ❖ Appendix 5- Questioner for University Clinic Heads
- ❖ Appendix 6-9-Tables

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1. Introduction on HIV/AIDS situation in Ethiopia

As indicated in the back ground of the study, the reasons for the rapid spread of HIV/AIDS in all parts of the country especially in the rural area are lack of awareness and accessibility of contraceptives, afraid of testing, unsafe sex, non incorporating of HIV/AIDS education in the curriculum, usage of drugs, increase of Commercial Sex Workers (CSW) especially when they are sick they go to the place where their families live which is most of the time in the rural area, people migration from urban to rural areas.

2.2. Ethiopian Government Response to HIV/AIDS

Due to the very sensitiveness of the epidemic and its expansion, the federal government of Ethiopia derives the following policy and programs in response to HIV/AIDS.

❖ National Policy on HIV/AIDS

To reduce and avoid the negative impacts of HIV/AIDS on socio-economic and political development of the country, the government of Ethiopia has formulated an HIV/AIDS policy in 1998. This policy creates a favorable condition for different stakeholders to involve in the prevention of the epidemic.

❖ Management and Coordination of HIV/AIDS Program

To control the spread of the HIV/AIDS, the government of Ethiopia has established a national body called “National HIV/AIDS Prevention and Control Council and HIV/AIDS Prevention Office” by proclamation No 276/2002 in 2002.

The HIV/AIDS Multisectoral response was then implemented in all parts of the country through the leadership and coordination efforts by Federal HIV/AIDS Prevention and Control Office (FHAPCO) and Federal Ministry of Health (FMOH), in collaboration with international donors, multilateral and bilateral non-governmental organizations, Civil Societies, PLHA and community based organizations.

This was further guided by the first strategic plan which covered the years 2004-2008. Various national guidelines and training manuals were prepared as more and more services were

implemented. The scale up of various services including IEC/BCC, various social mobilization interventions, HIV counseling and testing, PMTCT, home based care, and other care and support services, were implemented. This was then coupled with the development of M & E Framework, standardized social mobilization tools, and the provision of ante-retroviral therapy.

Even with all of these efforts the epidemic continued to increase until 1990s. It then began to stabilize in many parts of the country because of the concentrated Multi-sectoral efforts. According to the 2009 Anti Natal Care (ANC) report the rate of new HIV infections is declining in both rural and urban areas of the country (ANC, 2009).

The new strategic plan, Strategic Planning for Multi-sectoral HIV/AIDS programs (SPM II) which covers the years 2010/11-2014/15, is currently being implemented. The roadmap, which guides the operational aspects of the SPM, as well as the reviewed M and E Framework, are being available. The Community Information System, which will standardized the availability and flow of strategic information regarding the non-health side of the HIV/AIDS response, is also prepared for implementation.

2.3. Government Higher Education sectors situation & response to HIV/AIDS

2.3.1. HIV/AIDS Policy for Education sector

Ethiopian Education Sector policy and strategy on HIV and AIDS was established in 2009 with a special focus on responding to its challenges. The rationale for this policy states that more than 24% of the country's population is found in the education Sector. This large number of sectoral community represents a strategic avenue to the national response to HIV prevention, treatment, care and support as well as reduction of stigma and discrimination. In this sector teachers are the potential facilitators to deliver HIV and AIDS prevention and mitigation services to their learners as well as nearby community member because they are the top knowledgeable and persuasive critics, leaders, etc of the society. Moreover, the plan of the Ministry also expanded and strengthened Adult education in the country which is believed to be a good opportunity to intensify the fight against the HIV/AIDS in the sector.

2.3.2. HIV/AIDS Strategic Plan

The Ethiopian Multi-sectoral HIV and AIDS project under HIV and AIDS Prevention and Control Office has the following selected strategies in the education sector (FHAPCO (2010/11—2014/15, SPM II).

- Include HIV/AIDS education in to the curriculum.
- Promote peer education by developing manuals and guideline for peer education, train and refresh critical mass of model teachers and students, strengthen University Anti Aids clubs
- Conduct life skill education in institutions and TVT's.
- Develop and disseminate targeted BCC messages for University, college and High schools.
- Conduct community conversation in high schools, Higher education institutions and TVET's.
- Strengthen Youth leadership development programs.
- Strengthen HIV related clubs
- Expand Aids Resource Centers (ARC) in higher education Institutions, Schools and TVETs.
- Use effective communication and appropriate technology such as expand and establish mini media.
- Promote Civic education.
- Mainstream HIV/AIDS in to education by establishing fulltime formal unit/persons at all levels of education system and conduct joint operational research.

2.3.3. Motivation to implement HIV/AIDS policies and activities in HEIs

To strengthen the economic development of the country, the need for active society is valuable and it is known that the major resource of the country is labor which has a life expectancy blow 48 years and 24% of this force is found in the education sector which unfortunately is being highly affected by HIV/AIDS. So to save this age group and facilitate the overall development of the country, the government of Ethiopia has motivated Higher education Institutions to implement the HIV/AIDSs policies to prevent the spread of HIV/AIDSs by targeting learners/trainees, teachers and other education staff in the country and to mitigate the impact of HIV and AIDS in their campus by creating a supportive learning and teaching environment that

is free from stigma and discrimination. Moreover, educated persons are very pivotal who are able to convince themselves and persuade others easily (MoE, 2009).

An epidemiological study conducted by Birhan Mengistu (MPH student from the Joint Gondar and Addis Continental Institution of Public Health) at Dre Dawa University (DDU) in 2009 shows that the highest risk in HIV/AIDS prevalence occurs in the age between 15 - 24 years old. And majority of students in the University belong to these age group and they enjoy the freedom of living outside the guidance of their parents; if this is not managed properly it increases the likelihood of having risky sexual behavior and HIV infection. So it is vital to monitor HIV among young people in the Universities for proper and timely action. Students in this age group play a significant role in building society with strong social and economic condition in the future (Mengistu, 2009).

Higher education is not just the capstone of the traditional education pyramid; it is a critical pillar of human development worldwide. It provides the high-level skills necessary for every labor market and the training essential for teachers, doctors, nurses, civil servants engineers, humanists, entrepreneurs, scientists, managers, social scientists and a myriad of other skilled personnel. It is these trained individuals who develop the capacity and analytical skills that drive local economies, support civil society, teach children, lead effective governments, and make important decisions that affect entire societies. Higher education institutions therefore need to be at the forefront in the fight against the spread of HIV and AIDS.

2.3.4. The Incidence of HIV/AIDS in the Universities

A study conducted by Belachew Tadess (2002) at Jima University students indicates that out of 500 sample students there were 60 positive cases making the prevalence of HIV sero-positivity 12.2%. The prevalence of HIV sero-positivity was higher among married students 33.3% followed by those who have a boy/girl friend 12.1%. The prevalence was lower among those who had no sexual partner at all 11.6%. Analysis of the association of sero-positivity with the life style of the study participants showed that the prevalence was higher in smokers, chat chewers, and alcohol drinkers as compared to those counter parts having those habits, but the difference is not statistically significant ($P > 0.05$). Concerning the trend of sero-positivity by the year of training, the highest prevalence 19.5% was found in year III students followed by year V and II that have sero-prevalence rate of 14.3% and 12.3% respectively.

Another study conducted by Birhan Mengistu (2009) at Dire Dawa University shows that the prevalence of HIV was 2.5% with no significant difference between male and female. This figure is lower than the study in Jimma University students found the prevalence 12.2% which was conducted on student after some years of work experience and some were married. Having non-regular partner is significantly associated with HIV positivity among sexually active. Drinking alcohol and chewing chat were reported as the risk factors for commencing sexual intercourse among all students.

As per Joint Integrative Supportive Supervision semiannual report of FHAPCO 2012 higher Education Institutions are found in the following situations:

A. Semera University

It was reported that there is an HIV AIDS Unit which is well staffed, strong concerted support being provided by the regional HAPCO and the University leadership. It was explained that the HIV unit has annual plan, and prepares and submits reports regularly. It was seen also that the University has allocated budget, there is functional ARC (AIDS Resource Center) as well as mini media. Condom distribution points are well organized, in the compound, with innovative ways of availing them, IEC materials being available as well. The need to work more on HIV mainstreaming, which lacks strength so far, was also indicated.

B. Haromaya University

It was stated that the University has established an HIV & AIDS prevention and control directorate composed of 8 staff. It was pointed out also that the University has got strategic plan (2007-2012), as well as annual plan on HIV /AIDS interventions. The University as well as HAPCO, and partners, according to the report, also support Anti-HIV & AIDS club, providing financial, material, as well as technical supports. It was noted that the students working at clubs and mini-media are provided with the necessary reference materials like brochures, internet, books and news papers.

Community conversation, as mentioned in the report, is being implemented and is targeted to reach the most at risk groups of about 3500 students selected by respondent driven method. The CC is described to have been arranged at dormitory, class and year of study, trained persons on

CC, being adequately available. It was mentioned also that the CC follow up is carried out by the experts of the directorate who actively oversight the implementation.

ARC is described to have been established in the administrative building being well furnished. The report depicted that Support is given for Female students who lag academically and who can no longer attend the university because of the economic problems, the support being comprehensive including academic as well as financial support for poor students. Condom distribution points are also reported to be well organized, as well as the clinic in the university which functions at a status of higher clinic.

C. Mekele University

The University, as mentioned in the report has strong HIV task force that meets regularly. It was also pointed out that there are functional ARCs in the different campuses. The report indicated that the university gives financial as well as academic support for female students .The report showed as well that there are many condom distribution points, and that condom distribution is conducted.

D. Dire Dawa University

The report depicted that there is assigned HIV/AIDS focal person. It was also shown that orientation has been provided to senior and fresh students on HIV/AIDS. It was also explained that there is lack of permanent position/person for HIV/AIDS activities, Lack of AIDS Resources Center, lack of office for focal persons and space for ARC and materials procured/donated for HIV services are observed to have been kept in store for a long period of time.

There is no HIV/AIDS policy, and funding to HIV/AIDS interventions, according to the report. It was also indicated that there are Khat houses, Shisha houses, bars around the campus, while the HIV interventions are not strong including access to condom in the campus. Lack of strong proctor services and poor follow up and attention to the no café, no dorm user students, is mentioned as a sign showing the students are vulnerable to HIV.

E. Bahir Dar University

The report depicted that females are encouraged to participate in tutorial classes. Condoms are available at the ARC and university clinic, as well as in various other places, such as bathrooms. PLWHAs associations have been established in the university. Internet and computer access has been made available at the ARC. The report is also stated Female students are given extra academic support, in the form of tutor classes. Internet and computer access has been made available at the ARC.

2.3.5. Impact of HIV/AIDS in the Universities

The HIV/AIDS mainstreaming National Guideline FMOH/FHAPCO (2003) reveals that HIV/AIDS primarily affects sectors by increasing mortality and morbidity rates of its most productive contributors and workers. These rates in turn, negatively alter the structure and function of the given sectors by straining and limiting the output of services (supply), while simultaneously increasing the complexity and quantity of services required (demand). Ultimately, this results in changing the output and expenditure of the respective sectors or institutions leading to a less effectively functioning society. AIDS threatens the educational system and so undermines the social capital of the country. It is eroding the supply of teachers and thus increasing class sizes, which is likely to reduce the quality of education.

The impact of the losses were experienced mainly in the form of: interrupted teaching, increased workload, poor performance by students in particular courses, financial loss as a result of continued payment of staff not working, and increased social and psychological pressures on those infected and affected by HIV and AIDS, (Katohire and Kirumira, 2008).

2.3.6. Higher Institution Response to HIV/AIDS in other countries

As per the study conducted by Katohire and Kirumira (2008) in two public Universities in Uganda, HIV and AIDS were neither perceived nor experienced by the majority of staff and students as an immediate problem, except by those who had lost a relative, friend or colleague by the disease, or who were themselves suffering from an AIDS-related illness. In these institutions, the top management did not appear to consider HIV and AIDS a major problem partly because they were facing more visible and competing problems such as inadequate resources, low staff salaries and inadequate infrastructure, among others, which they considered to be of greater

urgency. The survey carried out in the remaining higher education institutions corroborates these findings. 52% of top management staff reported that HIV and AIDS, in comparative terms, were not posing an immediate challenge for their institutions.

In Ethiopia as part of the national response to the HIV and AIDS epidemic, the Federal Ministry of Education led the HIV/AIDS response in the sector. The following are some of the key tangible efforts made by the MoE to respond to the effects of the epidemic in the sector:

- Established a coordination office and assigned a full-time focal person that coordinates the HIV/AIDS response in the education sector.
- Developed a new education policy and strategy on HIV/AIDS “The education Sector Policy and Strategy on HIV/AIDS: Responding to the challenges of HIV/AIDS in Ethiopia, 2009”, that aims at facilitating and ensuring prevention, care, support, and treatment services for individuals and communities of the sector.
- Formulated a detailed guideline to direct the implementation of policy and strategy, “Guideline to implement the HIV and AIDS Policy and Strategy in the Education Sector, 2010”.
- In collaboration with the Federal HAPCO and other key stakeholders spearheaded the establishment of the Ethiopian Higher Education Institutions Partnership Sub-forum Response to HIV/AIDS.
- The HEIs Sub-Forum assists the HEIs for HIV/AIDS coordinators and Gender experts from 2011-2013 the following assistance:
 - a) Training program on HIV/AIDS & SRH intervention packages
 - b) Training on how to make strategic planning (SPM 2003-2005 EFY)
 - c) Common strategy on HIV/AIDS SRH
 - d) TOT on planning, M & E Frame work for HEIs;
 - e) TOT on HIV/AIDS & SRH peer education for HEIs

2.3.7 Mainstreaming HIV/AIDS into the Curriculum & its advantage

Kelly (2000) one of the first researcher in South Africa Higher institutions argues the need for Universities to react to the AIDS epidemic. His analysis points to several shortcomings in the institutional responses which fall short of integrating responses to HIV/AIDS into the centre function of Universities. Chetty carried out a study in 2001 which reports on the situation in South African universities. Chetty (2001) documents responses in four areas: management,

planning, programmes, and policy. It analyses key strategy issues including leadership, capacity, resources and the system level impacts that HIV/AIDS will have on higher education. Chetty's report also indicates that much of the focus of research on HIV/AIDS and education continues to be on school level education rather than higher education. Both Kelly's report and Chetty's report argue for the development of institutionally defined responses which focus on prevention, treatment and care. HIV education programs provide opportunities for students to develop positive behaviors and to practice interpersonal and social skills such as decision making, and communication to enable them to identify, avoid, escape, and manage high-risk situations. It also provides information on the historical, epidemiological, health, legal and prevention/home-based care aspects of HIV/AIDS.

Academic responses to addressing HIV/AIDS can be looked at in a variety of ways and can include the development and provision of credit bearing stand-alone modules, online or direct delivery modules, or the development (or adaptation) of courses or modules to include some components of HIV/AIDS. Integrated courses or modules can include various models of integration and infusion where HIV/AIDS is 'mainstreamed' and infused throughout the module, as well as those which reflect a 'bolted on' approach. In this model, the course may include one or two 'units' which are bolted on to an already existing curriculum and which in some instance may replace a unit or theme. Curriculum integration may simply include one major project or several assignments that students carry out.

Educating young people about HIV and AIDS increases student's negotiation ability, conflict resolution, critical thinking, and decision-making and communication competencies. These and other critical life skills need to be integrated into the curriculum and co-curricular activities in order to develop the self-confidence of learners and ensure that they have the ability to make informed indeed, potentially lifesaving choices

2.3.8. University Community Response to HIV/AIDS

African tertiary institutions – Universities, polytechnics and teachers training colleges are increasingly aware that their communities, by reason of the age group (19-49) years of the majority of member, and dominant lifestyles, are especially vulnerable to the Human Immune-deficiency Virus (HIV). (Source:

<http://www.global.ucsb.edu/orfaleacenter/luce/luce08/documents/FB%20NGOs%20and%20Aids%20in%20Africa.pdf>).

Among Universities – related actions on the continent is that of the South Africa Universities vice-Chancellors Association (SAUVCA) which has began a coordinated program of activities for its members, the Association of Commonwealth Universities(ACU) has also concerned a number of very critical initiatives to some African Universities.

Recognizing not only their vulnerability but also the potential of African Higher education institutions as a unique social resources for the development and apply of country and community specific knowledge and solutions to the HIV/AIDS pandemic, the Association of African Universities (AAU) is collaborating with several of its partners to document the role & contribute of its members to the fight against the pandemic.

2.3.9. University Anti-HIV/AIDS Initiatives

The Ethiopian Multi Sectoral HIV/AIDS response includes in its response that it will ensures the existence of active participation/membership of HIV related clubs in schools, higher education institutions and TVET's such as Girls Club, Gender & HIV/AIDS club etc in its strategic plan and are available in most Universities though they are not effective as intended to fight the epidemic.

2.3.10. Organizations collaborating with HEIs to fight against the HIV/AIDS Epidemic.

Different organizations collaborate with the different Universities to fight against the HIV/AIDS epidemic. The area and type of support provided to each university is indicated in Appendix 6, Table 1.

2.4. Mainstreaming interventions¹

Mainstreaming interventions are actions that will be put in place and implemented so that HIV/AIDS is mainstreamed. These responses should be for both internal and external mainstreaming. The following are examples of internal and external mainstreaming responses:

Examples of internal mainstreaming responses:

- a) Activities that reduce the vulnerability of employees to HIV infection such as:

¹ Mainstreaming HIV/AIDS in Sectors and Programs-An Implementation Guide for National Response, UNAIDS/World Bank/UNDP(2005: 68 - 69)

- HIV and AIDS education for employees.
- Behavior change communication activities through peer education
- Vulnerability and risk assessment
- Condom promotions and distributions at work place.

b) Create an environment at the workplace for treatment, care and support for those affected by HIV and AIDS. These can include:

- Provision of HCT services directly or through referral linkages with health facilities for STI and OI management.
- Treatment for infected employees and their dependents, including ART.
- Development of an HIV and AIDS workplace policy and program.
- Revision of institutional and organizational policies and guidelines based on the assessment of impact of HIV and AIDS.

Examples of external mainstreaming responses:

- Provision of behavioral change communication programs within target communities
- Support programs for orphans, elderly headed households, female headed households and other affected people.
- Skills training for orphans and vulnerable children
- Economic and social empowerment programs for women and girls
- Adoption of labor and time saving technologies
- Provision of feeding programs for those affected.

2.5. Poverty, HIV/AIDS and gender inter connection

The FMOH/FHAPCO (2003) HIV/AIDS Mainstreaming National Guideline indicates that when addressing aspects of the epidemic, whether through policy or strategies, it is essential to analyze the bi-causal relationship between poverty and HIV/AIDS and gender. In Africa, the HIV/AIDS epidemic has been and continues to be deeply rooted in issues concerning poverty, gender, cultural practices and issues of gender. A true analysis of these relationships is important to consider when up scaling the response to HIV/AIDS within the various sectors and institutions. What is unfortunate, yet important to understand is that the conditions that are fuelling the rapid spread of the disease are also those which are making it difficult for societies to respond. The

transmission factors and impact of the epidemic are not separate entities – Poverty, Gender, HIV/AIDS are intimately linked and the intensity of their interaction is dependent on background factors such as traditions, culture, existing laws, policies, strategies, and technology.

At the heart of the poverty-HIV/AIDS cycle are issues of gender inequality, tradition, power imbalances, economic ownership which are central in many African contexts. Thus, to challenge HIV infection rates, one must challenge the gender roles that are pervasive within their own cultures and provide women with avenues for empowerment and autonomy. Accordingly **gender** refers to socially constructed roles of women and men ascribed to them on the basis of their sex. Gender is learned. Unlike gender, **sex** is biologically determined; it is received, universal, and cannot be changed. The concept of gender refers not only to the roles and characteristics of women and men but also to the power relations between them. Typically, men are responsible for the productive activities outside the home while the domains of women are the reproductive and productive activities within the home. In most societies women have limited access to income, land, credit and education, and have limited control over these resources.

Power determines whose pleasure is given priority and when, where, how, and with who sex takes place. There is an unequal power balance in gender relations that favors men. This translates into an unequal balance of power in heterosexual interactions. Male pleasure has priority over female pleasure, and men have greater control than women over when and how sex takes place. An understanding of male and female sexual behavior requires an awareness of how gender is constructed by a complex interplay of social, cultural, and economic forces that affects the distribution of power. These concepts are important in discussion and in formulating effective program responses to HIV/AIDS (FMOH/FHAPCO 2003, HIV/AIDS Mainstreaming National Guideline).

So gender mainstreaming is also a strategy for pushing through actual equal treatment of the genders.

The United Nations Economic and Social Council [ECOSOC] (1997), defined the concept of gender mainstreaming as follows:

"Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an

integral part of the design, implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality".

So Gender and HIV/AIDS Mainstreaming seeks to address the differential impacts of HIV/AIDS on women, men, boys and girls. Gender mainstreaming also seeks to promote social justice by reducing gender inequality. It uses gender analysis as the framework to describe the current power relationships between women and men and their differential authority to decide on people's access to and control over the use of resources (i.e. condoms).

Furthermore, the Gender analysis identifies the multiple ways in which HIV/AIDS related policies and programs differentially affect men and women at all levels, and especially at the household level. Gender mainstreaming ensures that gender inequalities are addressed in the design, planning, implementation, monitoring and evaluation of HIV/AIDS programs, and ensures that the beneficial outcomes are shared equitably by all – women, men, boys and girls. In gender mainstreaming, all gender biases are removed and strategies are planned and implemented with the concerns of women, men, boys and girls in mind and how the intended intervention affects them differently. The existence of gender inequality has a great influence on a differential spread of HIV/AIDS, where the inequality factors, in many ways, place women disproportionately at a greater risk for infection. Thus, to mainstream HIV/AIDS adequately, issues surrounding gender must be heavily considered (FMOH/FHAPCO, 2003).

2.6. The rationale for HIV/AIDS mainstreaming as an Action

Mainstreaming as action is an essential approach for expanding, scaling up and implementing Multi-sectoral responses to HIV and AIDS. The health sector remains key, but non-health sectors are also to take action on HIV and AIDS based on one National Action Framework. This is more obvious in countries affected by a severe epidemic, but it is equally paramount in countries that have a relatively low, yet growing, HIV prevalence. Even for countries with low HIV prevalence, mainstreaming is crucial for addressing vulnerabilities to HIV infections in order to avert potential negative impacts. Early mainstreaming actions may help stem the surge of HIV epidemics and reduce the likelihood that concentrated epidemics will become generalized.

Moreover, because HIV and AIDS is closely linked with other development concerns such as poverty, gender inequality and institutional exclusion, mainstreaming HIV and AIDS in low prevalence settings provides additional support to the national development process. It also provides experience on how to integrate other pressing, Cross-Cutting and Multi-sectoral issues which affect development in many countries (UNAIDS/World Bank/UNDP, 2005:16)

2.7. Mainstreaming inputs, process and output indicators

As per the FHAPCO (2011) HIV and AIDS Mainstreaming Implementation Manual, mainstreaming activities has the following indicators:

- Conducted HIV and AIDS impact assessment survey of the sector
- Prepared HIV and AIDS mainstreaming policies and directive
- Regularly conducted mainstreaming dialogues
- Prepared and approved anti-AIDS mainstreaming plan
- Prepared and approved work place anti-AIDS policies and strategies
- Established AIDS Fund
- Allocated budget (up to 2%)
- Permanently assigned manpower
- Number of people trained in mainstreaming
- Number of orphans, targeted children and people living HIV virus that got care and support.
- Number of condom distributed.

2.8. Stages of mainstreaming

Base on The National HAPCO and UNDP² Hand Book for HIV/AIDS Mainstreaming, the level of assessment of universities according to their HIV/AIDS mainstreaming stages are graded as follows:

Stage 0(Zero level) - Universities with no HIV/AIDS Mainstreaming Plan

Stage 1(Low level) - Universities with HIV/AIDS Plan that includes with it the following elements:

² undated

- Sector workers AIDS Risk analysis
- Evidence based communications for behavioral change
- Condom Promotion and Distribution
- Focal point person designated
- Financial resources made available

Those who have included the above indicators in their plan and implemented can be taken as low level implementers.

Stage II (Medium level) - In addition to components in stage I, it includes the following:

- Aids Sector impact analysis conducted
- Policies, strategies and actions developed
- Actions to mitigate impact implemented

The Universities who have included the above indicators can be considered as **medium** level implementation.

Stage III (Very good level) - Universities who have included the following in addition to components in stage II, and

- Analyzes of Sector policies, strategies and actions and reflections on such policies, interventions to decipher their negative or positive influence on the spread of HIV in the communities they serve.
- Implemented for ensuring positive actions are maintained.
- Implemented change in negative actions
- A monitoring and evaluation framework developed and being implemented.

This can be graded as **very good** implementers of HIV/AIDS activities.

Stage IV (Excellent level) – Universities who have included in their implementation all the above three stages and

- Evidence of incorporating lessons learnt in sector policies, strategies and actions.

Can be taken as excellent/fully incorporate & implement of HIV/AIDS activities in to their system.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1. Research Design

A **research design** is a systematic plan to study a scientific problem. The design of a study defines the study type (descriptive, correlation, semi-experimental, experimental, review, meta-analytic) and sub-type (e.g., descriptive-longitudinal case study), research question, hypotheses, independent and dependent variables, experimental design, and, if applicable, data collection methods and a statistical analysis plan.

The researcher used inferential statistics to conduct this research; because inferential statistics generalizes the statistics obtained from a sample to the general population to which the sample belongs though always some uncertainty exists compared the real values due to everything is not known exactly. The study is focused on eight Government and two private Higher Education Institutions that are found in different part of the country on a sample basis due to time and cost constraints. According to the 2012/2013 Education sector annual abstract, there are 37 Government and 59 private Higher Institutions in the country. On the degree to which the research question has been crystallized, this research design is a formal study. Because this research tries to involve precise procedure and data source specification and focused at answering the research questions (MOE, 2012).

3.2. Population and Sampling Techniques

The study Population are around 96 (37 government and 59 private) Higher Institutions. Out of which ten Higher Educational Institutions (eight governments and two private) have been taken as a sample. The number of students and staffs of the sampled Universities are given below:

List of sample Universities with their overall staff and students

No.	Universities	Academic & Administrative staffs	No. of students
1.	A.A.U.	2,000	20,000
2.	A.A Science & Techn.university	705	6,807
3.	Ambo University	2,752	15,841
4.	Assosa University	200	1825
5.	Civil Service University	1,000	4,000
6.	Defense engineering	0	0
7.	Ethiopian police Unv.	502	800
8.	Metu University	200	2,107
9.	St. Marry University	400	5,000
10.	Unity University	500	8,000
	Total	8,259	64,380

Table 1 List of sample Universities with their overall staff and students

The sampling Technique employed in this study was non-random convenience sampling because it is considerably less expensive though its results have limited value or has the demerit of unrepresentative sampling and making inference beyond sample risky.

3.3. Types of Data and Tools and Instruments of Data Collection

A primary and secondary source of data was used to conduct this study. The instruments used to collect the data were:

- Questioner
- Observation and document review.
- The Core item in the questioner were adopted from Federal HIV/AIDS Prevention and Control Office, Sectors Mainstreaming check list (questioner) that involves four sub-categories, Prevention structural, Prevention behavioral, Impact Mitigation and Verification of evidence incorporating lessons learnt in sector policies, strategies and actions.

Information obtained through questioner and document reviews are confirmed by observation and interview.

3.4. Procedures of Data Collection

Data were collected from each sampled universities of HIV focal persons/Dean of students, university president, HIV/AIDS club leaders, university clinic heads and Higher Institution Sub-Forum representatives in person using of semi structured interviewee administered questionnaire, document review and observation of HIV/AIDS activities done in the year 2005 E.C. The actual data collection was done from Oct. 20, 2013 up to Dec. 31, 2013.

Data Obtained through interviewing questioner are analyzed and compared against actual observation and work done in their annual performance.

3.5. Methods of Data Analysis

Information found through interviewing the questionnaire and document review was first tabulated and organized under the appropriate topic. Other information found through interview and observation has also analyzed, organized and summarized under each topic and sub topic, then followed by presentation and interpretation of findings. In the analysis, points from literature have been extracted and discussed with the findings.

The researcher has conducted the study on eight government universities and two private universities as listed in 3.2 above. Especially A.A.U. and Ambo Universities are selected because they are among the biggest and oldest universities which have more than 20,000 staff and students and are supposed to conduct targeted prevention to their students and the infant Universities such as A.A Science and Technology University, Assossa University, Civil Service University and Metu Agri-faculty Universities even needs targeted prevention to their students. But the inclusion criterion for private University is existence in the learning and teaching process for a long period of time. St.Mary's University and Unity University are selected from the Private Universities due to long time existence in the learning and teaching process for more than 15 years and have accommodated more than 5000 and 8000 students respectively and are highly expected to conduct HIV/AIDS mainstreaming activities in their campus.

The researcher has interviewed a total of 52 respondents 5 from each university and 2 from Higher Education institution Sub forum representatives to collect the necessary data for the study from pertinent persons in the university as mentioned in 3.4 above.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1. Introduction

HIV/AIDS is cross cutting issue all over the world as indicated in the back ground of the study. And also is the priority of the government of Ethiopia to eradicate this pandemic because it is highly affecting the productive forces in every sector. Education sector is one of the highly populated sectors which need targeted prevention of HIV/AIDS. The researcher is interested to conduct a scientific research on HEIs to assess the implementation of HIV/AIDS mainstreaming to have targeted prevention on the productive forces to accelerate the socioeconomic, political and cultural development of the country.

To conduct the study, the researcher has adopted FHAPCO Mainstreaming parameters which are globally accepted standards that are used as mechanisms to enforce the implementation of HIV/ADS Mainstreaming.

The researcher has taken ten sampled HEIs and employed these parameters to conduct the study. Those are HIV/AIDS Mainstreaming plan, Implementation of the plan, Student/employees risk/vulnerability assessment, establishment of AIDS fund, Evidence based communication for behavioral change, Commitment of top level management, Condom promotion and distribution, Long-term partnership with HEI forums, Assignment of trained focal person, Task force, allocation of government budget, Existence of AIDS clubs, Provision of HIV/AIDs related clinical service, Referral linkage, Conducting of Impact analysis's, development of HIV/AIDS Working Policies, Strategies and Actions, Actions mitigate impact implementation, Analysis of policy, strategy and actions, Implement of positive actions, Change negative actions and M & E frame work development.

4.2. Finding of the study

4.2.1 Prevention of HIV/AIDS Structural & Behavioral

The researcher used the following parameters that are globally and nationally accepted standards of measurements to implement HIV/AIDS mainstreaming. These standards are accepted by

UNAIDS, other UN agencies and adopted by FHAPCO as a measurement to implement HIV/AIDS mainstreaming activities.

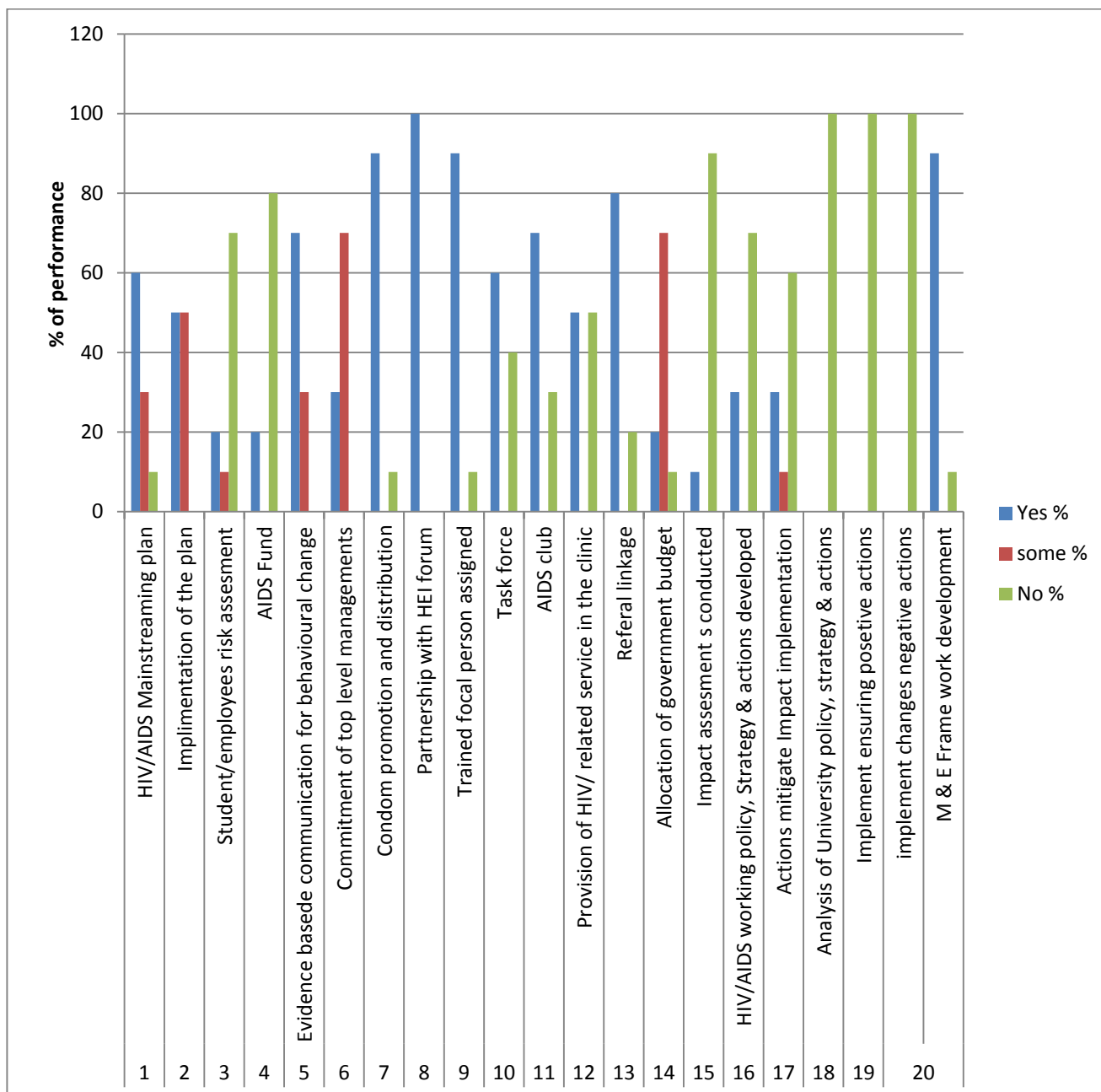


Fig.4.2.1. Prevention of HIV/AIDS Structural & Behavioral

The researcher has generally observed the following results from the above figure 4.2.1

- 60% of the HEI have an HIV/AIDS mainstreaming plan but implemented only 50% of their annual plan.
- 20% and 10% of the Universities had conducted an employee/student risk/vulnerability assessment and impact assessment respectively.

- 70% of the Universities had limited government budget allocation; out of these 80% did not establish an AIDS fund.
- 30% the Universities have developed an HIV/AIDS working policy, strategy and actions but 70% of them did not develop the HIV/AIDS working policy, strategy and actions.
- 70% of the Universities had conducted evidence based communication for behavioral change.
- Top level managements' commitment is not satisfactory
- Most Universities had long term planed partnership with HEI Forums.
- 40% of the Universities have not established an HIV/AIDS task force and 30% do not have HIV/AIDS Club.
- 50% of the Universities clinics did not provide HIV/AIDS related service but most of them have referral linkages with other Health facilities except the private ones.

In general, most HEIs have incorporated HIV/AIDS activities in their plan. But they did not conduct student/employee risk vulnerability or baseline survey, allocate adequate finance, develop HIV/AIDS working policy, strategy and actions to base and implement their plan. This implies that when practically seen, their plan is not exhaustive and effective to make targeted prevention.

4.2.2. HIV/AIDS Impact mitigation

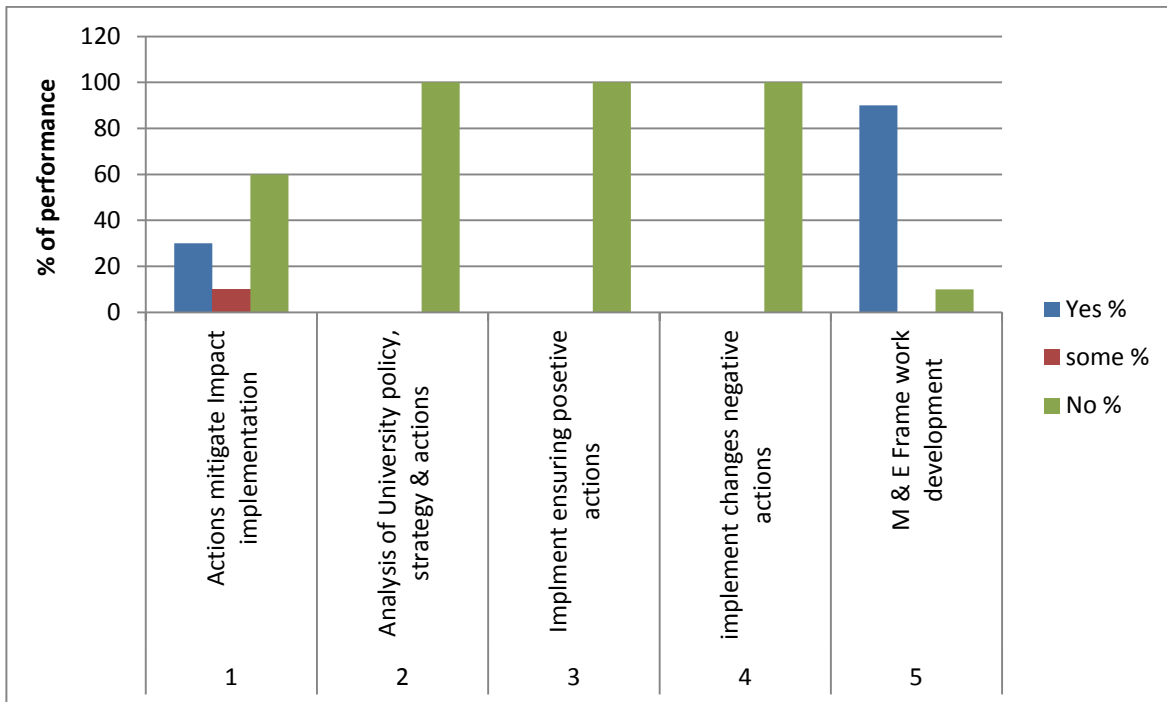


Fig.4.2.2. HIV/AIDS Impact mitigation implementation

Like the parameters mentioned under Figure 4.2.1, these parameters are globally accepted standards and adopted nationally by FHAPCO to mitigate the HIV/AIDS impacts.

The researcher has also observed the following results from the above Fig.4.2.2

- 60% of the Universities did not have an action that mitigates the HIV/AIDS impact.
- None of the universities analyze their policy, strategy and actions and has not insured the implementation of positive actions and change negative actions but all universities do have M & E Frame work that enables to monitor their activities.

From this the researcher observed that without conducting employees/students risk/vulnerability assessment, impact assessment, actions that mitigate the HIV/AIDS impact, analyzing their policy and taking remedial actions, having monitoring and evaluation framework alone is valueless.

4.3. Detail discussions for the above major findings

4.3.1. HIV/AIDS Mainstreaming plan and its implementation

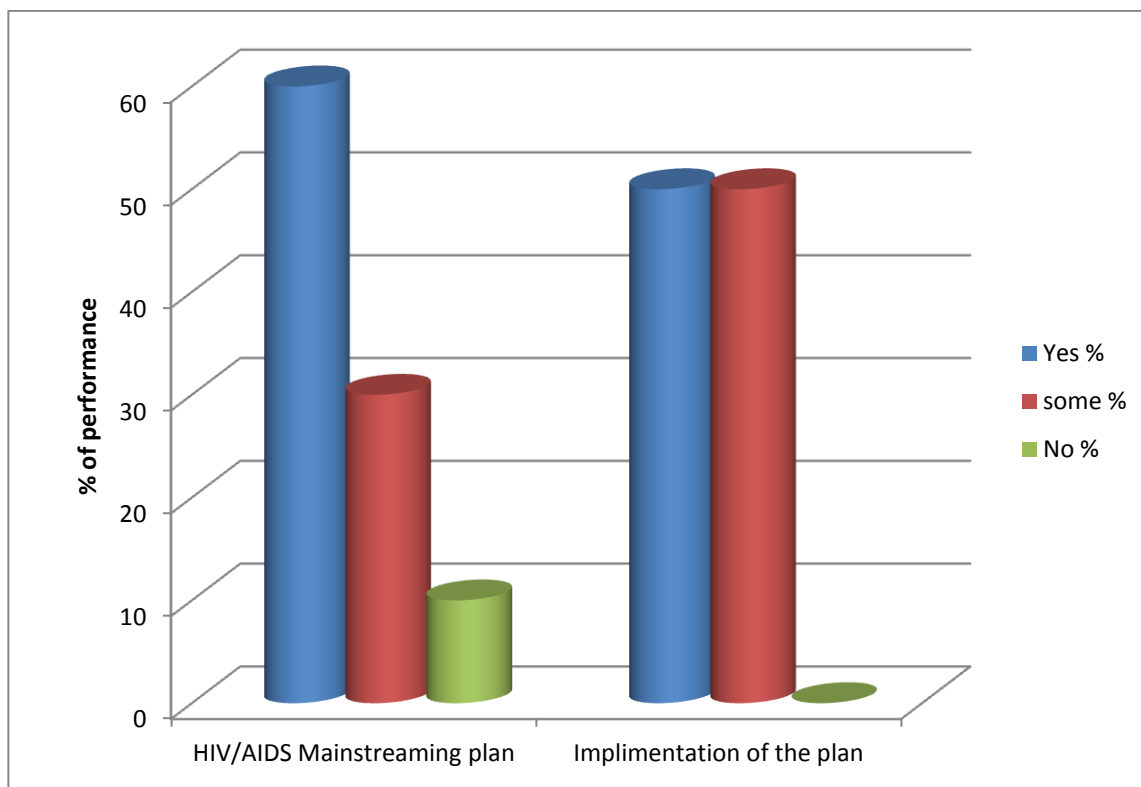


Fig.4.3.1 HIV/AIDS Mainstreaming plan and its implementation

Since the plan is used as a base for implementation of actions, the researcher has tried to make a relationship between the HIV/AIDS mainstreaming plan and its implantation.

As indicated above though 60% of the universities had fully and 30% of the universities had partially incorporated the HIV/AIDS activities in their annul plan, they implement only 50% their plan. This indicates that low emphasis and priority has been given to fight the HIV/AIDS epidemic in the universities.

4.3.2. HIV/AIDS working policy, strategy and development of actions and top level managements' commitment

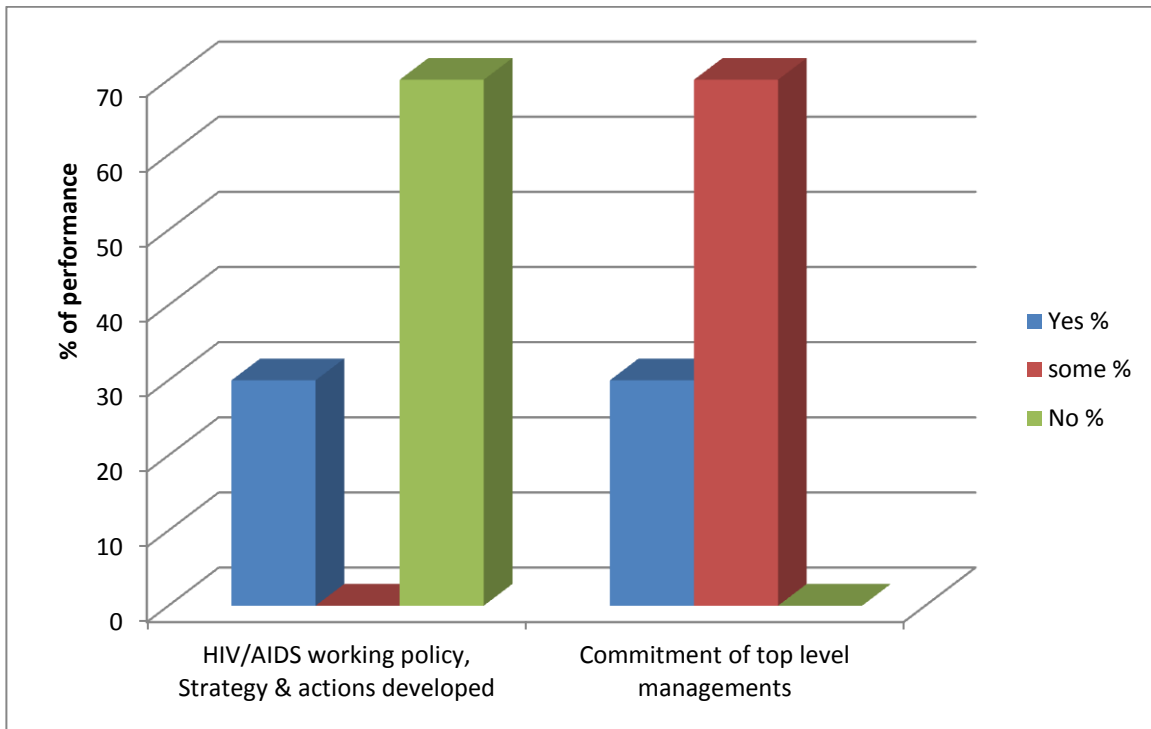


Fig.4.3.2 Development of HIV/AIDS Working Policy, Strategy and actions and top level managements' commitment.

One of the duties of top level management is formulation of polices. As shown above, the researcher has tried to relate top level management commitment with the development of HIV/AIDS working policies, Strategies and Actions because management commitment is a base for formulation of policies.

From the above figure, HIV/AIDS working policy, strategy and actions were not developed by 70% of the universities though 70% of them have some commitment and 30% are fully committed to HIV/AIDS issues. This could be the result of giving high attention to Administration issues rather than HIV/AIDS issues next to academic issues. Top level managements are fully engaged in the day today academic and admin activities, and gives less attention to HIV/AIDS activities while they are cross cutting issues.

4.3.3. Establishment of AIDS fund and allocation of government budget

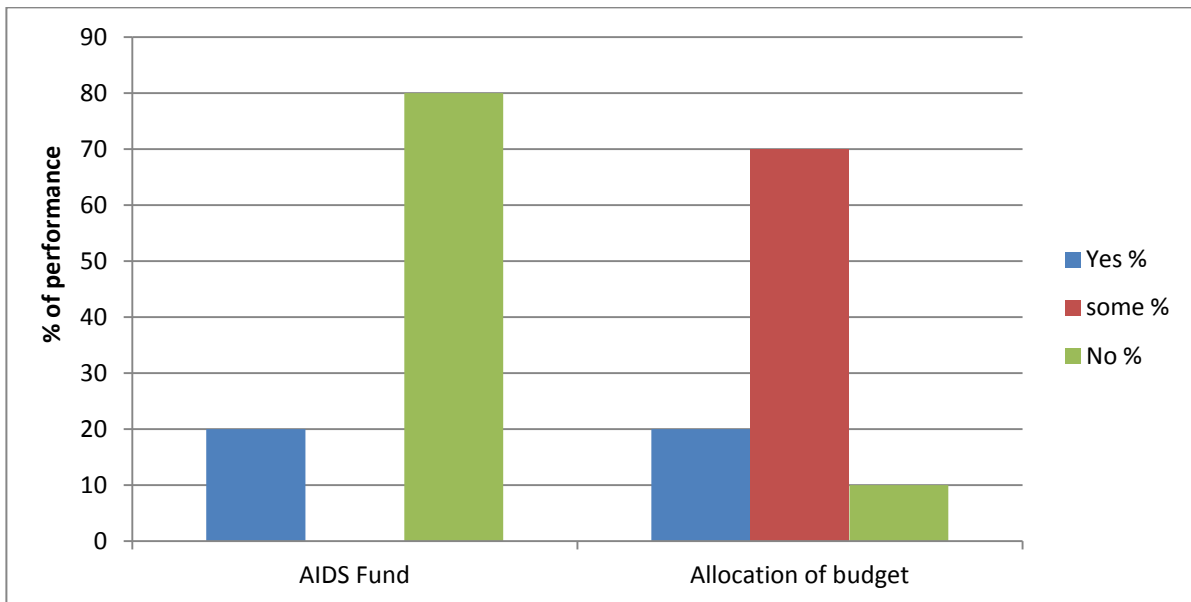


Fig.4.3.3 Establishment of AIDS fund and allocation of government budget

The researcher has tried to relate the AIDS Fund and allocation of budget to assess the effective implementation of HIV/AIDS mainstreaming activities. Establishment of AIDS fund and allocation of budget is a base for the implementation of an action plan. The above finding shows that 80 % and 70% of the sampled universities did not established AIDS fund and have limited government resources respectively to plan and implement the HIV/AIDS activities fully.

It is clearly observed that there is financial constraint to plan and implement the HIV/AIDS activities fully. Needs to be conscious and allocate adequate budget to fully incorporate and implement the HIV/AIDS activities in their plan.

4.3.4. Anti HIV/AIDS Clubs

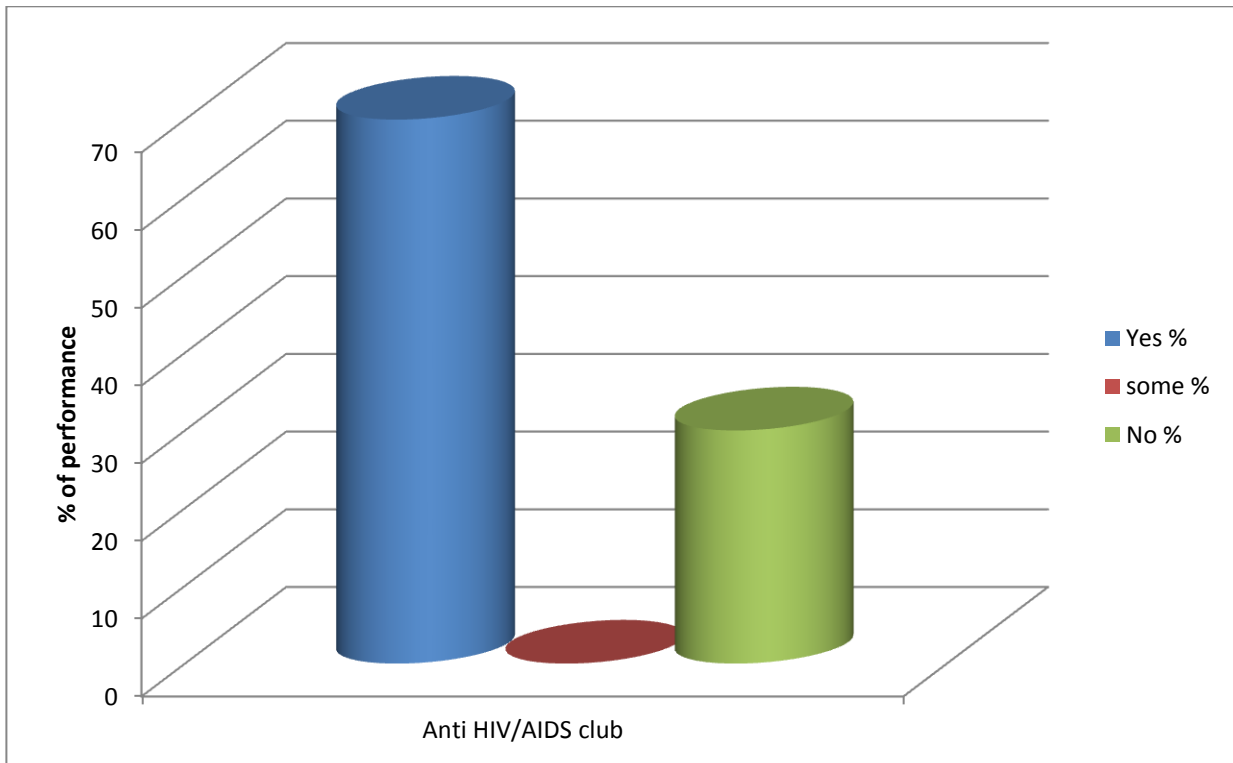


Fig.4.3.4 Anti HIV/AIDS Clubs

Formation of different clubs has different valuable contribution to which they are established for. For example the Anti HIV/AIDS clubs are working for prevention and control of HIV/AIDS by performing various HIV/AIDS related activities. The anti AIDS club specific activities are Social mobilization, peer education, panel discussion, life skill based education, distribution of IEC/BCC materials, increase the number of VCT beneficiaries, address gender related issues, increase condom utilization and ART counseling, experience sharing with role model women's etc. For example A.A.U. Anti-HIV/AIDS clubs has a close relationship with other clubs in the University and works on HIV/AIDS related issues such as, life skill education, awareness creation on how to be productive, free from HIV/AIDS, unwanted pregnancy and assists the gender club on handling of GBV complaints and takes corrective measures by collaborating with the student union and council in addition to the psychological counseling.

Even though fig 4.3.4 indicates that 70% of the Universities had an HIV/AIDS clubs, their performance is not satisfactory due to inadequate financial or material support, lack of

infrastructures like office, office supplies and other facilities, inexistence of ARC to create additional evidence based awareness on the HIV/AIDS services and lack of refreshment training. As a result the HIV/AIDS activities that are required to be done by the HIV/AIDS club on students and University communities were not adequately performed.

4.3.5. Employees/student risk/vulnerability and impact assessment

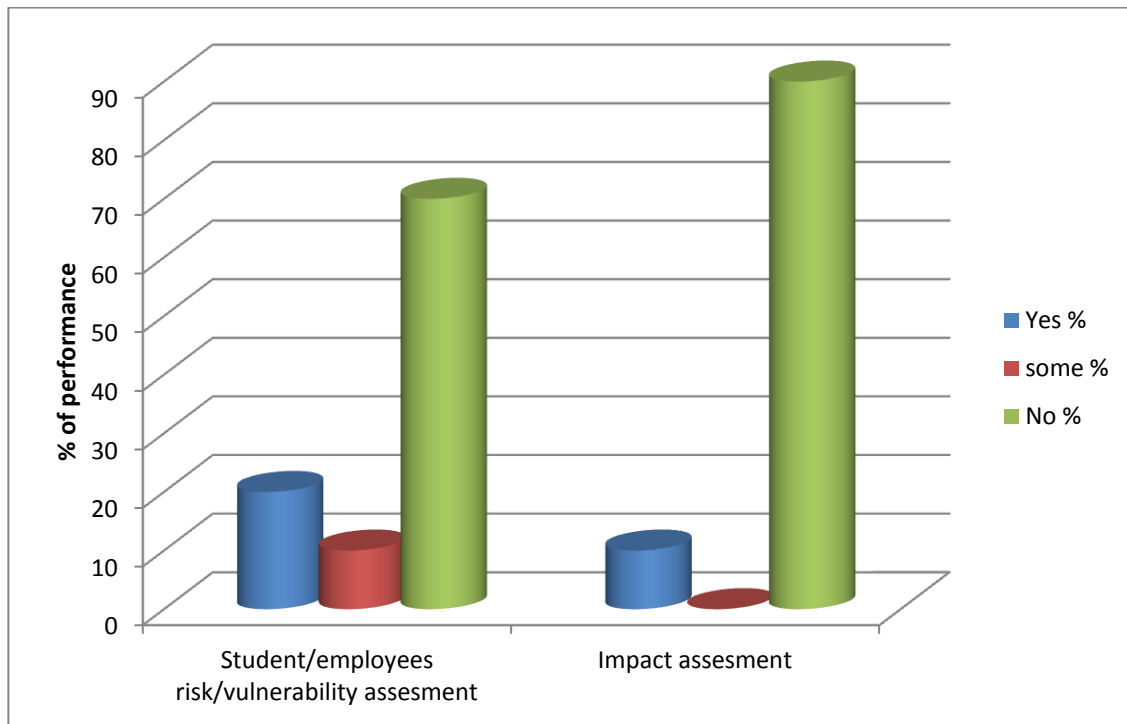


Fig.4.3.5. Employees/student risk/vulnerability and impact assessment

Conducting Employees/student risk/vulnerability assessment to HIV/AIDS is important to make targeted and effective prevention and control of HIV/AIDS epidemic in and surrounding the Universities. Conducting impact assessment is also mandatory next to targeted prevention and control of HIV/AIDS to reduce its impact by devising different impact mitigation mechanisms. From the above figure the researcher has observed that 70% and 90% the University did not conducted student/employee risk/vulnerability and impact assessment respectively. This might imply that non consideration and prioritizing of the HIV/AIDS issues which prevents to conduct targeted HIV/AIDS prevention, control and reduce its impacts.

4.3.6. Referral linkage and HIV/AIDS related service

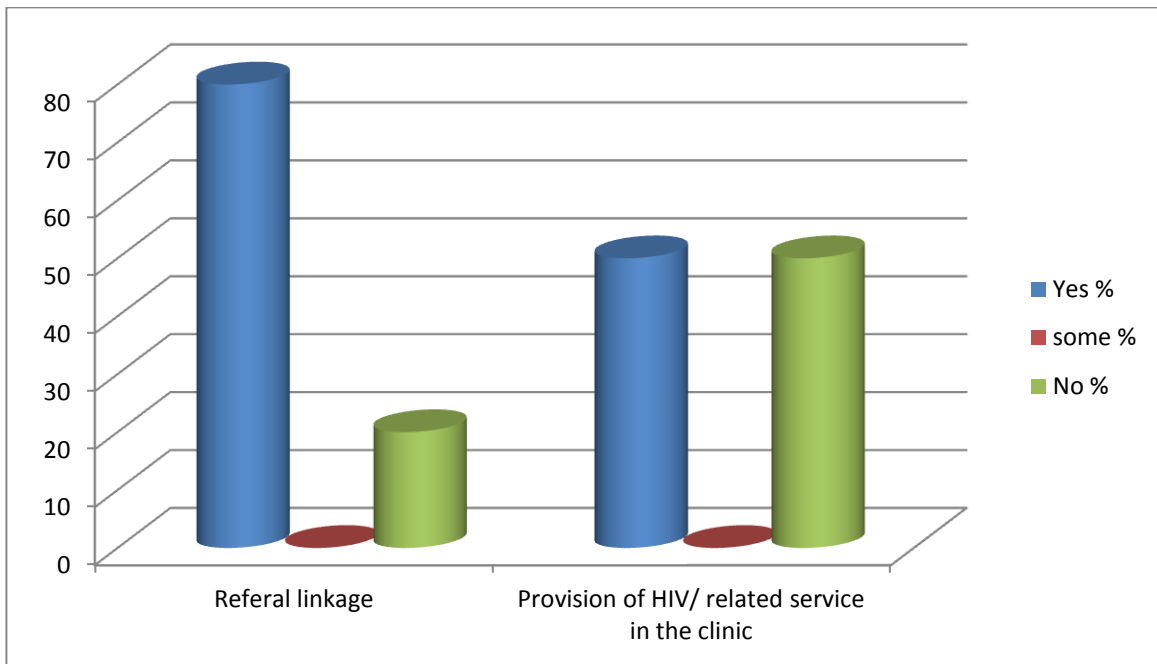


Fig.4.3.6 Referral linkage and HIV/AIDS related service

Referral linkage creates connectivity/access of beneficiaries to better and specialized health services which is not found in their institution.

Though some universities' clinics provided some of the HIV/AIDS related services, since most of them are low level clinics (not qualified to provide the ART services), none of them are providing the ART service to HIV/AIDS patients who are found in the universities, so need referral linkage with other health facilities outside the universities.

Though 80% of the Universities clinics have referral linkage with other health facilities, since most of them are constrained by trained manpower, shortage of pharmaceuticals, Test kits, insufficient finance and none existence of separate HCT room to increase confidentiality, only 50% of them are providing the HIV/AIDS related services such as VCT, HCT, ART and STI diagnosis and treatment etc.

4.4 Summary of discussion of the findings

Based on the stages of HIV/AIDS Mainstreaming that are defined by National HAPCO and UNDP Hand book, which is stated on the literature review part page 20, the research has generally observed the following findings from the sampled universities.

10% of the Universities are found at zero level (stage 0) and it shows that these universities performed nothing. 60% of the Universities are found at low level (Stage I), this means that they are low level implementers and the rest 30% of the Universities are relatively better performer of the implementation of the HIV/AIDS activities and can be taken as medium level implementers.

From the above finding, we can infer that most of the Universities are found in the low level stage and none of them are reached to stage III and IV which signifies very good and excellent respectively. These mean almost all of the Universities do not:

- Allocate adequate resources
- Conduct employees/students risk/vulnerability assessment except Civil Service University.
- Conduct HIV/AIDS impact analysis except A.A.U,
- Formulate HIV/AIDS Working, Policies, Strategies and Actions except Civil Service and St. Marry University.
- Implement action that mitigates HIV/AIDS impacts except Defense and Unity University (for staff only)
- Analyze their policies, strategies and actions and reflect on the policies, interventions to work out their negative or positive influences
- Ensure the implementation of positive actions from the analysis
- Implement changes on negative actions and provide evidence of incorporating lesson learnt in sector policies, strategies and actions most of the Universities did not provide HIV/AIDs related services such as VCT, PIHCT and STI treatments.

Hence from above practical facts, the researcher has proved that HIV/AIDS mainstreaming activities were not properly working in higher education institutions as required.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATION

5.1 Conclusions

On the basis of the research findings the researcher has made the following conclusions:

The level of responses by the HEIs to fight the HIV/AIDS epidemic greatly varies among the sampled institutions. Many of the respondents from the Public HEIs acknowledge that HIV/AIDS issues are priorities for their respective Institutions. However, many attribute this variation to the level of commitments of the decision makers and existence of other competing priorities in the institutions.

The assignment and establishment of the HIV/AIDS function differs among the Universities. In this regard, five Universities have designated the HIV/AIDS function to an independent directorate; two combined the HIV/AIDS programs with other programs like gender while two assigned the function to clinics and one University totally did not have an HIV/AIDS function at all.

There is a challenge regarding to availability of trained focal person and allocation of financial resources for HIV/AIDS activities. In this regard, though 90% of the Universities covered by this assessment show an assignment of focal person some of them are not trained and 50% of the universities being assigned focal person as an additional responsibilities. And almost all of the HEIs did allocate limited amount of budget for HIV/AIDS programs.

Similarly with what was observed with allocating of the required resources, only very limited issues of HIV/AIDS are incorporating in their respective annual plan.

All the private HEIs failed to assign a full- time HIV/AIDS focal person, they did not have well established clinics and adequate trained health professional that can provide the HIV/AIDS related service and did not provide referral linkage to other health facilities outside the University clinic. They only provide emergency service. One of the big private universities also did not distribute condom to students and university communities at all. This fact shows that low level of attention is given to HIV/AIDS issues by the private HEIs.

Many of the HEIs covered by the assessment did very limited activities to mainstream HIV/AIDS in to all aspects of their work. Especially in respect to formulating of HIV/AIDS policy and Strategy document, only 30% of the Universities have formulated the HIV/AIDS working polices.

Almost all the Universities did not conduct baseline and impact assessment as well as operational researches and using the results for planning, monitoring and evaluation of HIV/AIDS programs. In this regard though most of the HEIs conducts IEC/BCC interventions, it was also hard to find the implementation followed by behavioral change communication strategy which was designed to address specific target behaviors identified following regularly conducted assessments.

The gender programs of most of the public HEIs have a component that gives special support for female students with tutorial class to low academic performance and financial support to female students with economic problems. However, the scale of interventions is limited due to absence of adequate budget allocation for the program.

Though some of the HEIs tried to link the HIV/AIDS and the gender programs together at structural level and placed under the same directorate, that allows them to plan together and share resources; very few of them practice participatory planning.

The researchers has also observed that in the planning stage HIV/AIDS club leaders and University communities are rarely involved and finally university communities are totally ignored up on the implementation of HIV/AIDS activities.

Very limited efforts were made by majority of the HEIs to integrate HIV/AIDS in to the curriculum. In this regard, only one of the ten HEIs has incorporated the HIV/AIDS issues in to the curriculum while the remaining HEIs reported absence of initiatives or plans to mainstream HIV/AIDS in to the curriculum or provide HIV/AIDS as a standalone course in teaching and learning programs taking place in their respective institution.

Disclosing of the HIV/AIDS status and seeking support is very minimal. About six of ten HEIs reported no cases of HIV positive students and or staff that disclosed their HIV status. Fear of

stigma and discrimination was reported as the major reason for lack of willingness to disclose their HIV positive status to the University community.

Though majority of HEIs covered by this assessment reported that GBV is not a problem for their respective institutions, three universities have reported that there is a GBV in their institution. Female students are the victim of the violence. Female students living in poverty and low academic performance are also prone to be exploited sexually by some teachers and male counter parts in exchange of good grades and academic support from male students.

All of HEIs under the assessment did not have Aids Resource Center and most of them reported shortage of IEC/BCC materials.

The University clinics' are required to play significant role in the implementation of HIV/AIDS programs. In this regard, only 5 clinics are involved in the provision of HIV/AIDS related services though condom is provided by most of the HEIs.

More than 25 NGOs, UN agencies and bilateral donors are found to be working with the HIV/AIDS programs and the Clinics of the HEIs. Though these partners are making remarkable contribution to the HIV/AIDS programs, they often come with predefined package of services and support. As a result duplication of efforts, concentration of NGO's and donors in certain HEIs, lack of uniformity of the approach of the different interventions are some of the problems observed in the process of networking and partnership.

Generally, the researcher has tried to assess the effective implementation of HIV/AIDS mainstreaming in Ethiopian selected higher education institutions and tried to answer the research questions by using of semi-structure questionnaire and able to prove that they are found most of them at the early stage.

5.2. Limitations of the effective performance of HIV/AIDS mainstreaming

To implement the HIV/AIDS Mainstreaming activities effectively in the sampled HEIs, the following challenges were observed:

- Low level awareness and commitment of top level management

- Limited financial resource allocation to conduct the different HIV/AIDS activities such as experience sharing, conducting of different trainings on HIV/AIDS, and conducting mobile VCTs
- Lack of an office, office facilities and supplies for HIV/AIDS clubs and low HIV/AIDS club members commitments
- Lack of AIDS Resource Center (ARC) for better creation of evidence based HIV/AIDS awareness and experience sharing from other Universities
- Lack of refreshment trainings, especially for Anti AIDS clubs, clinic health professionals and HIV/AIDS coordinating focal persons
- Shortage of trained man power, especially at clinics on HIV/AIDS related services such as VCT, HCT, STI and ART
- Majority of staff and students are not volunteer for HCT
- Shortage of some Mini Media materials, test kits and reduction of contraceptive users and increasing rate of post pills up take and abortion.
- There is an integration problem between some of the University's clinics and administrations
- Problem of how to incorporating HIV/AIDS issues in to the curriculum
- Shortage of infrastructure like pharmaceuticals, storage room, patient students' waiting room, inadequate laboratory equipments
- Lack of networking with HIV/AIDS stakeholders outside the Universities
- No AIDS Fund for care and support activities for HIV/AIDS positives students/employees.
- Unavailability of separate HCT room to increase confidentiality and examination rate.

5.3. Recommendations and the way forward

The following recommendations are forwarded based on a thorough analysis made on the results obtained from the assessment:

Generally, all the public and private HEIs in the country need to mainstream HIV/AIDS in to their core activities: academic program including integration in to curricula; research program for better intervention, work place program to enhance care and support activities, and outreach

programs beyond the campus for comprehensive response and to excel their services to the required stages (stage III and IV).

Specific focus should be given for the following activities:

- Each of the HEIs should formulate HIV/AIDS Policy and strategy documents that would direct the HIV/AIDS responses among students and the rest of the university community. The developed policy and strategy document also should be adequately familiarized and sensitized among the major stake holders so that each would know their roles and responsibilities regarding HIV/AIDS issues.
- Each HEIs should adequately plan the HIV/AIDS issues based on their policy and strategies
- The practice of conducting employee/student risk/vulnerability assessment and impact assessment on HIV/AIDS and using the results to program planning, monitoring and evaluation is very limited or none. In this regard, due attention should be given to conduct these assessments to practice evidence based planning and decision making and finally to make targeted prevention and mitigation of the HIV/AIDS impacts.
- Increased awareness and strong commitment of top level management to deal practical challenges.
- Strengthening of HIV/AIDS clubs and Mini Media by provision of offices and adequate support with all necessary materials and training of HIV/AIDS club leaders and members, clinic health professionals specifically on HIV/AIDS related services (VCT, HCT, STI and ART), and HIV/AIDS focal persons on how to carry out their duties and responsibilities diligently. Moreover, the HEIs should ensure that their respective clinics are adequately involving in the entire HIV/AIDS program including clinical and non clinical services.
- Establishment and enrichment of ARC with IEC/BCC materials which is updated with information's generated from operational research and practical impact assessments to bring great and practical behavioral change among students and university communities.
- All HEIs should strengthen their referral linkage with other health facilities to facilitate treatment and reduce the impact of HIV/AIDS epidemic.

- Creating of network with all stakeholders on how to incorporate the HIV/AIDS mainstreaming issues in the Curriculum, Creating continuous awareness and reduce the existing problems of increasing uptake of post pills, abortion, STI, Transactional sex etc.
- HEIs should strengthen the integration of HIV/AIDS and gender directorate starting from planning up to implementation and evaluation because most of HIV/AIDS issues can be addressed through gender directorate and vice versa.
- Great focus should be given by the HEIs to assign full time or separate focal person to work on the HIV/AIDS issues fully, instead of giving as an additional responsibility.
- Participating of all stakeholders including university community representatives of students, academic and administrative staff as well as key internal and external stakeholders outside the university during problem identification, planning, implementation, monitoring and evaluations of HIV/AIDS programs and ensure the integrating of donors resources during planning is mandatory to reduce and eliminate the HIV/AIDS epidemic and its impacts.
- Piece meal and project based approach is not sufficient to address and eliminate the HIV/AIDS epidemic. Hence, HEIs should allocate up to 2% of their annual budget for HIV/AIDS program. The allocation of adequate budget apart from scaling up the initiated program activities helps to reach the wider community and dependency on external sources would be avoided.
- Establish AIDS fund and use the funds to address the needs of students, staff and their family members infected and affected by HIV/AIDS. This would encourage staff and students infected by HIV to positively contribute towards eliminating the spread of the virus.

Finally all the HEIs should encourage the network with HEIs partnership sub-form to learn from the experience of each other and the forum also should build the technical capacity of the HEIs to adequately respond to the epidemic.

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Appendix No. 1

A QUESTIONER FOR THE ASSESMENT OF HIV AND AIDS MAINSTREAMING IMPLEMENTATION AT HIGHER EDUCATION INSTITUTIONS

For Focal Persons/Student Dean

(ADAPTED FROM FHAPCO)

PURPOSE OF THE ASSESMENT

The purpose of the study is to identify HIV and AIDS mainstreaming implementation gaps at selected Higher Education Institutions so as to recommend to the respective body to improve its mainstreaming activities.

Background information:

1. Date : _____
2. Name of Higher Education Institution _____
3. Total Number of Students and staff (student____ + staff____)= _____

1. Prevention Structural

1.1 Does the institution incorporate HIV and AIDS activities in its strategic and annual plan?

- A. The institution has not incorporated HIV and AIDS activities in its strategic and annual plan.
- B. HIV and AIDS activities are incorporated in annual and strategic plan with other cross cutting issues.
- C. Some HIV and AIDS activities have been incorporated in annual and strategic plan.
- D. Fully incorporated in institutional strategic and annual plan.

1.2 Implementation of HIV and AIDS planned activities

- A. No, HIV and AIDS activities are implemented
- B. Yes, implemented some activities
- C. Yes, implemented most activities.
- D. Implemented all activities along with the institutional plan

1.3 Did the institution assign focal person, Unit, Directorate, office and case team?

- A. No focal person, Unit, Directorate, office, case team is assigned
- B. focal person, Unit, Directorate, office, case team assigned but not trained

C. Focal person Unit, Directorate, office, case team assigned, trained and involved in some events such as World AIDS Day.

D. Focal person, Unit, Directorate, office, case team assigned, trained, and fully involved in the implementation of HIV and AIDS Programs.

1.4 Whether Task Force is established & functional

A. No Task Force is established

B. Established but not functional

C. Established and functional when need arises

D. Exist fully functional Task Force

1.5 Financial resources made available for implementation of planned HIV and AIDS activities

A. No finances made available

B. Have limited finance for HIV and AIDS activities from different sources

C. Have allocated government budget although not adequate

D. Have adequate government budget as other programs/projects of the institution

1.6 Partnership and networking with Higher Education Institutions (HEI) Forum and other organizations working on HIV and AIDS

A. Not working with HEI Forum and other organizations.

B. Work with HEI Forum and other institutions working on HIV and AIDS when need arises.

C. Have short term planned partnership with HEI Forum and other organizations working on HIV and AIDS.

D. Have long term and planned partnership with HEI Forum and other organizations working on HIV and AIDS.

1.7 What is the involvement of top level management for HIV and AIDS actions in the institution?

A. Top level managements are not involved in HIV and AIDS activities

B. Top level management rarely involve in HIV and AIDS activities

C. Top level management partially involve in HIV and AIDS activities

D. Top level management fully involve at all levels in HIV and AIDS as other regular institutional programs

1.8 Student/employee risk/vulnerability assessment

A. Not conducted

B. Has been planned but not yet conducted

- C. Has been conducted
- D. Has been conducted and major actions have taken place accordingly.

1.9 HIV and AIDS impact assessment

- A. Not conducted
- B. Has been planned but not yet conducted
- C. Has been conducted
- D. Has been conducted and major actions taken accordingly.

1.10 Whether the institution has developed work place policies, strategies, and actions

- A. Not developed
- B. On the process of development
- C. Work place policies, strategies and actions have developed
- D. Developed and sensitized among employees, agreed and is on implementation

1.11 Establishment of AIDS fund

- A. Not yet established
- B. Raise funds when need arises
- C. Established but not yet utilized
- D. AIDS fund was established and properly utilized.

1.12 Establishment of health facilities/clinics/ and referral linkages

- A. No health facilities/clinics/ and referral linkage exist so far
- B. Has a plan to establish
- C. Has established linkages but and not providing services
- D. Has effective referral linkages with health service facilities

1.13 Availability of Monitoring and Evaluation (M&E) frame work for the implementation of HIV and AIDS plan

- A. No M&E frame work in place
- B. HIV and AIDS plan is reported for financial purposes
- C. HIV and AIDS is monitored and evaluated separately from institutional plan
- D. M&E of HIV and AIDS exists along with other programs/projects of the institution

2. Prevention Behavioral

2.1 Information Education and Communication (IEC)/ Behavioral Change and Communication (BCC) intervention at the work place/university campus

- A. No IEC/BCC intervention

- B. Activities have been started and some general IEC materials (posters and leaflets) are disseminated
- C. Targeted (peer, life skill) IEC/BCC interventions are being implemented
- D. Targeted (peer, life skill, Community Conversation (CC), Mini media) IEC/BCC interventions exist as one of the programs

2.2 The status of condom promotion and distribution

- A. No promotions and distributions of condom
- B. Condom promotions and distributions are conducted only during events World AIDS Day (WAD) & Voluntary Counseling and Testing (VCT) days
- C. Have short term condom promotions and distributions program
- D. Long-term promotions and distributions of condoms as one of HIV and AIDS programs are in place

3. Impact Mitigation

3.1 Provision of care and support services for PLHIVs & OVCs for university staff members

- A. No care and support services.
- B. Has planned but not yet implemented.
- C. Has partial care and support services either for PLHIV or staff OVCs.
- D. Has care and support services for both PLHIVs and staff OVCs.

4. Verification

4.1 Evidence for incorporated lesson learnt in sector policies, strategies and actions?

4.2 Any Technical/financial requirements from the responsible persons/organizations for future better achievement of your institution

4.3 Any other comment:

Name of persons Contacted:

1. _____ Resp. _____ Signiture _____ Tele. _____

2. _____ Resp. _____ Signiture _____ Tele. _____

3. Name of Interviewee:

1. _____ Resp. _____ Signiture _____ Tele. _____

Thank you for giving us your time and participate in the discussion.

Appendix No. 2

A QUESTIONER/CHECK LIST FOR THE ASSESMENT OF HIV AND AIDS MAINSTREAMING IMPLEMENTATION AT HIGHER EDUCATION INSTITUTIONS

For University president office

(ADAPTED FROM FHAPCO)

PURPOSE OF THE ASSESMENT

The purpose of the study is to identify HIV and AIDS mainstreaming implementation gaps at selected Higher Education Institutions so as to recommend to the respective body to improve its mainstreaming activities.

Background information:

1. Date : _____
2. Name of Higher Education Institution _____
3. Total Number of Students and staff (student _____ + staff _____)= _____

1. Prevention Structural

1.1 Does the institution incorporate HIV and AIDS activities in its strategic and annual plan?

- A. The institution has not incorporated HIV and AIDS activities in its strategic and annual plan.
- B. HIV and AIDS activities are incorporated in annual and strategic plan with other cross cutting issues.
- C. Some HIV and AIDS activities have been incorporated in annual and strategic plan.
- D. Fully incorporated in institutional strategic and annual plan.

1.2 Implementation of HIV and AIDS planned activities

- A. No HIV and AIDS activities are implemented
- B. Yes, implemented some activities
- C. Yes, implemented most activities.
- D. Implemented all activities along with the institutional plan

1.3 Did the institution assign focal person, Unit, Directorate, office and case team?

- A. No focal person, unit, directorate, office and case team is assigned
- B. focal person unit, directorate, office, case team assigned but not trained

C. Focal person unit, directorate, office, case team assigned, trained and involved in some events such as World AIDS Day.

D. Focal person unit, directorate, office, case team assigned, trained, and fully involved in the implementation of HIV and AIDS Programs.

1.4 Whether Task Force is established & functional

A. No Task Force is established

B. Established but not functional

C. Established and functional when need arises

D. Exist fully functional Task Force

1.5 Financial resources made available for implementation of planned HIV and AIDS activities

A. No finances made available

B. Have limited finance for HIV and AIDS activities from different sources

C. Have allocated government budget although not adequate

D. Have adequate government budget as other programs/projects of the institution

1.6 Partnership and networking with Higher Education Institutions (HEI) Forum and other organizations working on HIV and AIDS

A. Not working with HEI Forum and other organizations

B. Work with HEIs Forum and other institutions working on HIV and AIDS when need arises

C. Have short term planned partnership with HEI Forum and other organizations working on HIV and AIDS

D. Have long term and planned partnership with HEI Forum and other organizations working on HIV and AIDS.

1.7 What is the involvement of top level management for HIV and AIDS actions in the institution?

A. Top level managements are not involves in HIV and AIDS activities

B. Top level management rarely involves in HIV and AIDS activities

C. Top level management partially involves in HIV and AIDS activities

D. Top level management fully involve at all levels in HIV and AIDS as other regular institutional programs

1.8 Student/employee risk/vulnerability assessment

- A. Not conducted
- B. Has been planned but not yet conducted
- C. Has been conducted
- D. Has been conducted and major actions have taken place accordingly.

1.9 HIV and AIDS impact assessment

- A. Not conducted
- B. Has been planned but not yet conducted
- C. Has been conducted
- D. Has been conducted and major actions taken accordingly.

1.10 Whether the institution has developed work place policies, strategies, and actions

- A. Not developed
- B. On the process of development
- C. Work place policies, strategies and actions have developed
- D. Developed and sensitized among employees, agreed and is on implementation

1.11 Establishment of AIDS fund

- A. Not yet established
- B. Raise funds when need arises
- C. Established but not yet utilized
- D. AIDS fund was established and properly utilized

1.12 Establishment of health facilities/clinics/ and referral linkages

- A. No health facilities/clinics/ and referral linkage exist so far
- B. Has a plan to establish
- C. Has established linkages but not providing services
- D. Has effective referral linkages with health service facilities

1.13 Availability of Monitoring and Evaluation (M&E) frame work for implementation of HIV and AIDS plan

- A. No M & E frame work in place
- B. HIV and AIDS plan is reported for financial purposes
- C. HIV and AIDS is monitored and evaluated separately from institutional plan
- D. M&E of HIV and AIDS exists along with other programs/projects of the institution

2. Prevention behavioral

2.1 Information Education and Communication (IEC) or Behavioral Change and Communication (BCC) intervention at the work place/university campus.

- A. No IEC/BCC intervention
- B. Activities have been started and some general IEC materials (posters and leaflets) are disseminated
- C. Targeted (peer, life skill) IEC/BCC interventions are being implemented
- D. Targeted (peer, life skill, CC, Mini media) IEC/BCC interventions exist as one of the programs

2.2 The status of condom promotion and distribution

- A. No promotions and distributions of condoms
- B. Condom promotions and distributions are conducted only during events World AIDS Day (WAD) and Voluntary Counseling and Testing (VCT) days
- C. Have short term condom promotions and distribution program
- D. Long-term promotions and distributions of condoms as one of HIV and AIDS programs are in place

3. Impact Mitigation

3.1 Provision of care and support services for PLHIVs & OVCs for university staff members

- A. No care and support services
- B. Has planned but not yet implemented.
- C. Has partial care and support services either for PLHIV or staff OVCs
- D. Has care and support services for both PLHIVs and staff OVCs

4. Verification

4.1 Evidence for incorporated lesson learnt in sector policies, strategies and actions?

–

4.2 Any Technical/financial requirements from the responsible persons/organizations for future better achievement of your institution

4.3 Any other comment:

Name of persons Contacted:

- 1. _____ Respons. _____ Sig. _____ Tele. _____
- 2. _____ Responsi _____ Sig. _____ Tele. _____

Name of Interviewee:

- 1. _____ Responsibility _____ Sig. _____ Tele. _____

Thank you for giving us your time and participate in the discussion.

Appendix No. 3

**INTERVIEW FOR THE ASSESMENT OF HIV AND AIDS
MAINSTREAMING IMPLEMENTATION AT HIGHER EDUCATION
INSTITUTIONS**

For Anti AIDS Club Leader

PURPOSE OF THE ASSESMENT

The purpose of the study is to identify HIV and AIDS mainstreaming implementation gaps at selected Higher Education Institutions so as to recommend to the respective body to improve its mainstreaming activities.

I. Background information:

1. Date of interview _____
2. Responsibility of the interviewee _____
3. Name of Higher Education Institution _____
4. When was the club established _____
5. How is the club organized? _____
6. What is the criteria for club member ship? _____
7. Total number of Club members (Female _____ + Male _____ = _____)
8. Are there member students who are living with HIV AND AIDS? Yes No
9. Are female students currently involved in the club leadership? Yes No
10. Does the club have an office, office facilities and supplies? Yes No

II. Core Coordination of the Club

11. How and when do you collaborate with the HIV AND AIDS Coordination office, Gender office, the University clinic, and University administration/Dean of students, Student council, student union and other clubs in the University?

12. What types of support do you obtain from the HIV and AIDS coordination office?

13. Does the student council of the University involved in the Anti-AIDS Club? Yes
No

14. If yes, mention the specific roles/supports of the student council on HIV and AIDS Prevention activities that have been taken place in the University?

15. Does the Anti Aids Club involved in the formulation of HIV and AIDS policies? Yes
No

16. What is the level of involvement of the Club in the formulation of the HIV and AIDS policies or guideline of the University?

17. Do you have information about the Education Sector Policy and Strategy on HIV and AIDS developed by the FMOE? Yes No

18. If yes, do you have the sector policy and strategy on HIV and AIDS document? Yes
No

19. Do you have a net work between your club and other clubs within the university? Yes
No

20. If yes, how and in what areas do you closely work on HIV and AIDS related issues?

21. Do you have a net work between your club and clubs of other Universities ties? Yes
No

22. If yes, how and in what areas do you closely work on HIV and AIDS related issues?

23. What type of support do you obtain from other organizations outside the University (Town administration, Federal, regional, Zonal and wereda HAPCO offices, Education and Health Bureaus?

24. Where do you obtain the major sources of income?

25. What type of support do you obtain?

26. How are the regularities of the support/incomes?

27. Do you report the activities of your club performance? Yes No

28. If yes to whom do you report and how often per annum?

III. Major Activities, Challenges and Achievements

29. What are the specific activities conducted by the Anti-AIDS Club of the University? (Social mobilization, peer education, Community conversation, life skill based education, ART counseling, Information Education and Communication (IEC)/Behavioral Change and Communication (BCC), policy formulation, VCT, Care and support, Gender issues, Condom distribution etc)

30. Do you consider HIV and AIDS and Gender Based Violence (GBV) as a problem in the University Campus? Yes No If yes why?

31. Who are most affected by the GBV in your University? (Female students, males students, Female teachers, Male teachers and staff of the University)_____

32. What specific measures do the University club/members of the clubs take to protect these affected by the GBV?

33. Are there students and staff members who are infected by HIV and AIDS? Yes
No

34. Do you feel stigma and discrimination would be a problem for these people? Yes
No If no why?

35. What are the major achievements of your club in HIV and AIDS prevention and control program implementation taken place in the University?_____

36. What are the major challenges your club has faced during the implementation of HIV and AIDS prevention and control activities taking place in the University campus?

37. What major solutions did you take to overcome the aforementioned challenges?

38. What do you recommend to improve your club activities to prevent and mitigate the HIV and AIDS impacts in Higher learning Institutions?

Appendix No. 4

**INTERVIEW FOR THE ASSESMENT OF HIV AND AIDS
MAINSTREAMING IMPLEMENTATION AT HIGHER EDUCATION
INSTITUTIONS**

For Higher Institution Forum Representative

PURPOSE OF THE ASSESMENT

The purpose of the study is to identify HIV and AIDS mainstreaming implementation gaps at selected Higher Education Institutions so as to recommend to the respective body to improve its mainstreaming activities.

I. Background information:

1. Date of interview _____
2. Name of the interviewee _____
3. Responsibility of the interviewee _____
4. When was the forum established _____

I. Major Activities of the Higher Learning Institutions(HLI) Forum

5. What is the objective and role of the HEI Sub-Forum in the Prevention and Control of HIV and AIDS in the HLI?

6. What types of support do you provide to deter the spread of HIV and AIDS in the HLI? _____

7. What major achievements have been registered by the Sub-Forum so far in HIV and AIDS prevention and control related programs as a result of the support of your Forum?

8. What are the major challenges of the forum has faced during the coordination of the HIV and AIDS prevention and control activities taking place in the HLIs?

9. What role does the HEI Forum played in helping the HLI's to solve the identified problem

Thank you for giving us your time and participate in the discussion.

Appendix No. 5

**SEMI-STRUCTURED QUESTIONER FOR THE ASSESMENTS OF HIV
AND AIDS MAINSTREAMING IMPLEMENTATION AT HIGHER
EDUCATION INSTITUTIONS**

For University Clinic Heads

PURPOSE OF THE ASSESMENT

The purpose of the study is to identify HIV and AIDS mainstreaming implementation gaps at selected Higher Education Institutions so as to recommend to the respective body to improve its mainstreaming activities.

I. Back ground information:

1. Date: _____
2. Name of Higher Education Institution _____
3. Name of the interviewee _____

**II. Role of the University clinic on HIV and AIDS related interventions
taking place in the university campus**

4. When was the university clinic established? _____
5. Number of clinic beds allocated for patient care:
 - 5.1 Inpatient _____
 - 5.2 emergency _____
 - 5.3 Total _____
6. What is the annual budget of the clinic? _____ could you please provide us the information for 2005 budget year?

7. What is the annual health care budget for each student? _____
8. Is the annual health care budget allocated for each student adequate?
 - A. Yes, it is adequate
 - B. No, it is not adequate
 - C. I do not know

9. Who are targeted by the service of the clinic?
 - A. Students
 - B. Administrative staff of the University
 - C. Academic staff of the University
 - D. All of the above are targeted
10. What is the working hrs of the clinic? _____
11. How many days per week does the clinic provide services for the University communities _____
12. On average how many clients are getting the services of the clinic per day _____
13. What types of services are provided by the University clinic?
 - A. Treatment of patient at OPD level
 - B. Treatment of patients at inpatient level
 - C. Psychological counseling
 - D. Laboratory service
 - E. Others, specify _____
14. How many health professionals are currently working in the clinic _____
 Please, would you mention them by their profession?

15. What HIV and AIDS and STI related services are provided by the university clinic?
 - A. Voluntary Counseling and Testing (VCT)
 - B. Condom supply
 - C. Contraceptives provision
 - D. IEC/BCC material supply
 - E. STI Diagnosis & treatment
 - F. ART(Anti Retroviral Therapy)
 - G. PMTCT (Prevention of Mothers to Child Transmission of HIV and AIDS)
 - H. Pregnancy test
 - I. Referral services
 - J. Others services specify _____

16. If VCT service is provided, does it has a separate center or provided integrated as part of the other routine activities?

17. Are full time and trained HIV and AIDS Counselors assigned to work on HCT? Yes
No

18. On average how many students obtained the VCT service per month_____

19. If STI diagnostic services are provided by the clinic, how many students visit the clinic per month?_____

20. How many STI cases were diagnosed and treated in the clinic for the Ethiopian Calendar year 2005?

21. Are there condom outlets that are easily accessible for both female and male students in the University clinic? Yes No

22. Are students with HIV and AIDS positive are free to disclose their status? Yes No

23. If yes how many known HIV positive students are there in the clinic?_____

24. What are the specific services the University clinic is providing for the HIV positive students? And how many students are received each services?(e.g. psychological counseling, Financial support, food support, Pre ART information, ART etc)

25. Are there teachers and administrative staffs with HIV AND AIDS positive are free to disclose their status? Yes No

26. If yes, how many are known to be HIV positive academic and administrative staffs are there?_____ (Academic_____ and administrative_____).

27. What are the specific services the University clinic is providing for the HIV positive academic and administrative staffs?(e.g. psychological counseling, Financial support,

food support, Pre ART information,
ART)_____

28. Are GBV/Rape cases reported to your clinic? Yes No

29. If yes, on average how many of such causes are reported in the 2005
E.C?_____ (Female_____ + Male_____)

30. What is the role of the University Administration and University community in providing
HIV and AIDS related services and support to the students, teachers and other staffs of
the university who are infected by HIV and AIDS?

31. Is there an established referral linkage between the university and other health facilities
outside the University? Yes No

32. What major achievements have been registered by the University clinic in HIV and AIDS
prevention and control related program implementation taking place in the University
Campus?

33. What are the major challenges faced by the University clinic to fully implementing the
HIV and AIDS prevention and control activities taken in the University?

34. Could you please suggest possible recommendations that would help the University
clinics to improve their services in the
future_____

Thank you for giving us your time and participate in the discussion.

Appendix-6, Tab. 1 Collaboration of different organizations: The area and type of support provided to each University.

Name of Universities	Name of organizations providing the support	Area of support	Type of support
Addis Ababa University	Africa AIDS Initiatives and March project	VCT, condom supply, contraceptive provision, capacity building trainings on how to conduct peer education and awareness on HIV/AIDs related services.	Material, technical & financial
	Young Women Christian Association	Social support	Financial, material & technical
Dre Dawa University	NASTAD & PSI	strengthen the Mini Media, HIV/AIDs clubs, facilitates peer education by SISTA (Sister Informing Sisters about Topic on AIDS) program	Material & technical support
Hawasa University	IFHP	IEC/BCC materials to students	Material support
	CDC	VCT, Counseling, on GBV/rape victims, condom supply, Family planning(counseling),contraceptive provision, IEC/BCC materials, ART, PMTCT and pregnancy test	Material & technical support
	NORDA	Support for students with	Financial, material

		Economic problem, VCT, Counseling on GBV/rape victims, Condom supply, Family planning (Counseling), Contraceptive provision (oral, Inject able), and IEC/BCC material supply.	& technical

Name of Universities	Name of organizations providing the support	Area of support	Type of support
Jijiga University	IFHP	Stationary and sanitary mater support for for those who has financ problem	Material
	FGAE	VCT, Counseling on FP, Contraceptive provision (Oral, Inject able etc), IEC/BCC materials, STI treatment and pregnancy test	Material & technical support
Haramaya University	IIE	Policy making, staff and students empowerment and budget allocation	Financial & Technical
	NOFIC(Netherlands Organization for International Cooperation in Higher	Preparation of policy document, women empowerment and leadership training for students	Financial & Technical

		Education)		
		DKT	Condom supply, Family planning(Counseling) and IEC/BCC, Counseling on GBV/rape victims	material & technical
Arbaminch University		UNICEF/ UNFPA in collaboration with NORDA	VCT, Counseling, on GBV/rape victims, condom supply, Family planning(counseling),IEC/BCC, STI diagnosis	Financial, material & technical
		DKT	Condom supply and IEC/BCC material support	Material
Name of Universities				
Name of organizations providing the support		Area of support		Type of support
Welaita university	NORDA	Support for students with Economic problem, VCT, Counseling on GBV/rape victims, Condom supply, Family planning (Counseling), Contraceptive provision (oral, Inject able), and IEC/BCC material supply.		Financial, material & technical
Debremerkoss University	DKT	Condom Supply		Material
Kotebe Teachers Training College	IQPEP (USAID)	Financial support for gender office and staff training on VCT		Financial Technical
	Zelela Youth Association	Make student conversation, provide leaflets about HIV/AIDS		Material Technical
	Zewdittalu Hospital	VCT Service		Technical
	Kotebe Health Center	Family planning (counseling) and contraceptive provision.		Material Technical support
Axum	DKT	Condom supply for students & university		Financial & Material

University		communities	
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Name of Universities	Name of organizations providing the support	Area of support	Type of support
Axum	FGAE	VCT, Counseling for GBV/rape victims, IEC/BCC material support, VCT, Condom supply, Contraceptive provision, STI treatment, Pregnancy test, abortion service and post abortion service	Material & technical support
	Axum Hospital	ART	Technical support
	Axum Health Center	Contraceptive Provision	Material
University Bahirdar	NASTAD	Training for Gender staffs to start peer education, education on condom use, life skill training for female by female students	Technical
	Eyerusalem Children and Mothers Association in collaboration with IPAS	Some activities on reductive health, Condom supply Counseling service, post pill service, Family planning and material support female association clubs, like chair and table	Material & Technical
	HAPCO (Regional)	Condom supply and IEC/BCC materials	Material & Technical

Name of Universities	Name of organizations providing the support	Area of support	Type of support
Bahirdar	WISE up Ethiopia	Condom supply, Contraceptive provision (Oral, Inject able etc.) and IEC/BCC materials support	Material & Technical
	DKT	Condom supply	Material
	OSSA	VCT service	Material & Technical
	FGAE	VCT, Family planning (counseling) &, Condom supply.	Material & Technical
Adama University	RATSON	Assign Social worker to work in the University	Financial & Technical
	HAPCO (Oromia)	VCT, Condom Supply, Family planning(counseling), Contraceptive provision, IEC/BCC material support, STI Treatment	Financial, material & technical
	Engender Health	Contraceptive provision, IEC/BCC material support & STI Treatment	Financial, material & technical
	DKT	Contraceptive provision, IEC/BCC material support & STI Treatment	Material & technical
	Life in Abundance	IEC/BCC materials support	Material
Name of Universities	Name of organizations providing the support	Area of support	Type of support
Mada Welabu	IFHP	VCT, Counseling for GBV/rape	Financial, material

University		victims, condom supply, Contraceptive provision (Oral, Inject able etc), Family Planning (Counseling), IEC/BCC materials, Support for STI treatment, Stationary material and sanitary pad and training for service providers.	& technical
Wellega University	Oromia health Bureau in collaboration with UNICEF and UNFPA	VCT, Counseling for GBV/rape victims, condom supply, Contraceptive provision (Oral, Inject able etc), Family Planning (Counseling), IEC/BCC materials, Support for STI treatment,	Financial
Ambo University	FAWE(Forum for Africa Women Education)	Financial support for those students who have financial problems & sanitary materials for female students	Financial & material
	DKT	SRH (Training), Condom distribution and promotion	Material & technical
	NASTAD	Financial, Material and technical support	Financial & Technical

Source: Response of Higher Education Institutions to HIV/AIDS & Gender in Ethiopia, 2011.

Appendix-7, Tab. 2- Indicators of HIV/AIDS Mainstreaming and its Performance

Column1	prevention of HIV/AIDS Structural Behavioral and Structural	Yes %	some %	No %
1	HIV/AIDS Mainstreaming plan	60	30	10
2	Implementation of the plan	50	50	0
3	Student/employees risk assessment	20	10	70
4	AIDS Fund	20	0	80
5	Evidence based communication for behavioral change	70	30	0
6	Commitment of top level managements	30	70	0
7	Condom promotion and distribution	90	0	10
8	Partnership with HEI forum	100	0	0
9	Trained focal person assigned	90	0	10
10	Task force	60	0	40
11	AIDS club	70	0	30
12	Provision of HIV/ related service in the clinic	50	0	50
13	Referral linkage	80	0	20
14	Allocation of government budget	20	70	10
15	Impact assessment s conducted	10	0	90
16	HIV/AIDS working policy, Strategy & actions developed	30	0	70
17	Actions mitigate Impact implementation	30	10	60
18	Analysis of University policy, strategy & actions	0	0	100
19	Implement ensuring positive actions	0	0	100
20	implement changes negative actions	0	0	100
21	M & E Frame work development	90	0	10

Appendix-8, Tab. 3- Status of HEIs HIV/AIDS Implementation

Name of Universities	Stages																		Stages of the Universities					
	Stage I HIV/AIDS Mainstreaming plan Implementation of the plan Students/employees risk/vulnerability assessment AIDS Fund Evidence based communication for behavioral change Commitment of Top level managements Condom promotion and distribution Partnership with HEI forum Trained focal person assigned Task force AIDS club Provision of HIV/AIDS related service in the campus (PIHCT, VCT STI) Referral Linkages Financial resource available Impact analysis conducted HIV/AIDS working policy, strategy & actions Action to mitigate impact implemented Stage II Analysis of University policy, strategy and actions Implement ensuring positive actions Implement changes negative actions M & E frame work Stage III Evidence incorporating lesson learnt in sector policies, strategies and action Stage IV																							
A.A.U	✓	✓	X	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X	X	X	X	X	✓	Plan & Performance. Rep.	II
Civil Service Univ.y	✓	✓	✓	X	✓	✓	✓	✓	✓	X	✓	X	✓	✓	X	✓	X	X	X	X	X	✓	Work place policy str. & plan	II
A.A Science &Tech.Univ.	✓	✓	X	X	✓	✓	✓	✓	X	X	✓	X	✓	✓	X	X	X	X	X	X	X	✓	Annual action plan	I
Ambo University	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	X	X	X	✓	Annual and strategic plan	I	
Ethiopia Police Univ. College	✓	✓	X	X	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	X	X	X	X	X	X	X	✓	Annual BSC plan, Modules & currel.	I
Assosa Univ.	✓	✓	X	X	✓	✓	✓	✓	✓	X	✓	X	✓	✓	X	X	✓	X	X	X	✓	none	I	
Defense Eng.College	✓	✓	X	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X	✓	X	X	X	✓	Annual plan	I	
Metu Univ.	X	✓	X	X	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	X	X	X	X	X	✓	None	0	
St. Mary Uni.	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	X	X	X	✓	X	✓	X	X	X	X	✓	W.Policy, str. plan	II	
Unity Uni.	✓	✓	X	X	✓	✓	X	✓	✓	✓	X	X	X	X	X	X	✓	X	X	X	X	none	I	

Clue:

✓
X
✓

partially done
not done
fully done

Appendix-9, Tab. 4-Stages of HIV/AIDS Mainstreaming

Stages		A.A U	Civil Service University	A.A Since and Tech University	Ambo University	Ethiopian Police College	Assosa University	Defence Engineering University	Metu University	St. Mary's University	Unity University
<i>Stage</i>		<i>I</i>	<i>II</i>	<i>I</i>	<i>II</i>	<i>I</i>	<i>I</i>	<i>I</i>	<i>0</i>	<i>II</i>	<i>I</i>
Stages 0	Sector with no HIV/AIDS plan								X		
Stage I Contains the following in addition to plan:											
	Sectors student/workers AIDS Risk analysis	X	✓	X	X	✓	✓	✓	✓	✓	X
	evidence based communication	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Condom promotion	✓	✓	✓	✓	✓	✓	✓	✓	✓	X
	Focal person assignment	✓	✓	X	✓	✓	✓	✓	✓	✓	✓
	Financial resources	✓	✓	✓	✓	✓	✓	✓	✓	✓	X
	AIDS Sector Impact analysis	✓	X	X	X	X	X	X	X	X	X
	HIV/AIDS policy formulation	X	✓	X	✓	X	X	X	X	✓	X
Stage II in addition to component in Stage I	Actions to mitigate Impact implementation	✓	✓	X	X	X	✓	✓	X	X	✓
	Analysis of sector policy strategy actions	X	X	X	X	X	X	X	X	X	X
	Implement for ensuring positive actions	X	X	X	X	X	X	X	X	X	X
	Implement changed in negative actions	X	X	X	X	X	X	X	X	X	X
Stage III in addition to stage II	M & E frame Works developed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stage IV in addition to comp. in stage III											
	Evidence of incorporating lesson learnt in Sector policy and strategy	X	✓	X	✓	X	X	X	X	✓	X

Clue:

✓	Done well
X	not done
✓	Done partial

DECLARATION

I, the undersigned, declared that this thesis is my original work, prepared under the guidance of Dr. Atsefe Assefa. All sources of material used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institutions for the purpose of earning any degree.

Name

Signature and date

ENDORSEMENT

This thesis has been submitted to St. Mary's College, School of Graduate Studies for Examination with my approval as a university advisor.

Advisor

Signature & Date