



Good Practices on HIV/AIDS and Sexual Reproductive Health from Higher Education Institutions in Ethiopia

**Higher Education Institutions' Partnership Sub
Forum against HIV/AIDS in Ethiopia**

Ministry of Education

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Addis Ababa, Ethiopia

Background

Vision

To see Higher education Institutions free of HIV& AIDS and thereby contribute to the national vision of seeing HIV& AIDS free Ethiopia

Mission

Help harness effectively the efforts and resources of HEI in combating HIV/AIDS among their communities as well as the society at large.

Goal

To prevent and control the spread of the HIV/AIDS virus and mitigate its impact among the Higher education Institutions population and the community through enhanced services, capacity and improved system.

General Objectives

To serve as a formal and representative coordination mechanism where all Higher education Institutions come together in an organized manner for a meaningful involvement and scaled up response to enhance effectiveness, synergy, accountability, education and national ownership.

Criteria for Evaluation of Good Practices Submitted from Member Higher Education Institutions;

1. Innovativeness (It could be something initiated by HEI as original or existing program with contextualized modification of key focus areas of interventions stipulated in the forum's policy & strategy framework or education sector response policy against the epidemic);
2. Explicability or adaptability (have the potential to serve as a model for generating initiatives in the other HEIs);
3. Coverage/accessibility to reach university community essentially to reach postgraduate and/ or undergraduate level students (target groups addressed by the program within the HEIs and value addition to the external community, HEI industry/ sectors linkage);
4. Specificity of the program target in addressing special groups (females, those living with HIV/AIDS, disability);
5. Extent of the program addressing thematic areas (number of thematic areas addressed) of HEIs policy framework;
6. Leadership commitment (initiatives of encouraging participation of target group, addressing structural, human resource and related resource mobilization without externalizing the program: ownership and sustainability of the program);

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Good Practice 1. Peer Education Implementation in Jimma University;

“Never doubt that a small group of thoughtful, committed citizens can change the World. In fact, it is the only thing that ever has”. Margaret Mead

Implementation summary

Peer education, as one of behavioral change communication tools, is recognized as one of effective behavioral change strategies to promote safer sexual behaviors among Jimma University students. However, its implementation without clear understanding of their social network, behavioral patterns, cultural values, and social norms is difficult to comprehend. Furthermore, the frequency and reach of peer educators were not properly followed and documented. Therefore, peer education in Jimma University is employed integrated with social network theory and respondent driven sampling among students which should be done within a year. During the first phase, peer networking using social network analysis of different cliques was analyzed followed by the elicitation of some specific risk and vulnerability analysis. Then, training package was developed based on the concepts drawn from different behavioral theories and models such as Health belief model, Social cognitive theory, Theory of planned behavior and Information motivation and behavioral skills and Resource model. On the second phase, trainings were given for volunteer peer educators nominated as the “first seeds”. Respondent driven sampling technique was employed to recruit two of their subsequent peers using serial coupon coded identification number (ID) provided to them. Three subsequent contexts specific training (session composed of 30 small groups) will be given focus on knowledge, attitude and skills for every recruit using the concepts of six degree of separation. There are six points of contacts for each recruit before certification/graduation. In addition, Context specific health messages were produced and disseminated through community radio FM102.1. Panel discussions also conducted once every two weeks to reinforce the program. The final recruitment was completed when reached at the state of equilibrium. The effects of interventions can be described by the change within and between the subjects from baseline to and after the intervention using two ways analysis of variance of repeated measures (if necessary). The output of the project can increase the knowledge, attitudes and practices of preventive behaviors, through developing and implementing comprehensive behavior change strategies; and it also created an enabling environment of sustained behavior change, largely through engaging with organizations and networks to influence HIV/AIDS interventions of Jimma University that will support behavior change interventions. Using this approach, this year a total of 879 students were networked out of these 33 students were chronic substance users followed for a total of six months.

Rationale

Behavioral Change Communication is an interactive process with communities (as integrated with an overall program) to develop tailored messages and approaches using a variety of communication channels to develop positive behaviors, promote and sustain individual, community and societal behavior, and maintain appropriate behaviors. Peers education, as one of behavioral change communication tools, refers to the process of sharing information among members of a specific community to achieve positive health outcomes..

Peer education is a popular and versatile approach for promoting reproductive health and HIV prevention among young people around the world which is developed based on behavioral health models such as health belief model, social cognitive theory, and theory of planned behaviors. Through peer led credibility, peer educators can influence a change in sub-cultural norms within the paradigm of adolescent peer education, peer leaders are targeted, selected and trained to inform and encourage others in their social network to adopt healthier lifestyle choices, particularly in relation to Sexual and Reproductive Health(SRH) using behaviors.

Peer-driven intervention is an effective, culturally appropriate, and low-cost intervention methods that taps into critical elements of behavior change: knowledge, skill building, motivation, peer influence, social norms, and repetition. The peer-driven intervention will be tailored to address three streams of influence on HIV/AIDS preventive behavior: the individual/intrapersonal (e.g., knowledge and skills that contribute to self efficacy), attitudinal/cultural (e.g., attitudes such as willingness, altruism, fear, and distrust rooted in the cultural context), and social/structural factors (e.g., social normative beliefs and interactions, and structural barriers).

Because peer-driven intervention includes interactions with a small number of peers, it can be integrated with the respondent-driven sampling (RDS) method, a type of snowball sampling in which individuals are trained to recruit their peers into the program. Respondent Driven Sampling (RDS) has grown in popularity as an efficient and robust means to sample hard-to-reach populations at risk for HIV. Respondent Driven Sampling is similar to snowball sampling in that it requires that target population members are socially networked so that participants can invite their peers to participate in to peer education program. Respondent Driven Sampling requires that recruitment continue far beyond the seed and his or her recruits. The recruits of seeds (wave 1) are also expected to recruit their peers (wave 2), who in turn enroll in the program and receive their own set of recruitment coupons to use in recruiting their peers (wave 3).Long recruitment chains allow for deeper penetration into the target population

networks and help to ensure that the sample meets several theoretical assumptions indicating representativeness. However, RDS incorporates numerous theoretical assumptions borrowed from several disciplines, including social network theory to reduce the numerous biases found in standard snowball sampling methods. The notion of a social network and the methods of social network analysis have attracted considerable interest and curiosity from the social and Behavioral science community in recent decades. The rationale for employing social network analysis to understand the AIDS epidemic is strong. Whereas many infectious diseases are spread through casual contact and contagion, HIV transmission results from risk behaviors that involve close and often intimate contact. Hence, the transmission of HIV is structured by the social relationships within which these contacts are embedded. An implication is that efforts to prevent the spread of HIV must take social networks into account. Social networks can play a dual role in the HIV epidemic. They serve as both the route of transmission for the virus, and, potentially, the route of transmission for HIV prevention information and services.

Interventions assumption

Assumption 1: “Birds of the same feather flock together”

Literature shows some students are usually knowledgeable about, and have special connections to, certain types students behaviors (especially those who are substance users, chew chat, drink alcohol, practice transactional sex, have multiple sexual partners). Also it is assumed that not all recruits will be effective recruiter, but that only minority of recruiters needs to be successful as recruiters in order for the outreach mechanism to be to robust. The social network measures of students for example the degree of betweenness, closeness, centrality and reciprocity depends on some attributes they have in common (e.g. those who started having boy/girl friend will establish intimacy, those coming from the same geographic are also will do the same so do other attributes like in terms of class for, age, ethnicity, religions and so forth.

Assumptions 2: Strike the Shepherd and the flock will scatter!

Most of the time the degree and closeness of student social dynamics can be more influenced by certain individuals. To determine this close analysis of the first assumption will be done. The centrality and have high reciprocity will help to differentiate the “shepherded”. To bring actual behavioral change any interventions should understand their social dynamics and try to investigate the “influential of influential” among different cliques. Then peer education will be targeted on these groups and the followers will start to adopt their influential behavior.

Intervention Modality

- **Intervention area and design**

The peer education intervention will be conducted among Jimma University regular students. There are a total of six colleges and over 77 departments in four campuses. A total of more than 16,000 regular students are estimated attending different discipline during the academic year 2011/12. **DANA**- peer education program is based on health belief model, theory of planned behavior, and social cognitive theory, information motivation and behavioral skills model. In this program the content is developed to deliver basic HIV/STI information, to affect attitude, perceived social norm, perceived behavioral control, personal normative belief, role beliefs and the beliefs underlying these main constructs. The information used to define the contents of **DANA** peer education Program is based on a previous study that identified the main determinants of the targeted behaviors among the population under interventions. It is also guided by social network analysis of different cliques.

- **Peer recruitments process**

All student of Jimma University will be source population and intervention group will be chosen without randomness. Respondent driven sampling technique will be used to recruit participants. RDS is an adaptation of chain referral sampling and a suitable sampling method for hidden population, which can provide relatively unbiased and representative population based estimate. The selection criteria for eligible students' considered as a seeds will be defined. Forty seeds will be initially selected and receive training on peer education model. Each seed will be given two uniquely coded coupons to refer two of their peers. These coupons will be given to volunteer participants until approximately states of equilibrium are reached. Using their social dynamic system, existing volunteer peers are given voucher to go out and recruit new clients to come to the AIDS resource center, and these new clients are in turn used to recruit new clients from their network. Seeds and their recruits will be given an incentive package of (2Birr, 25Birr mobile card, and T-shirts) for educating each recruit at different time, as measured by a brief knowledge test administered during registration. In turn, each student who is recruited by a peer also is offered two coupons to recruit more peers. Thus, these forms of chain-referral sampling will have the potential to expand geometrically. Peer recruitment continues through at least the number of waves required to obtain equilibrium. HIV prevention message (pamphlets and user guide developed based on the behavioral health models were given for involved participants).

Interventions strategies

Phase I

- **Peer networking and understand their existing social network**

According to a network theory of collective action, interpersonal relationships cannot be validly analyzed as though they consists of a sets of isolates dyads, for each dyadic relationships is embedded within social network that structure the relationships. Any effort to prevent the spread of HIV must take social network in to account. The rationale for employing social network analysis to understand the AIDS epidemic is strong. Whereas many infectious diseases are spread through causal and contact contagion, HIV transmission results from risk behaviors that involve close and often intimate contact. Hence the transmission of HIV is structured by the social relationships within which these contacts are embedded. Therefore this recognition has led for the development of interventions that operates the social network level. This analysis helps to understand the social relationships of our students and how this relationship might influence individual and group behavior. The characteristics and dimensions of our students' relationships should be defined primarily at two ecological levels: individual and network. Their relative centrality in friendships network, their memberships in groups, reciprocity of ties should be clearly generated before any interventions. In addition the degree to which the network is dense or sparse, the number of clique, their overlap must be in place in understanding the practice of risky sexual behaviors. Therefore, students will be expected to tie each other and their network recruitment measures such as centralization, density and transitivity of the overall network will be analyzed software.

- **Conducting ethnography and elicitation studies**

Recently, the sexual behaviors of university students become a major concern of researchers and program implementers. Therefore, to understand the physical and social context in which their behaviors are practiced, and the social characteristics of our students should be mapped ethnographically with an extensive field work. Engaging in such practical ethnography sometimes is impractical and also unethical because of personal sensitivity. For this reason, in depth qualitative and Focus group discussion will be conducted with – individuals. Therefore, the principal investigator will recruit graduating classes of the university to observe their diverse setting and conduct FGD's and an in depth interview. The interview will be explicitly framed to be voluntary conversation to learn their knowledge and experiences from the participants as “insiders” occupying social context, interaction. Salient beliefs will also be explored and critically used for further modifications of the coming interview and development of training packages.

The interactions between their social experiences and risky sexual behaviors will be analyzed thematically.

- **Development of training manuals and health messages packages**

Training materials based on behavioral models was developed by expertise. The training contents of peer education were developed based on the previous study findings and the national training manual for peer education manual.

Phase II

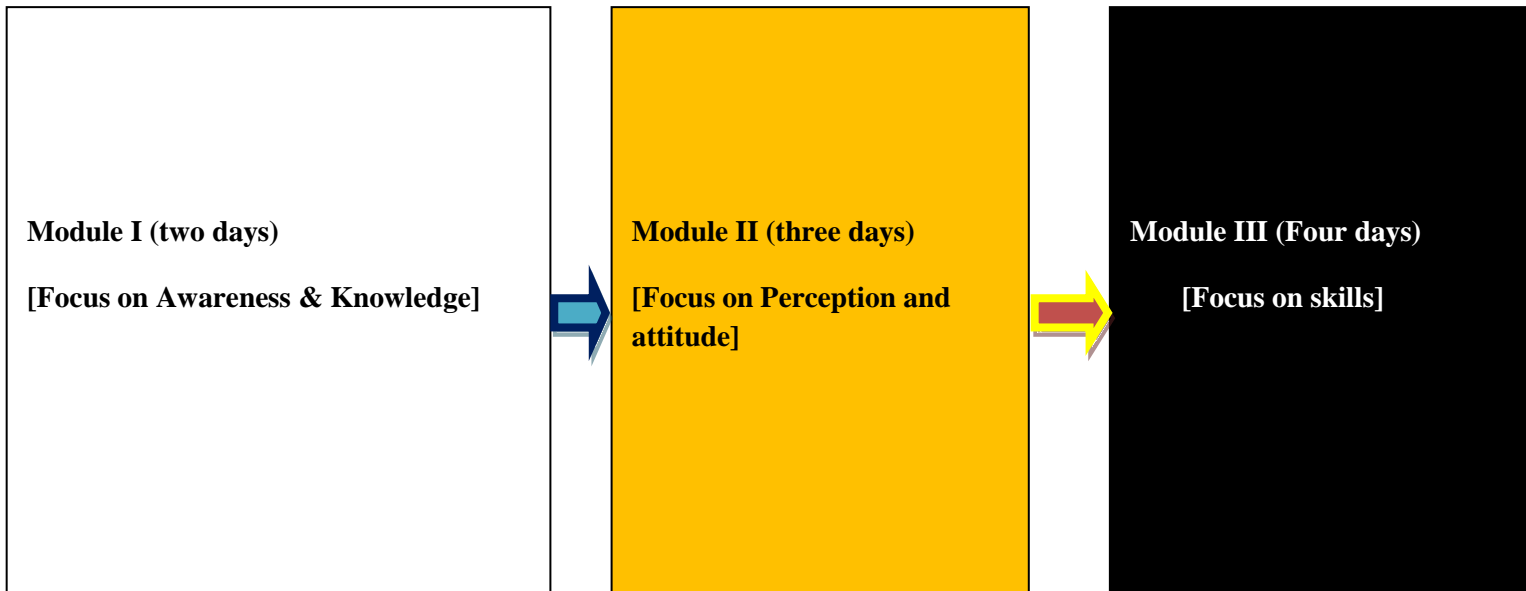
- **Conduct Training of trainees for peer educators (The ‘seeds’)**

Peer educators will be those selected according the criteria used to select peer educators who can participate in a 36-hour training program integrated with regular mind mapping education offered by well qualified instructors with support from the coordinating office. The peer-training program was interactive and highly structured. Students also involved in teams to develop an educational presentation on one of the topics developed on the training manual. Components of the education package will be training of peer educators on knowledge of prevention, how to improve attitude, and self efficacy to have HIV counseling and testing, to buy condom and to postpone sexual intercourses. Components of the intervention will be developed and pre-tested based on the concepts of theory of planned behavior, social cognitive theory, health belief model which were adopted from different intervention studies but modified with the finding of elicitation study which will be conducted prior to actual interventions. Focus group discussions, three round training and youth dialogue sessions accompanied with entertainment will be provided for about 6 months. Application of behavioral model based on health belief model, social cognitive theory, Theory of reasoned action, Information, motivation behavioral skill model, diffusion innovation theory. Trainers will prepare their presentation based on their above models in the first phase, (click here their presentation slide). Trainees group (peer educators) with forty selected students (20 of them are from female. For those students of risky behaviors practices like substance use, Theory of stage of change will also highly in focus. Reinforcement of some positive behaviors will be promoted by pamphlet, newsletters and brochures. Some of the ways they are doing this in schools around the world include:

- **Linking to youth development program**

Students who will graduate from the peer education program will be attached to youth development program (computer skills training).

Training module contents



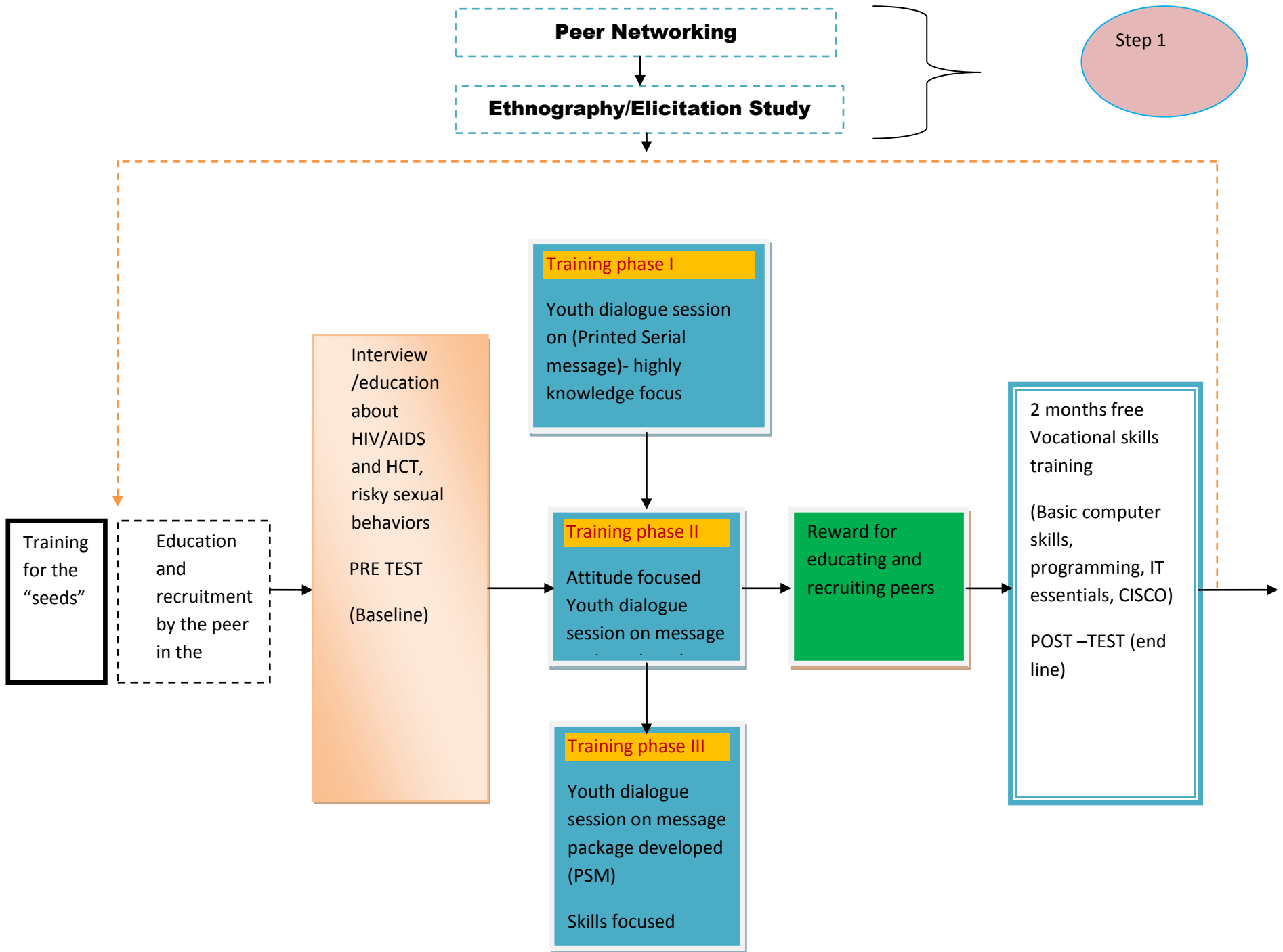
- Youth development Program (highly focus on cognitive skills)**
- Computer skills (introduction, programming, CISCO, Networking, A. photopshop)
 - Sport club (foot ball team, chess, gymnasium)

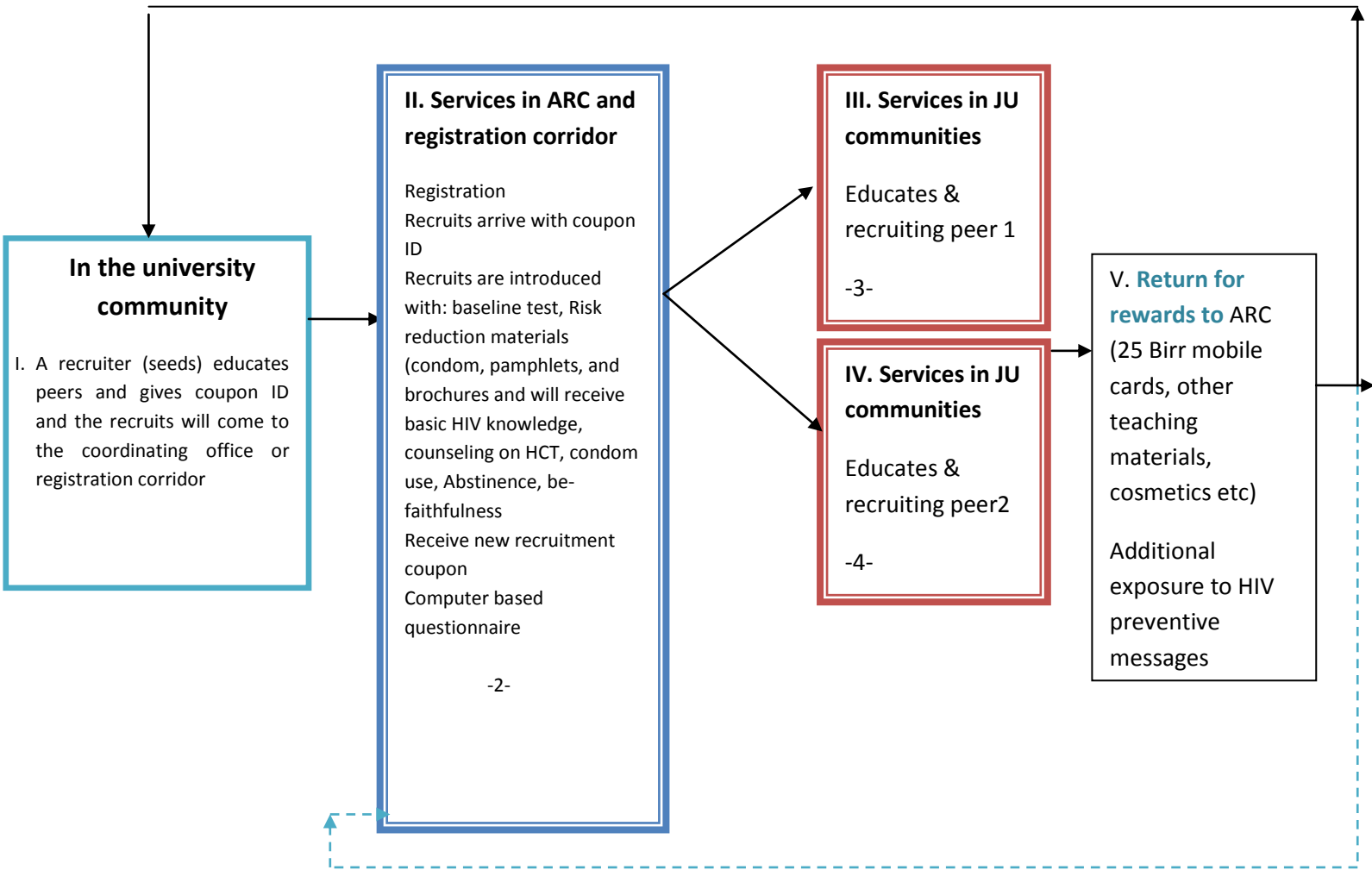
Here are examples of training schedule (attached below)

Training schedule (example)

Day 1	Day 2	Day 3	Day 4
Peer education: from theory to practices Communication (X)	Theatre-Based (Z0) Techniques for Youth Peer Education:	Life skills in developing positive sexual Behaviors (s)	Reproductive anatomy and physiology (h)
Health break	Health break	Health break	Health break
Introduction to public speaking Human Behavior (X)	Team building and trust building (Z1)	Life skills in developing positive sexual Behaviors (s)	Abortion Contraceptive Methods (h)
Lunch	Lunch	Lunch	Lunch

Peer Educator Counseling Skills (Y)	Community mobilization and social networking (b)	Gender and sex in relation to adolescent Sexuality (m), SRH	G)Acquired Immune Deficiency Syndrome (AIDS) (G)
Health break	Health break	Health break	Health break
Facilitation Skills Mind mapping Mental modeling (Y)	Community mob(b)	Youth adult partnerships in peer education (m)	Sexually Transmitted Infections (STIs) (G) M&E Peer education*
<i>Evaluation and group assignment</i>	<i>Evaluation and group assignment</i>	<i>Evaluation and group assignment</i>	<i>Evaluation and group assignment</i>





For follow up

----- To obtain HIV preventive pamphlets, harm reduction materials (condom), and for counseling

Step 1 In the University Community (Box 1):

With recruitment coupons in hand, a recruiter (seed) approaches any students -peer to see if s/he is interested in participating in a confidential intervention conducted by a local HIV prevention coordinating office, for which the s/he will be paid a reward of 2Birr for each of the two peers s/he will recruits. The recruiter should educate about HIV preventive methods, basic knowledge on HIV transmissions, and also inform that the office will also offer him/her free information, pamphlets about confidential HIV test and refer for a free supply of preventive harm reduction materials like condoms, treatment of STIs. Finally the recruiter notes that the office will also offer her an opportunity to give additional training on risk reduction techniques, mentoring and counseling skills and rewards (like free basic computer training skills) by helping the coordinating office to carry out its HIV prevention mission. If interested, the recruiter gives the prospective-recruit a coupon code and tells her/him to go to the project office or the nearby registration corridor. Following the recruiter's advice, the recruit comes down to the office or the nearby registration corridor. The receptionist greet the new comer and, seeks to confirm that she knows what the purpose of the project is, and that it works with all Jimma University volunteer students.

Step 2 At AIDS resource center office or at registration corridors (Box 2):

When the recruit arrives for her/his appointment, the receptionist collects her/his coupon. The receptionist staples the coupon into a new respondent folder. After introducing himself/herself, the staffs will begins discussion by reviewing again the goals and services of the project and how it relies on its respondents to play active roles in making the prevention effort succeed, and then asks the recruit if s/he has any questions. After responding, the receptionist then asks the recruit if she wishes to participate and, then administers the baseline test, the Risk-Assessment Questionnaire to measure how well the recruiter educated the recruit during their contact in the body of prevention information the recruiter was asked to pass on. Then the project staffs will review questionnaire to see the recruit's sexual and drug-use history, and provides baseline measures of the recruit's current level of sexual risk-behaviors for HIV and related risks. Following the self administered interview, each questionnaire is placed in the respondent's folder. Finally, the health educators assigned at each registration corridors or the project office administers HIV preventive message packages, which offers the recruit enhanced information about HIV and related diseases, and steps students can follow to reduce their risks, including a education on how to use a condom correctly and consistently, where to have HIV confidential test, where to get condom and STI treatment. This information is the same as that information the recruits had received from the previous recruiters. The new recruits will also give additional coupons to recruits other peers who are volunteer to

participate. The recruiters are also will be told to documents a short memo if any attempt will be failed to recruits.

Step 3 University student education & recruitment (Box 3-4):

The recruiter leaves the PDI-office with recruitment coupons in hand. If all goes well, the recruiter will access, educate and recruit two-peers in the university community. The recruiter will carry-out the same tasks that her/his recruiter did in educating and recruiting her/him. Hopefully all of the recruiter's recruits will make appointments with the project's receptionist and obtain the additional services the project has to offer within a relatively short period of time.

Step 4 Returning for Rewards (Box 5):

After a week or more, the recruiter contacts the project to determine whether any of her/his recruits came through the project and if s/he has any education and recruitment rewards coming to her/him. Also if the recruiter has any rewards coming to her, the receptionist will tell her when to return to the project to receive them. When the recruiter returns to the project, the Educators may debrief the recruiter about her recruitment and education experiences. Recruiters who prove by their accomplishments to be unusually successful in their education and recruitment efforts, or in reaching especially hard-to-access students, may be given more recruitment coupons to earn additional rewards by continuing to work for the project. The recruiter is then paid the rewards s/he earned and will be thanked for helping the project.

Step 5 The 6-month follow-up intervention cycle

Projects that elect to offer a follow-up intervention cycle have the advantage of being able to compare measures of their respondents' baseline understanding of HIV, and their levels of risk behavior, with later measures. These measures are obtained through the administration of the knowledge tests and the risk-assessment questionnaires to all recruits. Such a comparison gives projects an empirical basis to calculate whether the intervention produced any significant changes in the respondents' prevention knowledge and injection drug-use practices, hopefully changes that reduce their risk of contracting or spreading HIV. Secondly, with a follow-up intervention cycle, projects are able to give their respondents additional HIV prevention information on protecting themselves, additional referrals to available services, and more opportunities for each respondent them to more of their own peers. With respect to the latter, the PDI's design includes an opportunity for respondents to earn additional rewards by serving as "Second-Time" educators and recruiters, say, 6 months after their first experience in serving as an educator and recruiter.

Role and Responsibilities of peer educators

Peer educators can help raise awareness, provide accurate information, and help their classmates develop skills to change behavior. They may work alongside the teacher, run educational activities on their own, or actually take the lead in organizing and implementing school-based activities. Some of the ways they are doing this inside the campus include:

- ❖ Leading informal discussions (about HIV/AIDS,SRH)
- ❖ video and drama presentations
- ❖ one-on-one time talking with fellow students
- ❖ preparing pamphlet, leaflets and brochures
- ❖ offering counseling, mentoring, support and referral to services

Evaluation Mechanisms

The efficacy and effectiveness of the implementation was assessed through employing the following methodological tools:

- **A quantitative pre and post-test questionnaire.**
- **A focus group.** The purpose of the focus group will to tease out some of the finer details of the peer educator's experience with the project.
- **A qualitative questionnaire** will also be administered to the **supervisors of peer educators** to ascertain their thoughts on their child's involvement with the project.

Challenges and limitations of the project:

- lack of adequate resources
- ethnography is mandatory but this intervention lacks it
- Effects of socio ecologic
- duplication of efforts by other NGO's

Good Practices 2. Community Outreach Services in Jimma University

Community out reaches HIV interventions

Support and Livelihood interventions activities:

The objectives of the project is aimed to work on Viable and sustainable livelihood schemes for the most vulnerable adolescents and young people found in Jimma town and PLHIV association of university communities. This will help changes in the area of HIV/AIDS risk and vulnerability reductions enabling them with good environment to change their life style. Thus, it was implemented together with Jimma town social affairs and Jimma town women and child affairs.

- **Group trained for coble stone (paving and chiseling)**

Currently, there are a group of 54 vulnerable youths were selected based on the vulnerability by Jimma town social affair and , Jimma town women and Child affairs linked them to small business micro enterprise. Seed money obtained from UNICEF-UNFPA JP was given for the group to buy basic materials and equipments. Training also provided in collaboration with TVET, Jimma. They were grouped in to pavers and chiselers and compete for municipal bids. Currently 10,400m². (2600m² each) road areas in Jimma town with an estimated cost of 3.5millions EBirr were covered by the group. One of the groups has finished their work and said they got a total of 150,000net profit. The detail benefit and profit for the group are on documentation, thus we will narrate and submit for presentation soon (if selected as best practices).the other group also deployed on paving.



- **Group deployed for Electric installations:**

Description of activities/Progress: we had reported that Jimma town women and child affairs the office had organized and deployed the group of unemployed youths (4 females and 6 men) *on house electric appliance and installation. The group has already started the activity and supplying the product to the market.*



PLHIV Group deployed for home gardening and poultry farm

- **Strengthen IGA deployed on home gardening**

A total of 28 individuals working in the university but are infected with the virus were organized by the office and discuss with management officials to start some income generating activities , then together with town municipals and with the high commitment of the PLHIV group they got 500 skm land for poultry farm and for home gardening and vegetable cultivations. Poultry houses constructions and buying the vegetable seeds were assisted. The group has cultivated home gardening for vegetable on the left space and become flourishing. The garden was fenced to protect the cultivated vegetables from any damage. Up on completion of poultry houses we will buy the chickens and deploy them to the work.



*Good Practice 3. Draft Programme Hand Book on Gender and HIV & AIDS Management
Cross Cutting (Modular Approach for Graduate Students)
Ethiopian Civil Service University*

Stakeholders:

Individual clients: Masters students

Institutional clients: Public Service Organizations and Ministries

Other important stakeholders: Federal HIV/AIDS Prevention and Control Office, the Ethiopian Civil Service University, Ministry of Women, Children and Youth Affairs, Civil Society Organizations, other collaborators of Public service institutions

Module Description:

The module helps to understand about the concepts of gender and HIV/ AIDS and the relationship between the two, from multi-dimensional perspectives of enhancing sustainable development and delivery capacity of social institutions. These concepts need to be understood clearly and comprehensively as cross-cutting development issues. Gender equality is considered a critical element in achieving development. Gender equality refers to equal rights, responsibilities and opportunities that all persons should enjoy, regardless of whether one is born male or female. Gender systems are established in different socio-cultural contexts which determine what is expected, allowed and valued in a woman/man and girl/boy in these specific contexts.

This module sees the gender roles that are learned through socialization processes; but are not fixed and be changeable. The systems are institutionalized through education systems, political and economic systems, legislation, and culture and traditions. In utilizing a gender approach the focus is not on individual women and men but on the system which determines gender roles / responsibilities, access to and control over resources, and decision-making potentials.

Gender is an overarching variable in the sense that it can also be applied to all other cross-cutting variables like HIV/AIDS, disability, environment, climate change, etc. Gender power imbalance is central to a number of the social, economic and political factors that drive gender inequality and HIV/AIDS in countries like Ethiopia where gender HIV/AIDS is considered as a cause and consequence

of poverty. Other factors like illiteracy, lack of good governance, violence and male dominance are some of the issues that cause HIV/AIDS and other reproductive health problems.

This module deals with addressing critical topics on basics of HIV/AIDS management, the impact of AIDS on development. It also deals with addressing questions like what policies, strategies and actions do we need to put in place to prevent the spread of the virus, and mitigate the impacts on society, development and sectors through effective mainstreaming approaches. What are the “positive” impacts associated with the implementation of development policies and strategies on HIV/AIDS issue in the community or society? And what policies, strategies and actions should be put in place to enhance these positive impacts on society and delivery capacity of social institutions in Ethiopia.

Module 1: Gender and HIV/ AIDS Management

General Data

Module Number	
Module Title	Gender and HIV&AIDS
Module Level	Masters
Abbreviation	GHAM
Subtitle	
Duration in Semesters	One semester
Frequency	Offered in every semester
Language	English
ECTS	5-credits

Workload

Contact Hours	45hrs
Self-Study Hours	105 hrs
Total Hours	150hrs

Assessment

Description	Written exam, group work/discussion, field/evaluation report, book review
Examination Types	Written
Examination Duration	To be decided...
Assignments	Individual and/or group
Repetition	

Description

Learning Outcomes	<p>At the end of the module a student should have</p> <ul style="list-style-type: none">❖ A critical understanding on key concepts and theoretical foundations of gender❖ A critical understanding on key concepts and theoretical foundations of HIV and AIDS❖ Understanding of the relationship between Gender and HIV and AIDS❖ A critical knowledge of being HIV-aware and competent graduates with relevant personal and professional skills on HIV and AIDS❖ The ability to protect themselves and be leaders in society to address the
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	<p>impact of HIV and AIDS among all communities.</p> <ul style="list-style-type: none"> ❖ The ability to apply gender analysis tools and techniques ❖ The ability to design gender and HIV and AIDS mainstreaming and advocacy tools. ❖ Be able to explain why gender is a development issue ❖ Know the impact of HIV and AIDS on the national development ❖ The ability to conduct research on HIV and AIDS ❖ The ability to evaluate national development policies and programmes from gender perspective. ❖ The ability to analyze HIV and AIDS responsiveness in the existing public policies. ❖ The ability to design policies, programmes and implementation strategies that are Gender and HIV and AIDS responsive.
Prerequisites	NO
Content	<p>The content is presented in interrelated topics which in different ways engage the learners in intellectual activities such as debating, trying out ideas, reviewing existing policies, programs, strategies, literature, analysing data, applying critical judgment to what is being studied, reflecting and remodelling their life styles.</p> <p>The content is selected with the purpose of providing knowledge, skills and attitudes for learners to take responsibility for bringing gender equality; to develop new paradigm shifts on gender and HIV/AIDS; and take leadership roles to promote gender equality and prevent health problems.</p> <p>The content revolves around:</p> <ul style="list-style-type: none"> • Basic concepts of gender • Gender and development

	<ul style="list-style-type: none"> • Gender analysis and Mainstreaming • Gender sensitive policies, programmes and strategies • Comprehensive knowledge about HIV&AIDS, its ways of transmission, prevention, impacts and response strategies • Relationship between HIV/AIDS and development from Ethiopian perspective • HIV/AIDS mainstreaming and advocacy tools, • Legal dimensions of HIV/AIDS • The impact of HIV/AIDS on public sector and national development , • Mainstreaming HIV/AIDS into policies, strategies , programs and sectoral plan of action, etc.
Learning & Teaching Methods	<ul style="list-style-type: none"> - Participatory and student centred approach (Lecture, Group work analysis/ Individual work &, Workshops, class room discussion, case study , Group discussion , Readings Reflection, presentation)
Media	<p>Forms of medium and teaching materials:</p> <ul style="list-style-type: none"> - Face-to-face interaction - power point presentations - Audio-visual Media (video, movies and documentary film) - Visual aids (educational materials i.e. books, articles, journals, research outputs etc...)
Literature	<ul style="list-style-type: none"> ❖ Women& HIV/AIDS: Confronting the crisis UNAIDS/UNFPA /UNIFEM (2004: VI & vii) ❖ A Handbook for Mainstreaming HIV/AIDS, Federal HAPCO and UNDP(2005) ❖ HIV/AIDS and Development

- ❖ Development of women. An Assessment. Roy.Ashine,2003
- ❖ The Kaleidoscope of Gender. Spader. Z.J and V.G.C.2004
- ❖ Gender, Psychological Perspective, Barannon.L.2005
- ❖ Introduction to Gender, Social Science Perspective. March bank.J and L.G.2007
- ❖ Federal Ministry of Civil Service. Workplace HIV/AIDS Prevention and Control Strategy, Ethiopia (2002EC)
- ❖ FDRE, Ministry of Education: The Education Sector HIV/AIDS Policy and Strategy,2009
- ❖ Federal HAPCO and Ministry of Health, Strategic Plan II(20010/11-2014/2015): Multi-sectoral HIV and AIDS Response in Ethiopia,2010
- ❖ Fifty key concepts in Gender Studies. Pilcher J and J.W,2008
- ❖ Communication and Gender Stewart. P. lea and others.2003
- ❖ National Women's policy
- ❖ Ethiopian Women Development and Change Package,2006
- ❖ UNAIDS Epidemic UPDATE 2007 -2011+
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- ❖ Training Material on mainstreaming HIV/AIDS management in the workplace (HAMU 2006)
- ❖ Peer Education Manual
- ❖ National gender & HIV/AIDS Policy SPM, Guidelines...
- ❖ Life Skills Training Manuals on HIV/AIDS
- ❖ Educational; films/movies on HIV&AIDS in Africa, Ethiopia.....

Organisational Data

Responsible Persons	Ato Philipos Petros and W/o Abay Akemachew
Teaching Sessions	Will be set ...
Programmes	All programmes
Interconnect-ability	

Good Practice 4. Modeling and Reinforcement to Combat HIV/AIDS among Addis Ababa University community;

Introduction

Recent studies suggest that university students are among the population group that are at higher risk of HIV infection. Therefore, university students as a group have an essential focus for prevention and control programs. Fairly small changes in the behavior of this group will bring significant changes in the adoption of HIV prevention behavior. In connection with the goal of enhancing the adoption of HIV/AIDS, STI and TB prevention and control behaviors and to increase the use of HIV/AIDS care and treatments services among the university community, AAU established a cooperative agreement with the Center for Disease Control and Prevention (CDC) of the United States; and introduced Modeling And Reinforcement to Combat HIV/AIDS (MARCH) activities since 2006.

MARCH has a theoretical modeling framework and practical reinforcement components. The modeling component encourages behavior change by providing credible characters to students with whom they should relate themselves. The characters are designed to help students adopt new positive behaviors overtime using print serial dramas (PSD) in the form of Photo Comic Books. Each character in the PSD shows the role models for the key behaviors of abstaining, being faithful, use correctly and consistently condom, and getting counseled and tested. Based on the issues published in the PSD, the reinforcement component runs a series of small and peer group discussions. In the process of running these activities, CDC provides financial and technical supports, while AAU employs its staff and extra professionals and guides all activities to achieve the desired objectives.

Implementation of the practice

AAU carries out the HIV/AIDS prevention activities in its 16 campuses with the primary target population of students. One of the intervention areas was to enhance the adoption of prevention behaviors of HIV and to increase the use of HIV/AIDS care and treatments services among the university community. In this programmatic area, AAU implements MARCH since 2006. In support of this program; PSD, newsletter, billboards, and leaflets/brochures have been produced and distributed to the university community for discussions. To enhance the adoption of the key behaviors of abstaining; being faithful; use correctly and consistently condom; and to be counseled and tested different reinforcement activities have been implemented.

Modeling:

In the designing of the MARCH approach, to fight against HIV/AIDS, formative evaluation has been made on the available resources, the cultural influences, and the local practices. Based on the formative assessment a blueprint 'Bible' in HIV prevention practices has been developed. The blueprint 'Bible' has been translated in PSD in the form of Photo Comic Books and campus newsletters portraying characters that adapt HIV prevention practices. The primary locations for the storylines took place in the AAU campuses and different locations in Addis Ababa.

The story follows the lives of five model students (Sami, Henok, Mare, Yonatan and Bilen) of AAU. The characters of these models were linked to their daily campus lives at AAU, to their social life in Addis Ababa, and their families at home. The whole story of the blueprint 'Bible' in HIV prevention practices has been printed in 30 episodes.

Reinforcement:

Different reinforcement activities have been administered in all campuses of the university aimed at reinforcing the learning from exposure to the PSD into sustained behavior change. The small and peer group discussions have been facilitated by AAU change agents. AAU MARCH developed curriculum certificate training on applications of behavioral change communication (BCC) strategies to enhance HIV/AIDS prevention activities. Contents of the certificate curriculum included status of HIV/AIDS in Ethiopia, strategic communication for behavior change, entertainment education, facilitation skills, gender issues, stigma and discrimination, life skills for young people, program monitoring and evaluation, and organizing reinforcement event modules. These trained students qualified as reinforcement agents to

organize events and lead discussions, based on the characters plots and storylines published in the PSD. Subsequently, these agents provided certificate of participation to resume their practices in their future employment.

While the plot characters and the storylines in the PSD covers HIV prevention behavioral changes and the increased use of counseling and testing and antiretroviral treatment services, the reinforcement component enhances the effectiveness of PSD through discussion and reflection activities, on the other hand.

Mainstreaming disability has been made in the HIV prevention activities (reinforcement and VCT services) of AAU.

Results of the Practice outputs and Outcomes

Modeling

In the MARCH approach, behavioral change is accomplished by going far beyond the traditional method of promoting the benefits of adopting the desired risk reduction behaviors. Affected populations are helped to identify with new role models, acquire new ways of thinking about and reaching goals, and increase their confidence that they can attain and maintain the behaviors they have been persuaded are necessary for avoiding HIV infection. The foundation for accomplishing these objectives occurs during the formative evaluation process, in which specific techniques are used to elicit the information necessary to create a culturally relevant serial drama and corresponding community reinforcement activities.

Thus far, episodes 1-20 printed, each in 15,000 copies and distributed to the university community (in pair or in group) for discussion. Episodes 21-30 published, each in 10,000 copies and are ready for distribution for 2nd year and above students of the 2012/13 academic year of the university. Episodes 1-15 will be reprinted, each in 2000 copies for 1st year students of the 2012/13 academic year. On wards next year, these episodes will be reprinted and distributed for new comer students of the University for Discussion. Each batch will have a complete discussion on all episodes in two consecutive years. Newsletters 1 – 8 printed and reprinted each in 3,000 copies and discussions made on them to ensure students' participation in prevention activities.

Reinforcements

Thus far, 601 students qualified as reinforcement agent who can benefit AAU community by enhancing students' skills for performing safer behaviours. Different student agents led group discussions were carried out and over 95,600 students have been reached through different HIV prevention reinforcement activities. In line with these discussion forums more than 40,000 IEC/BCC materials have been distributed. One of the commendable outcomes of the reinforcement activities is that within the last three years intervention, a total of 3,666 individuals (74.1% males and 25.9% females) were counseled and tested, and only 6 individuals were found with new positive test results and they were linked to hospitals for chronic care. In line with all reinforcement and counseling and testing programs, 21,594 pieces of condoms were distributed.

Challenges /problems encountered

The MARCH approach was new, thus the production and the distribution of PSD has lots of inconveniences in implementing the publication plan. Since publication of PSD was serial, previous graduates of AAU didn't get the whole story of the prevention Bible. Serious inconveniency has been observed to conduct regular reinforcement event due to academic schedule and lack of venue to organize discussions and events.

Recommendations

The serial nature of the PSD production should be completed at one academic year so as to comprehend the effect. Formative assessment and outcome evaluations are necessary to ensure adherence to the principles of behavior change and to capitalize opportunities. The modeling approach is well accepted by the university students, thus, this approach can be used in other Higher Education Institutions of Ethiopia as it is most entertaining, educative and cost effective way of fighting HIV.

Good Practice 5. Preparation and Pilot Testing of Comprehensive Peer Education Training Manual at Haramaya University

Societies across Africa today expect that university graduates will be suitably equipped to function productively and constructively in an environment that is infected and affected by HIV/AIDS. However, higher prevalence of risky sexual behavior among higher education students in Ethiopia have been

observed during the last years. A behavioral survey conducted in five Ethiopian Universities showed that 45.2% of the students who ever had sex had more than one sexual partner so far. Less than 50% of the students had used condom in their last sexual intercourse. STI infections are also becoming common among higher education students. According the survey among Ethiopian University students 40.2% of the students who ever had sex had mentioned experience of having at least one of the sign and symptoms of STIs (2). These suggests that a substantial proportion of young people in higher education continues to engage in risky sexual behaviors.

Haramaya University also understand that despite all the effort that have been made so far, it is evident that the responses are far from adequate taking into consideration the magnitude of the problem. Besides, many university students in different universities in Ethiopia including Haramaya University are prone to different risky behavior. The student in the university are also have no basic knowledge of reproductive anatomy and physiology which makes them susceptible to different risky behavior and its consequences such as unwanted pregnancy and difficulty of identifying symptoms of different STIs and seeking treatment for simply treated STIs.

Therefore, the University's HIV/AIDS Directorate understands the challenges and gaps in prevention of HIV/ AIDS and other STIs in the university community from behavioral survey conducted at different time in the university. Moreover, HIV/AIDS Directorate identified as one of the main problems for the problem is lack of appropriate resource material to bring knowledge based behavioral change among the students. Additionally there was no mechanism to reach all students especially when they first join the university is another main factor contributed to problem. Because of this, in addition to implementing the different national strategies to avert the infection to reach the national plan we thought to developed evidence based strategies. Among the strategies the first and most important was giving concern to the standards of communication materials (manuals) and indicators for tracking progress on behavior change. The second strategy was to train all first year students immediately as they join the university to make their life free of HIV and other Sexual and Reproductive Health Problems by using the manual.

To standardize communication materials the university developed the training manual appropriate for any young people by involving more than 10 different professionals in the university and believed to bring significant progress on HIV-related knowledge and behavioral change among young people in the university. For students to be academically successful and thrive in their education at the University, they should do so without overriding fears of the unhealthy consequences associated with risky sexual behaviors. They must have the necessary knowledge to understand the differences between sexual

behavior facts and myths; know how to express sexual feelings in ways that are not harmful to themselves or anyone else; and know the potential consequences of unprotected sexual intercourse. The relationships between men and women on campus must also be respectful and gender sensitive. Because of this the manual was prepared with the goals of increasing knowledge and changing student attitudes and behaviors for safer sexual activities and improved gender relations, hoping that the manual has a significant role in preventing unwanted pregnancies and abortions and HIV/AIDS infection and other STIs. The training manual has both facilitator and participant manual separately and designed more of based on participatory leaning technique. The manual is designed to be completed within 18 hr with objective of developing in all graduates a mature understanding of the epidemic, the aspects of it that they are likely to encounter in their subsequent lives, and to equip them with skills for addressing it.

The topics covered in the manual are:

Module I: Reproductive Biology, Sexuality and Gender

1. Session I: Reproductive Anatomy and Physiology

- a. Identifying Reproductive Organs Using Body Diagrams
- b. Understanding Functions of Sexual Organs
- c. Recognizing Secondary Sexual Characteristics

2. Session II: Sex and Sexuality

- a. Differentiating Between Sex and Sexuality
- b. Identifying Facts and Myths about Sex and Sexuality

3. Session III: Occurrence of Pregnancy

- a. Understanding the Menstrual Cycle
- b. Understanding the Occurrence of Pregnancy

4. Session IV: Gender

- a. Conceptualizing Gender
- b. Differentiating Gender Equality and Gender Equity
- c. Understanding Sexual Harassment and Gender-based Violence

Module II: Sexual Behaviors and Consequences of Risky Sexual Behavior

5. Session I: Basics of Sexual Behavior

- a. Understanding Sexual Behavior

6. Session II: HIV and AIDS

- a. Conceptualizing HIV and AIDS
- b. Distinguishing Facts from Myths about HIV and AIDS

- c. Identifying Impacts of HIV and AIDS
- 7. Session III: Sexually Transmitted Infections (STIs)**
 - a. Understanding STIs
 - b. Identifying the Common STIs and their Signs and Symptoms
 - c. Differentiating Attitudes and Behaviors which Increase STI Infection Risk
- 8. Session IV: Unwanted and unplanned pregnancy**
 - a. Understanding unwanted and unplanned pregnancy and factors which increases its risk
 - b. Identifying Causes and Potential Dangers of Abortion

Module III: Preventing the Consequences of Risky Sexual Behavior

- 9. Session I: Preventing Sexually Transmitted Infections (STIs) and HIV/AIDS**
 - a. Preventing HIV and other STIs
 - b. Understanding Proper Condom Use
 - c. Identifying Stigma and Discrimination
- 10. Session II. Prevention of Unwanted Pregnancy**
 - a. Understanding Contraceptive Methods
 - b. Exercising Effective Negotiation Skills
 - c. Exploring Safe Actions following an Unwanted Pregnancy

Practical session was given at the end of each session which needs clinical practices; for example: condom usage and some of the contraceptive usage.

To see the effectiveness of the manual after the drafted was completed more than 50 facilitators trained by selecting from senior students on the materials by Staff members involved in the preparation of the manual. The role of the facilitator is to assist and guide the module participants in the learning process. To enhance the learning process, participants are asked to share their knowledge and experiences, critically analyze their attitudes and behaviors, seek solutions to any current problems, and to practice life skills in a comfortable and confidential learning setting.

Following, the facilitators trained more than 2000 first year students in 2004 E.C as they joined the university by using the manual.

The main objective of the training was to enable the students to:

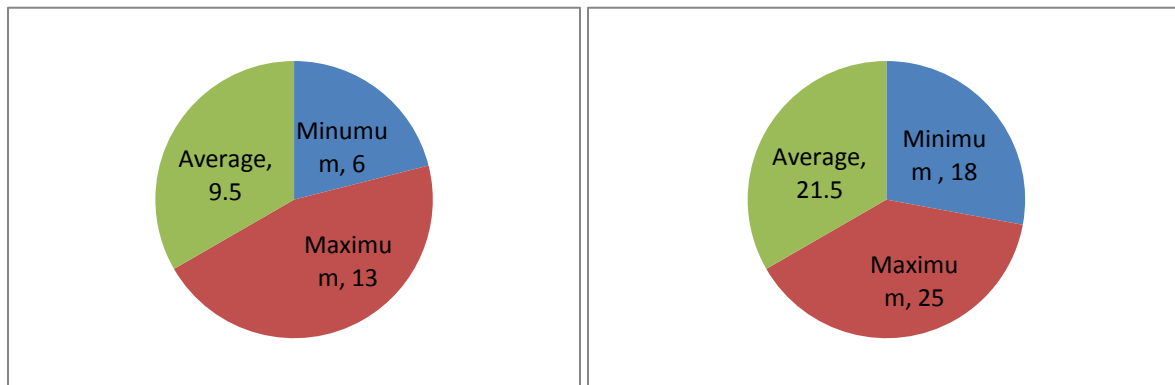
- ◆ Describe the sexual organs and their functions of the male and female.
- ◆ Differentiate between the concepts of sex and sexuality.
- ◆ Explain the occurrence of pregnancy in relation to the menstrual cycle.
- ◆ Discuss sexual behaviors.

- ◆ Explain consequences of risky sexual behaviors.
- ◆ Describe the prevention of HIV and other STIs.
- ◆ Know the methods of preventing unwanted pregnancy.

To evaluate the effect of the material the university used two major techniques. One was by using pre test and post test. Based on this the minimum and maximum pretest score was 6 and 13 with average of 9.5 whereas minimum and maximum score of post test was 18 and 25 respectively with average of 21.5 out of 25 point (figures 1 and 2) . Moreover based on the suggestion collected from all the participants almost all the students and facilitators forwarded as they were very interested. The participants also recommended all the students in the university should get such training. The university also planned to expand the prevention intervention to the local school youth and communities.

Pre- Test

Post Test



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Good Practice 6. Pilot project on community mobilization to combat FGM and HIV/AIDS in Aweday Town, Eastern Hararge zone, Oromia Regional State, Eastern; Haramaya University, Ethiopia

Background: Nearly 67% (22.5 of 33.2 million) of all adults and children with HIV globally live in sub-Saharan Africa. Furthermore, 76% (1.6 of 2.1 million) of deaths due to AIDS in 2007 occurred in sub-Saharan Africa. One third (35%) of all people with HIV globally live in southern Africa and 38% of all deaths due to AIDS in 2007 occurred in that sub-region (*UNAIDS, AIDS Epidemic Update, 200*). The HIV/AIDS pandemic has succumbed millions of people throughout the world since it was first described in the early 1980s. No continent is spared from the pandemic. In the past three decades the world has learned that HIV/AIDS is not only a health problem that can be addressed solely by the health sector but it is a social, economic, development and security issue that needs the united endeavours of all sectors including the public, private, religious, social and cultural structures of nations.

There are an estimated 135 million girls and women that have gone through female genital mutilation with an additional 2 million a year at risk each year. FGM is mainly performed in sub-Saharan and Eastern Africa. It is widespread in Ethiopia, with 74 per cent of women having been through it (Delicate, 2009; DHS, 2005). Regarding the national regions, 97.3, 92.3, 91.6, 87.2 and 85.3 percent of women were circumcised in Somali, Dire Dawa, Afar, Oromia and Harari regions, respectively (UNICEF,2007).

Combating the practice of female genital mutilation (FGM/C) and prevention/control of HIV/AIDS pandemic requires broad community-based interventions. Experience over the past two to three decades has shown that there are no quick or easy methods that can bring change. Lessons from previous works in different part of the world has shown that for a program to effectively produce results and create a change in the practice of FGM/C and prevention /control of HIV/AIDS there is a need to develop community based interventions. In such programs in other countries the combination between a health-based approach and new behavioral change strategies, such as peer education, use of positive deviants and community conversation, were used to build the capacity of a targeted population to combat FGM/C and HIV/AIDS.

Objectives of the project were providing information to increase knowledge about FGM/C so that communities can consider non-cutting as an alternative, providing information to increase knowledge about HIV/AIDS control and prevention so that communities can play great role in tackling the spread of this pandemic disease and mobilizing and organizing social forces through community conversation, a tool for community discussion, to bring about FGM/C abandonment, reduction of HIV/AIDS prevalence.

Methods: The project combats FGM/C practice and HIV/AIDS by using volunteerism and local community action. We obtained the magnitude of FGM in Aweday town from our previous study; this study was conducted at Aweday Town, from December 2009 to Feb.2010 G.C. on parent's intention and contributing factors to practice Female Genital Mutilation. According to this study, from a total of female parents 211(96.3%) were mutilated during child hood and only (2.3%) of them were not mutilated. About 46.8% of the respondents (parents) replied that they have an intention that their daughters should undergo FGM. To obtain information on HIV/AIDS we collected baseline data on HIV/AIDS in Aweday from community key informants using in depth interview by preparing in depth Interview format in February 2011. The informants described that HIV/AIDS is a problem in Aweday town and is causing health, economic and social problem. According to the key informants there is lack of awareness by public about HIV/AIDS, discrimination and stigma associated with being infected with HIV, problem associated with attitude toward use of condom, absence of condom for sale, rampant harmful traditional practice, risky sexual behaviors (cohabitation with strangers) and substance abuse and related problems. Moreover, this stakeholder study and our previous study showed that almost all population of the town are Muslims and there is no hotel with renting bed room in the town. On the other hand, there are hundreds of stranger merchants spending night every day in the town.

We then recruited community volunteers with the help of the city administration, municipality, health office and other stakeholders. Then we provided them training on community conversation to build their capacity in training, counseling and advocating against FGM/C and on HIV/AIDS control and prevention.

After successfully completing the training, the volunteers were undertaking community conversation sessions by visiting households home and special public gatherings in the town on FGM and HIV/AIDS targeting different groups within the community (men, women, and youth). Tools to engage community members in dialogue about the burden of HIV/AIDS and prevalence of FGM/C and solutions for eradicating FGM/C and preventing and controlling HIV/AIDS such as building trusting relationships, strategic questioning, active listening and storytelling were used. Community volunteers were helping group members identify community needs, in raising awareness about FGM/C and help the groups come to decisions about how to address those needs. The volunteers were reporting the number of the households and public gathering at which they made community conversations. We were also closely supervising their activity. Then based on the gaps identified by the volunteers and the project strategic plan we offered the volunteers more training at different phases. Those training were including detailed training on FGM, HIV/AIDS, sexually transmitted infections, gender, sexuality and peer education. We were also using the volunteers to disseminate information on FGM, HIV/AIDS and gender in Schools. Because we believe that young people may be more open to changing attitudes and behaviors; one of the

innovative approaches to be used is to enter the community through the schools, reaching a generation of future decision-makers.

Result: we tried to assess the effect of this intervention on the public by interviewing members of the community. Most of the respondents regretted about their FGM attitude and practice and said that the coming female generations will be free of this brutal action. They also said that they really understood how much they were at risk of the HIV/AIDS problem before the intervention and explained that they are ready to be part of the solution of this imminent danger. Moreover, they explained that the stigma associated with HIV/AIDS was just because of lack of awareness and promised to fight the stigma and to help people living with HIV/AIDS. Finally, they were too much thankful for the intervention taken by Haramaya University HIV/AIDS directorate and asked the directorate to make the program sustainable.

Accordingly, we are working on the sustainability of this project with the stakeholders and planning to disseminate this project to other districts in the Eastern Hararge zone, Eastern Ethiopia.

Good Practice 7. The Experience of Mekelle University STI Confidential Clinic on provision of Comprehensive Intervention for Commercial Sex Workers, 2011, Tigray, Mekelle University

Contributors: Tefay G/her, Yemane Ashiber, Merhitu Belayhen, Dr. Neway Hiruy, Dr. Solomon G/mariam, Dr. Zerihun Abebe, Eyoel Berhan;

Introduction: Sexually transmitted infections (STIs) are among the most common causes of illness in Ethiopia affecting primarily adolescents and young adults. Evidence suggests that the presence of untreated STIs increases the chance of HIV transmission during unprotected sex. Commercial sex workers (CSWs) are at increased risk for both HIV and other STIs compared with the general population. A study done in 1998 among female sex workers attending STI Clinics in Addis Ababa has showed HIV prevalence as high as 73%. This abstract is, therefore, a preliminary analysis and findings from the annual project achievement which gives a highlight on contribution of the clinic in preventing and control of STIs and HIV through comprehensive intervention.

Implementation of the practice: The clinic is located at the heart of the old establishment of the metropolis within walking distance from the palace of Emperor Yohannes IV who laid the foundation of Mekelle city in this particular area in the 1880s. For years, this densely populated slum area of Mekelle

(commonly referred to as Kebele 14) has been the hub of CSW; the sole reason behind the establishment of the STI confidentiality clinic at the area. The data obtained from CSWs and event reports were compiled from registration book in the STI confidentiality clinic as of May 2010 up to April 30, 2011. Thereafter, it was computed in XL sheet and simple descriptive analysis made from the findings.

Results of the Practice outputs and Outcomes: During the period of May 2010 – April 2011, a total of 2322 CSW were examined in the confidential STI clinic. Of these, 404 (17.4%) were treated for STIs. 182 of the STI cases manifested with one of the three STI syndromes, vaginal discharge 92 (49.7%), lower abdominal pain 23 (14.1%), genital ulcer 67 (36.2%). Moreover, 222 of the STI cases were tested for syphilis with VDRL, out of which 137 (61.7%) were non-reactive and 85 (38.3%) were reactive for VDRL. The age group of 20-29 years bears the highest frequency of STI which is 220 (54.5%). 616/2322 (26.6%). CSWs were provided PIHCT service. Of these only 385 (62.5%) agreed to be tested. Of those tested 56/385 (14.5%) were reactive for HIV test.

Recommendations: Continuous capacity building to staffs by all parties would enable to enhance and strengthen the comprehensive preventive and curative intervention of the clinic.

The concern of continuing intervention on the confidential clinic for longer period of time must be considered starting at its infantile stage.

Good Practice 8. Use of Evidence Based Strategic Information For HIV/AIDS Prevention and Control Interventions; Wolaita Soddo University;

THE “PIJAMA NIGHT”

Introduction

With its Mission Statement Wolaita Sodo University works hard to produce competent, skilled and responsible graduates by providing quality and relevant education, and to undertake research and community services that generate knowledge and address economic, social, and cultural demands of the surrounding community, the country and beyond. The university also strives to achieve the missions bestowed up it by promoting cooperation among the units with in itself, establishing international partnership, and encouraging innovation and creativity on its endeavors.

In Ethiopia with increased enrollment and new universities in different part of the country, University's focus on the academic and administrative issues than the less concern HIV/SRH. As different researches showed that most sexual risk behaviors among college and university students were acquired during their

stay at campus and these students are at high risk for HIV infection due to their propensity to engage in exploratory behavior and their needs for peer social approval and false sense of non-vulnerability.

Unprotected sexual practice patterns among university students lags behind knowledge and attitude towards prevention of STIs and condom use. While Keeping other factors constant, the attitude of students HIV prevention methods are influenced by a number of socio-demographic factors which includes: sex, previous place of residence, religious participation, pornographic film show, alcohol intake, Khat chewing, and Cigarette smoking[1]. Along with the national HIV policy and the Higher Education Institutions HIV/AIDS policy, Wolaita Sodo University has taken the seriousness of the impact of HIV/AIDS on the University communities in particular and the country's skilled and productive workforce in general. Accordingly, the University mainstreamed HIV/AIDS towards facilitating the management, research, prevention, treatment , care and support, human resource development, curriculum design, as well as monitoring and evaluation activities of the HIV and AIDS Prevention and Control Interventions . One of the interventions is the conduct of Research activities (Baseline survey, risk assessment and impact assessments on HIV/AIDS).

Implementation of the Practice

Five researches have been conducted. Wolaita Sodo University Research and Publication Office in Collaboration with Joint Program UNICEF-UNFPA granted three researches entitled Prevalence of Sexually transmitted infections and associated factors among WSU students, Prevalence of abortion and associated factors among female university students and sexual violence among female University Students have been conducted. Another baseline study on Predictors of HIV/AIDS Preventive behaviors among Wolaita Sodo University Students was conducted. Currently impact study on HIV Seroprevalence among Wolaita Sodo University Students was underway. The finding of completed research was presented to the University scientific community, Southern Regional Multispectral HIV Response Coordinators and in different workshops. Key findings were communicated to students for evidence based interventions. Among the combination prevention evidence based interventions the behavioral intervention is one of the key interventions made in Wolaita Sodo University. From the behavioral interventions the university described as best practice is “mentorship” through which female students celebrate the “pijama night” every month and planned to conduct it every week in all blocks by next year. It is an opportunity to address female student's problem with direct involvement of mentors. These mentors extended their role to Wolaita Lika School where they share the experience.

Results and Outcomes

A study on predictors of HIV risk preventive behaviors among Wolaita Sodo University students indicated that higher proportions of male university students were sexually active than their counter parts (40.7% Vs 12.6%). Students with better knowledge on HIV AIDS, high AIDS risk perception, better communication with parents about sexual issues were (AOR=6.6, 2.6,1.6) times more likely to abstain from sexual intercourse than their counter parts respectively. Only 33.2% used condom consistently. Students from urban residents were 8.3(AOR) times more likely to use condom consistently than those from rural areas. Students who had monthly income were 6(AOR) times more likely to use condoms consistently than their counterpart [2]. Self reported STI prevalence in the past 12 months prior to the survey was 19.5%. Forty three (41.7%) study subjects had not got treatments for the recent syndrome they had. Thirty five percent of students were sexually 24.8 % of study subjects had sex with casual sexual partners and 13.9 % had sexual intercourse with commercial sex workers. Having sexual intercourse with commercial sex workers found to have associated with sexually transmitted infections. Students who have sexual contact with commercial sex workers in the last 12 months were 4.7 (CI) (1.2, 8.6) times more likely to have sexually transmitted infections than those who didn't have sexual contact with commercial sex workers [3]. Another study conducted among female university students indicated that first year students 2.5 times more likely to have sex than third year or above students. Forty four percent of students have ever heard of emergency contraception but only 9.5% of the sexually experienced respondents reported ever use of emergency contraception. Pregnancy experienced in the last twelve months was 7.7%. The rate of abortion among Wolaita Sodo University students was found to be 6.5 per hundred female students [4].

The prevalence of sexual violence is found to be the most appalling problem that females endure with through their childhood to university life. The study revealed 23.4% (95% CI, 11.6, 31.8) attempted rape, 8.7% (95% CI, 23.8, 108.3) performed rape, which seems under estimated in the survey, 24.2% (95% CI, 10.9, 29.9) physical harassment, 18.7% (95% CI, 14.9, 44.2) verbal harassment, and 11.3% (95% CI, 20.6, 78.6) forced sexual initiation which seems under estimated in the survey. Female students experience higher extent of all forms of sexual violence in high school and first year in the university. Most victims of all forms of sexual violence avoid presenting the case to responsible body due to multitude of reasons. Fear of stigma and public identification, fear of blames, fear of further offence by the perpetrator, lack of speedy measures and intimacy with the perpetrator are the major factors found to determine reporting of sexual violence [5]. All these evidences indicate the need for urgent and concerted actions to address risky sexual behaviors among students of higher learning institutions, to prevent adverse consequences related to HIV/AIDS, STI as well as unwanted pregnancies. Furthermore, such

concerted efforts would be vital to improve female performance in tertiary education and to avert the relatively high attrition rates among female students (whose enrollment ratio is already comparably very low to that of male students) across the universities in the country.

Cognizant of the above figures and facts Wolaita Sodo University made gender disaggregated evidence based interventions. One of these interventions is the pilot mentorship implementation which was made through ToT training for 30 female students who will closely follow 150 mentees. These students facilitated the formation of pijama night. Using campus life monthly reporting format provided for each mentors, they report the highlights of discussions on their conversation, number of days they have meet with mentees, advice given, materials provided, referrals made and the observed result seen each month and celebrate pijama night at the end of every month. Through this activity Mentors addressed different needs of students. For instance the University HAPCO reintegrated fifty two Female academically dismissed students with their families who are identified by mentors. Two thousand two hundred fifty students participated in mini festivals, three thousand students participated in grand festivals, five types of more than five thousand printed materials were distributed, 654 female students regularly used ARC services, 628 students were tested for risk assessment in the class and 3140 students reflected for self reflection passport which was organized by mentors and peer educators.

Implementation Success

The success of implementation was as a result of:

- **The great commitment of University Community especially Higher Officials in fighting against HIV/AIDS.**

Considering the risks and/or vulnerabilities and the impact of the epidemic on HEIs and overall growth and transformation plan of Ethiopia to realize sustainable development thus, putting HIV and AIDS interventions into everyday core businesses of the University is highly emphasized by the University Higher Officials. Our University has signed the memorandum of Understanding on Partnership sub forum of Higher Education Institutions response against HIV/AIDS.

The University President, Academic and Research Affairs V/President and Administration and Development Vice President celebrating World AIDS Day by Red Ribbon, Academic and Research Affairs V/President gives award to the players, Administration and Development Vice President makes supportive supervision on VCT campaign.

- **Gender Sensitive and Gender Responsive Interventions**

It is well known that HIV and AIDS affects and has different impacts on men and women due to the biological, economic and socio-cultural factors. All HIV/AIDS Prevention and Control activities were applied with respect of the different risks and vulnerabilities of both genders. In this regard the activities were carried out in collaboration with the University Gender Affairs Office and other related offices in Partnership and Multi-sectoral Approach.

- The availability of different Nongovernmental Organizations like Joint program UNICEF UNFPA, NoSAP⁺, and FGAE Sodo Branch, Maries topes International and Wise up Program Wolaita Sodo Branch.

- The Coordination of surrounding community particularly Sodo town Health Office (STHO), Wolaita Zone Health Department (WZHD) and SNNPR Health Bureau with the University in fighting against HIV/AIDS. Collection of Condoms, VCT Kits and IEC/BCC materials from Wolaita Zone Health Department.

- **The Presence of Monitoring and Evaluation System**

Overall activities were reported to the University president office quarterly and then to other responsible bodies like Wolaita Zone Health Department, Southern Regional Health Bureau, and Ministry of education. Supportive supervision was also made by them. Supportive supervision to University AIDS Resource Center and Youth Friendly Reproductive Health Service in Student Clinic by SNNPR Regional Health Bureau and Wolaita Zone Health Department.

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Good Practice 9. Peer networking as a way to increase access to family planning and HIV & STI protection methods; The case of condom distribution in Ethiopian public universities sport festival, Ambo, 2011: Mekele University

Introduction: Different studies shows academic ability, school inputs, family background, peer influences in the university and students' ascribed characteristics as well as University "match quality" are important predictors of student performance. It is commonly observed, both in ethnographic and empirical studies, that the behavior of individual agents is affected by that of their peers. This is particularly true in education, crime, labor markets, fertility, and participation to welfare programs, etc. UNFPA defines peer as a person who belongs to the same social group as another person or group. The social group may be based on age, sex, sexual orientation, occupation, socio-economic or health status, and other factors. Peers in a particular setting tend to form groups (It is called Peer group), which is also defined as a collective unit in which the members share some common characteristics.

In a study done on 5973 students in five higher education institutions of Ethiopia namely, Mekelle, Hawassa, Gondar, Jimma and Haromaya, there is an alarming rate of risky sexual behaviors and predisposing factors. Ever use of substance was 25.8%, 29.71% of the students ever had sexual intercourse; 45.2% have more than one sexual partner, 9.8% had sex with the same sex and ever use of condom was 61.4%. This abstract is, therefore, a preliminary analysis and findings from the peer networking and condom distribution done by the peer heads to the peer groups in the sporting festival done in Ambo University among Ethiopian Public Higher education institutions; the data is gathered from the registries given to the peer heads.

Implementation of the practice:

For the sporting festival that was done in ambo, 180 youths from ----- University had participated. Based on the previous sporting festivals the office learned that there is a huge demand of contraceptives like condom among the youths in the festival and on their travel to Ambo and back to Mekelle, which is basically a 4 days of travel 7 days of sport festival.

Thirty six youths were trained to be peer head for a week time and there were selected based on their exemplary behavior and influence among the members of the sport crew. One student was assigned to five students as a peer head and all his members were told to communicate him when they need any things with regard to sexual reproductive health. A total of 4000 condoms were provided to the selected peer heads with condom box. There were three buses each having twelve peer heads with condoms.

Results of the Practice outputs and Outcomes:

In their seven day stay a total of 3800 condoms were distributed. It was 3 condoms per participant. The peer heads were communicated by their member at list two times in a day. On average peer heads have gave 3 condoms to their members. There were also counseling provided in the process. Peer members demanded information as to how they have to use condom, the possible risks they might face if the condom brake or slip and demanded other options. The heads have provided all the information needed and provided counseling. The service rendered on 24 hour base. Different IEC/BCC materials were distributed in the process.

On the interview and focus group discussion done among the selected peer members after their return from the festival shows the method has increased access to condom and general reproductive health information. The participants have also confirmed that the issue of confidentiality where there major concern and suggested that peer heads should have the skill of communication in a way that can keep their privacy.

Students who participated in the past two festivals were also asked to compare access to condom and sexual reproductive health information. Most have acknowledged the methods were accessible and benefited them but they also witnessed that for the first two-three days they were afraid to request service from the peer heads and expected the heads to communicate them privately, which the heads have done. Generally more than 2500 counseling were provided by the heads, each taking ten to fifteen minutes. It was 2 counseling per day for each of the 180 participants.

Recommendations:

Peer networking should be taken as a mechanism for increasing access to sexual reproductive health information and methods that the youths demand. It should be supplemented with peer mentoring and support to avoid the issue of confidentiality and increase quality of the service demand.

*Good Practices 10. Components of the HIV/AIDS & SRH intervention
in Hawassa University:*

4.1 Enhancing university community conversation through culturally appropriate approach:

The use of monthly coffee ceremonies to reach different departments of university community especially staff and hold discussions on issues related to HIV/AIDS and other developmental questions enabled the beneficiaries to break the silence about HIV/AIDS. Each department of university academic and administrative staff has its own HIV/AIDS focal person and all focal persons coordinate and facilitate HIV related activities and the monthly discussion sessions on HIV, STI and other SRH issues. The approach further contributes to the local efforts to curb the spread of the epidemic. The expansion of university community dialogue on issues of HIV/AIDS, which was carried out with the full participation of the university community members, is one of the good practices that can be replicated by all interested partners to reach the wider community with issues of common interest, including HIV/AIDS.

4.2 Integration of VCT and youth friendly service with basic RH services:

Integration of VCT services with the basic family planning services, such as emergency and oral contraceptive pills, pregnancy counseling and testing, condom promotion and distribution, enabled the students to engage in safer sex practices and avoid unwanted pregnancies. This practice of making comprehensive RH/HIV/AIDS services available in a user-friendly environment in the university would make a great contribution to the RH well-being of the student and other university community. In general strengthening of the student clinics on the above mentioned services by capacitating health care providers through relevant trainings (VCT, YFS, STI, mainstreaming trainings and other relevant workshops), equipped the clinic with different medical equipments and other supplies help the student clinics to provide quality youth friendly services.

4.3 Outreach programs:

Outreach education run by our university Anti AIDS clubs member students to reach students of the local high schools with HIV and Reproductive Health and sexual information. It aims to reach high school students with accurate information to protect themselves from HIV/AIDS and other sexual and reproductive health problems. Education and other HIV and RH related trainings for the local high school students was delivered by volunteer and previously trained university students. The university supported different materials like 120 computers and other IEC materials (brochures, magazines,

newsletters) for these high schools in order to use for AIDS Resource Centers and awareness creation programs. Different trainings like peer counseling, club management, life skill, HIV/AIDS and SRH were conducted in the schools for some selected students. The strategy being used by university students at local high schools are as follows:

- Edutainment activities such as drama, music, songs
- Panel discussions
- Experience sharing
- Life testimonies
- Competitions
- Organizing campaigns such as HCT
- Awareness creation campaigns

4.4 Mainstreaming HIV/AIDS in to our University different departments (Academic & Admin.)

Although commitment in implementing HIV mainstreaming by some departments of the university was insufficient, majority of our university academic and admin departments have integrated HIV/AIDS prevention and support activities into their routine programs. The university conducted advocacy activities on the university HIV/AIDS policies, distributed the policy documents & other HIV, STI, SRH written materials, and provided trainings on HIV mainstreaming. Our first university HIV mainstreaming training was started and conducted for the university higher officials so that the president and vice presidents attended the training. This higher official commitment for HIV/AIDS prevention and control program has helped us to conduct and cascade consecutive HIV mainstreaming trainings for academic and admin staff in their departments.

4.5 Research done on University, local colleges and high school students

A research on HIV/AIDS entitled “Sexually related high risk behaviors among secondary and tertiary level students “was carried out by the university public health school instructors in this year. A research dissemination workshop was also conducted for the university, local colleges and high schools officials, student representatives, and other partners and stakeholders. The research findings are very much important to know about the reality and plan on HIV/AIDS intervention area in the future. In addition to this it will capacitate the actors to intervene the gap within the university and other local colleges and high schools on HIV/AIDS through provision of basic facts and information about the HIV/AIDS prevention area. Most importantly, the findings indicate that students start to practice sex and other HIV related risk

behaviors at secondary level education. Finally the findings of this research clearly show that high schools and local colleges should be strong focusing area of all stakeholders in HIV/AIDS prevention program.

4.6 Establishment of AIDS Resource Center in Each Campus

Among the key thematic areas where our university is acting to fight HIV and AIDS, is to establish a well equipped AIDS Resource Center for students to fill the knowledge gap about HIV/AIDS and SRH problems. So with regard to this four AIDS resource Centers are established (One resource center per each campus). All of them are equipped with computers having broadband and wireless internet access, magazines, different HIV and reproductive health books, brochures, other materials. There are also other preventive services which are provided in these halls like coffee ceremonies, panel discussions, school conversations, monthly students review meetings etc.

Good Practice 11: HIV/AIDS & SRH Interventions in St. Mary University College

The good practices, detailed here under, are presented in three parts: structural, behavioral and bio-medical interventions.

1. Structural Interventions

1.1. Formulated Institutional HIV and Anti-Sexual Harassment Policy

The University College has formulated its own institutional policy on HIV and Anti-Sexual Harassment in 2003 E.C. The main objective of formulating HIV policy was to place an institutional framework that supports HIV/AIDS prevention activities, encourages victims to exercise their rights and maintain their dignity, persuade victims and others to join hands in eliminating stigma towards HIV/AIDS, and impose corrective action.

1.2 Memorandum of Understanding Signed

A Memorandum of Understanding has been signed between St. Mary's University College and National Alliance of State and Territorial AIDS Directors (NASTAD) Ethiopia to work together. The MOU reflects the parties' intention to work closely together towards strengthening the partnership between NASTAD-Ethiopia and the University College to fight against HIV and AIDS through the provisions and coordination of effective and efficient HIV prevention, care and support services.

1.4 Curriculum Mainstreaming

Following the decision made by the General Assembly meeting of the HEIs, the UC senate made a decision to mainstream HIV into the selected courses in consultation with each department. With the support obtained from NASTAD-Ethiopia, intensive training was given to the Committee established to be engaged on HIV/AIDS mainstreaming into curriculum of the SMUC.

1.5 Institutional Partnership and Referral linkage Forum Established with Surrounding Community

A workshop on the establishment of partnership and referral linkage was conducted at St. Mary's University College. Invited stakeholders including the UC management staff, A.A HAPCO, HEIs Partnership Forum, Lideta Sub-city HAPCO, Police and woreda Health Officers, Wabisheble Hotel, Lideta Health Science College, partners from international NGOs participated in the meeting. At the end, participants agreed to establish the forum to reduce risk factors on HIV/ADS in and around the University College and also to take their part. Invited NGOs (CHORA, DKT-ETHIOPIA) agreed to provide the necessary technical and financial support to strengthen the partnership.

2. Behavioral Interventions

2.1 SISTA Intervention Program for Female Students

This intervention is the first of its kind to be implemented in Ethiopian Higher Education Institutions especially targeting female students. SISTA is based upon two Social theories: Social Cognitive Theory and Theory of Gender and Power. St. Mary's in collaboration with NASTAD Ethiopia is implementing the intervention program in the University College for female students in this academic year.

SISTA (Sisters Informing Sisters about Topics on AIDS) is a peer-led, social skills-building, group-level intervention designed to reduce sexual HIV risk behaviors among heterosexual Ethiopian women, ages 18 to 29. The small group sessions consist of 20 to 25 female students.

SISTA is delivered in five, two-hour sessions followed by two optional booster sessions. The topics of the gender-specific and culturally-relevant sessions include ethnic and gender pride, HIV risk-reduction information, assertiveness skills training, behavioral self-management, and coping skills. In the sessions, women participate in facilitator-led group discussions, role-play, and behavioral skills-building activities. They also view an HIV prevention video and are given take-home activities.

SISTA ToF



SMUC also conducted training on 'Gender Pride, HIV/AIDS and SIATA programmes for St. Mary's preparatory female students. The objective of this training was to create awareness among high school students on HIV and sexual harassment as they are also more vulnerable for risky sexual behaviors due to many reasons.

2.5 Friday Coffee Ceremony Talk-Show Program

Every Friday, students and staff members of the UC attend the Talk-show program. The program has been taking place for the last seven years by inviting different famous people to share their life time experience with students that would enable them to focus on their academic and to be successful and visionary. In addition, different events, such as: culture day, color day, workers day, oldies day etc. have also been organized to teach students

through entertaining as to value their life by maintaining the existing culture and norm of the society to be successful in their future life. Its primary objective is to help students develop self confidence and skills to prevent themselves from HIV and SRH related problems through expressing themselves in front of audiences and sharing ideas freely with others.

2.6 Literature Forum

This helps students to have a space in which they can present their creative works on literature. It takes place every fortnight. On this forum, Students and staff members present their literary works. Besides, famous and well-known writers present their work and share their experience with the audience. In addition, the University College assists students by publishing their literary work.

2.7 Social welfare Club

The extra-curricular activities such as social welfare club create awareness among students about community services and help students involve through the student union in activities like donating blood to the Red Cross, donating clothes to the needy, helping people who are living with HIV/AIDS, visiting people who are hospitalized especially during holy days visit AIDS patients at different hospitals and live around 'Entoto' holy water, and also Supporting the elderly, etc.

2.8 'Hot Sit' Question and Answer Competition

Question and answer students' competition is prepared for both TVET and degree program students once in a year. The event is organized with the collaboration of departments. The main objective is to make students all-rounded and have information and knowledge on different issue in addition to their academic field of study. This will enrich them to have better understanding of their society and the world as well on various social issues.

3. Bio-medical Interventions

3.1 Students' Clinic is established

The University College through its clinic provides comprehensive HIV and SRH services. It also provides support for staff members who disclosed their HIV status. In addition, through its social support forum gives support to AIDS orphans by providing educational materials and tutorial classes. It also helps elderly who lost their family due to HIV/AIDS.

4. Other related activities on progress

4.1 Research on HIV Risk Assessment at SMUC

4.2 Curriculum mainstreaming

4.3 Conducting pilot study on SMS mobile intervention

4.4 Preparing proposal to help female students with financial problem