


PREFACE

The Coordination Office of Higher Education Institutions' (HEIs) Partnership Forum against HIV/AIDS in Ethiopia, together with FMOE, FHAPCO, strategic collaborators of the sectors, member HEIs, NGOs, donors, federal and regional sector institutions working in the field has finalized the preparation of this strategic plan for intensifying HIV/AIDS response at Higher Education Institutions in Ethiopia for the period 2013 - 2015. The document is an outcome from the National HIV/AIDS Policy, Education Sector HIV/AIDS Response Policy and the HEIs Partnership Forum Policy Framework and Strategy.

The strategic plan is intended to provide guidance to strengthen the capacity, systems and structures of all Ethiopian HEIs to address the causes, challenges and consequences of HIV/AIDS. HEIs have social responsibility to prevent, mitigate and manage the effects of the HIV/AIDS epidemic through all aspects of their core operations of teaching, learning, research, and community engagement.

This strategic plan document will serve as source for the development of annual plans, prevention packages, communication strategies, as well as different intervention areas such as mainstreaming into education, training, and research and community service.

The strategic plan is divided into six parts. Part One gives a brief background of the HIV/AIDS epidemic in HEIs in Ethiopia. It also provides an environmental scan carried out through a SWOT analysis. The chapter briefly examines factors that could present challenges and opportunities in implementing AIDS related activities in HEIs. Part Two is a brief explanation which states the Vision,



Mission, Goal, and the strategic objectives. Part Three stipulates the fundamental guiding principles on which this Plan is based. Part Four focuses on five major thematic areas, each incorporating objectives, strategies and activities. These thematic areas include enabling environment, prevention, treatment, care & support, research, and monitoring and evaluation. Part Five provides detail matrix for thematic areas. This part considers each strategic objective and the identified targets, strategies, activities, as well as performance indicators, verification sources and responsibility centers. Part Six presents issues pertaining to coordination and mobilization. It also highlights institutional arrangements for the execution of this plan.

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Acronyms:

| | |
|-----------|-------------------------------------------------------------------------|
| ART: | Anti-retroviral therapy |
| BCC: | Behaviour Change Communication |
| CDC: | Centre of Disease Control |
| ECSU : | Ethiopian Civil Service University |
| FHAPCO: | Federal HIV/AIDS Prevention and Control Office |
| HEIs: | Higher Education Institutions |
| FMOE: | Federal Ministry of Education |
| GBV: | Gender-Based Violence |
| GIPA: | Greater Involvement of People Living with HIV/ AIDS |
| HAPCO: | HIV/AIDS Prevention and Control Office |
| HCT: | HIV Counseling and Testing |
| HEIs PF: | Higher Education Institutions Partnership Forum |
| HIV/AIDS: | Human Immuno deficiency Virus/ Acquired Immunity Deficiency Syndrome |
| HLI: | Higher Learning Institution |
| ICAP: | Columbia University-Centre for International Programme |
| IGA: | Income Generating Activity |
| IEC: | Information Education Communication |
| IGA: | Income Generation Activities |
| IP: | Infection Prevention |
| KAP: | Knowledge Attitude and Practice |
| M & E: | Monitoring and Evaluation |
| MOH: | Ministry of Health |
| MoU: | Memorandum of Understanding |
| MOWCYA : | Ministry of Women, Children and Youth Affairs |
| NASTAD: | National Alliance of States and Territorial AIDS Directors |



| | |
|---------|----------------------------------------------------------------|
| NGOs : | Non-Governmental Organizations |
| PEP: | Policy, Epidemiology & Preventive Unit |
| PLHIV: | People Living With HIV/AIDS |
| PSI: | Population Services International |
| SLOT: | Strength, Limitations, Opportunities and Threats |
| SPM: | Strategic Plan Management |
| SRH: | Sexual and Reproductive Health |
| STIs: | Sexual Transmitted Infections |
| SWOT: | Strength, Weakness, Opportunities, Threats |
| TOT: | Training of Trainers |
| UN: | United Nations |
| UNAIDS: | Joint UN Programme on HIV/AIDS |
| UNESCO: | United Nations Education, Scientific and Cultural Organization |
| UNFPA: | United Nations Fund for Population Activities |
| UNICEF: | United Nations Children's Fund |
| WHO: | World Health Organization |

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Part One: Introduction

1.1. Background

The emergence of HIV epidemic is one of the most serious public health and socio-economic development challenges in recent history. Since its emergence, HIV has spread fast and wide impacting all sectors of society. According to Global AIDS progress report 2011, more than 30 million people died from AIDS and an estimated 33 million people are living with HIV. Furthermore, more than 16 million children have been orphaned because of AIDS. The epidemic continues unabated with over 7,000 new HIV infections occurring every day, mostly among people in low- and middle-income countries. What is even worrisome is that only less than half of the people living with HIV are believed to be aware of their infection: the majority unaware of their status and thus fuelling further spread of HIV infection (UNAIDS 2011).

Sub-Saharan Africa is at the epicenter of the epidemic and continues to carry the full brunt of its health and socioeconomic impact. This sub-continent continues to bear the highest share of the global HIV burden. According to the 2011 Global AIDS report, in mid-2010, about 68% of all people living with HIV resided in sub-Saharan Africa, a region with only 12% of the global population. Nearly 2 million people who became newly infected with HIV in 2010 live in sub-Saharan Africa representing 70% of all the people who acquired HIV infection globally. In Ethiopia, since the first AIDS hospital cases were reported in mid-1980s, HIV spread rapidly, peaked in mid 1990s and started to decline in major urban areas since 2000, while stabilizing in rural settings with emerging hot spots in small rural towns. According to mathematical modeling

estimates there are nearly 800,000 people currently living with HIV/AIDS (612,200 adults and 168,000 children aged 0-14 years), and 1.2 million AIDS orphans (EPP/Spectrum estimates) (HAPCO, 2012).

Soon after the first AIDS hospital cases were confirmed in mid 1980's, a national task force was formed, and then the department of AIDS was established under the Ministry of Health. In 1998 the government issued the national HIV/AIDS policy. The main objectives of the policy are to encourage government sectors, non-governmental organizations, private sectors and communities to take measures in order to alleviate the social and economic impact of HIV/AIDS and to promote proper care and support for people living with HIV/AIDS and orphans. Additionally, the policy underscores the need to empower women, the youth and other vulnerable groups to take action to protect themselves against HIV/AIDS (FDRE MOH, 1998).

In 2002, The Federal HIV/AIDS Prevention and Control Office (FHAPCO) was established with mandates to coordinate and guide implementation of the national HIV/AIDS policy. The Federal HAPCO took a leading role in organizing the National HIV/AIDS Council, National and Regional HIV/AIDS Secretariats and Advisory Boards, and the National Partnership and Donors' Forum against HIV/AIDS (HAPCO, 2008). In 2009, the Federal Government endorsed the Education Sector Policy on HIV/AIDS which among others underlines the need for mainstreaming and integration of HIV response to the sector. To facilitate implementation of the policy, strategies and guidelines were developed.

Furthermore, the first national five-year strategic plan (SPM I) was implemented from 2004-2008 (HAPCO, 2004). In 2011, the second five year strategic plan (SPM II 2010/11-2014/15) was developed. The SPM II has five thematic areas: creating an enabling environment; intensifying HIV prevention; increasing access to and improving quality of chronic care and treatment; intensifying mitigation efforts against the epidemic; and strengthening the generation and utilization of strategic information (HAPCO, 2010). Moreover, a road map for implementation of SPM II was finalized, manuals on a minimum service package for orphans and vulnerable children, for most at risk populations, on HIV/AIDS mainstreaming, and on partnership, and a framework for behavioral communication were developed (HAPCO, 2010).

The above efforts indicate the different strategies employed to curb the spread of the virus. It is believed that through targeting different sectors in a coordinated way, we can curtail the spread of HIV/AIDS. This strategic plan is envisioned to involve Ethiopian HEIs in the fight against this epidemic. Thus, the need to have a synopsis of HEIs in Ethiopia.

1.2. Higher Education Institutions and HIV/AIDS: Overview

HEIs in Ethiopia comprise of both public and private institutions of higher learning which are authorized to provide under and post graduate programs with mandates of issuance of diplomas and degrees. These institutions are the sole competent institutions or structure, responsible for producing highly qualified, motivated and innovative, equipped with modern managerial, technical, research

and leadership capabilities, human resources and producing and transferring advanced and relevant knowledge for socio-economic development and poverty reduction with a view to turning Ethiopia into a middle-income country by the year 2025. To this end, the government has made tremendous efforts to open new and to expand the existing institutions with necessary human power and other inputs.

Since the downfall of the military regime in 1993, the number of universities in Ethiopia has increased from one to thirty two public universities and more than 50 private higher education institutions which have been accredited within the planning period. Not only have the number of universities increased, the total number of enrolment, academic staff as well as the number of programs offered has also expanded tremendously. As a result, the overall enrolments as well as the intake capacity of the higher education institutions significantly increased. Thus, the overall enrolments have increased from 264,033 (female 53,577) to 467,844 (female 123,706) in 2006/07 and 2010/11, respectively; of which 79,314 are enrolled in non-government institutions and this accounts 17.3% of the total enrollment. This shows that the private higher institutions have an observable contribution to the education sector. Besides, 447,693 (95.7%) of the enrolments comprise the undergraduate program. The academic staff has also significantly increased from 8,355 in 2006 to 17,402 in 2011 (FMOE, 2011).

Education sector is among those affected by the emergence of HIV/AIDS. The epidemic has led to illness and death among staff and students. Education is also at the center of HIV/AIDS response. Underscoring this link, the education sector policy and strategy on HIV/AIDS spells out that HIV/AIDs not only affects quality of

education but it also reduces the number of teachers and other staff and diverts resources in the sector. With this respect, studies show that universities are high risk institutions for the transmission of HIV/AIDS for several reasons, including behavioral, social and economic factors (FMOE, 2009).

Realizing these facts, institutions of higher learning in Ethiopia, under the auspices of the Ministry of Education and leadership from Federal HAPCO, established HEIs Partnership Forum against HIV/AIDS in Ethiopia. A Memorandum of Understanding (MoU) was signed in November 2010 (HEIs PF, 2010). The forum has opened dedicated coordination office in Addis Ababa to work closely together to create an environment that enables the promotion of information sharing, joint planning, undertake basic preventive and curative research on HIV/AIDS, implementation and promoting supportive supervision, monitoring and technically assisting HEIs response related to HIV/AIDS/SRH interventions among forum member HEIs in Ethiopia in collaboration with MOE, FHAPCO, strategic partners in the field.

1.3. Situational and HIV/AIDS Response Analysis

The distribution of HIV varies among different population groups due to socio-demographic, awareness, behavioral, and other factors. Available data indicate that sero-discordant couples, sex workers, men in uniformed services, long-distance truckers, mobile workers, cross-border populations, street children, and out-of-school youth are among most-at-risk populations. Other emerging at-risk-groups are high school and college students – in particular

girls - who often are engaged in trans-generational sexual networks with older men in return for money and gifts (Mekonen & Demisie, 2010). However, the size and distribution of these emerging at-risk- groups, their sexual networks and bridging populations remain largely unknown, making determinations of the epidemic scope in these groups largely speculative. Nevertheless, various studies and/or reports indicate that 50% of all new HIV infections are among young people 15 and 24 years of age, out of which two third of newly infected young people age 15-19 years in Sub-Saharan Africa are female (Amare, 2009; <http://www.unfpa.org/hiv/people.htm>).


In the context of Ethiopia, about 35% of the total populations are young people in the age bracket of 10-24 years. The majority of students in higher education institutions' are youth, between age 18 and 24 years. Studies have shown that young people have high risk taking behaviors including as a result of peer pressure, ignorance and lack of access to preventive services. A review of research work among in-school-youth and out-of-school-youth documented that 49.7% were sexually active; and more than half of these (53.3%) reported two or more sexual partners . Similarly, a study among high school students in northwest Ethiopia reveals that while most are well informed about the major modes of HIV transmission, 39% reported having unprotected sex (sex without condom); and 43.3% of sexually active students had more than one sexual partner (Mitikie & Tamru ,2007).

The situation among students in higher learning institutions is related to their high school counterparts. A study among Addis Ababa University students revealed that 34.2% respondents were sexually active during the survey. Of these, 23.8% had sexual

intercourse with their partner or someone in the last 6 months. Consistent to the risk factors in high school students; the study also identified watching pornographic films; drinking alcohol, chewing khat (a mild stimulant locally grown green leaf), and cigarette smoking were associated with risk taking behavior. Similarly, unpublished data from a 2010 study conducted in five public higher education institutions has indicated the existence of risk factors for acquiring HIV. For instance, ever use of substance was reported by about quarter, 25.8% (1504/5824), of the students with almost similar proportion across the universities, more than a quarter of the students in the five universities, 1702 (29.71%), ever had sexual intercourse. Out of those who were sexually active in the last 12 months, 281 (31.0%) had sexual intercourse with more than one sexual partner and 207 (26.6%) had sex without condom (Regassa & Kedir, 2011).

These findings show that higher education students are vulnerable to HIV and related reproductive health problems. Moreover, certain aspects of social life place members of tertiary and higher education institutions at risk of contracting HIV. Enhanced personal freedom coupled with the attractions and pressures of life in tertiary and higher education institutions is a recipe for sexual activity and experimentation. Even though there is no nationally representative of HIV/AIDs survey among populations of higher learning, it is plausible to speculate vulnerability to HIV.

Cognizant of these factors and the risk posed to students of HEIs, the government and HEIs have initiated response actions. The education sector policy on HIV was endorsed, HEIs Partnership Forum against HIV/AIDS in Ethiopia was established; and MOU was signed among member HEIs. Several universities have



developed institutional HIV/AIDS policy aligned to national sectoral & sub-forum's policy & strategy framework, established dedicated office for coordination of response, and allocated resources. However, it is clear that these responses are far from adequate considering the magnitude of the problem. Hence, this strategic plan is formulated to enhance the above responses and address the existing gaps identified (vide Table 1). The proposed strategic document aims to provide guidance, decision making and strategic direction for AIDS response in HEIs within the overall scope of the SPM II and its road map.

This SPM will be implemented for the coming three years essentially through spearheading or coordination and facilitation of HEIs Partnership Coordination office and in harmony with FMOE, FHAP-CO, strategic collaborators of the sectors, member HEIs, NGOs, donors, federal and regional sector institutions working in the field.

| Strength | Weakness |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Establishment of HEIs Partnership sub forum | Inadequate mainstreaming into curriculum, research & training programs |
| Endorsement of HEIs Partnership sub forum's policy and strategy framework. | Activities poorly guided by evidence & poor communication system |
| Presence of focal persons and offices in the majority of HEIs | HIV/AIDS and/or SRH services not user-friendly & not integrated |
| Presence of ICT service. | Inadequate leadership commitment and limited implementation capacity |
| Presence of institutional HIV/AIDS policies in some HEIs | Absence of workplace policy in most of HEIs Lack of inclusion of HIV/AIDS issues in the legislation & senate representation in many HEIs |
| Active involvement of students in HIV/AIDS intervention | Poor coordination with partners & community outreach services Poorly addressed gender inequalities & GBV |
| Initiation toward working with potential partners | limited resources (human and material) Lack earmarking up to 2% budget allocation for mainstreaming |
| Presence of highly qualified and diversified professionals | Poor contextualization and standardization of interventions Poor monitoring and evaluation Absence of AIDS fund and adequately allocated budget |
| Opportunity | Threats |
| Presence of international and national concern. | Misuse of internet technology |
| Presence of university community in localized areas and easy accessibility | Immense effects on the productive work force and the youth |
| Presence of Information Technology | |
| Appreciation of the problem by external stakeholders and the community. | Incurability of the HIV AIDS |
| Presence of partners working on HIV/AIDS & other national forums | Influence of surrounding environment (night clubs, khat, shisha houses, pimpers, etc) |
| Presence of national policies, guidelines, programs and decentralized structure. High level of awareness about HIV/AIDS/SRH | Socio-economic differentials of target community |

Scope and Application

This SPM embodies the HEIs, their community and surrounding communities geared towards their commitment to effectively respond to the pandemic in a socially responsible and institutionally effective manner. It will be applied in all the communities of private and public HEIs and the surrounding communities.

Thematic areas were identified following a thorough analysis of the HIV/AIDS response undertaken by HEIs. These include:

- Creating enabling environment
- Intensifying HIV prevention
- Strengthening Treatment, Care and Support service to mitigate impacts of the epidemic.
- Strengthening the generation of strategic information through research
- Monitoring and evaluation.

Part Two: Vision, Mission, Goal and Strategic Objectives

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 HEIs 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 HEIs population and the community through enhanced services, capacity and improved system.

Strategic Objective


To create conducive environment for reducing rate of new infection, mitigating impact of the epidemic and generation and utilization of strategic information.

Part Three: Guiding Principles

The fundamental guiding principles of this SPM are:


- **Sense of Urgency:** Education is considered as a ‘social vaccine’ while targeted information and communication are instrumental for achieving the desired attitude and behaviour change, reduction of risks and vulnerabilities as well as mitigation of the impact of the epidemic. The HEIs must, therefore, act immediately, conceptualizing the multi-dimensional nature of HIV/AIDS responses as a matter of urgency.
- **Commitment, Ownership and Sustainability:** HEIs communities should ensure that HIV/AIDS become a prime focus area in teaching, research, training and community involvement services and spearhead the overall HIV/AIDS management with a sense of fostering institutional ownership, commitment and sustainability through advocacy, effective communication, and allocation of adequate resources at all level of their core business.
- **Partnership and Multi-sectoral Approach:** Given the complex and multi-dimensional nature of HIV/AIDS, HEIs should work in harmony and partnership with core ministries, community based organizations, private sector, nongovernmental organizations, religious organizations, PLHIV and other collaborators. Multi-sectoral approach of strategic partnership effort has to be fine-tuned with the legal and local contexts of the HEIs and partners with a view to ensuring synergy for effective implementation of this policy framework.

- **Human Rights:** The policy framework emanated from the general principles and perspectives of human rights in light of HIV/AIDS prevention and control. In the spirit of descent work and respect for human right and dignity of HIV positive or affected person by HIV/AIDS, there should be no discrimination on the basis of real or perceived HIV status.
- **Efficient utilization of resources:** HEIs shall recognize that there is an increasing realization that there are multitude of possible interventions that can be pursued in reducing risks and vulnerabilities averting the spread of HIV and mitigating the impacts on HEIs and the community at large. The application of this policy framework shall be fine-tuned with measuring the performances of HIV/AIDS responses of all public and private HEIs with the focus of innovative, effective and efficient use of resources
- **Harmonization and Mainstreaming:** 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, this policy framework fosters effective mainstreaming of HIV/AIDS interventions into everyday core businesses of all HEIs. The policy framework critically emphasizes on the importance of standard and comprehensive HIV/AIDS responses into all aspects of work, participatory planning, allocation of adequate budget and human resources, innovative and result-oriented implementation,



systematic monitoring and evaluation. All HEIs shall ensure that the HIV/AIDS related transformational planning, implementation and monitoring should be well coordinated, standardized and harmonized to related national policies and strategies.

- **Gender Sensitivity and Responsiveness:** It is well known that HIV/AIDS affects and has different impacts on men and women due to biological, economic and socio-cultural factors. All key thematic areas of this SPM will consider and be applied with respect to the different risks and vulnerabilities of both genders.
- **Holistic Wellness Approaches:** Beyond the development and maintenance of key partnerships, supporting more comprehensive broader issues of sexual health as a key element of health and wellness for the targeted population requires clear and consistent communication. This will provide an opportunity to work together to advance a public health approach to sexual health that includes HIV prevention as one component and helps to prevent HIV/AIDS related co-morbidities.
- **Evidence-Based Interventions:** All HEIs shall proactively develop evidence-based strategies, knowledge transfer practices that take the implementation of key focus areas into account with due attention to continuous learning and research contexts.

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- **Greater Involvement of People Living with HIV (GIPA):** Greater involvement of people living with HIV should be ensured in all programs of HIV/AIDS prevention and control at all levels.
 - Addressing the special HIV/AIDS related needs of people with disabilities.

Part Four : - Thematic areas

4.1. Enabling Environment (Including Strategic Management)

This thematic area emphasizes on leadership, capacity building, mainstreaming, partnership and community involvement, which are crucial elements for creating enabling environment to intensify comprehensive HIV/AIDS response in HEIs.

General objective: - To create a conducive environment for scaled up and comprehensive HIV/AIDS response in HEIs.

4.1.1. Leadership and Governance

Specific objective: To ensure responsiveness and accountability in the leadership and governance of HIV/AIDS response in the HEIs of Ethiopia.

Strategies:

1. Build the capacity of the leadership and governing bodies at various levels of HEIs.

Interventions:

- Provide training on HIV/AIDS strategic leadership for HEIs governing bodies
- Conduct experience sharing visit for good governance on HIV/AIDS
- Scale up and document the best practices of the HEIs

- Conduct sub forum review meetings
- Conduct general assembly meetings

2. Avail updated information on HIV/AIDS situation and response to leadership and governance of the HEIs.

Intervention:

- Disseminate performance reports on the epidemic and responses in HEIs

3. Ensure the inclusion of HIV/AIDS programs and budget in the institutions' plan.

Interventions:

- Prepare HIV/AIDS plan with the HEIs strategic/ operational plan
- Allocate budget for HIV program in HEIs

4. Ensure the development of HIV/AIDS work place policy.

Intervention:

- Develop/amend, and endorse HIV/AIDS work place policy in HEIs

4.1.2. Capacity Building

Specific objective: To build the capacity of the institution for the implementation of HIV/AIDS programs.

Strategies:

1. Strengthen the capacity of HIV/AIDS program coordinators.

Interventions:

- Establish/strengthen HIV/AIDS program coordinating office in HEIs
- Provide training for coordinators of the HIV/AIDS program in HEIs
- Empower HIV/AIDS program coordinators in HEIs
- Establish/strengthen the capacity of anti-AIDS clubs in the institutions

2. Equip the HIV/AIDS program coordinating office and service provision centers of HEIs.

Interventions:

- Capacitate the coordinating office with necessary human and material resource
- Establish/strengthen mini media and AIDS Resource centers
- Establish/strengthen standardized health facilities in HEIs

4.1.3. Mainstreaming

Specific objective: To enhance and sustain the HIV/AIDS response in the HEIs.

Strategies:

1. Strengthen the ownership of HIV and AIDS programs in HEIs.

Interventions:

- Implement M and E manual in HEIs
- Include the HIV/AIDS programs in the HEIs' core and support business

2. Ensure the mainstreaming of HIV/AIDS issues into the existing curriculum.

Interventions:

- Conduct training on curriculum designing or integration
- Develop course curriculum and syllabus
- Develop standardized stand alone course on HIV/AIDS
- Integrate HIV/AIDS in the existing curriculum
- Provide comprehensive training on HIV/AIDS for academic staff

4.1.4. Partnership and coordination

Specific Objective: Enhance partnership and collaboration to avoid duplication of effort and maximize effectiveness.

Strategies:

1. Ensure the existence of joint planning among HEIs and partners.

Interventions:

- Strengthen the HEIs Partnership Forum
- Facilitate experience sharing among HEIs and concerned bodies
- Conduct joint operational plan development with stakeholders
- Sign MOU with concerned parties

4.1.5. Community Involvement

Specific objectives: To strengthen collaboration between the community of HEIs and the external community.

Strategies:

1. Scale up involvement of the surrounding community on HIV/AIDS responses.

Intervention:

- Conduct community sensitization workshop
- Establish joint committee comprising of members from the surrounding community and the HEIs

4.2. Prevention

There were enormous efforts by the government of Ethiopia to increase the availability and accessibility of HIV prevention services for beneficiaries in HEIs and surrounding community. However, the results of some study papers revealed that the scale of primary HIV prevention efforts was insufficient to stop the progress of the HIV epidemic in HEIs. Moreover, primary HIV prevention efforts must target non-infected individuals that are vulnerable and at risk to HIV infection.

Even though there is a need to expand treatment, care and support services further, prevention of new HIV infections needs to remain the cornerstone of the HEIs HIV response in Ethiopia. Creating comprehensive HIV knowledge, increasing self-risk perception and promoting behavioural changes at HEIs and surrounding community level must be intensified to maximize the yield of efforts.

To achieve maximum impact, prevention of new HIV infection should utilize a combination of proven behavioral, structural and bio-medical approaches. HIV prevention strategies and interventions need to be evidence based and should work in a concerted manner towards shared prevention goals. Under this thematic area, there are three sub-thematic areas: behavioral, structural and bio-medical HIV prevention approaches.

General objective:

- To reduce the rate of new infection among HEIs' community.

4.2.1. Behavioural HIV Prevention

Specific Objectives:

- To increase comprehensive knowledge on HIV/AIDS in HEI community
- To reduce risky behaviours of STI/HIV and SRH problems among HEI students
- To improve health seeking behaviour for HIV services such as HCT, and use of condoms among sexually active populations (student & staff)

Strategies:

1. Strengthen HEIs based HIV prevention interventions.

Interventions:

- Develop minimum package of preventive services in HEIs targeted staff and students
- Adapt training manuals on prevention of HIV and SRH issues and problems
- Provide facilitators training on peer education, community conversations, life skill and other relevant areas as appropriate
- Develop/revise/update, produce and distribute HIV/AIDS, SRH education and other IEC/BCC materials on HIV and SRH issues

- Conduct orientation on HIV prevention and SRH problems
- Provide training (peer education, life skill, campus life community conversation, SISTA, mentorship) and other relevant training deemed necessary among HEIs students
- Conduct talk shows, debates and panel discussion in campuses

2. Strengthen work place HIV prevention interventions.

Interventions:

- Sensitize the HEIs community on the national organizational conversation guidelines and training manuals
- Provide TOT on organizational conversation
- Conduct organizational conversation
- Promote consistent use of condom
- Conduct condom promotion and distribution

4.2.2. Biomedical prevention

Specific objectives:

- To increase demand for, availability and use of biomedical HIV and SRH preventive services including HCT, PEP and post-abortion care
- To increase supply, distribution and utilization of male/female condoms
- To increase STI diagnosis and treatment
- To increase access for positive prevention

- To establish referral linkages for services not available in HEIs health facilities (for HIV testing, treatment, and post-abortion care)

Strategies:

1. Ensure access and enhance uptake of HIV counseling and testing, and SRH services.

Interventions:

- Educate the HEIs community on benefits of HIV testing through peer education, media, brochures, etc
- Provide training to HCT service providers at student clinics
- Provide HCT IEC/BCC materials to HEIs community
- Provide HCT IEC/BCC materials with brail for the visually impaired where necessary
- Provide uninterrupted supply of test kits and other medical equipment
- Apply IP practices and utilize PEP

2. Increase availability and utilization of STI services

Interventions:

- Establish STI programs at HEIs clinics, health centers and hospitals
- Intensify health information and education to improve treatment seeking behavior and utilization of STI services
- Provide drugs and supplies pertinent to STI in all HEIs health facilities

- Train health care workers on user friendly STI services
- Provide STI services at HEIs health facilities
- Promote/encourage sexual partner notification during STI case detection

3. Intensify prevention among HIV positives in HEI community

Interventions:

- Provide HIV information, education and risk reduction education and counseling for infected people
- Strengthen HIV counseling for students and staff living with HIV and AIDS
- Provide education on correct and consistent condom use for PLHAs
- Distribute condoms

4.2.3. Structural prevention

Specific objectives:

- To mainstream HIV/AIDS, SRH and gender issues in HEI structures and programs
- To establish a system that provides academic, economic and counseling support to female students
- To improve HEIs community knowledge, attitude and practices on GBV and SRH issues, and prevention and mitigation services

Strategies:

1. Ensure inclusion of gender issues into HEIs HIV/AIDS/SRH program.

Interventions:

- Include gender issues related to HIV/AIDS and SRH in program activities of HEIs
- Include gender related issues in relevant policies/or strategies and guidelines of HIV/AIDS programs of HEIs
- Strengthen working relationship between HIV/AIDS and gender coordination offices

2. Strengthen psychosocial and academic support for female students

Interventions:

- Establish/strengthen student counseling services in HEs
- Organize orientation programs for new entrance female students
- Provide materials for needy female students
- Identify females at need of academic and financial support and link to support (tutorials, stationary, books, sanitation/hygiene supplies)
- Arrange financial, skills development and other IGAs support for drop-outs
- Facilitate transportation support during entrance and vacation mobility for students collaboration with relevant sectors.

3. Protect human rights and provide legal support.

Interventions:

- Conduct sensitization workshop on human rights, women right & GBV
- Incorporate gender based violence issue in student code of conduct
- Advocate about GBV (such as measures, code of conduct....)
- Provide legal support for female students at HEIs in case of GBV
- Effect disciplinary actions for violation of GBV code of conduct in HEIs community

4.3. Treatment, Care & Support

Under this thematic area, due attention is given to ensure the greater involvement of affected and infected people by providing necessary support to improve quality of life and mitigate health and economic impact.

General objective:

- To mitigate health and socio-economic impacts of HIV/ADS through improving access and quality to treatment and livelihood of the needy HEIs students and staff PLHIV

Specific Objective:

- To improve access to treatment for people with AIDS
- To avail care and support services for affected and infected HEIs communities

Strategies:

1. Improve access to treatment for PLHIV.

Interventions:

- Counsel and identify PLHIV who require ART services
- Strengthen ART services or establish linkage with ART facilities
- Provide treatment adherence counseling and follow up

2. Strengthening involvement of the HEIs in care and support.

Interventions:

- Organize fund raising events for care and support services
- Establish/strengthen AIDS social support clubs
- Support establishment of HEIs PLHIVs associations
- Train care providers, including volunteers and family members on care and support
- Provide care and support services as per the national package including psychosocial, economic, placement, and educational support

3. Strengthening income generating activities to sustain the program.

Interventions:

- Establish AIDS fund

- Identify care and support needs and gaps among the PLHIV in HEIs
- Map care and support service providing organizations in the surrounding areas of the HEIs and establish referral linkage
- Engage the PLHIVs in HEIs on IGAs

4.4. Research

Conducting research to solve the socio-economic problems of the country is the main core mandate for which the HEIs are established. HIV/AIDS is one of the urgent socio-economic problems of the country which the HEIs is expected to intensely engage in generating evidences for the prevention, treatment and impact mitigation interventions in the HEIs and the country.

General objective: To generate evidence based information that addresses the existing and emerging HIV/AIDS challenges in the HEIs and country at large.

Specific objectives:

- To identify risk and vulnerability factors in the HEIs and community
- To investigate the impacts of HIV/AIDS illness on HEIs & community
- To document and disseminate experiences, lessons and best practice
- To inform key policy and strategic decisions related to HIV/AIDS and SRH

Strategies:

1. Identify research gaps, needs and priority areas.

Intervention:

- Conduct survey to identify gaps and priority areas
2. Allocate necessary resources for research on HIV/ AIDS & SRH

Interventions:

- Based on research plan, mobilize budget or fund for research undertakings
 - Ensure logistic support: space, time, data processing materials and stationary
 - Organize capacity building trainings on research priority setting, proposal development, conduct of field work, analysis and scientific writing to ensure technical quality
 - Establish/strengthen research partnership with other centers of excellence and program stakeholders
3. Coordinate, guide and conduct research work and its use.

Interventions:

- Conduct base line survey on KAP and vulnerability
- Conduct preventive and curative HIV/AIDS researches
- Perform cost-benefit analysis of HIV/AIDS interventions

- Undertake outcome and impact studies of HIV interventions
- Establish database for access and use of research outputs
- Conduct validation and dissemination workshops and technical seminars

4.5. Monitoring and evaluation

Monitoring and evaluation of HIV/AIDS response in HEIs will focus on tracking the progress on attaining results and its system will be strengthened to improve program performance. Outcomes and impacts of the response will be monitored and evaluated by conducting surveillances, surveys, and studies. Moreover, appropriate indicators will be selected with clear targets for each thematic area for whole period of the SPM I and annually.

The HEIs Partnership Forum, in collaboration with FHAPCO and other stakeholders, is responsible for the coordination of the multi-sectoral monitoring and evaluation, and will conduct semi-annual and annual joint review meeting and joint support supervision at national level. Similarly, the HIV/AIDS response coordination units of HEIs will coordinate HIV/AIDS monitoring and evaluation at their respective institution levels and they will report quarterly report to the Coordination Office of the HEIs Partnership Sub Forum against HIV/AIDS in Ethiopia

General Objective: To ensure timely generation and utilization of information to enhance evidence-based decision making.

Specific Objectives:

- To ensure the generation of quality data from routine program monitoring and evaluation
- To disseminate and utilize strategic information to guide program planning and improvement

Strategies:

1. Strengthen the capacity for monitoring and evaluation.
 - Assign HIV/AIDS M and E officer at multi level
 - Develop/adopt M&E implementation manual and training manual
 - Conduct training for M&E officers
2. Strengthen timely generation of quality information.

Interventions:

- Implement HIV/AIDS indicators within the HEIs monitoring and evaluation systems
 - Conduct regular supportive supervision
3. Enhance dissemination and utilization of information.

Interventions:

- Prepare, print and distribute HIV/AIDS M&E reports regularly

Part Five : - Detail Matrix for Thematic Areas

| Selected Strategies | Interventions | Targets | Key Indicators | Source of Verification | Lead Agency |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------|------------------------|--------------------------------------------------------------------|
| Thematic area One:-Enabling Environment (including strategic management) | | | | | |
| General Objective: - To create a conducive environment for scaled up and comprehensive HIV/AIDS response in HEIs. | | | | | |
| Sub thematic area 1.1 Leadership and Governance | | | | | |
| Specific Objectives | | | | | |
| To ensure responsiveness and accountability in the leadership and governance of HIV/AIDS response in the HEIs of Ethiopia | | | | | |
| Build the capacity of the leadership and governing bodies at various level of HEIs | Provide training on HIV/AIDS strategic leadership for HEIs governing bodies | 10 leaders from each HEI *72 HEIs per year for 3 years. (2,160) | The number of leaders trained | Report | HEIs Partnership Sub Forum, University HIV coordinating office MOE |
| | Conduct experience sharing visit for good governance on HIV/AIDS in HEIs | 30 per year for 3 years (90) | The number of people participated in Experience sharing visits | Report | MOE, HEIs Partnership Sub Forum |
| | Scale up and document the best practices of the HEIs | 3 best practices documentation per year for 3 years (9) | The number of best practices documents | Report | MOE, HEIs Partnership Sub Forum |
| | Conduct sub forum review meetings | 600(100 per meeting * 2*3) | The number of people participated on review meeting | Report | HEIs Partnership Sub Forum, MOE |
| | Conduct general assembly meetings | 200 participants per year for 3 years (600) | The number of people participated on general assembly | Report | HEIs Partnership Sub Forum, MOE, FPAACO |
| Avail updated information about HIV/AIDS Situation and response to leadership and governance of the HEIs. | Disseminate performance reports on the epidemic and responses in HEIs | 4 performance reports per year for 3 years (12) | The number of performance reports disseminated | Report | HEIs Partnership Sub Forum, University HIV coordinating office |

| Selected Strategies | Interventions | Targets | Key Indicators | Source of Verification | Lead Agency |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------|------------------------|-----------------------------------------------|
| Ensure the inclusion of HIV/AIDS programs and budget in the institutions' plan. | Prepare HIV/AIDS plan with the HEIs strategic/operational plan. | 1 operational plan per year for 3 years. (3) | The number of periodical reviews conducted | Report | MOE, HEIs Partnership Sub Forum |
| Ensure the development of HIV/AIDS work place policy | Allocate budget for HIV program in HEIs | 72 HEIs | The No of universities allocated budget | Report | MOE, HEIs Partnership Sub Forum |
| | Develop/amend ,and endorse HIV/AIDS work place policy in HEIs | 72 HEIs | Number of policies developed/amended, and endorsed. | Report | HEIs Partnership Sub Forum, HEIs |
| Sub-thematic area 1.2 Capacity Building | | | | | |
| Specific Objectives: - To build the capacity of the institution for the implementation of HIV/AIDS programs. | | | | | |
| Strengthen the capacity of HIV /AIDS program coordinators | Establish/Strengthen HIV/AIDS program Coordinating office. | 1 in each HEI (72) | Number of HEIs with established/strengthened coordinating office. | Report | HEIs, HEIs Partnership Sub Forum, MOE |
| | Provide updated training for coordinators of the HIV/AIDS program in HEIs | 1 coordinator per HEI per year (216) | Number of coordinators trained | Report | HEIs Partnership Sub Forum, MOE |
| | Empower the HIV/AIDS program coordinators in HEIs | 1 in each HEIs (72) | Number of focal persons empowered | Report | HEIs, HEIs Partnership Sub Forum |
| | Establish/strengthen the capacity of anti-AIDS clubs in the institutions | 1 club per campus of HEIs | Number of Anti AIDS clubs established/strengthened | Report | HEIs, MOE, HEIs Partnership Sub Forum |
| | Capacitate the coordinating office with necessary human and material resource | 1 in each HEIs | Number of HEIs coordinating offices equipped | Report & supervision | MOE, HEIs Partnership Sub Forum, HEIs |
| Equip coordinating office and service provision centers. | Establish/strengthen ARC and Mini media in HEIs | 1 per each HEIs | Number of ARC centers and the number of mini medias establish/strengthened | Report | FHAPCO, HEIs, MOE, HEIs Partnership Sub Forum |

| Selected Strategies | Interventions | Targets | Key Indicators | Source of Verification | Lead Agency |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------|
| | Establish/strengthen standardized health facilities in HEIs. | 1 per campus of HEIs | Number of standardized health facilities established/strengthened | Report | FMOH, MOE, HEIs Partnership Sub Forum, HEIs |
| Sub thematic area 1.3 Mainstreaming | | | | | |
| Specific objective: To enhance and sustain the HIV/AIDS response in the HEIs. | | | | | |
| Strengthen the ownership of HIV and AIDS programs in HEIs | Implement M & E manual/ format on HIV/AIDS mainstreaming programs. | 72 HEIs | Number of HEIs implementing M and E. | Report | HEIs, HEIs Partnership Sub Forum, MOE |
| | Include the HIV/AIDS programs in the HEIs core and support business | 72 HEIs | Number of universities included the HIV/AIDS programs in their core and support business | Report | MOE, HEIs, HEIs Partnership Sub Forum |
| Ensure the mainstreaming of HIV and AIDS issues in to the existing curriculum | Conduct training on Curriculum Designing or integration | 150 (2 per HEIs) | Number of trainees participated | Report | HEIs, MOE, HEIs Partnership Sub Forum |
| | Develop course curriculum, syllabus. | 72 | Number of universities developed stand alone course | Report | HEIs, MOE, HEIs Partnership Sub Forum |
| | Develop standardized stand alone course manual | 1 | Developed stand alone course manual | Report | MOE, HEIs Partnership Sub Forum, HEIs, MOE, HEIs Partnership Sub Forum |
| | Integrate HIV/AIDS in the exiting curriculum | 72 HEIs | Number of HEIs integrated in their existing curriculum | Report | HEIs, MOE, HEIs Partnership Sub Forum |
| | Provide comprehensive training on HIV/AIDS for academic staff | 20 staff per HEI per year for 3 years (4320) | Number of people participated | Report | HEIs, HEIs Partnership Sub Forum |
| Sub thematic area 1.4 Partnership and coordination | | | | | |
| Specific Objective:- Enhance partnership and collaboration to avoid duplication of effort and maximize effectiveness | | | | | |
| Ensure the existence of Joint planning among HEIs and partners | Strengthen the HEIs partnership Forum | 1 forum | HEIs sub forum strengthened | Report | MOE, FHAPCO |
| | Organize consultative meetings with partners | 150 per year for 3 years. (450) | Number of people participated on the consultative meeting | Report | MOE, HEIs Partnership Sub Forum |
| | Conduct joint operational plan development with stakeholders | 1 per year | Plan developed jointly | Report, document | HEIs Partnership Sub Forum, HEIs, Stakeholders |
| | Sign MoU with concerned parties | 1 per year per HEIs (3 in each HEIs for years) | Number of MOU signed | Document | MOEU, HEIs, partners |

| Selected Strategies | Interventions | Targets | Key Indicators | Source of Verification | Lead Agency |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------|------------------------|---------------------------------------|
| Sub thematic area 1.5 Community involvement | Strengthen collaboration between the community of HEIs and external community. | | | | |
| Specific objectives:- | To strengthen collaboration between the community of HEIs and external community. | | | | |
| Community sensitization on HIV/AIDS | Conduct community sensitization workshop | 2 per year per HEIs for 3 years | Number of participants | Report , | HEIs |
| | Establish committee comprising members from the surrounding community and the HEIs. | 1 in each HEIs (72) | Number of HEIs established HEIs & community committee | Report | HEIs, surrounding community leaders |
| Thematic area Two: - Prevention | | | | | |
| General Objective:- | | | | | |
| To reduce the rate of new infection at HEI 's | | | | | |
| Sub thematic area 2.1:- Behavioral HIV prevention approach | | | | | |
| Specific Objectives | | | | | |
| To increase comprehensive knowledge on HIV/AIDS in HEI community | | | | | |
| To reduce risky behaviors STI/HIV and SRH problems among HEI students | | | | | |
| To improve health seeking behaviour for HIV services such as HCT, and use of condoms among sexually active populations | | | | | |
| To increase comprehensive knowledge on HIV/AIDS in HEI community | | | | | |
| Strengthen HEI based HIV prevention interventions | Develop minimum package of preventive services in HEIs | 1 document | Number of documents developed | Report | HEIs, HEIs Partnership Sub forum |
| | Adapt training manuals on prevention of HIV and SRH issues and problems | 6 manuals adapted | Number of manuals adapted | Report | HEIs Partnership Sub Forum |
| | Provide facilitators training on peer education, community conversations, life skill and other relevant areas as appropriate | 6*72*3=1296 | Number of facilitators trained | Report | HEIs, HEIs Partnership Sub Forum, MOE |
| | Develop/revise/update, produce and distribute HIV/AIDS, SRH education and other IEC/BCC materials on HIV and SRH issues | 72*3=216 type of materials (1 type of material produced per HEIs per year) | Number of type of materials produced | Report | HEIs, HEIs Partnership Sub Forum, MOE |
| | Conduct orientation on HIV prevention and SRH problems | 1*72*3=216(1 orientation per HEI per year) | Number of orientation provided | Report | HEIs, HEIs Partnership Sub Forum |
| | Provide training (Peer education, Life skill, campus life community conversation, SISTA, mentorship) and other relevant training deemed necessary among HEIs students | 6*40*72*3=51840 (6 types of training per HEI per year) | Number of trainees trained | Report | HEIs/HEIs Partnership Sub Forum, MOE |
| | Conduct talk show panel discussion in campus | 2*72*3=432 (2 per year per HEI) | Number of discussions conducted | Report | HEIs, HEIs Partnership Sub Forum |
| Strengthen work place HIV prevention interventions | Sensitize the HEIs community on the national OC guidelines and training manuals | 100*72*3=21600 (1 per year per HEI) | Number of participants participated | Report | HEIs, HEIs Partnership Sub-Forum |

| Selected Strategies | Interventions | Targets | Key Indicators | Source of Verification | Lead Agency |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------|-----------------------------------------|
| | Conduct organizational conversation | 72 HEIs | Number of HEIs conducted OC | Report | Head of HEI, HEIs Partnership_Sub Forum |
| | Conduct condom distributions | 450,000*30%*52*3=21,060,000 (no of sexually active student used condoms in three year in all HEIs | Number of condoms distributed | Report | HEIs |
| | Promote consistent use of condom | 3 promotion per year per HEI | Number of promotion sessions conducted | Report | HEIs, HEIs Partnership Sub-Forum |
| Sub thematic area 2.2.-: Biomedical Prevention | | | | | |
| Specific Objectives | | | | | |
| To increase demand for availability and use of biomedical HIV and SRH preventive services including HCT, PEP and post-abortion care | | | | | |
| To increase supply, distribution and utilization of male/female condoms | | | | | |
| To increase STI diagnosis and treatment | | | | | |
| To increase access for positive prevention | | | | | |
| Ensure access and enhance uptake of HIV counseling and testing; and SRH services s | Educate the HEIs community on benefits of HIV testing through peer education, media, brochures, etc | 4*72*3=864 (4 sessions per HEIs per year) | No of sessions provided | Report | HEIs |
| | Provide training to HCT service providers at student clinic's | 2*72*2=288 (2 training for 2 HCT service providers per HEIs in three year) | Number of trainees trained | Report | HEIs Partnership Sub Forum, MOE |
| | Provide HCT IEC/BCC materials to HEIs community | 1*72*3=216 (1 HCT IEC/BCC materials distributed per HEIs per year) | Number of HCT IEC/BCC materials distributed. | Report | HEIs |
| | Provide HCT IEC/BCC materials with brail for visually impaired where necessary | 1*72*3=216 (1 HCT IEC/BCC materials with brail distributed per HEIs per year) | Number of HCT IEC/BCC materials distributed. | Report | HEIs, HEIs Partnership Sub Forum |
| | Provide uninterrupted supply of test kits and other medical equipment. | 1*72=72 (72 HEIs HF provided with package services) | Number of Health facilities equipped | Report | HEIs, HEIs Partnership Sub Forum |
| Increase availability and utilization of STI services | Apply IP practices and utilize PEP | 72HEIs HFC | Number of health facilities provided with IP and PEP | Report | HEIs |
| | Establish/strengthening STI programs at HEIs clinics, health centers and hospitals | 72 (1 per HEIs | Number of HEIs with STI programs | Report & site visit | HEIs, HEIs Partnership Sub Forum |
| | Intensify health information and education to improve treatment seeking behavior and utilization of STI services. | 100% distribute Targeted IEC/BCC material. | % of HEIs distributed IEC materials | Report | HEIs |

| Selected Strategies | Interventions | Targets | Key Indicators | Source of Verification | Lead Agency |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------|--------------------------------------|
| | Provide drugs and supplies pertinent to STI in all HEIs health facilities | All HEIs | Number of facilities reporting adequate stock of drugs and supplies (percent) | Report | HEIs |
| | Train health care workers on user friendly STI services. | 2*72*3=432 (2 HCW per HEIs per year) | Number of trained personnel | Report | HEIs Partnership Sub Forum, HEIs |
| | Provide STI services at HEIs health facilities. | All HEI facilities | Number of health facilities providing STI services | Report & supervision | MOE, MOH |
| | Promote/encourage sexual partner notification during STI case detection. | All STI clients | Number of STI notifications (%) | Report | HEIs |
| Intensify prevention among HIV positives in HEI community | Provide HIV information, education and risk reduction education and counseling for infected people | 100% distribute Targeted IEC/BCC material | % of HEIs distributed IEC materials | Report | HEIs |
| | Strengthen HIV counseling for students and staff living with HIV and AIDS | All PLHIVs in HEIs will get the service | Number of service beneficiaries | Report | HEIs |
| | Promote consistent condom use for PLHAs | 1*72*3=216 (PLHIVs targeted IEC/BCC for condom promotion per year per HEIs) | Number of IEC/BCC material distributed | Report | HEIs |
| Sub thematic area 2.3:- Structural | | | | | |
| To establish a system that provides academic, economic and counseling support to female students | | | | | |
| To improve HEIs community knowledge attitude and practices on GBV and SRH issues, and prevention and mitigation services | | | | | |
| | Include gender related issues in relevant policies or strategies and guidelines of HIV/AIDS programs of HEIs | % of HEIs incorporated gender issues | % of HEIs that incorporated gender issues in their programs | Report/observation | HEIs Partnership Sub-forum , HEIs |
| Ensure inclusion of gender issues in HEIs HIV/AIDS/SKH program | Strengthen working relationship between HIV/AIDS and gender coordination offices | 2 guidelines per HEI | No of guidelines developed | Report/checkup | HEIs, HEIs Partnership Sub-form |
| | Establish/strengthen student counseling services in HEIs | All HEIs (100%) | Number of HEIs established unit | Report/observation | HEIs, HEIs Partnership Sub-forum |
| Strengthen psychosocial and academic support for girl students | Organize orientation programs for new entrance girl students | 1 per year per HEI | Number of councils established or strengthened | Report | HEIs |
| | Provide materials for needy female students | 20000 female students/5% + annual contingency/year | Number of orientation programs provided | Report | HEIs Partnership Sub-forum |
| | | | Number of female students received material support | Report | HEIs Partnership Sub-forum MOE, HEIs |

| Selected Strategies | Interventions | Targets | Key Indicators | Source of Verification | Lead Agency | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------|------------------------|-----------------------------------------|--|
| Protect human rights and provide legal support | Provide academic support for needy female students | (50%) of female students | Proportion of female students academic support | Report | HEIs Partnership Sub-forum MOE, HEIs | |
| | Arrange financial, skills development and other IG support for drop-outs | All needy drop out female students | Number of female students received support | Report | HEIs | |
| | Facilitate transportation support during entrance and vacation mobility for students in collaboration with relevant sectors | 12 programs arranged | Number of programs arranged | Report | HEIs | |
| | Conduct sensitization workshop on human rights, women right, & GBV | 1 guideline per HEI | Number of guideline developed | Report/observation | HEIs, HEIs Partnership Sub-forum, MOE | |
| | Incorporate gender based violence issue in student code of conduct | 1 code of conduct inclusive of GBV | Number of GBV issues incorporated | Report | HEIs, HEIs Partnership Sub-forum, MOE | |
| | Advocate about GBV (such as measures, code of conduct,...) | 6 sessions per HEIs | Number of advocacy sessions conducted | Report/ observation | HEIs, HEIs Partnership Sub-forum, MOE | |
| | Provide legal support for female students at HEIs in case of GBV | 60000 female students (50%) | Number of female students trained | Report/ observation | HEIs, HEIs Partnership Sub-forum, MOE | |
| | Effect disciplinary actions for violation of policies in HEIs community | All disciplinary breaches in HEIs | Number of disciplinary actions taken | Report/observation | HEIs | |
| | Thematic area Three: - Treatment, Care & Support | | | | | |
| | General objective:- | | | | | |
| To mitigate health and socio-economic impacts of HIV/AIDS through improving access and quality to treatment and livelihood of the needy, HEIs students and staff PLHIVs. | | | | | | |
| Specific Objective: | | | | | | |
| To avail care and support services for affected and infected HEIs communities | | | | | | |
| Improve access to treatment for PLHIVs | Counsel and identify people with PLHIVs who require ART services | All needy PLHIVs who require ART services | Number of PLHIVs who received ART services | Report | HEIs | |
| | Strengthen ART services or establish linkage with ART facilities | 72 HEIs | Number of HEIs provide ART services or referral linkage | Report | HEIs | |
| | Provide treatment adherence counseling and follow up | All needy PLHIVs who receive ART services | Number of PLHIVs who received treatment adherence counseling services and follow up | Report | HEIs | |
| Scale up the involvement of HEIs in care and support | Organize fund raising events for care and support services | 1 per year per HEI | Number of fund raising events | Report/observation | HEIs, HEIs Partnership Sub-forum | |
| | Establish/strengthen AIDS social support clubs | 1 support club per HEI | Number of establish club | Report/observation | HEIs | |
| | Support establishment of HEIs PLHIVs associations | 1 PLHIVs association per HEI | Number of establish association | Report/observation | HEIs | |

| Selected Strategies | Interventions | Targets | Key Indicators | Source of Verification | Lead Agency |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|--------------------------------|-----------------------------------------------|
| Strengthening income generating activities to sustain the program. | Train care providers, including volunteers and family members on care and support | 432 (2 per*72 HEIs*3yrs) members | Number of trainees | Report | HEIs, HEIs Partnership Sub-forum |
| | Provide care and support services as per the national standard package | All needy PLHIVs | Number of PLHIVs receive support | Report/supervision/field visit | HEIs, HEIs Partnership Sub-forum |
| Thematic area Four:-Research General Objective:- To generate evidence based information that addresses the existing and emerging HIV/AIDS challenges in the HEIs and country at large. Specific objective To identify risk and vulnerability factors in the HEIs and community To investigate the impacts of HIV/AIDS illness on HEIs & community; To document and disseminate experiences, lessons and best practice; To inform key policy and strategic decisions related to HIV/AIDS and SRH. | Establish AIDS fund | 1 per HEI | Number of HEI established AIDS fund | Report | HEIs |
| | Identify care and support needs and gaps among the PLHIV in HEIs | 1 per HEI | Number of need assessment conducted | Report | HEIs |
| | Map care and support service providing organizations in the surrounding areas of the HEIs and establish referral linkage. | 1 per HEI | Number of mappings conducted | Report | Report/supervision/field visit |
| Identify research gaps & priority areas Allocate necessary resources for research on HIV/ AIDS & SRH | Engage the PLHIV in HEIs on IGA | All needy PLHIVs | Number of PLHIVs engage in IGA | Report/supervision/field visit | HEIs, HEIs Partnership Sub-forum |
| | Conduct survey to identify gaps and priority areas | One research gaps identified per HEI per year | Number of research gaps identified | HEIs | HEIs Partnership Sub-forum, HEIs |
| Identify research gaps & priority areas Allocate necessary resources for research on HIV/ AIDS & SRH | Mobilize budget/fund for research undertakings | 2 research project funds per HEI per year | Amount of fund mobilized | HEIs | HEIs, HEIs Partnership Sub Forum |
| | Avail logistic support: space, time, data processing materials and stationary | 1 logistic and other resources support per year per HEI | The number of support secured | HEIs | HEIs, MOE, FHARCO, HEIs Partnership Sub forum |
| Identify research gaps & priority areas Allocate necessary resources for research on HIV/ AIDS & SRH | Conduct trainings on research priority setting, proposal development, conduct of field work, analysis and scientific writing to ensure technical quality | 2 training per HEIs per year | Number of training provided | HEIs data base | HEIs, HEIs Partnership Sub Forum, MOE, |
| | Establish/strengthen research partnership with other centers of excellence and program stakeholders | At least one new partnership per HEI per year | Number of partnership established | HEIs report | HEIs |

| Selected Strategies | Interventions | Targets | Key Indicators | Source of Verification | Lead Agency |
|---------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------|---------------------------|---------------------------------------|
| Coordinate, guide and conduct research work and its use | Conduct survey to identify gaps and priority areas | One research gaps identified per HEI per year | Number of research gaps identified | HEIs | HEIs Partnership Sub Forum, HEIs |
| | Mobilize budget/fund for research undertakings | 2 research project funds per HEI per year | Amount of fund mobilized | HEIs | HEIs, HEIs Partnership Sub Forum |
| | Conduct base line survey on KAP and vulnerability | 1 baseline survey per HEI | Number of base line survey conducted | HEIs report | HEIs Partnership Sub Forum, MOE |
| | Conduct preventive and curative HIV/AIDS researches | Two research per year per HEI | Number of researches conducted | HEIs report and data base | HEIs, HEIs Partnership Sub Forum, MOE |
| | Perform cost-benefit analysis of HIV/AIDS interventions | 1 research during the strategic plan duration | Number of research conducted | HEIs report and data base | HEIs, HEIs Partnership Sub Forum, MOE |
| Strengthen timely generation of quality | Undertake outcome and impact studies of HIV interventions | 1 research during the strategic plan duration | Number of research conducted | HEIs report and data base | HEIs, HEIs Partnership Sub Forum, MOE |
| | Establish database for access and use of research outputs | 1 data base per HEI | Number of data base established | HEIs report and data base | HEIs |
| | Conduct validation and dissemination workshops and technical seminars | 2 workshops per HEI per year | Number of workshops conducted | HEIs report and data base | HEIs |
| | Adopt/develop M&E framework/implementation manual. | 1 | M & E framework/implementation manual developed | Document | MOE, HEIs, HEIs Partnership Sub Forum |
| Strengthen timely generation of quality | Conduct training for M&E officers. | 74 | Number of M & E officers trained | Report | MOE, HEIs, HEIs Partnership Sub Forum |
| | Implement HIV/AIDS indicators within the HEIs monitoring and evaluation systems. | 72 | Number of HEIs implemented | Report & document | MOE, HEIs, HEIs Partnership Sub Forum |

Thematic area Five :- Monitoring and evaluation
General Objective: To ensure timely generation and utilization of information to enhance evidence-based decision making.
Specific Objectives:
 To ensure the generation of quality data from routine program monitoring and evaluation
 To disseminate and utilize strategic information to guide program planning and improvement
 Assign HIV/AIDS M and E officer at multi level.
 Strengthen the capacity for Monitoring and Evaluation (M & E)
 Adopt/develop M&E framework/implementation manual.
 Conduct training for M&E officers.

| Selected Strategies | Interventions | Targets | Key Indicators | Source of Verification | Lead Agency |
|------------------------------------------------------|---------------------------------------------------------------|----------------|---------------------------|------------------------|---------------------------------|
| Enhance dissemination and utilization of information | Conduct regular supportive supervision | 72(1 per year) | Number of HEIs supervised | Report | MOE, HEIs Partnership Sub Forum |
| | Prepare, print and distribute HIV/AIDS M&E reports regularly. | 1 | M & E reports produced | Document | HEIs Partnership Sub Forum |

Part Six: Coordination and Mobilization of Resources for the Implementation of the SPM

6.1. Coordination

The current status of HEIs Partnership Sub Forum against HIV/AIDS is weak within and between HEIs and other stakeholders such as MOE, MOH, HAPCO, and other partners' agency. The duplication of these efforts resulted in uneven distribution of resources and lack of standardized interventions. Moreover, experiences and lessons among different actors are not shared and disseminated. The experience to date from various HIV responses projects in several HEIs underscores the need for effective coordination mechanism. Recognizing this, HEIs have initiated a partnership forum against HIV/AIDS. This was clearly spelt out in the MOU of November, 2010, which emphasized the need for a strong coordination mechanism among HEIs. The MOU serves as guide for relations among members HEIs and to facilitate a harmonized approach. However, to effectively undertake this role the Forum needs to be strengthened.

6.1.1. Tasks

The coordination office of the HEIs Partnership Sub Forum against HIV/AIDS in Ethiopia, can play critical roles in harmonization of intervention plans, standardization of implementation guidelines and tools and in supervision and mobilization of resources. It also facilitates documentation of experiences, good practices and lessons from and among HEIs. Furthermore, it can serve as a

liaison among different stakeholders so that number of duplication of effort is minimized and efficient uses of resources.

6.1.2. Inputs

Strengthen the partnership forum with adequate resources, including staffing, office space and communication and other logistics supply and the required budget. To start with, the Forum should have project coordinator to liaise stakeholders, resource mobilization expert, monitoring and evaluation officer and office assistance.

6.1.3. Organizational Structure

Mechanisms for strong linkages between HEIs and the coordination office need to be further defined with clear terms of responsibilities and reporting channels. One proposed approach would be that the coordination office should directly report its performance after getting endorsed by Executive Committee and General Assembly to the Office of State Minister for Higher Education at the Federal Ministry of Education of Ethiopia.

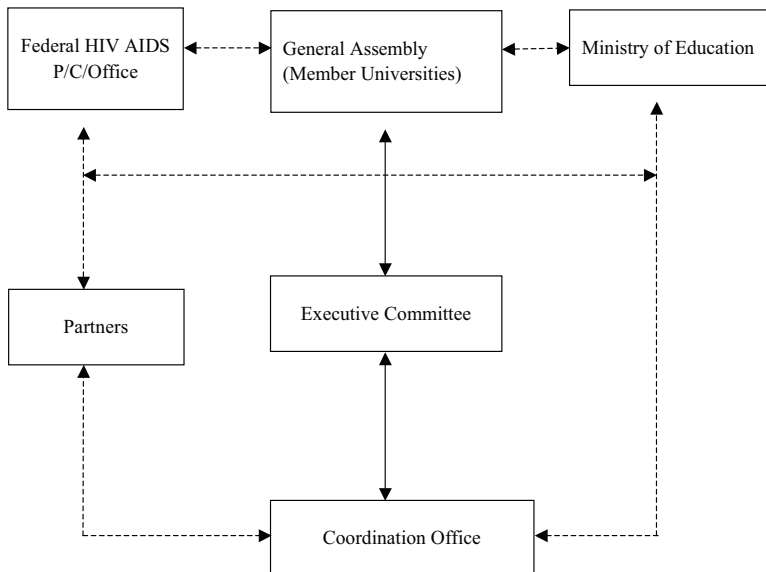
The Forum facilitates regular reporting via the MOE to FHAPCO so that its activities are incorporated into the annual national Multi-sectoral HIV/AIDS implementations progress and performance reports.

The Executive Committee of the Forum is comprised of presidents of eleven HEIs represented from government and privately owned institutions. This committee gives guidance and monitors the overall activities of the coordination office. In return, the

Executive Committee facilitates annual review and reporting of the performance of the coordination office to the General Assembly.

Details on roles and responsibilities of the general assembly, the Executive Committee and the coordination office are described in the MOU for HEIs Partnership Sub Forum against HIV/AIDS in Ethiopia.

Organo-gram of the Higher Education Institutions' Partnership Sub Forum against HIV/AIDS in Ethiopia



6.2. Resource Mobilization

At present, the few ongoing HIV/AIDS response interventions are mainly driven by or initiated by external funding sources including from multi-lateral and bilateral funding agencies channel through NGOs and sub-contractors. While this approach could serve to quick-start new activities and serve as seed grants, there are also limitations and this minimizes efficient use of resource and duplication of efforts. There is weak ownership of projects, too. All these, in the absence of an exit strategy for mobilization of resources would have short span and limited scope of interventions both in coverage and further continuity. To address this gap, it is imperative to have a well-defined project designed incorporating resource strategy.

6.2.1. Inputs

- Identify immediate and intermediate resource needs and budget
- Map of potential resources funding and other resources such as technical expertise, logistic and other supplies as necessary
- Explore mechanisms for expediting the ongoing mainstreaming of HIV/AIDS programs to HEIs and MOE
- Initiate institutional collaboration, as an exit strategy, with internal and external partners including for AIDS research and girls empowerment projects
- Strengthen and establish data base of experts within HEIs for undertaking sub-contracts of projects in the areas of HIV/AIDS research M&E, development of technical guidelines and tools for potential stakeholders

- Organize technical seminars, workshops and educational tours on HIV/AIDS on behalf of stakeholders


6.2.2. Assumptions for Source of Budget and other Resources for Implementation of Strategic Plan

The HEIs Strategic plan for HIV/AIDS response is developed within the SPM II framework as per the guidance from the Forum's policy and strategy framework, and with technical and financial support from FHAPCO, MOH, MOE, MOWCYA, UN agencies (UNICEF, UNAIDS, WHO, UNFPA, UNESCO), and technical partners (NASTAD, PSI, ICAP, CDC, Pathfinder, etc) have identified key strategic interventions for HIV response in HIEs. The Strategy is supported with implementation plan incorporating key activities along with indicators to track progress in implementation. This plan will be primarily implemented by the HEIs directorate and HEIs Forum members, both public and private. The sectoral ministries (MOH and MOE), FHAPCO and other key stakeholders will provide technical and funding support for implementation of the strategic plan.

Critical inputs for execution of the strategic plan include office space with necessary logistic, and human resources budget for implementation of strategic plan activities. While the actual amount of required budget will differ among HEIs and in time, the following need considerations:

Critical assumptions for effective implementation with budgetary support

- Political commitment with meaningful action at all

- 
- levels and in a sustained manner
 - Program ownership by all members of HEIs forum as expressed by endorsement, allocation of resources and leadership to implement the strategic plan
 - Continued support of internal and external stakeholders for technical and funding inputs

While the above assumptions are determinants for the success of the initiative by HEIs forum, even more critical is the availability of required resources for actual implementation of the plan.

6.3. Sources of Funding

The respective HEIs should implement the strategic plan by paying attention to the following requirements:

- Implement mainstreaming in HEIs with allocation of up to 2% of annual recurrent budget for strategic plan
- Allocate sectoral budget from MOE for interventions in HEIs as part of translation of Education Sector HIV/AIDS Policy and Strategy to public health action
- Allocate budget from the national AIDS response budget as part of translating the multi-sectoral response plan and SPM II and its roadmap
- Develop resource mobilization and financial management strategy either as shared service or institution-based approach
- Develop specified proposals within the strategic plan
- Advocate for supporting the strategy- with UN agencies, bilateral stakeholders, NGOs, private sector etc
- Assign membership fee as pool fund from their internal revenue to support the secretariat and its work

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**Higher Education Institutions' Partnership Sub Forum
against HIV/AIDS in Ethiopia
Drafting Committee of the Strategic Plan / SPM 2013-2015/**

| S. No | Name of | | Responsibility |
|-------|---------------------|------------------------------------|-------------------------------------------------------|
| | Participant | University/Organization | |
| 1 | Anteneh Mekonnen | Ethiopian Civil Service University | Coordinator, HIV/AIDS Training and Research |
| 2 | Lemissa Oljira | Haromaya University | Director, HIV/AIDS Prevention and Control Directorate |
| 3 | Dr Tariku Tadele | Hawassa University | Director, HIV/AIDS Prevention and Control Directorate |
| 4 | Kassahun Emiru | Gondar University | HIV/AIDS Coordinator |
| 5 | Tirhas G/medhin | Aksum University | HIV/SRH Coordinator |
| 6 | Solomon Alemayehu | Semera University | Officer |
| 7 | Hailu Marew | Addis Ababa University | A/Coordinator |
| 8 | Belay Abera | Arba Minch University | HAPCO Officer |
| 9 | Miftah Awel | FHAPCO | Planning Expert |
| 10 | Mohammed Abatemam | FHAPCO | M&E Expert |
| 11 | Hadish G/tensay | MOE | HIV Coordinator |
| 12 | Dr. Frehiwot Nigatu | FMOH | HIV/STI Focal Person |
| 13 | Estibel Mitiku | MOWCYA | HAPCO Department Head |
| 14 | Mado Assefa | MOWCYA | Expert |
| 15 | Teshome Admasu | Packard Foundation | Program Associate |
| 16 | Dr. Ayana Yeneabat | UNAIDS | Consultant |
| 17 | Fedesa Tadese | NEP+ | M&E Officer |
| 18 | Philipos Petros | ECSU & HEIs | Head of HAMU & EC Secretary |
| 19 | Abebe Zenebe | St. Mary's University College | Head, Student Wellness Dev't & success service |
| 20 | Belachew Kahsay | Defense University | Coordinator |
| 21 | Mogeus Menna | HEIs P/Forum | Coordinator |
| 22 | Tigist Girma | HEIs P/Forum | A/ Coordinator |
| 23 | Dr. Dereje Beyene | Adama University | HAPCO Coordinator |
| 24 | Abraham Alano | Hawassa University | Joined for review and refine the SPM |

