

## Pilot Learning Woreda HIV/AIDS Fact Sheet: Fogera, Amhara

### REGIONAL AND LOCAL HIV DATA (2007 estimates)

	Adult HIV prevalence rates (percentage of adults (aged 15 – 49) who are infected with HIV)		Adult HIV incidence (percentage of uninfected adults (aged 15 – 49) who become infected in each year)
	rural	urban	
<i>Regional</i>	1.5	9.9	0.32
<i>National</i>	0.9	7.7	0.28

Source: Ministry of Health/HAPCO (2007) *Single Point HIV Prevalence Estimate*

**HIV prevalence data from ante-natal clinics in or close to PLW** (Ministry of Health (2004) *AIDS in Ethiopia, Technical Document for the Fifth Report, Estimates for 2003*):

- **To north:** Addis Zemen Health Centre 4.7%; Gondar Health Centre 10.3%
- **To south:** Bahir Dar Health Centre 13.5%; Bahir Dar Hospital 14.0%; Estie Health Centre 11.7% (2003)

### STAGE OF HIV/AIDS EPIDEMIC IN COMMUNITY

**Towns and more accessible rural areas:** AIDS impacted (HIV prevalence rate and AIDS-related illnesses and deaths noted, high incidence of STDs).

**Remote rural areas:** AIDS impending (HIV prevalence rate high but not yet heavily impacted by AIDS related illnesses and deaths).

### SOURCES OF INFECTION I: HIV-risky environments

**Woreta:** major grain store, road and college construction sites, overnight truck stop, market and trading centre, administrative centre, agricultural TVET college.

**Amed Ber:** market, occasional military camps, local breweries and bars run by people migrating from rural areas, salt lick for livestock.

**Hod Gebeya:** marketing, rice processing, local breweries.

**Wagatera and Nabega PAs:** dry season fishing sites on Lake Tanna.

### SOURCES OF INFECTION II: Bridging populations linking rural community to HIV-risky environments

**People from rural community moving to external environment:**

**Long term:** students.

**Seasonal:** off-season work in other parts of region for two months.

**Short (day) visits:** individuals for marketing, milling, family visits, students (weekly), administrative services from *woreda* and BoA.

**Market-related movements:**

**Honey traders:** sell honey in Addis Ababa.

**Traders** (Woreta town, Alem Ber, surrounding areas): buy grain, livestock and sell in Bahar Dar and other regions.

**Fish traders:** sell dried fish in Sudan.

**People from external environment moving into rural community:**

**General:** BoA staff, DAs, teachers, health care workers, administrative workers, politicians, returnees to community (ex-politicians, ex-servicemen, people returning from abroad), relatives, transport service providers, merchants, commercial sex workers.

**Site specific:** destitute people from highlands, livestock herders (visiting salt lick).

**Market-related movements:**

**Traders:** visit during harvest and stay a few days.

**Grain truck drivers.**

### SOURCES OF INFECTION III: Traditions and cultural practices in community which may result in contact with virus

#### Unprotected sex with infected person:

- dances
- celebrations (weddings, Epiphany, Meskel)
- early marriage (girls as young as 10)
- concubines - more common in towns and occasionally in rural areas (*kimit, wushima*)
- excessive alcohol consumption
- reluctance to use condoms because their use is associated with cultural taboos of adultery

#### Contact with contaminated body fluids:

- circumcision of women before marriage
- invasive medical treatment: cutting glottis, removal of milk teeth

#### Mother to child transmission:

- pregnancy
- birth
- breast-feeding

### Traditions and practices which may reduce likelihood of unprotected sex

- Community Conversations proving effective in resulting in behaviour change to reduce risk of HIV exposure.

### EVIDENCE OF AIDS IMPACTS

**Youth vision:** marry and abstain from casual sex.

**Community response:** awareness raising through radio, churches, development agents, teachers. Burial/mourning ceremonies held in Woreta town on market day to facilitate attendance; in many cases, now only relatives attend burial ceremonies.

**Behaviour change:** practice of multiple sexual partners almost stopped; increase in divorce because mistrust about HIV; less remarriage after death of spouse.

**Change in composition of community:** increase in monogamous marriages and fewer polygamous marriages; increase in households headed by women, single men, orphans and grandparents. Grandparents now looking after all grandchildren rather than only those belonging to first son. Some of these changes due to lack of abundance of wealth for polygamous marriages; land shortage preventing single men marrying; deaths also due to malaria.

**Livelihoods:** shortage of labour due to AIDS-related deaths, increase in share cropping or renting out land due to labour shortage, increase in use of child labour from poor households, number of livestock decreased (sold to raise money to care for sick). Increase in local brewing, growing hops, selling fuelwood (especially among poor and female headed households).

**Care of PLWHA:** responsibility of family, neighbours and relatives may also assist with agricultural activities and perhaps lend money; livestock and other assets sold to buy medication; more household income spent on buying food for PLWHA. In some communities, traditional treatment for HIV/AIDS includes religious baptism. Some PLWHA practice self exclusion, hiding themselves away so no-one sees them.

**Care of AIDS orphans:** taken care by grandparents, other relatives or close friends (particularly if orphan has some land); no assistance from community.

### POTENTIAL VULNERABILITY TO FUTURE IMPACTS OF AIDS

**Rich and middle wealth households:** raise money for medication and food for PWHA by selling assets including livestock. After some time, bereaved spouse will remarry. Rich households may hire labour from poorer households. Middle wealth households may rent out their land. Children continue to attend school.

**Poor households:** hire out children to raise cash. Cannot afford medical treatment. Widow unlikely to remarry, widower may remarry but either may move away. Children likely to be hired out. Share crop their land.

**Female-headed households:** around 30% of total households.

### OPPORTUNITIES

#### Actions (see separate checklist):

- Raising awareness and understanding about HIV/AIDS
- Reducing risk of exposure to HIV infection
- Reducing vulnerability to AIDS impacts

#### Potential partners:

- |                                   |  |  |
|-----------------------------------|--|--|
| • Office of Agriculture           | • Community conversations in 12 kebeles        | • Various cooperatives                               |
| • Extension and home science desk | • VCT through health centres                   | • Ambasel and Merkeb Cooperative Unions              |
| • Woreda Women's Affairs office   | • Religious institutions                       | • Agricultural Input Supply Corporation              |
| • Woreda HAPCO                    | • Community Voluntary Preli Mondo (NGO, Italy) | • Amhara Credit and Saving Institution               |
| • Cooperatives promotion desk     | • 60 DAs and 19 FTCs                           | • Organisation for Rehabilitation Development Agency |
| • Education Office                | • Woreta Agriculture TVET college              |  |
| • Women and youth associations    | • Home economics agents                        |  |
| • Anti-AIDS clubs                 |  |  |
| • Mahibers (local associations)   |  |  |
| • PLWHA association in Woreta     |  |  |