

**Community and Environment Development Action
(CEDACT)**

**PROJECT PROPOSAL
ON
HIV/AIDS Prevention, Care and Support Integrated Project**

Submitted to: World Learning- Ethiopia

**January 2009
Addis Ababa
Ethiopia**

1. Summary Sheet

Project Title: HIV/AIDS Prevention, Care and Support Integrated Project

Applicants:

- **Name:** Community and Environment Development Action
- **Acronym:** CEDACT
- **Type:** Local NGO
- **Legal Status:** Registered with the MOJ, certificate No. 629 and has signed Operational Agreement with the DPPA
- **Address:** Addis Ababa, Kebena area (Kebele 13/14)
Tel. 0111238410 or 0111223834
Mobile 0911400267
P.O. Box 34781
E-mail: abebey@ethionet.et

Project Location: 1) Ethiopia, Amhara Regional State, North Wollo Zone, Kobo, Woreda,
(Kobo, Robit and Gobiye semi - urbans)

Project Duration: One year (March 1,2009 – February 2010)

Contact Person: **ABEBE YIMER**
Executive Director
Tel. 0911400267 or 0111238410
P. O. Box 34781
E-mail: abebey@ethionet.et

I. Executive Summary

Children are the next generation that could sustain the economy, social and cultural values of the country. Hence, they must grow on safe environment with basic needs fulfilled. Still an estimated one million of the world's children live in poverty and face risks of physical and emotional hardship, as well as widespread neglect within their families, communities and wider society. This, Ethiopia is benefiting from World Learning program of School-Based and Home-based to provide psychosocial support and improve school and community responsiveness to children at risk and to HIV-positive and to address the epidemic via high-quality HIV/AIDS Prevention Programs since HIV/AIDS not only cuts short the lives of individuals; it devastates communities and nations as a whole. The measures taken by local organizations and World Learning are very minimal as compared to fast expansion of the epidemic.

Community and Environment Development Action (CEDACT) propose to implement a one-year intervention in a reduction of vulnerability and an improvement in the well-being of OVC and HIV-positive people. The proposed project activities are in line with the Millennium Development Goals (MDGs) of Reducing Poverty, containing the spread of HIV/AIDS and Improving health conditions by 2015. Where possible CEDACT, in collaboration with the Local Government, Zone and Kebele Offices and local CBOs will integrate HIV/AIDS initiatives to use the existing resources efficiently, and increase program impact.

The proposed intervention area is Kobo Woreda (Kobo, and its surroundings, Robit and Gobeye towns) which is found in Amhara Region of North Wollo Zone. CEDACT will focus in areas of a) Orphaned Vulnerable Children (OVC), b) Home-Based Care and Palliative Care and Prevention in the identified program locations. Hence, 1,000 PLHIVs for basic treatment, care and support services, 1,100 OVCs for primary direct services and 500 OVCs for supplemental direct services and 100,000 community members for Prevention services will be reached and benefited.

Despite encouraging measures taken by the government, NGOs and World Learning in providing health services, poor PLWHA living in the targeted area, have been struggling not only with lack of food, but also transportation costs to go to the place where they can get the treatment. Because of these and other factors, the speed of recovery for them and their chance of getting involved in productive activities, have been greatly compromised. Similarly due to the current rise in the cost of living have made many relatives and neighbors unable to bring in their homes such children and raise them with their children by fully filling the basic needs including education.

The envisaged project is developed, therefore, to reverse this situation. Thus the Goal of the project to help OVC children and PLWHA grow and develop into healthy, well-adjusted and productive members of the society. To contribute to this goal the project has the following three objectives.

- Objective 1: Creating Awareness and provide-education pm HIV/AIDS and STI for 100,000 Community Member of the targeted areas by the project period.
- Objective 2: To improving Home and community-Based services which support quality of life for 1,000 HIV-positive adults and children of the project areas by the project period
- Objective 3: To improve survivorship of 1, 6000 AIDS Orphans, deprived of quality Primary and Supplemental Direct services by the end of the project period in the project areas

The project will use different strategies to achieve the above objectives. The first approach, effort will direct to shape and maintain unjust and inequitable norms, values and consciousness that make PLWHA and OVC submissive. Various consciousness-raising seminars, dialogue forums, workshops, trainings, and other awareness raising initiatives such as message through regional radios transmissions & publications will be in place to challenge ideologies and belief systems that perpetuate injustice and powerlessness. The participation of PLWHA, OVC, CSW, young men and women and the community as whole, will get due emphasis in this program.

The second approach is building and strengthening active & critical CBO & FBOs, youth & women associations, in schools and out of schools where Anti-AIDS clubs and their movements around assessing problems would be emphasized, concerns and injustices that promote and support PLWHA's and OVC stigma and discrimination, care and support in the targeted areas.

The third approach looks towards capacitating non-governmental and governmental organizations working in the target areas. Capacity buildings measures will be rendered to non government actors to have organizational competencies in advocating and promoting the issue and concerns of PLWHA, OVC and CSW as related with HIV/AIDS epidemic through Networking.

The fourth approach revolves around rendering the best quality of life for the patients (and their families) suffering from life-threatening and incurable illness, including HIV/AIDS. To the effect of this the designed project approach is to providing services which support quality of life for HIV-Positive adults and children. This includes support for positive living, hygiene and nutrition information, prevention education, particularly for discordant couples and income-generating activities, such as livestock rising, gardening is encouraged. The home-based care will also include providing home visits by family and/or community members to provide emotional support and monitor the medical needs of the individual. All services will be family-centered providing support to PLWHA as well as their children's needs.

This project is developed based on relevant experience and lessons gained in the past on HIV/AIDS presentation, care and support program at various parts of the county. With community based institutions, local government bodies and with other NGO. This proposal considers also Regional and Federal Government policies and Strategies. Furthermore, government stakeholders, PLWH and community representatives, local CBOs (Iddir) will participate actively in detail act6ion of the project implementation as they did in the planning stage. PLWHA and OVC will fully and actively participate in project implementation, lobbying and advocacy component of the project. The BERTA Committee will be responsible for the whole coordination and leadership of the project implementation. The community will participate is the project by being volunteer care provider, committee members, prevention promoters and Ambassadors.

Duration of the project is one year that is March 1, 2009 – February 2010. The total budget to envisage the project is USD 211. 683. 02 (Two hundred eleven thousand six hundred eighty three). Out of which USD 183,578.20 (One hundred eighty three thousand five hundred seventy eight) is expected from the donor (World Learning) and USD 28,104.82 (Twenty eight thousand one hundred four) from the partner CEDACT as cost sharing.

II. Technical Section

2.1. Background/Description of the Problem

Ethiopia's epidemic started in the early 1980's and has progressed to become the 16th. Highest prevalence rate globally. An estimated 5,000 people are infected every week, and nearly 250,000 children orphaned. Cumulative deaths due to HIV/AIDS are estimated to be less than 1.2 million (Ministry of health 2005). Result from the 2005 Ethiopia Demographic and Population survey (EDHS) indicate that 1.4% of Ethiopian adult aged 15-49 are infected with HIV. HIV prevalence in women is nearly 2%, while for men 15-49, it is just under 1% (EDHS 2005).

It has long been established that the issue of HIV/AIDS along its pandemic character to have transcended from a mere health hazard to that of social problem, particularly in most developing countries like Ethiopia and thus resulting in serious limitations to development. Now it has been commonly accepted by many that any attempt to redress this global social malady is equally considered as to addressing the issue of development and thus called for a collaborative action by all those who are concerned. Concomitantly, development actors seem to have a holy alliance in order to make a systematic assault of this most deadly epidemic the world has ever experienced thus far.

In Ethiopia, according to the 6th official report to HAPCO on HIV/AIDS, that was released in September 2006 following the study undertaken in 2005 the prevalence rate of the epidemic is 3.5 %: which is 3% for male and 4% for female. The prevalence estimates for urban areas was 10.5% (9.1 for male 11.9% for female). While it was 1.9 for rural areas (1.7 for male and 2.2 for female). This same document reveals that in 2005 there were 1,320,000 people living with HIV/AIDS, out of which 634,000 were in rural areas while 686,000 were in urban areas. HIV/AIDS affects generally more women than men as in the populous age bracket, 15-29, more numbers of women were known to have been infected. But for that age group above 30 there were more males than females.

About 744,100 children who are under the age of 17, were orphaned among which 529,800 lost their mothers or both parents, 464,500 their fathers or both parents and 250,200 have lost both parents. In Ethiopia 34 % are due to AIDS FOR 15-49 age groups while it is 66.3 percent for the urban for the same age group. This age group occupies a very critical position in the families and communities as a whole; as heads of household, the labor force and the leaders in the society therefore what affects this particular population group affects the economy and the whole society. As a result HIV/AIDS has touched on every aspect of national life and development including behavior, the role and the function of the family, communities, the economy, and care and support system.

The relatively high prevalence of harmful traditional practice such as female genital mutilation, early marriage by abduction significantly affects the vulnerability of women and girls, for example by increasing their risk of HIV infection, reducing their chances of finishing school, and violating their reproductive and sexual rights.

Currently HIV/AIDS in Ethiopia is not only an increasing cause of death among adults, infants and young children, it is also slowly impoverishing and destroying families, leaving growing numbers of orphans in its wake and ultimately dragging development and exacerbating the ghastly poverty situation of the country.

The challenge is to improve this situation in order to meet the Millennium Development Goals (MDGs) within the next 7 years. The population of Ethiopia is projected to reach 95 million by 2015, and meeting the MDGs would require providing health services for an additional 45 and 55 people between now and 2015 respectively. The urgency to address Health service including HIV/AIDS coverage is well recognized by the Ethiopian Government. The Government adopted a Nation Health Sector Development Strategy aiming to improve the existing situation and to meet the MDG target for health services.

Amhara Regional State where our targeted area Kobo Woreda is situated, the estimated HIV/AIDS cases for, 1997 E.C. (2004-05) are indicated as, Total Adult Prevalence (rural and urban) was 6.5; HIV-positive population was 578,129 (319,190 F and 258,939 M) ; New HIV infections 92,698 (49,378 F and 43,320 M); New AIDS case 45,921 (23,871 F and 22,050M) and Annual AIDS Death was 41,963 (21,823 F and 20,110 M) (FMOH, Health and Health related Indicators 1997). This estimate by now has been increased as the epidemic is not yet stopped or contained.

The targeted area, Kobo Woreda as part of the Amhara Regional State, does share these HIV/AIDS estimated cases of the Region. Kobo is one of the 11 Woredas of North Wollo Zone of Amhara Regional state with a total population of 254,711 out of which 127,115 (49. 9%) are female and 127,031(50.1%) are male (2006 CSA). Children under the age of 18 years constitute 44% of the total population. The majority of the people live in absolute poverty, mainly due to repeated drought and famine in the area.

As the targeted area is a by pass to the big markets of Dessie, Mekele and Addis Ababa, merchants coming from nearby areas, stay in the area for weeks and needs the services of the targeted area, including food, drink and sleeping places, as a result of which it contributes to the spread of HIV/AIDS and other Sexually Transmitted Infections (STI). As a negative result of these, there are 1350 and above orphans and 270 HIV infected women and men registered in the Kebele of Kobo and its surroundings. A preliminary survey made by CEDACT (Nov. 2008) the traditional activities and other cultural behaviors are hindering the HIV-positive people to come out and receive the necessary services. The unfortunate part of the targeted area is that there is no adequate, safe drinking water and public latrine, no sufficient health service of any type is presented. Sick Children, pregnant women, PLWHA and other patients have a problem of getting health services within their localities, and has to go a long way to Woldia Hospital or Alamata Hospital (Tigray Regional State) to get these basic services. There is only one government clinic, suffering with less health professionals and materials.

As a recommendation of the preliminary study (CEDACT Nov 2008), the enormity of the task in any effort aiming at enabling vulnerable children (most of whom happen to be paternal, maternal or double orphans) to access education calls an intersect-oral intervention in which both governmental and non governmental actors have important roles to play. This is what is actually reflected in Ethiopia's National Plan of Action for children (2003-2010 and beyond). This added with other justifications for the proposed intervention serve as a background of the problem to be addressed.

2.2 Project Objectives/ Strategies.

2.2.1. Goal: Goal of the project is to help OVC children and PLWHA grow and develop into healthy, Well-adjusted and productive members of the society.

2.2.2. Objectives: The project has the following objectives:

Objective 1: Creating Awareness and provide-education on HIV/AIDS and STI for 100,000 Community Members of the targeted areas by the project period

Strategies for Objective 1: Major strategies to meet objective one are:-

- Establishing formal linkages with the school, training selected students to provide peer counseling;
- HIV post-test counseling
- Dialogue with local authorities and concerned line offices
- Consultation and arranging things with schools
- Establishing Steering Committee
- Identifying and contacting local clinics
- Expansion of condom social marketing

Output of Objective 1 - Major outputs of objective 1 are as followings:-

- Increased knowledge and awareness of HIV/AIDS, STI, RH, FP
- Consistent and correct condom use increased
- Decreased Stigma and discrimination among the community
- Increased opportunity for counseling services
- Reduced number of sexual partners
- Number of CSW reduced

Objective 2: To improving home and community based services which support quality of life for 1,000 HIV-positive, adults and children of the project areas by the project period.

Strategies for objective 2

- Focus on the best interest of the child and his/her family
- Link HIV/AIDS prevention, treatment and care program
- Consultation and dialogue with Keble Small Scale Enterprise Desk
- Establish Steering Committee
- Conducting training on life skill and micro- business
- Provision of Seed Capital (money) for healthy PLWHA for IGA
- Follow-up and technical support

Output of Objective 2

Major output of objective 2 is as followings:-

- Increased community involvement in PLWHA and OVC care
- Healthy PLWHA and volunteered to work in Income-generating activities supported with seed capital (money) as a start up.
- Decreased Stigma and discrimination among the communities where, these PLWHA are working
- PLWHA received opportunity for counseling services
- Families of these PLWHA start living a better life

Objective 3: To improve survivorship of 1,600 AIDS orphans, deprived of quality Primary And Supplemental direct services by the end of the project period

Strategies for objective 3

- Establishing OVC - OVC Talk - Groups
- Establish special events
- Strengthening HIV and Environment Club in targeted schools
- Establishing Focal point
- Follow-up and technical support
- Rehabilitation/re-integration for children who are living outside of Family care
- Training of caregivers to monitor children's health and gain access to available health care when services are needed
- Encourage the integration of OVCs into traditional support system within the community in order to increase the social and psychological well being vulnerable youth
- Training and materials for health providers and caregivers on identifying vulnerable children and appropriate care procedures
- Access to the formal education system for OVCs
- Short-term, direct assistance to subsidize school-related costs
- Activities that encourage access for OVCs to vocational training

Output of Objective 3

Major output of objective 3 is as followings:-

- Beneficiaries got the necessary awareness on Stigma and Discrimination, HIV/AIDS, STI, Women's Rights and Child Rights.
- HIV/AIDS clubs of the targeted areas strengthened
- School communities of the targeted areas promised to keep their promises
- Decreased Stigma and discrimination among the communities where, these Care-takers of targeted AIDS Orphans are working

2.2.3. Project Implementation General Strategy

The project will use different strategies to achieve the above objectives. Specifically, the project will work in close collaboration with all relevant stakeholders – including communities, government line offices and others.

2.2.3.1 Enhanced collaboration: The project will strongly collaborate with user communities and relevant Kebele Offices. It will be implemented closely with communities and local government offices. The project will involve all inhabitants of targeted areas including OVC and HIV-positive people, during the implementation of the project. Accordingly, close to 123,000 people will participate in the implementation process of the project as a direct or indirect beneficiary. The Local Small –Scale Enterprise Office will also be made to collaborate in creating enabling environment in terms of getting working places, in giving them priorities to purchase or sell materials and providing technical supports. Community-Based Institutions like Iddir and Senbete will also collaborate in the implementation of the project. They will be the entry-point to identify and pin-point the AIDS Orphans and PLWHA since they are working at a grass-root level.

2.2.3.2 Home/Community -Based Approach: The home-based care will include providing home visits by volunteer Home-Based Service Providers, caregivers and/or community members to provide emotional, healthcare and psychosocial needs of the OVC and HIV-positive . All services will be family PLWHA as well as children’s needs centered. Thus, the project is demand driven and need based, which will be implemented through a maximum utilization of local resources with active participation of OVC, HIV-positive and care takers. In all project activities, community participation will be an integral part of the project, which will encourage long-term sustainability of the Income-generating activities an access to education.

2.2.3.3 Implementing Committee: The project will be implemented with the strategy of community approach, the organization highly favors or empowers the participation of the community in this project right from its planning to its implementation phase. The community will participate by its democratically elected BERTA(*Be Stronger*) committee and manage its own project by itself.

The beneficiaries have fully participated through their representatives during the preparation of this project document. The views and opinions of the community were reflected & addressed. The local influential people like religious leaders, Kebele leaders, women’s representatives, youth representatives and senior citizens have contributed a lot of ideas on which the development of this project document based.

“ BERTA *Committee*” comprise 9 (nine) members, and 4(four) of them will be women. They will be well briefed as to what their roles will be during the project. Their responsibilities are not only to mobilize people to support and encouraged the beneficiaries, but to co-manage the project and at the end of the project, to take over the full management of the project. BERTA *Committee* consists of:

➤ Head of the Kebele HIV/AIDS	Chair
➤ Local Health Desk	Member
➤ Local Small-scale Enterprise Desk	Member
➤ Local Environment Protection	Member
➤ Representative of PLWHA	Secretary
➤ Representative of AIDS Orphans	member
➤ Representative of Idirr	“
➤ Representative youth	“
➤ Representative of Women	“

BERTA Committee will design its own bylaws and directive as per local laws and project Objectives and goal

Selection criteria of BERTA Committee

- Age minimum 18
- Familiar with the social, cultural and economic dynamics of the areas
- Free from bad habits
- Who has interest in voluntary activities
- Preferably female

2.2.3.4. Providing basic skills training: Prior to taking seed capital, program participants will be provided with Basic Life-Skills and Business-skills trainings. The Life-Skill training will focus on problem solving, daily life, function experiences, and Business-Skills training will focus on simple accounting, client handling and other interpersonal entrepreneurial skills and will be conducted for five consecutive days.

2.2.3.5. Disbursing seed capital and collecting savings.

One among the project approach is to providing services which support quality of life for HIV-Positive adults, children and their caretakers. This includes support for positive living, hygiene and nutrition information, prevention education, particularly for discordant couples and income-generating activities, such as livestock raising, gardening is encouraged. To the effect of these a seed capital amounting to USD 300.00 will be provide.

Five hundred (500) healthy HIV-positive people and 250 (two hundred fifty) care takers of OVC will be supported with the seed capital. The seed capital will be managed as revolving fund by BERTA committee. The beneficiaries are free to choose the type of micro business based on their interest and training received. The Home Based service provides will be responsible for providing technical assistance and advice to all beneficiaries, in identifying profitable business and also at their work places as the need may be. The project office, in the targeted area, will render all types of services to the beneficiaries. The beneficiaries will save as per the regulation of the cooperative, for future use and for any type of uncertainty.

2.2.3.6 Establish a co-operative and registration.

Shortly after the project kicks off, beneficiaries will be brought together and form a saving and credit Cooperative. All types of preparations will be made to get the Cooperative legally registered. A five member executive committee will be elected and assume the over all leadership of the cooperative.

2.2.3.7 Capacity Building: Capacity Building efforts to communities and government office staff at Kebele level are key approaches to ensure provision of adequate services to the community and to ensure sustainability of services gained from the project. Capacity building will include staff and community trainings, supply of essential facilities such as supply of equipments/materials, , seed capitals and involvement of counterpart government offices in the process of project implementation and beyond. All planned project activities will be underpinned by general awareness raising training and skills transfer to enhance capacity of community member and government staff. The awareness raising will include crosscutting issues such as personal hygiene, Family planning, gender and child rights.

2.2.3.8 Mitigating strategies

- Sensitize the community leaders/members to increase their level of participation in all activities that helps avoid Stigma and discrimination
- Sensitize the community leaders/members to send AIDS Orphan children to school, especially girls
- Close partnership with concerned HIV/AIDS Desk, Small Scale Enterprise Experts and Sub-City Civil and NGO Affairs Department for effective implementation, monitoring and evaluation of the project and promotion of quality of education

2.3 Beneficiary Population and Geographic Area Description of the Project Area

2.3.1. Beneficiary Population

a) Orphaned Vulnerable Children(OVC)

- i) Kobo Woreda of Amhara Regional State
Numbering 1,100 OVC (Female & Male) with one or non
Parent living and/or living with relative or caretaker

b) Home-Based Care and Palliative care

- i) Kobo Woreda of Amhara Regional State Numbering 1,000 OVC (Female & Male) with one or non Parent living and/or living with relative or caretaker

c) Prevention

- i) Kobo Woreda of Amhara Regional State Numbering 500 OVC (Female & Male) with one or non parent living and/or living with relative or caretaker

2.3.2. Geographic Area description of the Project Area

a) Amhara Regional State

The identified project area from the Amhara Regional State is Kobo Woreda (Kobo, Robit and Gobie towns) of North Wollo Zone.

Kobe is one of the 11 Woredas of North Wollo Zone of Amhara Regional state with a total population of 254,711 out of which 127,115 (49.9%) are female and 127,031(50.1%) are male(2006 CSA). Children under the age of 18 years constitute 44% of the total population. The majority of the people live in absolute poverty, mainly due to repeated drought and famine in the area.

14% of the total population of the Woreda lives in Kobe town which is the major urban center in the Woreda. Like most of their kith and kin in the rural areas the majority of urban dwellers are also living in absolute poverty. A good proportion of the residents of Kobo make their living by engaging in petty trades and through other activities in the informal sector. Large family size of household (6 to 7 members), lack of employment opportunities, and exceedingly low income are some of the factors that have made the already bad situation worse. It goes without saying that the lot of women and children is all the more unbearable under such circumstances.

The ever deteriorating economic situation of families, family breakdowns, death of one or both parents, incapacitation of parents due to illness.. etc. are few of the factors that lead many children, young boys and girls to live in or off the streets. There are still many others who are on the verge of being thrown into similar life in the streets.

Children whose poor families can afford little or no money to cover such costs of schooling as registration fees, uniforms, textbooks, exercise books..etc. have, on the other hand, neither a convenient environment nor sufficient time to devote to their studies at home. This situation negatively impacts their academic performance to such an extent that some have to repeat classes. And, the resultant demoralization and frustration push many to wallow in self pity and eventually quit school to try to fend for themselves.

The lot of girls under such circumstances is obviously much more difficult, and the consequence of discontinuing studies much more grave. Most of such vulnerable girls have to work and/or care for others (ailing parents, foster parents, siblings) at the expense of their studies. Girls who have to assist their parents in peddling and serving the locale ale and spirit (tella and areque') to augment the meager family income may be led to a daily exposure to and temptations of risky behaviors and practices.

The enormity of the task in any effort aiming at enabling vulnerable children (most of whom happen to be paternal, maternal or double orphans) to access education calls an intersectoral intervention in which both governmental and non governmental actors have important roles to play. This is what is actually reflected in Ethiopia's National Plan of Action for children (2003-2010 and beyond).

Intervention to support Orphan Vulnerable Children and people living with HIV-positive by providing an improved access to quality primary and supplemental direct service and protecting them against

the risk of falling into the vagaries of life in the street. Nor is it only about protecting them from the dangers of trading sex for food and/or shelter exposing themselves to HIV/AIDS. It is also about relieving some burden off the shoulder of the already destitute family and relatives and even the community. With one less mouth to feed and one child to send to school, the families would be in a relatively better position to cater for the rest.

CEDACT, having realized that the current situation of selected orphaned vulnerable children and people living with HIV-positive will surely lead to more degrading life styles and exposure to the various risks of living on or off the street, set out to incite others to contribute to the alleviation of the problem.

2.4. Activity Description

Objectives	Major Activities to be undertaken	The way they support the program
<p>Objective 1: Creating Awareness and provide-education on HIV/AIDS and STI for 100,000 Community Members of the targeted areas by the project period</p>	<ul style="list-style-type: none"> ➤ Provide prevention (BCC) messages sessions using Community Outreach ➤ Support and Encourage Community Free Conversation Sessions ➤ Counseling on VCT through community outreach ➤ Reproducing and utilization of IEC/BCC materials ➤ Condom distribution through social marketing and public sector channels ➤ BCC/IEC, Peer Outreach Talks & Peer Education ➤ Strengthening Anti-AIDS clubs in schools ➤ Conducting folk entertainment and sports in HIV/AIDS ➤ Expansion and strengthening Use-Friendly Talks for CSW 	<ul style="list-style-type: none"> ➤ Taking the knowledge to the community ➤ Allows free discussion on HIV and sexual matters ➤ Easily reaching and convincing ➤ To use the local language ➤ Accessing for safe sex and prevention for High risks ➤ Facilitate things for members ➤ Forwarding messages incorporated with entertainments ➤ Availing Forum to talk about all concerns of sex related
<p>Objective 2: To improving home and community based services which support quality of life for 1,000 HIV-positive, adults and children of the project areas by the project period</p>	<ul style="list-style-type: none"> ➤ Mapping PLWHA in the targeted area ➤ Support of Daily multiple micronutrient supplements for PLWHA 	<ul style="list-style-type: none"> ➤ In reaching needy HIV-positive easily ➤ Help the needy HIV-positive to come out and be productive

	<ul style="list-style-type: none"> ➤ Home-Based Nutrition counseling ➤ Availing Home-based, safe drinking water for HIV-infected ➤ Provision of soap and hand washing materials and instructions for HIV- Infected ➤ HIV counseling and testing for family members and partner of HIV-infected ➤ Counseling for discordant couples to promoted risk reduction behaviors ➤ Condom provision ➤ Identify health and health related Gov. and NGO Institutions ➤ Training and deployment of Volunteer Community Home Based Providers (HBP) ➤ Training of healthy and interested PLWHA in IGA program (micro-business) and other technical and vocational education ➤ Anti-stigma education for caretakers particularly education aimed at reducing the stigma faced by HIA orphans & PLWHA 	<ul style="list-style-type: none"> ➤ Help HIV-positive to identify and use it in their daily subsistence feeding ➤ Reduce the danger for opportunistic diseases ➤ Reduce the danger for opportunistic diseases ➤ Prevention of transmission and the use of safe sex ➤ Prevention of transmission and the use of safe sex ➤ Accessing for safe sex and prevention for High risks ➤ Smooth running of the program and avoiding repetition ➤ Help taking most of the services to the needy houses ➤ Avoiding stigma and discrimination and encouraging HIV-positive to be productive ➤ Helps to create love and affection for HIV-positive and OVC
<p>Objective 3: To improve survivorship of to 1,600 AIDS orphans, deprived of quality</p>	<ul style="list-style-type: none"> ➤ Mapping OVC & affected 	<ul style="list-style-type: none"> ➤ In reaching needy HIV-positive Orphans and OVE easily

<p>Primary and Supplemental direct services by the end of the project period</p>	<ul style="list-style-type: none"> ➤ Supporting child-or youth-headed households in maintaining their home ➤ Facilitating basic birth registration and identification necessary for long-term access to education, health care and social services ➤ Provision of gender-sensitive skills training opportunity to OVC ➤ Provision of support for survivors of sexual or physical abuse ➤ Nutritional Assessment and counseling ➤ Provision of social support, home-based care and food supplement to those infected with HIV/AIDS; ➤ Provision of household assistance including the care of orphans and vulnerable children, school fees/uniforms and food supplements ➤ Conducting TOT to Talk-Group Facilitators(TGF) ➤ Reinforce home-based care visits to access and address needs of orphan- child through service provision ➤ Provision of IGA opportunity to Caretakers OVCs & PLWHA 	<ul style="list-style-type: none"> ➤ Initiates the future bright ➤ Building the confidence of the children ➤ Gives priority to female OVC ➤ Confidence building in improved health for working ➤ Helps to identify the most need of the beneficiaries(OVC) ➤ Make them hopeful of living more years (survivorship) ➤ Support the program in taking more OVC to education ➤ Accessing forum of talking with friends and peers on common issue of STI, HIV, FP etc. ➤ Increase the survival rate of the children ➤ Supports the caretaker/parent or family to be self-supportive
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2.5. Linkages

In Ethiopia HIV/AIDS is not only an increasing cause of death among adults, infants and young children, it is also slowly impoverishing and destroying families, leaving growing numbers of orphans in its wake and ultimately dragging development and exacerbating the ghastly poverty situation of the country.

The challenge is to improve this situation in order to meet the Millennium Development Goals(MDGs) within the next 7 years. The population of Ethiopia is projected to reach 95 million by 2015, and meeting the MDGs would require providing health services for an additional 45 and 55 million people between now and 2015 respectively. The urgency to address health service including HIV/AIDS coverage is well recognized by the Ethiopian Government. The Government adopted a National Health Sector Development Strategy aiming to improve the existing situation and to meet the MDG target for health services.²³

To the effect of this, the project will access the following opportunities for those infected and affected By HIV/AIDS as a linkage:

- a) A family-centered approach to prevention, treatment, and care will be applied and linked
- b) Strengthening local community structures (such as Child Protection Committees) that carry accepted responsibility for monitoring and protecting OVCS
- c) Working with appropriate national and district implementers to ensure targeting of OVC & PLWHA for food and nutrition interventions and programs
- d) Advocacy and resource mobilization for programs to address the nutritional needs of OVCs and PLWHA
- e) Vegetable gardening activities by the healthy PLWHA and OVC to benefit for balanced diet for themselves and for their families and at the same time as income generating
- f) Micro-business activities like, street vendor, preparing and selling Injera, making tea and bread for sale to get profit for personal and family use
- g) Acquiring saleable basic skill training for self- employment as well as seeking for job for self reliant
- h) Association of PLWHA
- i) Amhara Regional Reproductive Health Networks
- j) Local Anti-AIDS Clubs

III. Monitoring and Evaluation Plan

Activities	Indicators	Responsible	Tools	Output
Objective 1				
➤ Provide prevention (BCC) messages sessions using Community Outreach	➤ No of people attending the message sessions	➤ Project Site Coordinator (PSC)	➤ Attendance records &	➤ Increased knowledge and awareness of HIV/AIDS, STI, RH, FP
➤ Support and Encourage Community Free Conversation Sessions	➤ No. of Sessions conducted	➤ Outreach Service Providers	➤ Lesson plan	➤ Behavioral change observed beyond abstinence and decreased stigma and discrimination
➤ Counseling on VCT through community outreach	➤ No of people receiving the service	➤ Outreach Service providers (OSP)	➤ Reports	➤ Spread of HIV/AIDS contained
➤ Reproducing and utilization of IEC/BCC materials	➤ No of materials reproduced and utilized	➤ Project Officer, Local Health Office	➤ Inventory samples &	➤ Effective and efficient teaching-learning process created and improved knowledge and skill captured
➤ Condom distribution through social marketing and public sector channels	➤ No of condoms distributed	➤ Project Site Co. & Outreach service providers & Club members	➤ Distribution records & reports	➤ Consistent and correct condom use increased
➤ BCC/IEC, Peer Outreach Talks & Peer Education	➤ No of Peer Talks established	➤ Outreach Service Providers (OSP)	➤ Monthly reports & Reports & Observation	➤ Experience shared, commitment entered
➤ Strengthening Anti-AIDS clubs in schools	➤ Members registered	➤ Project Site Coordinator & Club leaders	➤ Scripts, reports & Observation	➤ Increased knowledge and awareness on HIV, STI, RH, FP
➤ Conducting folk entertainment and sports in HIV/AIDS	➤ Type and Number of entertainment done	➤ Project Site Coordinator & Outreach Service Providers and Club members	➤ Reports & observation	➤ Knowledge transferred
➤ Expansion and strengthening Use-Friendly Talks for CSW	➤ CSW participating	➤ Outreach Service		➤ Reduced number of sexual

		Providers		partners and number of CSW reduced
Objective 2:				
➤ Mapping PLWHA in the targeted area	➤ No of PLWHA identified	➤ Steering Committee	➤ Home to home	➤ Increased community involvement in PLWHA and OVC care
➤ Support of Daily multiple micronutrient supplements for PLWHA	➤ Amount distributed	➤ Steering Committee and Project Coordinator Site	➤ Records	➤ Survival years increased & Healthy PLWHA ensured
➤ Home-Based Nutrition counseling	➤ Amount distributed	➤ Steering Committee and Project Coordinator Site	➤ Records	➤ Improved food system captured
➤ Availing Home-based, safe drinking water for HIV-infected	➤ Visited houses	➤ Home-based service providers(HBSP) Project Site Coordinator and HBSP	➤ Daily Reports	➤ Opportunistic disease decreased
➤ Provision of soap and hand washing materials and instructions for HIV-Infected	➤ No of HIV-infected receiving the service	➤ Project coordinator site and HBSP	➤ Observe	➤ Self hygiene improved
➤ HIV counseling and testing for family members and partner of HIV-infected	➤ No of people making the tests	➤ HBSP	➤ Inventory records &	➤ People willing to know their HIV status becomes higher
➤ Counseling for discordant couples to promoted risk education behaviors	➤ No of couples reached	➤ Outreach service providers	➤ Records	➤ Safe sex use developed
➤ Condom provision	➤ No of condom users	➤ Project Site Coordinator	➤ Inventory records &	➤ Safe sex developed
➤ Identify health and health related Gov. and NGO Institutions	➤ Identified institutions	➤ Project Site Coordinator	➤ Minutes of meeting	➤ Partnership developed
➤ Training and deployment of Volunteer Community Home Based Providers (HBP)	➤ No trained	➤ Project Site Coordinator, Health institutions	➤ Training report & deployment	➤ Improved knowledge and skills to under take effectively and efficiently the Home-based service
			➤ Report, observe	

<ul style="list-style-type: none"> ➤ Training of healthy and interested PLWHA in IGA program (micro-business) and other technical and vocational education ➤ Anti-stigma education for caretakers particularly education aimed at reducing the stigma faced by HIA orphans & PLWHA 	<ul style="list-style-type: none"> ➤ No of PLWHA engaged in IGA program ➤ No of caretakers trained 	<ul style="list-style-type: none"> ➤ Project Site Coordinator, Local Small Scale Enterprise Desk 	<p>and placement</p>	<ul style="list-style-type: none"> ➤ Family Income increased and nutritious food received
<p>Objective 3:</p> <ul style="list-style-type: none"> ➤ Mapping OVC & affected ➤ Supporting child-or youth-headed households in maintaining their home ➤ Facilitating basic birth registration and identification necessary for long-term access to education, health care and social services ➤ Provision of gender-sensitive skills training opportunity to OVC ➤ Provision of support for survivors of sexual or physical abuse ➤ Nutritional Assessment and counseling ➤ Provision of social support, home-based care and food supplement to those infected with HIV/AIDS; ➤ Provision of household assistance including the care of orphans and vulnerable children, school fees/uniforms and food 	<ul style="list-style-type: none"> ➤ Nos. identified ➤ No. of children reached at ➤ No. of OVC got the registration service ➤ No & Sex receiving the skill ➤ Nos. receiving the service ➤ Identified nutritional needs ➤ Amount and type of food supplied and care received ➤ Type and number of educational expense received 	<ul style="list-style-type: none"> ➤ Steering committee ➤ Outreach Provider ➤ HBSP and Outreach Service Givers (ORSG) ➤ HBSP ➤ HBSP, Care takers ➤ HBSP, ORSG, and Care Takers ➤ HBSP, ORSG, and Care Takers ➤ Project site Coordinator, and Health institutions 	<ul style="list-style-type: none"> ➤ Report ➤ Report ➤ Check lists ➤ Credentials ➤ Records ➤ Planning reporting & ➤ Records Inventor & ➤ Counting, records & reports 	<ul style="list-style-type: none"> ➤ Community participation ➤ Better life ensured ➤ Child Right applied ➤ Improved living condition ➤ The community stands against child abuse ➤ Child needs satisfied ➤ Improved health of OVC ➤ The Right to education ensured ➤ Improved knowledge to facilitate effectively and efficiently ➤ Identified needs of the child

<ul style="list-style-type: none"> ➤ supplements ➤ Conducting TOT to Talk-Group Facilitators(TGF) ➤ Reinforce home-based care visits to access and address needs of whole child through service provision ➤ Provision of IGA opportunity to Caretakers OVCs & PLWHA ➤ 	<ul style="list-style-type: none"> ➤ No of trained facilitator ➤ Home visited ➤ No trained and engaged 	<ul style="list-style-type: none"> ➤ HBSP ➤ Home-base Service Providers ➤ HBSP and Local Small Scale Ent. Desk 	<ul style="list-style-type: none"> ➤ Training reports & observation ➤ Reports ➤ Credentials and reports 	<p>satisfied</p> <ul style="list-style-type: none"> ➤ Child's need satisfied ➤ Improved living condistion
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V. Staff/Management Plan

S.N	Name	Qualification	Role in the intended project
1	Ato Abebe Yimer (Executive Director)	B.A	Overall Co-ordination , liaison with concerned stakeholders, etc. to create enabling environment
2	W/t. Mastewal Biresawu (Project Officer)	B.A	Project implementation coordinating, organizing trainings, IEC Materials production and reproduction, monitoring and reporting
3	Kobe Project Site Coordinator (To be employed by the project)	B.A	Based on the targeted area (Kobo) will be accountable and responsible for the overall management and implementation of the project.
4	Training and Advisory Service Officer (To be employed by the project)	B.A	Responsible for all trainings, workshops and experience sharing of the project components.
5	W/t Tigist Kebede (Finance and Budget Officer)	4 th . Year College	Keep the financial records of the project. Approve the financial request for the project is as per agreed budget. Responsible to report the financial accomplishment of the project and settlement of the fund accounts
6	Ato Sirak Wondimu (HIV/AIDS and RH coordinator)	College Diploma	RH and HIV/AIDS Project Coordinator Responsible for the overall implementation, monitoring and reporting of projects on RH and HIV/AIDS
7	W/R. Almaz W/Tensai (Board Member)	M.A	Serves as resource person in Gender issues and women's rights
8	Ato Yehalem Abebe (Board member)	M.A	Serves as resource person in Right Based Approach and mainstreaming cross-cutting issues like HIV/AIDS, Child Rights and Gender
9	W/R. Fregenet Yehualashet (Secretary/ Cashier)	Diploma TVTE	Handle computer, clerical services and cash activities of the organization and different projects

VI. Institutional Capacity

Community and Environment Development Action (CEDACT) is an indigenous and non-profit making development oriented local NGO – legally established in 2001 to respond to some of the development needs of the communities. CEDACT is established by a group of concerned voluntary Ethiopians as per the Government's Policy and DPPA requirements. It is registered with the Ministry of Justice,, and has a legal certificate bearing number 629 (certificate attached). CEDACT's head office is located at Arada Sub-City, Kebele 13/14 house no 066 and two project site office in Addis Ababa. Currently, the Development Organization has eight permanent, five contractual base facilitators and two volunteer staff. The Head Office of the Organization is well equipped and very conducive to work.

The fundamental motive behind all CEDACT's activities is alleviating human sufferings and supporting the development of the local population to their full potential. It works closely with communities in their own development affairs in order to enhance welfare of communities through promoting community participation and strengthening their capacity to diversify their livelihood options. CEDACT works closely also with local government offices in different development endeavors. Since its establishment, CEDACT has implemented different activities – including Reproductive Health Care Education including HIV/AIDS and STI and Women's Right with a focus on young school adolescents, Commercial Sex Workers and young mothers, RH – Environment Integrated programs, Alternative Basic Child Education Program, Basic Vocational Skill Training, Urban Environment and Sanitation, Urban Agriculture Practice and Capacity Building of CBO, particularly the Iddirs.

CEDACT is committed to bring about a meaningful development through implementing development oriented projects in collaboration with donors, communities, government offices and other stakeholders in its operational areas. CEDACT has a General Assembly, which is the highest decision making body of the organization. It has also an active Board composed of five members. Unlike other board members, CEDACT's Board members are strong, and are committed to and interested in supporting the Organization. A Management Committee composed of five members performs the day-to-day management activities. The management committee works closely with the permanent and contractual staff of the organization. In general, CEDACT is staffed with experienced volunteer, permanent and contract staff in planning and implementation of long-term and short-term projects.

The Organization has successfully implemented different project – including Commercial Sex Worker HIV/AIDS Prevention Integrated Project (PIP), Advocacy of Reproductive Health Care including HIV/AIDS, STI and Women's Right for School Adolescents, Integrated Reproductive Health and Environment Projects. Among the performed activities related to the proposal , by the organization include:

- IEC and Advocacy works on Reproductive health Care including HIV/AIDS, FP, Safe Abortion and Women's Right for School Adolescents in two elementary, on high school and one TVET College
- Commercial sex Workers (CSW) HIV/AIDS Prevention and Integrated Project in two Kebeles of Yeka Sub-City in Addis Ababa
- Straight Talk Forum(STF) for CSW at Dukem
- Skill Training for jobless Female Youth and Young mothers in Arada sub-city
- IGA for Commercial Sex Workers (Basic Vocational Skill Training for 160 Commercial Sex Workers and Support of seed capital and working equipments)

- IGA , particularly in Vegetable Gardening for 180 PLWHA and poor Female Household
- Capacity Buildings for CBO (Six Iddirs - to form a Network)

The Organization has a good track record, and has strong working relations with government offices. CEDACT develops different projects by involving communities and government sector offices

CEDACT's headquarters is at Addis Ababa, Arada Sub-City, Kebele 13/14 House No. 044 and also has two project site offices at Yeka Sub-city Kebele 03/04 and 13/14 in Addis Ababa. The project site office at Kobo of Amhara Regional State, will play a leading role in implementing this project. The Head Office will be proactive role in playing supportive role in project coordination, implementation, monitoring and evaluation, report preparation to the donor and government stakeholders. The Head Office will also be involved in capacity building efforts.

The Kobo Woreda Administration, HIV/AIDS Desk will be one of the key stakeholder in implementing this envisaged project. There are three expertise, who will be involved during the implementation of the project, particularly in identifying AIDS Orphan Children deprived of educational Rights, their care-takers, and PLWHA who are willing to be involved in Income Generating Activities to satisfy their need of balanced diet food for themselves and their families.