



For The Project

**To Combating HIV/AIDS Stigma & Discrimination through Grassroots  
Pastoral Community Based Capacity Building public Education in  
Fentale District, Oromia Region Ethiopia**



Three Religious leader (Namuutu of Haahubatu!!)

**SUBMITTED TO:**

**World Association of Christian Communication (WACC)**

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**SUBMITTED BY:**

Rift Valley Initiative for Rural Advancement

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## **1. Introduction and Context**

The Rift Valley Initiative for Rural Advancement has been working in Fentale Woreda with the karayou-Ituu community and local partners since 2010 in non formal education. The project entitled combating HIV/AIDS stigma & discrimination through grassroots pastoral community based capacity building and public education in Fentale district, Oromia Region Ethiopia has primarily focused on religious leaders and people living with HIV/AIDS.

The broad objective the project was to mitigate the impact of stigma and discrimination of HIV/AIDS victims and arrest HIV/AIDS stigma and discrimination prevalence in rural areas. Thus the project immediate purpose was to effectively use religious leaders and people living with HIV/AIDS, and volunteers as instrumental and major factor in helping people to learn and increased knowledge about HIV/AIDS and broken the silence regarding stigma & discrimination /shame/ associated with HIV/AIDS and addressing stigma and discrimination; and encourage greater involvement of people leaving with HIV/AIDS so that they valued themselves and people realize that PLHA has the right as well as the ability to work, interact, share and educate the public.

Hence the contexts and timeline in which the project has been implemented in the reporting period was not changed. The implementation of the project was commenced at beginning of August 2011 after signed a project operation agreement with the East Showa Zonal Finance and Economic Development Bureau. Subsequent to the signed operation agreement the project was launched in Fantalee district of East Showa zone of Oromia region and undertaken the following activities.

## **2. Conducted Planning and Launching workshop**

This activity involved two components namely: 1) setting up of the field levels project administrative mechanism and 2) presentation of the operation to targeted communities. Accordingly we recruited project coordinator and community training facilitators. Hence the project hired well experienced Project Manager and three community facilitators to carry out the day to day implementation of the project at field office level. Further a series of meetings with direct and indirect beneficiaries were conducted, farther conducted meetings with local authorities, community-based organizations leaders, and women activists these meeting with stakeholder were eventually culminated to the project planning and launching workshop held on August 10/2011. 100 participants drawn from 18 village and sector bureaus (50 men and 50 female) attended the launching workshop.



## 2. Implementation of the Project Interventions

The project to combating HIV/AIDS stigma & discrimination through grassroots pastoral community based capacity building and public education in Fentale district is the first of its kind. The objective of the project intervention as stated in the project proposal was not changed. The purpose of the project was to mitigate the impact of stigma and discrimination of HIV/AIDS victims and arrest HIV/AIDS stigma and discrimination amongst the pastoralist Karayu Ituu in rural areas. The followings are the specific objectives and its achievement:

1. To sensitize and communicate better understanding and raise awareness of 1200 grassroots communities regarding stigma and discrimination associated of HIV/AIDS victims
2. To Train 60 religious and community leaders and pastoralists women's groups in communication skills and advocacy strategies to reduce stigmatization and discrimination
3. To train 120 PLWA and organize 10 local advocacy fora to promote their greater involvement so that they are valued and people realize that PLHA has same right as well as the ability to work, interact, share

The Following table Summarized Activities accomplished and realized during the reported period, and the detailed descriptions of the accomplished activities is presented in the subsequent section of this report.

	<b>Project Activities</b>	<b>Realized</b>	<b>Explanation</b>
I	<b>Community Mobilization</b>	Realised 100%	The purpose of this activity is to provide information on the impact of HIV/AIDS and its associated stigma and aware the local inhabitants targeted community. To that effect field level meetings with beneficiaries were conducted so as to sensitize community in target village in the cluster kebeles. Accordingly orientation provided to the target kebele administration on means of HIV/AIDS transitions, prevention methodology, the need to providing care and support for PLWHAs. In addition we presented them the idea of the project activity so that in turn they mobilized their respective local communities' members. During the meetings beneficiaries were offered complete information about HIV/AIDS. To that end the project team has conducted Kebele by kebele and a house to house community mobilization work to identify PLWHAs. Hence over 2035 adult men women were attended the mobilization session in their respective villages.
II	<b>Community Awareness &amp; sensitization</b>	Realised 100%	This part of the project is composed of a number of activities such as project launching work shop and sensitization workshop; hence the project officially commenced the project implementation. To that end Five community sensitization training workshop organized one in each targeted village. The first community sensitization workshop involved different influential groups of the community and focused on identification of malpractices and risk behaviors which could potentially predispose them to HIV/AIDS and other STDs.
III	<b>Production &amp; Dissemination of IEC materials</b>	Realised 100%	This part of the project was composed production and disseminations of posters, pamphlets, fliers, billboard, T-shirt, among other media. It was a strong tool for awareness and communication to combat stigma. This activities elicited opinion and re-shape the thinking and send a strong message to the community about the stigma and discrimination associated with HIV/AIDS victims. accordingly Locally adapted IEC materials and PLWAH focused with selective messages produced and distributed: (4 videos, 3,000 leaflets; 1000 brochures; 150 posters; 200 stickers and 300 T-shirts,
III	<b>Religious and CBOs leader TOT and Capacity Building training.</b>		This part of the project is composed of a identification religious leader among the Christian denominations, Muslim and traditional religious and gada system; Community extension health workers who trained in turn trains their respective followers. Accordingly 10 participants from each religion selected and the TOT training tailored for leader from Muslim and Christian religions and Karayu Ituu Gada systems

			conducted in two sessions for a total number of 68 peoples.
IV	<b>PLWHA, Peer Educator Training on Communication and capacity building</b>	Realised 100%	Training on communication skills and Peer educators' trainings were provided in five sessions for 150 individuals (80 female and 70 male) for five days each. The participants were drawn from PLWHAs, CBRHAs, TTBAAs, CBMCAs, Community health Extension workers and youth (herders) community members.
V	<b>Local advocacy or public rally and Conference</b>	Realised 50%	<p>In collaboration with woreda health department and women and children affairs. Using the Oromo Karayu clan Gada conference held from January 1 to 8, 2012 at Galchaa, we organized and conducted a public campaign rally. 108 participants drawn from young people, men and women, the outgoing and incoming traditional Gada leaders. The during the campaign rally we communicated messages, disseminated fliers and brochures that prepared in local Oromiffa language. Further community conferences organized in five targeted community. The participants were from rural community and the majorities were influential community members ('Aba Geda', 'Demina', Religious leaders, and other elders) who were participated on other training workshops aforementioned.</p> <p>The objective of the conference was to have the community make a decision and risk reduction plan on the identified problems which could potentially predispose them to HIV/AIDS and accordingly, influence/teach the remaining community members to curb the transmission of HIV and other STIs.</p>

### 3. Detailed Implementation of Project Activities

#### 3.1 Community Mobilization

The field meetings with beneficiaries were designed so as to survey and target each village in the cluster kebeles in order to present the idea of the project and involve local communities in the process according to the project implementation plan and criteria identified in the project. During such meetings, beneficiaries were offered complete information about the project's goals and objective. Moreover, such meetings strengthened the cooperation with major partners including the fentalee district line departments, which later sent a letter of support to Zonal Finance and economic development indicating its appreciation of the project's contribution toward stigma reduction and containment of the spread of the AIDS virus in the rural areas. In addition IEC material developed and disseminated throughout the rural kebeles.





### 3.2 Sensitization and Awareness Workshop

Two sessions of community sensitization and awareness creation workshop and public rally organized and conducted for two days. Messages and IEC materials developed in local language communicated and disseminated. Awareness on the impact of stigma, as to how combating HIV/AIDS related stigma and discrimination at grassroots community level contributed toward arresting the pandemics. In four sessions a total of 200 people attended the sensitization workshop out of which 100 women and 100 men.



The participants of these workshops were drawn from 18 rural pastoral and agro pastoral kebele association. During each session people living with the HIV/AIDS play a pivotal role in providing

personal testimonials and in communicating vital message telling their first hand experiences to the audiences.



### 3.3. Conducted Public Campaign Rally in Five Villages

Using the Oromo Karayu clan Gada conference held from January 1 to 8, 2012 at Galchaa, RIRA organized and conducted a public campaign rally. Over 108 participants drawn from young people, men and women, very influential personality such as, outgoing and incoming traditional Gada leaders were participated in this public rally. The during the campaign rally the participants were communicated very important messages to the public. In addition fliers and brochures that prepared in local Oromiffa language disseminated.





When an old Karayu pastoralist woman LWHA educated the public through testimonial(to The right)



### **3.4. Religious and Traditional Leader Capacity Building and TOT Training**

In order to build the capacity of the religious leaders, traditional Gada institution leaders and community health extension workers, RIRA conducted training of trainer (TOT) for seven consecutive days. The TOT training was conducted in two sessions. Accordingly 34 participants participated in each session that is twenty (20) participants drawn from Christian religious leaders; twenty (20) participants drawn from Muslim religion; twenty (20) participants from the Karayu-Ituu Oromo clan traditional Gada system leader and the remaining 8 participants from Community Health Extension worker. Hence the TOT training was tailored for religious leader drawn from Muslim, Christian religions and Karayu Ituu Gada systems. The training was conducted in two sessions for a total number of 68 peoples. At the end of each ToT training session the trainees were developed action plan to be implemented in their respective rural kebele association as well as in their respective religious institutions that is Church and Mosques.

Hence during the reported period, the religious leader and community health extension worker succeeded in convening 36 awareness raising gathering at 15 mosques and 5 churches in selected rural villages of Fantallee district. Each gathering session were lasted for 3 training hours on Friday and Sunday.

During the evaluation of the first training round of the tailoring component, participants and trainers requested the extension of training hours to a total of 5 hours per session as they needed



more time. Therefore project staff, trainers and participants decided to extend the training from 3 to 4 training hours on every Friday as well as Sunday. Although training subjects were mainly based on topics included in the training curricula, trainers developed more training materials based on the reflection of reality and the training needs emerging through implementation. These materials were considered as part of training curricula.



### **3.5. Village Community Sensitization Trainings Workshop Conducted**

Five community sensitization training workshop were organized in each targeted village. The community sensitization workshop involved different influential groups of the community and focused on identification of malpractices and risk behaviors which could potentially predispose to HIV/AIDS and other STDs. Accordingly, the participants identified such as harmful traditional practice, multiple sexual partnership (polygamy, inheritance of a died brother's/relative's wife, & extramarital sexual practice), not using condoms, poor VCT practice, sharing sharp materials, and substance abuse (especially 'chat' and alcohol).

In addition the pastoralist living style such as mobility, resource based conflict, get casual partner and to have unsafe sex was noted also as contributing factors too.

### **3.6. Community Conference Organized**

Two Grassroots Community Based conferences get organized in Gidar and Merti for one day in each targeted location. The participants are drawn from rural community and the majorities' participants

of these conference were influential community members ('Aba Geda', 'Demina', Religious leaders, and other elders) who were participated on workshops conducted and informed to convey message for their respective constituencies.

The objective of the conference was to have the community make a decision and risk reduction plan on the identified problems which could potentially predispose them to HIV/AIDS and accordingly, influence the remaining community members to curb the transmission of HIV and other STIs.



Accordingly about 250 community members were participated on the conference during which they decided to eliminate the identified harmful traditional malpractices. However, they said that the community at large should be first convinced about the matter before setting any rule which will be done by these attendees. A committee was also formed from the very influential community members to follow up the implementation of this collective decision.

### **3.7. Trained Peer Educators and PLWHs on Communication**

Peer educators trainings were provided on five sessions to 150 individuals (80 female and 70 male) for five days each. The participants were drawn from people living with HIV/AIDS (PLWHAS); Community health extension worker, traditional broth attendant (TTBAs) and youth community members.

### 3.8. Establish and support Anti-HIV/AIDS clubs

Five anti HIV/AIDS rural school clubs were established in five targeted Pastoral kebele Association of the rural community. They were often provided capacity building training.

Table 1: Quantitative Summary of Accomplished Project Activities for the Reported period Life

S/N	Project Activities	Planned for the project period	Actual Accomplished for the period	Sex Distribution		%
				Male	Female	
1	Launching workshop	80	100	50	50	100%
2	Sensitization and Awareness raising	200	200	90	110	100%
3	Religious leaders ToT training	60	60	50	10	100%
4	Public education by trained HEW	500	600	300	300	100%
5	Peer Education on Communication	100	150	70	80	150%
6	Community Conferences	200	250	120	130	125%
7	Monthly Awareness raising by trained religious leader on Friday and Sunday	2000	2500	1250	1750	125%
8	Disseminations of IEC materials	5,000	5000	2050	2450	100%
7	Putting up Billboard	3	3	2	1	100%

### 4. Monitoring and evaluation

RIRA in collaboration with its partners and stakeholders performed a systematic monitoring and evaluation, which include gathering statistics from the targeted kebele, rural clinics, Health station, and others on monthly base and as needed.

Monthly monitoring reports of the project both physical and financial prepared and sent to supervision Agency. Expenditure against budget was cross- checked by RIRA's accountants in Addis Ababa. The project plan Vs performance and budget versus expenditure evaluated through quarter and semiannual review meetings on regular base. Quarter and semiannual progress reports, according to signatory agency format prepared and submitted to the entire zonal pertinent line department. RIRA's financial



control health officer also monitored the project. Executive director also monitored the intervention frequently. The woreda HBCO officer also monitored the project activities.

## 5. Project budget utilization

The overall Budget for the project was **192,990.00** ETH Birr. During the project reported period **201,869.70** ETE Birr utilized. (Detail expenditure report presented in the following table 2.)

Table 2: Financial Report for the period from July 1/2011 to End June2012

	Unit	Quantity	Planned for the period	Actual Accomplished	Per centage
<b>Community mobilization &amp; sensitization</b>					
Per Diem 1200@35@1days	35	1000	35,000.00	35,000.00	100%
Stationeries 1200@10	10	1200	12,000.00	12,000.00	100%
Catering 1200@5	5	1200	6,000.00	6,000.00	100%
Facilitators 12@159	150	12	1,440.00	1,440.00	100%
Logistic for the participants			15,500.00	17,500.00	112%
Sub total			69,940.00	69,940.00	
<b>60 Religious and community leader training</b>					
Per Diem 60@5D@50	50	60	15,000.00	15,000.00	100%
Stationeries 60@10	10	60	600.00	600.00	100%
catering 60@5@10	10	60	3,000.00	3,000.00	100%
facilitator 2@150	150	2	1,500.00	1,500.00	100%
sub total			20,100.00	20,100.00	
<b>120 Advocacy fora and Capacity Building Training for PLWA</b>					
per diem 120@5@50	50	120	10,000.00	10,000.00	100%
Stationeries 120@10	10	120	6,000.00	6,000.00	100%
Catering 120@5@10	10	120	1,200.00	1,200.00	100%
Facilitators per diem 2@5@150	150	2	1,500.00	1,500.00	100%
Sub total			18,700.00	18,700.00	
<b>IEC material production and distribution</b>					
Three Billboard	500	3	1,500.00	2,500.00	125%
3,000 leaflets;	1.05	3000	3,150.00	3,150.00	100%
1000 brochures	1,25	1000	1,250.00	1,250.00	100%
200 stickers	20.5	205	4,100.00	4,100.00	100%
posters	5	450	2,250.00	2,250.00	100%
500 T-shirts	45	500	21,500.00	21,500.00	100%
<b>Staffs salary</b>	3,500	10	35,000.00	35,000.00	100%
<b>Monitoring and Evaluation</b>			5,500.00	5,500.00	100%
<b>Administration cost</b>			2,500.00	5,879.70	235%
Sub total			81,250.00	90,129.70	
<b>Total project cost</b>			<b>195,490.00</b>	<b>201,869.70</b>	<b>103%</b>

## Project Staffs an Volunteers

S/N	Staffs and Volunteers Name	Qualification	Position
1	Abdi Ahmed	MA in Devet Study	Executive Director
2	Fahmi Abdulmejid Hadii	BA in economics	Project manger
3	Guye Jilo Hawas	Clinical Nurse	Lead facilitator
4	Rahima Ahmed	Clinical Nurse	Facilitator
5	Ali Sied Roba	Education Diploma	Facilitator
6	5 Community Health Extension worker		



## RIFT VALLEY INITIATIVE FOR RURAL ADVANCEMENT (RIRA)

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**Subject: 1328 (Project Implementation Final Report)**

**Dear Madam**

Please find attached herewith final activity and financial report our project that successfully ended on June 30/2012. In addition the audit report for the period end December 2011 is enclosed, while the Audit report for the period from January 1/2012 to June30/ 2012 will be sent to you as soon as finalized.

Hence we seize this opportunity to extend our gratitude to your esteemed organization the World Association of Christian Communication (WACC) for considering RIRA as one of its partner and enabling us to implement this very important pilot project. Together we bring to an end the spread of HIV/AIDS pandemic and the suffering of PLWHAS.

High Regards

Abdi Ahmed  
Executive Director



