

DZLH program HIV and AIDS Analysis review session

1. Identify HIV and AIDS mainstreaming activities accomplished as planned. Training and Experience sharing

- We pass the HIV and AIDS related messages during the training
- We transfer messages about HIV and AIDS during trainings organized
- We have arranged secured environment during experience sharing visit and transmit sufficient information E.g. ,Mersa ,Tenta,Kalu
- We assign responsible person among the trainees to monitor and control themselves
- We limit their access for cash until the end of the training or as soon as possible we have tried to select safe compound or hotels encourage to share bed rooms to women at a time
- Because of shortage of accommodation we didn't arrange separate block for over night
- We have provided an entertainment equipments for community skill training centre
- Awareness raising messages & discussions on monthly base with the involvement of WSA and Health extension workers
- Discourage alcohol and include training by law
- During experience sharing there were arranged safe bed room but not at their kebele
- Vocational training and other short term training conducted at village level
- Develop rules and strict discipline mechanism during trainings organized

Saving and credit Association

- Awareness creation about HIV and AIDS conducted for SAC members during their meetings
- All SAC members were engaged in safe petty trading activities for example grain trading, livestock rearing (before starting we support them to prepare safe business plan)
- There is established Education committee as per their bylaw but not actively functional in SAC
- We don't have sufficient information about PLWA in most kebeles. We are dealing with WSA if we carry activities jointly.
- We have regular follow up system with SAC members (Monthly)
- Advise some PLWA to participate in vegetable production ,seed support and Water and soil conservation work

Infrastructure

- Water fetching time set up with the consensus of beneficiaries
- 4ps were familiarized to beneficiaries
- Provide induction for construction workers through HR and Gender officer however there is a gap to address who are un organized
- 4ps incorporate with constructor agreements
- We have providing condoms for construction workers through our Gugufu office and they have a chance through WSA but It lacks regularity and strong linkage with WSA

2. Identify major achievements (what wok well with justification)

- Ensuring the business plan of SAC members before engaging in actual activities
- An action to encourage women to share one bed during visits
- Conduct vocational training at village level
- Participation on the awareness raising activities for non target beneficiaries

- Pass on messages (awareness creation) in different trainings
- Most vocational trainings organized at kebele level
- IN SAC members more awareness creation help to disseminate messages easily
- Water fetching period
- Suitable water point

3. What did not work well

- No entertainment and get-together
- No safe bed room during trainings organized at gugufu
- Education committee was not fictional
- Establishment of PLWA support group not performed because this program is done by WSA
- Awareness has been given at program office
- 4ps has been given at program office
- Because the system not established
- No condom access for construction site
- Setting regular follow up system with SAC
- Internalize 4ps for construction workers & community

4. Major challenges

- Poor follow up and working system
- Poor network between construction worker and Community development worker
- Shortage of quality condom
- PLWA does not build trust & exposed them selves

5. Best practice

- Continue discussion with SAC enabled to disseminate the key HIV AND aids related messages to their neighbour
- Encourage two women for one bed during experience sharing
- Limit the financial access for the trainees before the completion of the training

Recommendation

- Create access to 1st Aid kit and awareness about hoe to care injured person
- Disperse cash for work at their kebele level
- Organize awareness raising session on HIV and AIDS during working time
- Create integration with WSA project
- Ensure that SACs keep up minute regularly
- Organize support HI and AIDS focus session bi annually to evaluate the status of the group
- Use every forms to internalize 4ps in detail and pressurise the establishment and function of compliant handling mechanism
- Identifying or assign focal person with in construction workers to distribute condoms
- Review mainstreaming action plan on quarterly base through supervisors for discussion and recommendation
- Requests for standardize manuals for community discussion on HIV and AIDS
- SAC education committee to be active
- Identify PLWA linkage with project beneficiary and build trust
- Establish network system to address 4ps with in community
- Provide information for construction workers the way how to set condoms
- Refreshment training for community workers on HIV awareness and mainstreaming analysis

Exercise Two

Risk factor to HIV infection		vulnerability to the impact of HIV and AIDS	
Activity increase	Activity decreases	Activity increase	Activity decreases
	Community based animal health workers (CBAHWs) Travel distance reduced for PLWA which spent for treating animals at animal health clinic		CBAHWs Messages transfer related to HIV and AIDS

Kalu Health and Nutrition program HIV and AIDS analysis review session

1. Identify HIV and AIDS mainstreaming activities as Planned.
 - Include more HIV and AIDS education in all trainings and education session
 - Education or orientation about 4ps contractors or surveyors
 - BCC and advocacy work surrounding HTP that fuel susceptibility to HIV infection
 - Orientation for mothers who are referred to Dessie Hospital with sever malnourished child.
 - Ensuring AMAP that all trainings are conducted at kebele level
 - Education at water point
 - Coffee for health program at gott level
 - School education
 - House to House visit
 - Community health promoter training
 - O.T.P site
 - Awareness creation for contractor and their employees
2. **Major achievements (what work well with justification**
 - Including more HIV and AIDS education in all trainings & education session (educate the community about the prevention & control of HIV and AIDS via coffee for health program consequently most of the community members have brought an impact) further more the attitude of the community has drastically improved.
 - BCC and advocacy work surrounding HTP that fuel susceptibility to HIV infection
 - Via school health education & distribution of leaflet particularly on GBV
 - Advocacy work also done on CC with religious leaders and influential person
 - Orient the mother with severely malnourished children
Facilitate every necessary material for referred child
 - Provision of education at water point
 - Coffee for health at gott level (decrease or eliminate GBV
 - Participation of male and female beneficiaries on coffee for heath education create open discussion
 - Stigma and discrimination decreases
 - At school level HTP decreased
 - House to house visit contribute to increase awareness

- Community health promoter risk for HIV and Aids decreases because all trainings organized at kebele level.
- OTP Children with HIV treated and make stayed along to receive plump net

3. What did not work well (with justification?)

- C.N.R this activity cant be accomplished
- Ensuring that participants leave in group after meeting, education session & training
- Ensure that Kebele administrator assign people to accompany female participants (HEW, out reach workers ETC. to safeguard from rape /abuse)
- Putting in place supervision mechanism for construction & survey workers (education)
- Availability of Glove and Universal precaution for staffs
- In case where trainings can only be provide in either Harbu or Kombolcha town strict orientation & education should be given to trainees

4. Challenges

- During coffee for health and House to house visit male participants number decreases

5. Best practice & innovative strategies

- During coffee for health program specially if we reach at 4th session participants raise VCT service and they know about them selves and contribute to initiate other community for VCT
- Starting of CC at community level

Recommendation

Responsibility

- | | |
|---|---|
| • Checklist preparation | Gender/HIV/AIDS officer
Health department |
| • Place 1 st AID kit at construction site | Health manager,HIV officer
SPO |
| • Condom distribution for Contractor at the periphery
If there is Health post contractor take from the institution. if not Incorporated with 1 st AID Kit | Health Manger ,SPO,HIV officer
Supervisor |
| • PEP training

Provide information /orientation About the prevention and control of HIV for trainees. | Gender/HIV officer, Health Mgr

Training facilitators |