

**An Assessment of Anti-HIV/AIDS
Clubs in UNICEF Assisted
Elementary Schools in Ethiopia**

United Nations Children's Fund (UNICEF)

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Acronyms

AAC	Anti-AIDS Clubs
AIDS	Acquired Immunodeficiency Syndrome
CTC	Counselling and Testing Clients
ESDP	Education Sector Development Program
GDI	Gender-related Development Index
HIV	Human Immunodeficiency Virus
MDG	Millennium Development Goal
MOE	Ministry of Education
MoH	Ministry of Health
NGO	Non-governmental organisation
REB	Regional Education Board
SDPRP	Sustainable Development and Poverty Reduction Program
SNNPR	Southern Nations, Nationalities and Peoples' Region
TTC	Teacher Training Collage
TTI	Teacher Training Institution
TVET	Technical and Vocational Education and Training
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

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Addis Ababa City Government Education Bureau
Amhara Region Education Bureau
Gambella Region Education Bureau
Oromia Regional Bureau
SNNPR Education Bureau
Somali Region Education Bureau

Sene Maryam Elementary School
Ambesame Elementary School
Temtamit Elementary School
Geregera Elementary School
Estayesh Elementary School
Yejubie Elementary School
DANE Elementary School
Shaserana Akababiw Elementary School
Megre Elementary School
Kindo Gocho Elementary School
.....
Ras Gobena Elementary School
Elley Elementary School
Husengere Elementary School
Walwa Elementary School
Minilik Elementary School
Yekatit 23 Elementary School
Mesrak Gohe Elementary School
Tsehay Gebat Elementary School
Acheber Chefe Elementary School
Cheleleka Elementary School
Arbu Chulele Elementary School
Minare Elementary School
Gola Elementary School

Executive Summary

I was requested by UNICEF Ethiopia to carry out an assessment of Anti-AIDS Clubs in selected woredas during the months of June and July 2005. The main aim of the consultancy was to find out the existence, performance, challenges and strengths of these Clubs in order to provide a number of recommendations for future interventions. The primary objectives outlined in the Terms of Reference were to assess the following areas:

- Determine the existence of Anti-AIDS Clubs in schools in the UNICEF assisted woredas.
- Establish the performance of these Clubs in tackling the spread of HIV/AIDS
- Identify specific challenges and needs of the Clubs in order for them to strengthen themselves and to carry out their responsibilities effectively.

In the completion of these objectives data was collected from 24 schools in 5 administrative regions and the city of Addis Ababa in the form of statistical and analytical surveys encompassing individuals and groups involved in the administration, operation and participation of Anti-AIDS Clubs.

Background

Ethiopia, like many of its African neighbours, is suffering the consequences of the HIV/AIDS pandemic that continues to blight the continent. In 2003, a total of 1.5 million people were estimated to be HIV positive with 90,000 people dying of AIDS and AIDS-related illnesses in that year (Ministry of Health, 2004). Adolescents have been particularly affected with the Ministry of Education recording 96,000 HIV cases in 2003 among children under the age of 15. As a result various initiatives have been developed to address HIV/AIDS within the education system. Amongst other approaches this includes the integration of HIV/AIDS within the curricula, disseminating information through educational media and importantly through the establishment of Anti-AIDS Clubs in schools.

Anti-HIV/AIDS Clubs have been introduced throughout the country with the aim of providing advice, information and support to schoolchildren in primary education upwards. The profiles of Anti-HIV/AIDS Clubs, their achievements and challenges and the overall situation at the national level were assessed in the recent UNICEF report *National Assessment of Anti AIDS clubs in Ethiopia: Qualitative & Quantitative Studies*. However, no in-depth assessment of the status of primary school Anti-HIV/AIDS Clubs has been carried out to date.

Findings

All the schools visited had established an Anti-AIDS Club. It was observed early in the consultancy that these Clubs all lacked support from within the educational system and external donors, a situation that has limited their achievements. However, their overall performance and contribution in fighting HIV/AIDS and STIs within the student body and the community at large should not be underestimated. While most of the AACs reported that they fight HIV/AIDS through the promotion of abstinence, fidelity and

condom use in reality they were found to be limited to promoting abstinence only. In the past most AACs were said to be much more active than they are now. However, with the exception of the Amhara Region, where AACs are weaker than Girls' Clubs, AACs were found to be much more active than other school Clubs.

With the exception of some individuals who joined AACs for economical benefit most of the members and leaders did so to fight HIV/AIDS, which they see as damaging their country both economically and socially. However, due to a lack of sufficient training most of these individuals lack the skill, experience and knowledge to disseminate information related to HIV/AIDS and other STIs. The lack of specific guidelines from the Ministry of Education and the Regional Educational Bureaus has also aggravated these problems. In some cases these issues have resulted in Clubs working in inappropriate ways. Additionally, most AACs fail to address problems faced by female students that contribute to the spread of HIV/AIDS and STIs. These problems include sexual exploitation of female students, and especially orphans, by male school staff, rape and sexual harassment. The deficiencies of leaders in terms of skills and experience as well as the Clubs lack of revenue was identified by a large percentage of the students questioned. This accounts for the fact that only just of half of the students attend activities organised by AACs despite the importance many of them attribute to the issues at hand.

Despite the shortages that AACs face they have in general become widely accepted among the community. This is undoubtedly due in part to the importance attributed to the HIV/AIDS pandemic by many in society who also see their children as the ones most at risk. However, due to the unacceptable behaviour of some non-school AAC leaders and members it was found that in a number of study sites all AACs, including those affiliated with a particular school, were seen as promoting undesirable behaviour among young people. Consequently some parents have prevented their children from participating in activities provided by AACs.

Recommendations

This study follows a recently completed nationwide report on the status of AACs and can be used in conjunction with the former to assist in the implementation of any future interventions. Great credit should be given to most of the AAC leaders and members who have acted on their own initiative to help prevent HIV/AIDS and STIs within their own school and among the local community. In order to make AACs more effective a number of recommendations and interventions have been outlined in the report. The most immediate ones are: the development of a set of guidelines for AACs; providing training in leadership, negotiation and advocating skills; specific guidance on HIV/AIDS and STI; distribution of up-to-date materials; developing networks among Clubs as well as other relevant body; and to provide supplementary material about HIV/AIDS that includes life skills and that are targeted at students of all ages. Furthermore, as most of the UNICEF assisted schools are located in very remote areas these AACs are at the forefront of the campaign against HIV/AIDS. Therefore they should be given the resources and support to enable them to work with a much wider section of society than they currently operate in.

An Assessment of Anti-HIV/AIDS Clubs in UNICEF Assisted Elementary Schools in Ethiopia

Introduction

1.1 Background

Ethiopia, like many of its African neighbours, is suffering the consequences of the HIV/AIDS pandemic that continues to blight the continent. The first HIV case was reported from Addis Ababa in 1984 and since then the epidemic has been spreading to all segments of society in both urban and rural areas. In 2003, a total of 1.5 million people were estimated to be HIV positive with 90,000 people dying of AIDS and AIDS-related illnesses in that year (Ministry of Health, 2004). Adolescents have been particularly affected with the Ministry of Education recording 96,000 HIV cases in 2003 among children under the age of 15. With an ever increasing rate of HIV/AIDS prevalence, it is necessary to target adolescents within the structure of the existing educational system in order to empower them with the resources necessary to make informed choices concerning their sexual health.

Various initiatives have been developed to address HIV/AIDS within the education system. The focus of this assessment is the use of co-curricula activities as an arena to tackle sexual health. Co-curricular activities in the Ethiopian educational system have long provided life skills for students by addressing topical issues and over the last few years these have sought to tackle the HIV/ AIDS pandemic. Anti-HIV/AIDS Clubs have been introduced throughout the country with the aim of providing advice, information and support to schoolchildren in primary education upwards. A number of these projects have been funded by UNICEF through the Regional Education Bureaus (REB) in the country. The profiles of Anti-HIV/AIDS Clubs, their achievements and challenges and the overall situation at the national level were assessed in the recent UNICEF report *National Assessment of Anti AIDS clubs in Ethiopia: Qualitative & Quantitative Studies*. However, no in-depth assessment of the status of primary school Anti-HIV/AIDS Clubs has been carried out to date.

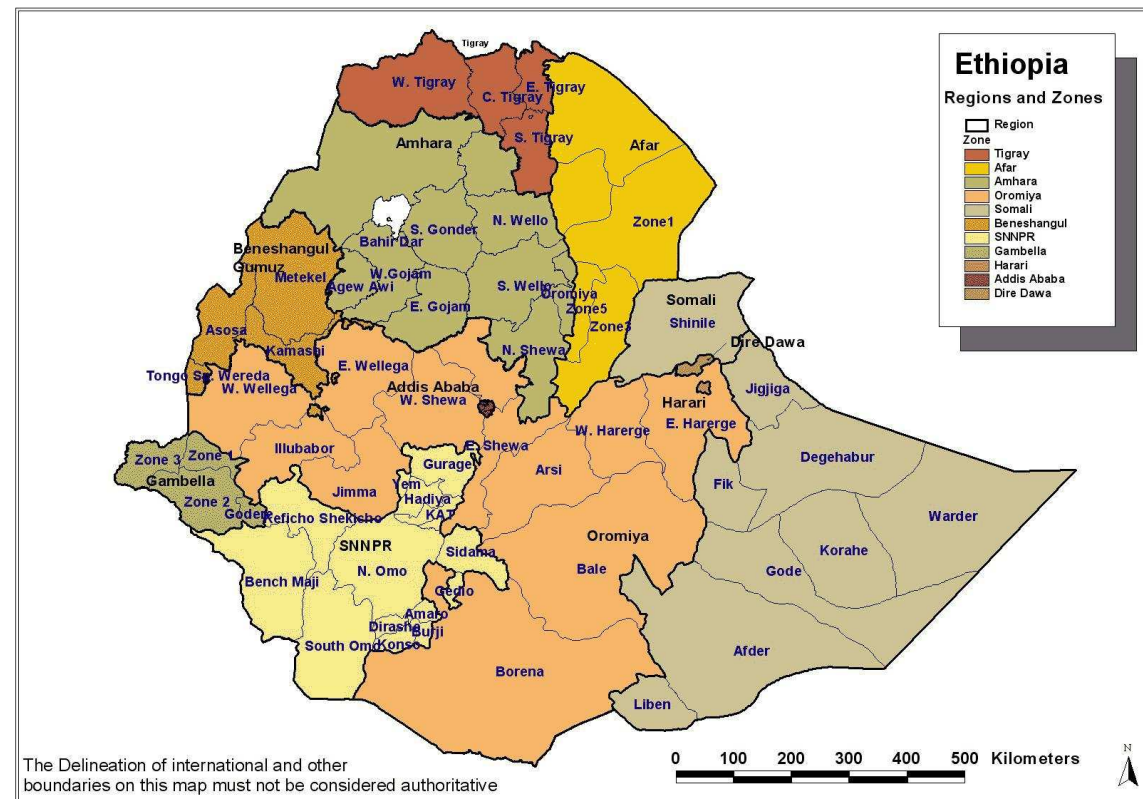
It is on this basis that UNICEF responded by requesting me to provide consultancy with the objective of outlining the status of Anti-HIV/AIDS Clubs so that specific interventions appropriate to primary schools could be identified for further support in the UNICEF assisted woredas. In completing this aim my main tasks were to:

1. Gather data relating to the number and distribution of Anti-HIV/AIDS Clubs in the UNICEF-assisted woredas
2. Assess the communities knowledge of the Clubs
3. Assess the access to the Clubs for students
4. Analyse the material and human resources available to Clubs

5. Assess the wider communities attitude towards the Clubs
6. Assess the Clubs' coordination with other groups
7. Identify technical, financial and capacity gaps in order to recommend appropriate further intervention

1.2 OBJECTIVES OF THE STUDY

The study will cover the following regions; Amhara, The Southern Nation Nationalities and Peoples Region (SNNPR), Somali, Gambella and the federal state of Addis Ababa. The location of the study sites can be seen below:



United Nation Office for the Coordination of Humanitarian Affairs (OCHA)

The general objectives of the study are to find out the status of Anti-AIDS Clubs (AAC) at UNICEF-assisted elementary schools. This will include finding data on their overall number, coordination, management, capacity, the support their activities provide, as well as identifying their strengths and weaknesses and their financial, material and human resources. Within the general objectives the specific aims of the study are:

1. To find out the contribution of AACs towards fighting HIV/AIDS at elementary school level.
2. To gather data on their number
3. To find out if students know about the existence of an AAC in their school and if they use the service available to them.
4. To find out the attitude of students, the wider community and parents towards AACs.
5. To assess AACs coordination with other groups, such as Girls' Clubs and religious groups.
6. To assess the material and human resources of the AACs as well as determining their strengths and weaknesses.
7. Based on the results of the assessment, to put forward recommendations on how to make AACs more effective in the future.

PART TWO

2.1 Quantitative Study

With the assistance of UNICEF staff and the REBs a total of 18 schools were selected from some of the UNICEF assisted woredas in order to gather the required information. The number of schools chosen in each region was designed to reflect the approximate population size of the administrative zone.

Table 1 The Selected Fieldwork Sites

Region	Woreda	Elementary Schools (grade 1-8)
Amhara	Dera	Sene Maryam
		Ambesame
	Meket	Temtamit
		Geregera
		Estayesh
	Beso Liben	Yejubie
	DANE	
SNNPR	Kedida Gamela	Shaserana Akababiw
		Megre
	Kindo Koyesha	Kindo Gocho
Gambella		Ras Gobena
		Elley
Somali Region		Husengere
		Walwa
Addis Ababa		Minilik
		Yekatit 23
		Mesrak Gohe
		Tsehay Gebat
Oromia Region	Seden Sodo	Ancheber Chefe
		Cheleleka
		Arbu Chulele
	Ancheber	Gola
		Minare

Two techniques were used to gather the information needed to address the terms of reference stated above. Firstly, questionnaires were prepared for use in the study sites. These were given to a total of 14 people in each school including: the school director; a club leader; five club member students; five non-participatory students; a female teacher; and a male teacher. A different questionnaire was designed for each party in order to enable the analysis to meet the objectives of the study. Both closed- and open-ended questions were included, all of which were trialled in Addis Ababa prior to their use in the field. The questionnaire was provided in Amharic although a translator was provided where necessary.

2.2 Data management

All necessary efforts were made to avoid the loss of completed questionnaires and information gathered. All questionnaires collected from the various regions were classified and filed separately. Only 0.38 percent of the questionnaires were not returned. In one of the schools the director made female teachers fill out questionnaires intended for female students and members. Therefore these questionnaires were not used. Furthermore, due to problems with access only quantitative data was collected from Gola Elementary School.

2.3 Qualitative Study

The qualitative study was conducted in all woredas mentioned in Table 1. Due to time constraints, only one school was selected from each woreda for the purpose of gathering the required information. One exception to this was Addis Ababa where two schools were used in the study.

2.4 Quantitative Study and the Subjects

The qualitative study was conducted using the following methods:

- Focus group discussion
- Key informant interview
- Structured and unstructured in-depth interviews

All the above methods were used in every school where the qualitative study was conducted. The focus group discussion concerned those who were directly involved in the function of the club and between 7-9 key informants were used.

- School Director
- Anti-AIDS/HIV Club and Girls' Club leaders
- Club coordinator
- Male teacher
- Female teacher
- Club member students

The second focus group discussion included parents, club members as well as non-club members. The structured and unstructured in-depth interviews were also used with the above informants and also to government officials in the REB.

2.5 Limitation

The study was conducted nationwide and required the collection of detailed information. The maximum effort was made to complete the study successfully. However, the following factors have had an impact on the study:

- Heavy rain combined with poor access to transport.
- Poor documentation of schools and some Regional Education Bureaus (REB)
- The uncooperative nature of a small number of the schools

- In some regions schools were administrating final exams and were on the verge of closing and it was therefore not convenient to collect data as fully as planned.
- In some regions the consultant had heavy work loads due to lack of adequate assistance.
- In some regions due to weather, schools were only open until midday.
- In Gambella some of the working days were taken up with travelling by foot in order to complete the study.
- Surprisingly it was found that, in some regions where students willingly offered to complete the questionnaire from grade 5 to 8, they were found to be illiterate and could not identify the alphabets of any of the educational languages. This resulted in the consultant taking back questionnaires and preparing a test to identify literate students from illiterate ones.

PART THREE

Literature review

3.1 HIV/AIDS in Ethiopia

Ethiopia is one of the most seriously affected countries by the HIV/AIDS pandemic. The first HIV case was reported in 1984 from Addis Ababa and since then the epidemic has been spreading in all segments of society in both urban and rural areas. On repeated surveys, the average rate of HIV infection among commercial sex workers has increased from 19.5% to 29.2% between 1988 and 1989. Further investigation outside Addis Ababa in 1990 and 1991 showed 54% and 60% HIV sero-prevalence in Nazrath and 55% and 66% in Bahr Dar respectively (Ministry of Health, 1994). More recent statistics (2003) estimate the overall prevalence rate to be 4.4% with a slightly higher rate for women (5.0%) than men (3.8). Table 2 plots these trends over the last two decades:

Table. 2: Estimated and Projected Adult HIV Prevalence (%) by Sex and Setting, Selected Years, 1982-2008

	1982	1985	1990	1995	2000	2001	2002	2003	2008
National	0.0	0.2	1.6	3.2	3.9	4.1	4.2	4.4	5.0
Male	0.0	0.2	1.5	2.8	3.4	3.5	3.7	3.8	4.4
Female	0.0	0.2	1.7	3.6	4.4	4.8	4.8	5.0	5.7
Urban	0.0	0.7	7.0	13.4	13.0	12.8	12.7	12.6	12.6
Rural	0.0	0.1	0.3	0.8	1.9	2.1	2.4	2.6	3.4

Ministry of Health, AIDS in Ethiopia (5th Edition), 2004

A total of 1.5 million people were estimated to be HIV positive in 2003 out of which about 96, 000 were children under 15 years of age. The estimated number of new AIDS cases in the adult population was 98,000 (46% male and 54% female) while that in children was 25, 000. In 2003, 90,000 people died of AIDS and AIDS-related illnesses in Ethiopia (Ministry of health, 2004)

Of the 15,580 blood donors from different parts of Ethiopia in 2003, 4.7% (3.8% female & 5.0% male) were positive for HIV. A slightly lower infection rate of 3.6% was recorded in the 68,273 visa applicants of the same year while 16.7% (14.6% male & 19.5% female) of the 27,133 Voluntary Counselling and Testing Clients (CTC) tested positive and, 46.7% (46%female and 54% male) of the 16,264 (male 58% and females 42%) suspected AIDS cases reported also resulted in a positive diagnosis. Table 3 provides an overview of HIV/AIDS estimates for Ethiopia:

Table.3: HIV and AIDS Estimates 2003

Adult (15-49) HIV prevalence rate	4.4% (range: 0.9%-7.3%)
Adults (15-49) living with HIV	1 400 000 (range: 890 000-2 100 000)
Adults and children (0-49) living with HIV	1 500 000 (range: 950 000-2 300 000)
Women (15-49) living with HIV	770 000 (range: 500 000-1 200 000)
AIDS deaths(adults and children) in 2003	120 000 (range: 74 000-190 000)

UNAIDS, 2004 Report on the Global AIDS epidemic

The Ethiopian government has responded through various interventions, policies and institutional arrangements. Among other advances a National HIV/AIDS Task Force was established within the Ministry of Health in 1985. The Task Force focused on analysing the situation and guiding HIV prevention. Two years later the Department of AIDS Control (DAC) was established and started to develop short and medium term plans to tackle the outbreak (Zewdie, D, Gizaw G, 1990). In 1998 the first national AIDS policy was issued. The National HIV/AIDS Prevention and Control Council (NAC) was also formed in 2000 and established by Proclamation No. 276/2002 of 11th June 2002. National and Regional HIV and AIDS Prevention and Control Offices (HAPCOs) were also set up among other task forces to effectively promote youth-focused interventions.

As with all United Nations (UN) member states, Ethiopia has committed itself to the Millennium Development Goals (MDG) as outlined in the UN Millennium Declaration 55/2. The poverty reduction strategy encompassed by the 9 MDGs acknowledges the implicit socio-economic impact of HIV/AIDS upon the sufferer and those around them. Most of the MDGs are related either directly or indirectly to HIV/AIDS. For example, Goal 1 is related to poverty and it is known that poverty drives the spread of HIV/AIDS. Goal 2 is to achieve universal primary education, which in turn will help to inform children of sexual health. Goal 3 is to promote gender equality and empower women, which aims to redress the gender imbalance that can put women at a further risk to sexually transmitted infections. Goal 6 specifically addresses the issues of HIV/AIDS, malaria and other diseases.

Based on the MDGs, the Ethiopian government with the assistance of the World Bank Millennium Project (MP) and the UN Country Team (UNCT) developed a Poverty Reduction Strategy in 2002. Related to HIV/AIDS, the Ethiopia Sustainable Development and Poverty Reduction Program (SDPRP) is aiming to reduce the spread of HIV by 25% by the end of 2004/5. The Program also includes the following targets: Antiretroviral Therapy (ART) from the current 1.5% to 100%, condom distribution 100%, Prevention of Mother to Child Transmission (PMTCT) 90% and VCT 100%.

3.2 HIV/AIDS AND YOUTH

For various reasons youth are among one of the most susceptible groups in a population to HIV infection. As in many other countries large numbers of HIV infections in Ethiopia occur among young people. Throughout the world, almost 6,000 youth aged 15 to 24 are infected with HIV each day, accounting for more than half of all new HIV infections. As

a result, almost 12 million young people are living with HIV/AIDS; 62 percent of those infected youth are female (UNAIDS, 2002). A large percentage of Ethiopia's population is young with 44% under the age of 15 years and a median age of 16.9 years in 2000.

A recent survey carried out by the MoH states that amongst all youth, 17.4% reported engaging in high risk sex with a commercial or non-commercial partner in the previous 12 months. The percentage of boys engaged in high risk sex was 19.4% while girls was 16.1%. Less than 4% of those surveyed accessed VCT services. In Ethiopia, AIDS accounts for an estimated 30% of all young deaths (MoE, 2004). Heterosexual (87%) and MTCT (10%) are the major modes of HIV transmissions. If safe sex is practiced regularly and in a proper manner, the risk of transmission could be reduced dramatically. But, while the demand for contraceptives such as condoms increases gradually the estimated coverage in Ethiopia is low¹.

According to Helen Jackson the reasons for the spread of HIV among youth in Ethiopia is as follows. Ethiopians lack sufficient basic information on HIV/AIDS, especially in the rural areas. In addition, youth in rural areas often lack access to basic health service provision and to education: only 40% of girls nationwide attend primary school, a lower figure in rural areas. About 12% of boys and 9% of girls attend secondary school. Youth unemployment is high, and out-of-school youth typically enter the information sector. Most youth are ill-informed about sexual and reproductive health rights and issues and have limited access to relevant services. NGOs and the Ministry of Health are developing services, but these are often not youth friendly. The NGO response is developing, but still falls far short of the actual needs (Helen Jackson, 2002).

In Ethiopia as in other parts of Sub-Saharan Africa, female children and young women are especially vulnerable. In Ethiopia for every infected male aged 15 to 19, there are five to six infected females of the same age (UNAIDS 2002). This stems ultimately from a greater biological vulnerability than men to sexually transmitted diseases (STD's). This risk can be as much as 2-4 times higher for women than men. (UNAIDS, 1997). However, while biological considerations place women in a vulnerable position, this state is further impinged by their socio-economic status. A large percentage of those who live under the absolute poverty line in Ethiopia are women. Additionally, the Ethiopian constitution gives women equal rights to men in issues such as owning and inheriting land and the division of property following divorce. However, despite these constitutional rulings the reality remains very different. Consequently many Ethiopian women are much more likely to be economically dependent on their husbands than vice versa. These economical considerations can result in women putting themselves at risk in order to stay in a stable relationship. This includes entering into an unwanted marriage or for younger girls to try to find a 'sugar daddy' to supply their needs or even leave school to support their families as sex workers. In this form of relationship girls/women tend to have several often older partners which increase their susceptibility to the disease. Beside this the problem is much more aggravated, as older men tend to assume that young girls,

¹ Joint publication of USAID/WHO/UNICEF/UNAIDS/POLICY Project, 2003. Coverage of selected services for HIV/AIDS prevention, care and support in low and middle income countries

especially virgins are free from HIV/AIDS and STDs. Therefore, the men are less likely to have protected sex.

Furthermore, because of the above many Ethiopian women have a subordinate role to men as they are less economically orientated. This automatically makes them less involved in decision-making processes including when, where and how sex takes place. Additionally, as a result of this unequal power some women have to accept infidelity on the part of their husbands, which puts them at higher risk of getting HIV/AIDS as well as other STD's. Some women may also engage in high risk sexual behaviour which they believe is pleasurable for their partner in order to save their relationship.

Besides the above, Ethiopian women could be at higher risk of HIV/AIDS as a result of a number of harmful cultural practises. Abduction of girls for forced marriages is also commonplace in many parts of the country. Abduction includes taking the girl or a woman by force for the purpose of marriage between the victim and the abductor. Among other crimes committed by the abductor, the kidnap would most often result in rape. Furthermore, early marriage, many of which are arranged, also remains prevalent despite having no legal validity. There is also a belief that the first sexual experience of the bride has to be aggressive. Therefore, it can be presumed that this would be dry sex, which greatly increases susceptibility to HIV/AIDS infection. Moreover, Female Genital Mutilation (FGM), a custom that still occurs despite longstanding government policies against it, is found to be practised by individuals in many different parts of the country. The problem of FGM is greatest in the Somali region. Here FGM is much more severe and includes infibulation, which results in the removal of both the clitoris and the labia minora. The resulting wound is then stitched together leaving a small opening for the passing of urine and menstrual flow. On marriage the women is often defibulated through forcible penetration or with the use of a blade. This is clearly conducive to high levels of bleeding during a women's first sexual encounter as a result of massive tissue damage (Margaret Brady, 1999). This is one practice which vastly increases girls/women's susceptibility to HIV/AIDS but also to many complications in childbirth. Further to these factors, as in many societies the social norm in Ethiopia dictates how and what individuals are supposed to know regarding sex. Society requires female to be sexually ignorant and virginity is highly regarded.

3.3 HIV/AIDS AND EDUCATION

Education studies surrounding the issue of HIV/AIDS have stressed the relationship between education and the spread of the virus. A study carried out in different developing countries in the early years of the HIV/AIDS pandemic found that it was those who were considered more educated that were more likely to contract HIV/AIDS. A further study has corroborated this and shown that educated people are generally more mobile and had greater resources, which increased their susceptibility. For example, for some people education leads to well paid jobs and some may have several sexual partners before entering marriage and can also afford to buy sex if they desire. However, while this was true in the first years of the problem, as preventative methods become more widely

known and available it was the educated groups who responded the fastest (UNAIDS, 2001). Therefore education is one of the crucial aspects in limiting the spread of the HIV/AIDS epidemic.

The number of illiterate people in Ethiopia is very high, for example, 42.6% of primary school age children are out of school and of those the numbers of girls is higher than of the boys.

Table 4. School Enrolment

Adult Literacy Rate (% ages 15 and above)	41.5%
Net Primary Enrolment Ratio	57.4%
Net Secondary Enrolment Ratio	46%

UNDP, Human Development Report, 2004

The absence of youth from much of the education system increases their vulnerability in a number of ways. High levels of illiteracy mean that many forms of information are unavailable to them. For girls, they enter into marriage at a younger age than they would otherwise, increasing their vulnerability to HIV/AIDS. A study carried out in 21 African countries shows that “girls still in school were considerably less likely than those who had left school to have ever had sex. In Nigeria, 68% of female teenagers out of school had sex compared with only 3% of those in school” (UNAIDS, 2001). In many countries including Ethiopia, children in school have a better access to information related to HIV than those children out of school. This is because in many countries HIV/AIDS has been included in the curricula and in co-curricula activities.

The result is that girls/women with some schooling are more likely to use condoms than uneducated ones. Education also accelerates behaviour changes among young men, making them more receptive to prevention messages and more likely to adopt condom use. Some experts, including the UN and the World Bank, say that education is the most affective prevention weapon against HIV/AIDS.

While education helps in HIV prevention, the pandemic threatens to destroy education. The education system of many African countries including Ethiopia is seriously affected by the HIV/AIDS virus. The quality of education suffers as a result of absenteeism and loss of trained teachers due to incapacity or mortality. Additionally, teachers with a sick family member may stay at home to nurse the ill person. Funerals are also another cause of several days of absenteeism. Teachers’ education also suffers as those working in universities and colleges become affected. The prevalence rate of HIV among teachers in many African countries is higher than the general population. Their susceptibility results largely due to their young age, relatively higher socioeconomic status and mobility. A study conducted by Ethiopia’s Ministry of Education in 2003 indicated that between 1998/99 and 2000/01, there was a 5% increase in death among teachers, which might be attributed in part to AIDS. Moreover, absenteeism of one week out of a semester was

reported among a third of the teachers due to sickness of the teacher or members of his/her family (Ministry of Health, 2004).

Government expenditure on education may also decrease or stagnate due to HIV/AIDS. Money that could be used to improve or expand the education system will be spent to fight against HIV/AIDS. Countries like Ethiopia have responded to the epidemic in different ways, such as training teachers to teach HIV/AIDS education, although this can be very costly for a poor country. In many cases the more money that is spent on health means that there will be a drop in government expenditure on the education sector.

The spread of HIV/AIDS can also have an impact on the demand of education. The number of people to educate will decrease as fewer children are born due to HIV positive mothers, reduced fertility as well as mother to child transition. The number of vulnerable children with a restrictive access to school will also increase. Due to cultural and social reasons the burden of AIDS in terms of domestic duties and care given to sick family members will become the responsibility of girls and consequently they will be the first to be withdrawn from school.

3.4 SCHOOL ANTI-AIDS/HIV CLUBS

Scholars use different terms to define out-of-class activities such as Anti-HIV/AIDS Clubs. Co-curricular, free-activities, inter-curricular and extra-curricular are some. These terms enable them to identify educational activities like Anti-HIV/AIDS Clubs that take place outside the regular school hours. The most common terms that are used to denote such activities are “extra-curricular” and “co-curricular”. Both terms are accepted by scholars but have different implications. According to some scholars such as Collins (1997) extra-curricula activities gives a negative concept as it excludes the activities from the actual curriculum. ‘Extra’ implies that the activities are extraneous to the real purpose of the school. Therefore, they prefer using the term ‘co-curricular’ as it reflects the curriculum inside the regular classroom. (Setotaw Yimam,...).

Activities included in co-curricular sessions differ depending on who is defining them. Elicker (1964) defines the major categories as: homeroom, social activities, class organisation, physical, musical and speech activities, school clubs, assemblies, publications, student governments and student councils. Also included are school events, fundraising, outdoor activities, exhibits, contests, and graduation ceremonies. Aggarawal, J.C (1981) categorizes the activities as observance and celebration of festivals and events of national importance, sports, educational excursions, tours and picnics, military training, debates, symposium, dramatics and youth festivals.

Co-curricular activities have existed in Ethiopia since the beginning of modern education. Activities include sport, games, school bands, painting, handicrafts, book binding, film, and meteorological observations. Field related clubs like history, geography, agriculture, art and drama, excursions and picnics, welfare activities, debating and discussion, and student council activities. Boy Scouts and Girl Guides movements are also included (Ministry of Education, 1952). Today there is tendency that most of the co-curricular

activities are focused on issues such as HIV/AIDS, the environment, gender awareness, art, mini-media, home-economics, sports and science.

In the Guidelines of School General Administration issued by the Ministry of Education and Fine Arts in 1966, Article 12 states that “Students have to be encouraged to participate in the school clubs.” Article 13 also says that “A teacher beside the normal teaching load, should not hesitate to help students through various enriching activities so that his students develop their educational levels, etc...” The same Guideline, on Article 33, stated that. “Students’ participation in educational and social activities during their leisure time has a great importance and could give better knowledge. Governmental schools should encourage students to have many clubs. Every student shall be at least a member of a club. Students have to choose clubs according to their interest.” (translated from Amharic text by Setotaw Yimam). An additional and updated explanatory guideline was issued in 1988.

Since the establishment of the Regional Education Bureaus in 1993/94 the regions are expected to develop their own guidelines based on the federal one. At the school level, the responsibility of coordinating the activities is given to a committee called the Co-curricula Activities Coordinating Committee, composed of the assistance director, guidance-counsellor, head of the pedagogical centre, unit leaders, teachers and students representatives. Each club had an executive committee composed of a teacher sponsor as a chairperson and four students as members (Setotaw Yemam...)

Anti-HIV/AIDS Clubs exist in most if not all elementary schools in Ethiopia. Anti-HIV/AIDS Clubs are also included in the Ethiopian Education Sector Development Program II (ESDP II) and it is also used as one of the method to fight against HIV. According ESDP II “there is also a need to protect, care for and support children and other living with HIV/AIDS through the curricular approach (HIV/AIDS education integrated in all subjects and for all grade level), the various Co-curricular activities including the Anti-HIV/AIDS clubs and radio and TV programs produced and broadcasted by the education Media Agency”. As with other clubs, the Anti-HIV/AIDS Club is expected to follow the guidelines produced by their respective REB.

Educational Programmes And Teacher Education Department Ministry of Education organised a training workshop on the roles and responsibilities of Anti-HIV/AIDS Clubs’ sponsors of primary, secondary schools and TTIs in Ambo 2002. In this workshop the below strategy was presented by the MoE. According to this workshop the main aim of Anti-HIV/AIDS Clubs is to give information on how AIDS is spread and how to avoid it. Anti-HIV/AIDS Clubs could:

- Heighten awareness about the risk of HIV infection and AIDS.
- Strengthen AIDS prevention activities and build a foundation for continuing activities against AIDS.
- Spread accurate information and dispel myths relating to HIV/AIDS.
- Promote respect and care for people with AIDS and HIV
- Enable students to act as AIDS educators for their friends, families and communities.

With the initiative of these clubs the following activities may be performed by the school community.

A. Creating awareness

- Organising consultations, briefings, seminars, workshops and meetings including village gatherings.
- Promoting debate and discussion
- Using visual, audio-visual and other teaching AIDS such as slides, films, video recording, etc.
- Preparing posters, brochures, calendars, stickers, badges, T-shirts, etc. highlighting AIDS issues.
- Fostering the production of dramas, music and taped messages.
- Utilizing the school's mini-media
- Involving teachers, health workers, religious groups, parents etc. in helping to create the necessary awareness.

B. Spreading information

- Reports on the local HIV/AIDS situation
- Interviews with students, teachers, parents etc.
- News about youth AIDS activities
- Regular educational messages in magazines or newsletters
- Fact sheets
- HIV/AIDS wall charts

C. Education and training

- Organising training workshops for club members, teachers and other educational personnel at school level.

D. Taking action

- Organising as many clubs and groups as possible in the schools near by.
- Exchange experiences with other clubs.
- Organise essay, painting, poster and poetry competitions
- Observing World AIDS Day with different activities.
- Working with AIDS service organisations.
- Visiting people with AIDS in hospitals.
- Supporting community activities etc.

In organising and performing the above activities, participatory methodology could play a major role.

To be effective a HIV/AIDS programme presenter should be

- Willing and interested in teaching about HIV/AIDS
- Knowledgeable about HIV infection, transmission and prevention.
- Accepted by the school staff, the community and the students.
- Able to maintain confidentiality and objectivity.
- Concerned with the welfare of the students.
- Knowledgeable about the curriculum as a whole and the ways in which information on HIV/AIDS can be harmonized with other areas.
- Respectful of students and family values.
- An effective communicator.
- An effective facilitator or classroom learning.

- Accessible to students for follow up discussion.
- Familiar with the back ground of the students.

Many educational authorities and teachers organisations consider that teachers and other with most of the above characteristic will be appropriate presenters for an HIV/AIDS clubs. Such persons should be especially chosen and trained for this purpose.

PART FOUR
FINDINGS AND DISCUSSION

4.1 Organisation of AACs

All schools visited have established an Anti-HIV/AIDS Club and 85.7% of all these clubs were established by the schools themselves while the remaining 14.3% were established by government requirement. All these Clubs were found to have club leaders who are also teachers at the same time. 70% of all AAC leaders were found to be male. 50% of the respondents said that AAC leaders volunteered for the role. Only a small minority said leaders were appointed. Most of the leaders said they accepted the role as they saw HIV/AIDS as being a growing problem that they have to protect their students from.

Table 5 AAC Leader Selection

By vote	40.9%
Voluntary	50%
Appointed	9.1%

As it shows below a large percentage of the respondents have worked for three to four years as a Club leader:

Table 6 AAC Leaders' Length of Service

Number of Years	Number of Respondents	Percentage
Less than one year	5	26.3%
Less than two years	3	15.8%%
Between three to four years	7	36.8%
Longer than four years	3	15.8%
Not relevant	1	5.3%

65% of the school management think these leaders have the relevant skills to disseminate HIV/AIDS information and 25% believe leaders do not have the skill while the remaining 10% do not know whether they have the skill or not. Additionally, 71.4% of the same respondents believe these leaders do have the experience to disseminate information about HIV/AIDS information. The number of members each Club has depends on the size of the school. All member students have become a member voluntarily.

4.2 Availability of Guidelines

In 1996 the MoE developed and distributed guidelines on co-curricula activities to all regions in Ethiopia. With the exception of Gambella REB which does not have any guidelines, all the others REBs have adopted the guidelines made available through the MoE. This document offers general guidelines for all school clubs and does not provide specific advice on AACs. Additionally, while the REBs have these copies it appears to

have not been made available to the schools themselves. One school in the Somali Region was found to have supportive material that had been produced by the Educational Programmes And Teacher Education Department of the Ministry of Education. Without the availability of any of these materials most Club leaders have been forced to develop their own policies and procedures.

Contrary to the above findings, 57.1% of the school management claimed that the AAC in their school has operational guidelines. Of the remaining respondents, 28.6% said there were no guidelines and 14.3% did not know. The lack of common guidelines has made many AACs less successful than others as their action plan is limited to the knowledge and experience of the Club leader. As found in the following case study the lack of guidelines and suitable knowledge can result in students becoming more vulnerable to HIV/AIDS than they would without the actions of the AAC. In the below case it is important to notice the linkage between the increase of rape and virginity.

Part of the plan of action for a school in Gambella was to eradicate HIV/AIDS among girls and this was done through stressing abstinence. The school stressed the cleanness and benefit of virginity.

The Girls' Club, in conjunction with the Anti-AIDS Club, made its proposal and asked for monetary support from ACCORD to carry out virginity tests on female students. With financial backing in place the school director and the Girls' Club leader took about 69 female students to participate in the tests. The school also organised a conference and made awards to those students who had been found to be a virgin. Anti-AIDS t-shirts were also available for those students to wear.

The school organised the tests as they believed it would provide a positive example to students and promote abstinence. However, this can be seen to work against gender equality as it is not possible to test the virginity of boys. Furthermore, despite the warnings of a neighbouring Girls' Club that had received advice from BESO, this may well have increased the vulnerability of girls who had taken part in the tests as the results became widely known. Girls who were found to be both a virgin and a non-virgin could become targets for opposite reasons and see them becoming victims of rape and abduction.

Only 57.1% of the school management and 80% of the leaders themselves said the AAC leaders have a clear term of reference (TOR). At the same time one third of the school management said leaders do not have a TOR and 9.5% do not know whether they have one or not. Bearing in mind that the above result was gathered from the school management this shows a very weak coordination between the AAC and the school. At the same time 85% of the schools said that AACs report their work to the school and the remaining 15% to donors. In many schools this is done every half year while other schools do it quarterly or yearly.

4.3 Current Functional Status of AACs

All the different methods mentioned in the methodology were used to enable the consultant to assess the current functional status of AACs. From this information it could be stated that even though financial shortfalls have undoubtedly limited AACs their overall performance and contribution can be regarded as positive. AACs were found to contribute in the struggle to prevent the spread of HIV/AIDS in schools and some AACs were even able to carry that message to the wider community. Unlike many other school clubs, such as Girls' Clubs, AAC were found to be much more active. Among many other reasons for this trend, society's view that HIV/AIDS is a growing problem has undoubtedly contributed to the expansion of AACs activities. Data collected from 19 schools directors, 18 club leaders, 96 members and 84 students on the performance of AACs this year compared to previous years can be seen below.

Table 7 Present Performance of AACs

	Management	Leaders	Members	Students
AACs are getting better	78.9%	70.6%	68.1%	67.0%
AACs are getting weaker	10.5%	23.5%	14.3%	4.9%
No change in the performance	10.5%	5.9%	5.5%	4.9%
I do not know	0	0	12.1%	23.3%

During discussions some AACs leaders and school managers said that AACs have become weaker. This was seen as due to a lack of support from the relevant bodies and some respondents noted that they had been discouraged by government representatives.

One of the schools visited had, in conjunction with the Anti-HIV/AIDS Club, redecorated some of the school buildings with murals promoting gender equality and HIV & AIDS awareness. This event was put together using money gathered by the school in order to demonstrate their achievements. On the opening day the school invited the relevant government representatives who subsequently failed to attend. This has discouraged the Club as well as the school's management.

AAC leaders and members were found to provide education about STI and HIV/AIDS prevention and in a small number of cases they also tackled stigma reduction. These goals were achieved through drama and theatre, songs, poetry, discussions and advocacy in public gathering places. Students generally found drama/theatre more preferable than any other activities organised by the AAC. Students also complained that AACs do not provide activities as often as they want them to. Students in some schools even said that AACs only provide activities a few times a year, often during parents' day or AIDS day. However, according to a large majority of school directors and Club leaders AACs provide education about HIV/AIDS once a month.

Table 8 Frequency of AAC Activities

Frequency	School Management	Club Leaders
Once a month	89.5%	76.5%
Once in three months	10.5%	17.6%
Once in six months	0	5.9%
Once in a year	0	0
I'm not sure how often	0	0

4.5 Major AAC Contributions

Throughout the country most AACs are found to contribute in the prevention of HIV/AIDS. Almost all schools confirmed that there were no restrictions placed on the AACs relating to the information they provide. However, during the qualitative research it was found that most AACs were limited to promoting abstinence as the sole preventative measure against HIV/AIDS. According to many Club leaders using any other method would encourage students to begin sexual relations. As a result those AACs that were found using other methods were very few. Contrary to this, the information gathered through the quantitative study found that the AACs claim to promote three different methods of safe sexual practises.

Table 9 Safe Sexual Practises Taught by AAC

Abstinence	61%
Faithfulness	55.6%
Condom use	44.4%
Other	0

Additionally, 88.9% of all Club leaders said that they use life skills to prevent the spread of HIV/AIDS. 94% also said they provide information about STI and 77.8% also said they provide education related to basic sexual information. However, only 16.7% of the AACs have access to any form of contraceptives and the majority of these are found in urban areas. Almost all Clubs were found to work in the prevention HTPs. This is done through advocating on the consequence of issues such as FGM, early/arranged marriages and abduction to parents and the community at large. 52.9% of all AACs were found to include out-of-school children while teaching about HIV/AIDS and STI. AACs also contribute in the prevention of HIV/AIDS through creating murals around schools. In the urban areas AAC leaders together with Girls' Club leaders were found to give moral support and encourage students to continue their schooling. They have managed to prevent many poor students from joining the sex industry. However, as they do not have the capital to support all the vulnerable children they encounter they have been forced to teach about safe sexual practices to children who may well end up as prostitutes

In one of the schools in Addis Ababa many of the students were found to be from extremely poor backgrounds. The school also has a large number of orphans who do not

have any income. In fact it was found that a few female students had been engaging in prostitution as a means of survival. Some of these students are also a victim of daily starvation. In many cases the Girls' Club leader and Anti-AIDS Club leader have developed close relationships with many of these students. Sometimes Club leaders buy bread or other materials these students need out of their own incomes.

As a result many students come to these Club leaders to seek any form of help. As the Anti-AIDS Club leader is male most of these students prefer to ask him for material help. All other types of problem that female students face, including sexual exploitation by male teachers, will generally be directed towards the Girls' Club leader. However, the Club leaders are working together to try to protect their students from many of the problems they are facing.

4.6 Involvement of Students in AACs

Students are mainly involved in AACs as members and their motivation was found to vary from region to region and school to school. Most students who are now members have said that HIV/AIDS is damaging their country in numerous ways. They also see HIV/AIDS as a threat to their own and their fellow students' future and this has motivated them to become a member of the AAC. At the same time there are those students who have become members for economical benefit. This includes the daily allowance they get while attending workshops organised by government or non-government agencies.

Some AAC members were found to be very active when teaching about HIV/AIDS and STI. They were interesting for many students as they used different methods such as drama, theatre or songs. Some also address parents and the community by going to gathering places such as churches as found in the Amhara Region. Some club members, such as in Gola Elementary School in Oromia, were found to be attending local Kebele meetings in order to teach the local community about HIV/AIDS. Some members were also active in passing out door-to-door information. While there are those who are found to be active there are also members who do not participate in any activities.

In Kindo Gocho Elementary School in SNNPR, Club members were found to be very active in disseminating information about HIV/AIDS and STI through drama, songs and also poems. They had invited parents and members of the local community including elders to the school. Among other issues, they highlighted social behaviour and HTPs and stressed how they contribute to the spread of HIV/AIDS. They also stressed the importance of education and especially the benefit of girls' education. At the same time the school awarded the best student performance with a gift the school had received from UNICEF. As the students had a good knowledge of the community they easily managed to spread their message and entertain the audience.

Even though a lot of members participate in teaching others about HIV their knowledge about the infection is limited. However, 76.2% of the school management believe AAC members have sufficient knowledge about HIV/AIDS. Additionally, almost all Club

members think AAC members provide full confidentiality for students discussing their problems with them. Through the qualitative research a similar result was found from students where it also became apparent that many members act as go-betweens for students and leaders.

Unlike the above findings as high as 88.2% of the Club leaders have said AACs suffer due to members not attending activities. This was due to many reasons including some members feeling that their work was not recognised by the schools including the Club leaders, which has discouraged them from being active members. In some schools where they have to pay membership fees some students could not afford the money required. Furthermore, a number of members see Club leaders as outdated in their methods and are thus preventing AACs from being more successful.

Table 10 Reasons Given by Club Leaders for Member Absenteeism

Inconvenient Time	16.7%
Prevented by parents	44.4%
Attending Other Activities	50%

As noted in Table 10 nearly half of those questioned stated that they were prevented from attending AAC activities by their parents. The following case study provides an example of this:

Temtemat School in Amhara region has 647 male students and 440 female students out of which the AAC has five active members; two female and three male. Students and members of the school have said some parents have prevented them from being active members. Most of these students said they like to participate in drama and theatre without any restriction. However, their parents want them to always play what is considered to be a good character such as a doctor or teacher. For example, if the drama is about HIV and prostitution then some students will have to play a prostitute or a HIV positive person. If these children's' parents found out they were playing these parts then they will punish them. As a result of domestic abuse many students have stopped being active in any Clubs.

4.7 Perception on AACs

The perception of AACs varied depending on how much knowledge the individual or group had about the Club's activities. However, in general they seem to have been accepted by female students, male teachers, parents and the community. The next section will look at the different groups' views on Girls' Clubs.

4.7.1 Student's attitude towards AACs

Additionally to AACs themselves almost all teachers said that they encourage students to attend activities organised by AACs. The majority have also said that students appreciate

the existence of AACs. Furthermore, 90% of the female teachers questioned believe most students attend activities organised by the AACs. However, even though the majority of students know of the existence of an AAC in their school it is only 63% that attend. 22.2% of these students have attended physical activities while 33.3% have attended theatre/drama related to HIV and other issues such as gender and 24.1% attended discussion programs related to AIDS. 56.1% of these students said that they invited another person to come with them and attend activities organised by an AAC. 15.7% of these students have invited female students, 23.1% have invited male students, 12% have invited parents, 15% have invited out-school children and the remaining ones said that they invited an individual not listed.

Almost all students consider HIV/AIDS as a major problem. This is one of the main reasons why 83% of the students said that they accept the existence of AACs in their schools. The majority of the students also said that they appreciate the existence of AACs and 63.2% of them believed that the Clubs play a significant role in preventing HIV/AIDS in their school. However, the majority of the students were also found to be critical of AACs. Out of 104 students surveyed only a quarter thought that AACs had adequate knowledge about HIV/AIDS while over a half responded to the contrary. This view is also supported by the female teachers as 57.9% of them responded that AACs do not have sufficient knowledge about HIV/AIDS. Conversely nearly a half of male teachers believed that AACs contained the requisite knowledge to fulfil their aims.

While there were clearly many doubts over AACs knowledge of the issues at had there were also misgivings as to their skills to propagate this information. Only a half of all students questioned believe that AACs have the skill to disseminate HIV/AIDS information. Surprisingly the same result was found from teachers. However, 72.4% of the students responded that AACs are supportive and willing to address questions from the student body. 73.1% of the students said that they have discussed AACs with their friends. However, it is only a minority that have discussed AACs strengths and their membership. The others have discussed AACs weaknesses and about their program/presentation. Additionally, it was found in the same school that students have opposing attitudes about the AAC in their school. This could be a result of the students' knowledge about the Club. For example, one of the active AACs in Addis Ababa was said to be good by many students but some students still considered this club as underachieving. In some cases this could be as a result of the Club not having the capacity to make large changes.

In one of the schools in Addis Ababa sexual exploitation of female students by male teachers was found to be a common occurrence. In some cases this exploitation has resulted in poorer performances at school and unwanted pregnancies. As a result of this many students have dropped out of school. Some of these girls can now be found working in restaurants and cafes around the area and even as prostitutes. The AAC and Girls' Club leaders are doing their best to protect girls from these problems. However, their efforts are not accepted by many male teachers, who were found to be discouraging them. A lack of support from the school management and other external parties has limited the work of the Clubs. This has undoubtedly limited their efforts and may have resulted in

resentment amongst students who did not receive the support they felt was due to them.

4.7.2 Parent's Attitude Towards AACs

Approximately half of the students and 63% of the members said their parents know about the existence of the AAC in their school. This is due to members spending more time in AACs and therefore their parents are more likely to know about the Clubs' activities. In fact as high as 70% of the leaders believe parents know of the existence of AACs. However, this was supported by a smaller number of teachers. From the following table it could be presumed that about half of the parents do not know about the existence of AACs in their children's school.

Table 11 Parents' Knowledge of AACs

	leaders	members	students	Female teachers	Male teachers
Yes	70%	63%	52.4%	35%	40.9%
No	30%	28%	34.3%	60%	40.9%
I do not know		9%	13.3%	5%	18.2%

Parents' attitude varied depending on their knowledge about AACs and the relationship they have with their children. In many places it was found that parents knowledge about AACs mainly stems from information they get from their children. AACs in general were found to be very weak in cooperating with parents. Many parents have complained that the AAC does not inform them about their work and motives. This has created some form of suspicion among parents and some see AACs as an extension of the out-school AACs. Additionally, some parents have the feeling that these AACs are organised for financial benefit rather than for the wellbeing of their children. The below is an example of parents attitude.

In the Somali Region those parents who are now encouraging their children to be active members of Clubs have stressed several issues as to why they have had a change of heart. They have mentioned that in the past they did not want their female children to be active in Girls' Clubs or any other club. According to them children who attend out of school clubs and especially Anti-AIDS club members, were well known for promoting bad behaviour among youth. Also Club leaders were seen as having some form of financial interest in the club and were known for abusing their position. Club leaders and also their members were known to visit bars, chew chat and also encourage young girls to do the same.

Leaders were also blamed for not sending the relevant members to workshops and training that were organised by NGOs or other relevant bodies. Parents argued that Club leaders often sent girls they liked sexually to workshops and trainings if it generated a daily allowance, which is often considered to be a lot of money. Consequently Club leaders have been in a position to exploit these girls with some becoming pregnant and

having to have an abortion. These situations appear to have been known by many in the wider community.

However, as these parents now have a much better knowledge about Girls' Clubs they have developed a more positive attitude. Parents are still worried, especially when their children go for workshops in other areas, but they now also appreciate the knowledge they receive through their children. This includes knowledge gained from workshops about gender and HIV/AIDS, which outlined the negative consequences of FGM and the fact that it is not required by Islam.

As a result only 56.3% of students said that their parents allow them to attend activities organised by AACs. For example, students from Amhara Region have complained that their parents require them to come home straight after their formal classes have finished. They also said that their parents tell them that meetings do not have any benefit and that they should come home and help the family or do their homework. Surprisingly many of these children said they still attend activities and especially drama/theatre. These students were also found to have a very good knowledge of HIV transmission and about discrimination. Surprisingly even the younger students knew about the benefits of condom usage.

While the parents mentioned above have a pessimistic attitude towards AACs there are also those parents who encourage their children to attend activities organised by the Clubs. These parents believe AACs will provide their children with the necessary information to enable them to protect themselves and others from HIV/AIDS. 56.4% of those members questioned said that their parents encourage them to be active members. During the study it was also found that parents whose children were members had a better understanding of AACs than other parents.

4.7.3 Community's Attitude Towards AACs

AACs were seen to be known by the community at large. Even though their level of activeness varied from school to school and region to region they had all created an awareness of themselves amongst the local population. For some this was done through going to public places for advocating while others invited members of the community to the school. That the majority of the community consider HIV/AIDS as a major problem has increased the acceptance of AACs within the community. Some of the communities have even been found to support AACs both morally, materially and in a small number of occasions financially.

While a large percentage of the community appreciate and encourage the existence of AACs some remain suspicious about them. Some individuals, both in the urban and rural areas, see Club leaders and members working purely for financial gain. Unfortunately this is the situation in a small number of cases as it was found that some members overstressed the need to attend workshops and conferences in Addis Ababa, although they had questionable educational benefit. It was also found that when these members did attend workshops they failed to share the knowledge they had gained with the rest of the Club.

This has created a negative perception and impacted on some leaders who have a genuine interest in tackling the spread of HIV/AIDS.

The AAC leader from one of the schools visited in Gambella received a 300birr award from HAPCO for producing the best HIV/AIDS related drama in Gambella Region. This was done by using the native Anywak language. This money was then spent between the students and the leaders in the way the students wanted. Since then any activity this leader has organised with his students has been branded as purely for financial gain by members of the community and even other teachers.

Additionally some of the schools have complained that some members of the community are not taking school AACs seriously. AAC members have said that individuals have complained that AACs simply preach the same message and do not diversify what they teach. This has resulted in some members of the AACs, including other school Club leaders and members, being discouraged. Some schools have also complained that government and non-government representatives have made appointments to visit Clubs but have then failed to attend.

In one of the visited schools the Girls' Club in conjunction with the Anti-AIDS Club renovated the school with murals promoting gender equality and HIV & AIDS awareness. This event was put together using money gathered by the school in order to demonstrate their achievements. On the opening day the school invited the relevant government body but all failed to attend. This has discouraged the clubs as well as the school's management.

4.8 Problems Faced by Vulnerable Groups

Women, and especially young girls and orphans, are vulnerable to HIV/AIDS. This study and that which was carried out concurrently, *An Assessment of Girls' Clubs in UNICEF Assisted Elementary Schools in Ethiopia*, identified an increase in the vulnerability of these groups in and outside of school. The students, both members and non-members, were asked to identify in their questionnaires a salient issue that they felt that female students face. However, the parents, female teachers and male teachers were asked to point to as many issues as they think are faced by female students. The result of these studies justifies that female students face more problems than male students due to their gender.

One surprising result of this study was that both member and non-member female students, parents and female teachers identified rape as being a significant problem faced by students. However only a minority of male teachers agreed with this point of view.

Table 12 Common Problems Faced By Female Students

	Members	Students
Academic Problem	24.4%	11.8%
Bulling	25.6%	42.2%

Sexual Harassment	8.9%	10.8%
Sexual Insult	4.4%	4.9%
Rape	18.9%	19.6%
HTPs	12.2%	6.9%
Other	5.6%	3.9%

With regards to sexual harassment yet again there are huge gaps between the groups questioned. For parents and female teachers, this is a pertinent problem faced by their children. However, only a small number of both members and non-club member students see it as a big problem. This study concludes that in the eyes of all parents HTPs are the prevalent problems that their female children face but they continue to expose them to the associated risks. This is presumably because of the pressure exerted by the wider society. The study also shows that male teachers see this problem as a priority.

Table 13 Common Problems Faced By Female Students

Problems	Male Teacher	Female Teacher	Parents
Academic Problem	50%	57.9%	38.5%
Bulling	38.9%	68.4%	61.5%
Sexual Harassment	33.3%	47.4%	84.6%
Sexual Insult	16.7%	31.6%	0%
Rape	11.1%	42.1%	92.3%
HTPs	66.7%	47.4%	100%

In order to combat the continued prevalence of HTPs throughout Ethiopia the parents interviewed stressed the need for cooperation between themselves and AACs and Girls' Clubs. Through such cooperation the parents felt that it would be possible to disseminate the relevant information concerning the negative consequences of HTPs to the wider community.

The sexual exploitation of female students by male teachers is another problem that could increase HIV vulnerability. Male and female teachers were asked if they knew of any cases where female students and male teachers had had sexual relations. The result of the qualitative study showed that it is a quite common. However, contrary to the qualitative study the quantitative study show the non-existence of this problem.

Table 14 Prevalence of Sexual Relations Between Students and Teachers

	Female teachers	Male teachers
Never happen	57.9%	61.9%
Infrequently	5.3%	9.5%
Common	10.5%	

Very common	0	
I do not know	26.3%	28.6%

In some schools students have argued that due to many reasons female students have sexual relation with their teachers. Some of the more common explanations given were that teachers promised to give the student a better grade, gifts and in some cases the promise of future security. In some cases these relationships have even developed into marriage, which is most likely to be an early marriage as many of the students are underage. In one school in Addis Ababa, the AAC and Girls' Club leaders stressed that many of the students that have dropped out of school did so as a result of unwanted pregnancy. Some of these students were found to engage in illegal abortions while others chose to keep the child, which often meant the end of their formal education. The situation for female orphans is aggravated still further as many of them do not have any access to resources including food. This increases their vulnerability to HIV and STI.

In one of the schools in Addis Ababa orphans were found to be victims of starvation. Consequently, these female students were found to be more greatly exploited than any other students, which include sexual exploitation. Additionally, it was found that a few female students were engaging in prostitution as a means of survival. As they are sex workers during the night they are said to be very tired during the day. This has resulted in many of these students not being as academically successful as they used to be. Due to the AAC not having the capital to help these children economically the situation remains the same. In many cases the Girls' Club leader and Anti-AIDS Club leader have developed close relationships with many of these students. Sometimes Club leaders buy bread or other materials these students need out of their own incomes.

4.9 AACs Coordination with Others

Some of the Clubs confirmed that they try to coordinate with relevant groups such as religious organisations, kebeles and other Clubs in the same school as well as AACs from other schools. For example some Clubs in Oromia Region were found to work together within their kebele in order to disseminate information related to HIV/AIDS. Some of the AACs in Amhara Region were also found to go to churches and disseminate information about HIV/AIDS and how HTPs contribute to HIV/AIDS. Additionally, 68.2% of the school management and 78.9% of the leaders said that they work together with Girls' Clubs in the same school. According to 50% of the school management and only 22.2% of the AAC leaders the two aforementioned Clubs organise educational activities every month. This result may indicate poor coordination between the AAC leaders and the school management.

Table 15 Frequency of AAC and Girls' Club Joint Activities

	School directors	Club leaders
--	------------------	--------------

Once a month	50%	22.2%
Once in three month	11.1%	33.3%
Once in six month	0%	16.7%
Once in a year	0%	5.6%
I'm not sure the frequency	38.9%	22.2%

71.7% of all the Club members said that they attend educational activities arranged by AACs and Girls' Clubs together. Additionally, 23.1% of all the students said that they attend physical activities organised by the two. Out of all the students asked only 45.4% said they attend drama/theatre organised by the two clubs. A third of all students surveyed have attended discussion programs on several issues such as gender and HIV. Two thirds of the school management and a quarter of the Club leaders said the coordination between AACs and Girls' Clubs is good. A small percentage of Club leaders did not know how good the level of coordination between these groups is. In general the level of coordination was not found to be sufficient.

PART FIVE
STRENGTHS, CHALLENGES & OPORTUNITIES OF AACs
5.1 Strengths

Some of the Club leaders and members were found to join the Clubs for financial gain. However, it was also found that a large percentage of them joined the Club as they saw HIV/AIDS as damaging their country both socially and economical. They also saw HIV/AIDS as a threat to their own life and others, which has resulted in many of them joining the fight against HIV/AIDS. Some of the Club leaders and members are not only using their time to fight HIV/AIDS but they are also contributing money to run the Club. All these contributions made by these individuals should not be underestimated. They contribute in disseminating information related to HIV/AIDS among students and to the community at large. They were also found to provide answers to students' questions related to HIV/AIDS or STI. Some AACs have cooperated with Girls' Clubs and play an important role in the prevention of HTPs. In coordination with Girls' Clubs and the school management some AACs were also found to prevent some children from being victims of arranged/early marriage. Many have also developed various techniques of educational entertainment to approach the students. A very limited number of AACs in Addis Ababa were also found to give support to orphans and to prevent sexual relations between teachers and students.

5.2 Challenges

54% of all the school management and 47.4% of the Club leaders said that AACs receive external support. The result found from the school management confirmed that only three AACs receive financial support, nine receive technical support, four receive material support and three Clubs were found to receive all of the above. However, the number of AAC leaders supporting this view was limited. Only four Club leaders said their Club received financial support, five said they received technical support, nine said they received material support and only one leader said their Club received all of the above. The result found from both the management and the Club leaders indicate that a larger percentage of their support actually comes from NGOs rather than the government. The technical support referred to above is mostly limited to training conducted with governmental institutions and non-governmental organisations including UN agencies.

Some of the regions including the Amhara Region said HAPCO sometimes allocates money to the respective REB, which they in turn allocate to woredas to be distributed to AACs within schools. However, the REBs have stressed that the money allocated to the schools has never been sufficient. Most of the support given by the government and NGOs is said to go to the school management before reaching the AACs. This results in many Club leaders not knowing how much support they actually receive and where it originates. This has resulted in some Club leaders losing faith in the school management. Outside the support received from the above body, AACs receive support from the schools themselves. Only 4.5% of the school management said that they give financial support to AACs.

Table 16 Support AACs Receive From Their School

Financial	4.5%
Technical	54.5%
Material	40.9%
All of the above	18.2%
Non of the above	4.5%
Other	0%

From the above it is clear that approximately half of the AACs do not receive any form of support. Even though the remaining half has said they receive the above mentioned support this is invariably insufficient.

Consequently the majority of the AACs have a lack of up-to-date material and many of the AACs leaders and members lack sufficient knowledge about HIV/AIDS and STI. Many of these leaders and members also lack the experience and the skill to disseminate information related to HIV. Lack of clear TOR has also weakened many of the Clubs. The failure of government departments in not producing specific and clear guidelines for AACs and not even making the existing general guidelines available to schools has also contributed in weakening AACs. For some this has meant that they have failed to focus on the issues surrounding HIV/AIDS.

Many of the Clubs also fail to make the best use of the few opportunities available to them. For example, while most schools have access to mini-media, many of the AACs did not take the opportunity to use them. Furthermore, while many schools are located beside community gathering places such as kebele or churches most of the AACs did not take the chance to spread the relevant information. Many of these problems could be seen as stemming from a clear lack of guidelines and a lack of training.

With the exception of some AACs, most lack cooperation with other relevant groups; with AACs in other schools, with other Clubs in the same school such as the Girls' Club, with parents, religious groups, NGOs etc. Almost all the Clubs surveyed also failed to involve street children. Most Club leaders lack the conviction to act as a positive role model for the members. In turn the Club members also fail as role models for other students in the school and in the community. Additionally many of these clubs are not well organised and lack a sense of creativity that is sorely needed in tackling the issues they face. As previously mentioned, a lack of support from the relevant governmental and non-governmental bodies has limited the success of AACs.

5.3 Opportunities for Future Intervention

- To cooperate with the REBs and make sure that co-curricula guidelines are made available to all clubs.

- To provide supportive material that include different methods of how the AACs can work to prevent HIV/AIDS.
- Provide supplementary materials that are targeted at different age groups and levels of education, which include life skills relevant to students.
- Provide up-to-date materials about HIV/AIDS that can be used by the leaders and members.
- Make available finances that can be used to run the AACs and also to address problems faced by vulnerable groups such as orphans.
- Support and encourage harmonization and coordination. This can be done by setting up networks that can lead to workshops, conferences or meetings in order to identify problems and to share ideas and best practices.
- Provide training to Club leaders about HIV/AIDS and other STI, managerial and leadership skills, counselling, advocacy and communication skills. All training should be provided with an emphasis on gender sensitivity. Leaders should also be encouraged to pass this knowledge to the members' and other Clubs especially the Girls' Club and Health Club.
- Provide Clubs with networking opportunities with professional organisations in order to make them more active.
- Encourage and provide a space for AACs to cooperate with other Clubs within the school especially with the Girls' Club and Health Club to enable these Clubs to integrate HIV/AIDS fully into the curriculum. This space will allow these Clubs to work with sensitive issues that occur to female students such as rape, sexual harassment and sexual exploitation.
- Support advocacy on HIV/AIDS and other STIs and address root causes such as HTPs.
- Support coordination with relevant groups including the various religious groups. This will help to guaranty their message reaching the wider community for advocacy purposes. As religious leaders have a huge influence in the community this opportunity should be exploited by Anti-HIV/AIDS Clubs.

PART SIX

Conclusion and Recommendation

6.1 Conclusion

HIV/AIDS is seen as a huge problem not only by students but also among their parents and the community at large. This has increased the acceptance of AACs among these groups. However, due to unacceptable behaviour of out-school AAC leaders and members in some communities, many members of the community, including parents, see all AACs as promoting unwanted behaviour amongst young people.

The lack of support from relevant bodies has limited the work of AACs. However, their overall performance and contribution in fighting HIV/AIDS and STI amongst students and the wider community should not be underestimated. In the past most AACs were said to be much more active than they are now. In fact, with the exception to schools in the Amhara Region, AACs are still found to be much more active than other school Clubs such as Girls' Clubs.

With the exception of some individuals who joined AACs for economical benefit, most of the members and leaders did so to fight HIV/AIDS which they see as damaging their country both economically and socially. Due to a lack of sufficient training most of these individuals lack the skill, experience and knowledge to disseminate information related to HIV/AIDS and STI. The lack of specific guidelines has also aggravated the situation. Additionally, most AACs fail to address problems faced by female students that contribute to the spread of HIV/AIDS and STI. These problems include sexual exploitation of female students, and especially orphans, by male teachers, rape and sexual harassment. As a result of these and other reasons it is only slightly more than half of the students that attend activities organised by AACs.

6.2 Recommendations

- The REBs should make sure the existing guidelines are made available to all elementary schools. Furthermore, these guidelines need to be expanded to include specific procedures for AACs that address regional issues such as HTPs that contributes to the spread of HIV/AIDS.
- The REBs and the WEBs should make sure that AACs leaders are not leaving their school without training someone to replace them. This procedure can also be expanded to make sure that a teacher that has been a AAC leader in one school continues in that capacity in her new school.
- The REBs and the WEBs should make sure that AACs receive support such as financial and moral.

- The REBs, the WEBs and the schools should promote and encourage advocacy on HIV/AIDS and STI and make sure root causes that contributes to the spread of HIV is address these includes HTPs, rape sexual exploitation of female students by male teachers. It should be gender sensitive.
- The REBs should allocate a budget to improve the Girls' Clubs.
- The school should encourage leaders and members to spread information they receive from workshops. A deliberate effort should be made by AACs to transfer information to other clubs within the school especially to Girls Club and Health Club
- Clubs should be encouraged to coordinate with other associations existing in the school and especially with the Girls Club and Health Club.
- The school should give greater authority to these Clubs by allowing them to use various methods to educate and inform. This should include encouraging Clubs to disseminate information through drama, theatre and song.
- The school should provide a written TOR to Club leaders.
- AACs should report their work and progress to the relevant bodies such as the WEB who can then report to the REB.
- AACs should be encouraged to coordinate with other Clubs, religious groups, parents and with the community at large.
- REB, WEB and the school should help AACs to fight problems faced by female students such as sexual exploitation of female students by male teacher, rape and sexual harassment.
- AACs should work hard on giving extra support to vulnerable group especially orphan students enable to prevent them from various problem and exploitation they face.

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Please complete the following information
To be completed by school administrative and managements

Region

Woreda

Residence **1. Urban** **2. Rural**

Sex **1. Female** **2. Male**

Age

Name of school

1. Who started the AAC?

- 1. The school
- 2. Student themselves
- 3. Government
- 4 Other.....

2. Who elected the AAC leaders?

- 1. The school management
- 2. Students
- 3. Woreda education bureau
- 4. Other

3. How are the AAC leaders elected?

- 1. by vote
- 2. Voluntary
- 3. Appointment
- 4. I do not know

4. Were their any criteria while electing the AAC leaders?

- 1. Yes 2. No

5. If q4 yes, what were the criteria?

- 1.
- 2.
- 3.

6. How many percent of the leaders are female?

- 1.

7. Do you think the AAC members have sufficient knowledge about HIV/AIDS?

- 1. Yes
- 2. No
- 3. I do not know

8. Do you think AAC has the skills to disseminate AIDS information?

- 1. Yes
- 2. No
- 3. I do not know

9. Do you think AAC have experiences to disseminate AIDS information?
1. Yes
 2. No
 3. I do not know
10. In how does the school support the AAC? (Circle more than once if necessary)
1. Financial
 2. Technical
 3. Material
 4. All of the above
 5. Non of the above
 6. Other, specify.....
11. Does the AAC receive any form of support from other?
1. Yes
 2. No
12. If q11 yes, from whom?
1. Government
 2. NGOs
 3. Women association
 4. Other
13. If the AAC gets support from other, what form of support do they get?
1. Financial
 2. Technical
 3. Material
 4. All of the above
 5. Non of the above
 6. Other, specify.....
14. Do you think support given (financially, materially, technically and morally) to AAC by school is satisfactory?
1. It is satisfactory
 2. Not satisfactory
 3. I do not know
15. Does the AAC keep financial records properly?
1. Yes
 2. No
 3. I do not know
16. Does the AAC report financial expenditure?
1. Yes
 2. No
17. If q16 yes, to whom?
1. The school

- 2. Other donors
- 3. REB
- 4. Other

18. Do the AAC leaders have a clear term of reference (TOR)?

- 1. Yes
- 2. No
- 3. I do not know

19. Does the AAC have operational guidelines?

- 1. Yes
- 2. No
- 3. I do not know

20. Does the AAC report their work?

- 1. Yes
- 2. No

21. If q20 yes, to whom?

- 1. To the school
- 2. To donors
- 3. To MOE
- 4. Other

22. Do AAC and GC work together?

- 1. Yes
- 2. No
- 3. I do not know

23. If yes to question 17, how is the level of coordination between AAC and GC?

- 1. Bad
- 2. Good
- 3. Excellent
- 4. I do not know

24. How frequent (often) do AAC meets with GC to provide/give education together?

- 1. Once in a month
- 2. Once in three months
- 3. Once in six months
- 4. Once in a year
- 5. I am not sure the frequency

25. How frequent (often) do AAC provide/give education?

- 1. Once in a month
- 2. Once in three months
- 3. Once in six months
- 4. Once in a year

5. I am not sure the frequency

26. What is your impression about the performances this year compared to last couple of years?

1. The AAC are getting stronger
2. The AAC are getting weaker
3. There is no change in their performance
4. I do not know

27. What do you think is the main problem faced by the AAC?

1. Financial
2. Bad attendance by club members
3. Means of communication
4. Lack of up-to-date material
5. I do not know
6. Other, specify

28. What do you suggest to strength the role of AAC in the school?

1.
2.
3.

29. What are the main obstacles uncouneted to accomplish the objectives of the AAC?

1.
2.
3.

30. What do you think are the most frequent problems encountered by AAC?

1.
2.
3.

Please complete the following information

To be completed by AAC leaders

Region

Woreda

Residence 1. Urban 2. Rural

Sex 1. Female 2. Male

Age

Name of school

1. For how long have you worked the AAC?
 1. Less than one year
 2. Less than two years
 3. between three to four years
 4. Longer than fore.....
2. What motivated you to work in the AAC?
 1.
 2.
 3.
3. How many per cent of the students are members of the AAC?
 1.
 2.
4. How many percent of the leaders are women?
 1.
5. Do you work together with GC enable to prevent the spread of HIV/AIDS?
 1. Yes
 2. No
 3. I do not know
6. If yes to question 4, what is the level of coordination with GC and AAC?
 1. Bad
 2. Good
 3. Excellent
 4. I do not know
7. If there is coordination between GC and AAC, how many activities have you organized together in the last year?
 1.
 2.
8. How frequent (often) do AAC meets with GC to provide/give education together?
 1. Once in a month
 2. Once in three months
 3. Once in six months
 4. Once in a year
 5. I am not sure the frequency
9. How frequent (often) do AAC provide/give education?

1. Once in a month
2. Once in three months
3. Once in six months
4. Once in a year
5. I am not sure the frequency

10. What is your impression about the performances this year compared to last couple of years?

1. The AAC are getting stronger
2. The AAC are getting weaker
3. There is no change in their performance
4. I do not know

11. The statistics show that women especially young once are vulnerable to HIV/AIDS. Precisely what is AAC doing to change the situation?

1.
2.
3.

12. Do you provide any information about Sexual transmitted infection (STI)?

1. Yes
2. No
3. I do not know

13. Do you provide any basic sexual information?

1. Yes
2. No

14. If q13 yes what form?

1.
2.
3.

15. Do you have access to contraceptive?

1. Yes
2. No

16. If q15 yes what form?

1.
2.
3.

17. What are the AIDS prevention methods you advocate? (Circle more than once if necessary)

1. Abstinence
2. Faithfulness
3. Condom use
4. Other

18. Do you focus on life skill enable to prevent HIV/AIDS?

- 1. Yes
- 2. No

19. What is the main problem faced by AAC?

- 1. Financial
- 2. Bad attendance by club members
- 3. Means of communication
- 4. Lack of up-to-date material
- 5. I do not know
- 6. Other, specify

20. Does your club receive any form of support?

- 1. Yes
- 2. No

21. If yes, from whom?

- 1. The school
- 2. Government
- 3. NGOs
- 4. Women association
- 5. Other

22. If q21 yes, what form of support does the AAC get?

- 1. Financial
- 2. Technical
- 3. Material
- 4. All of the above
- 5. Non of the above
- 6. Other, specify.....

23. How good is the level of communication within club leaders?

- 1. Very good
- 2. Good
- 3. Not bad
- 4. Very bad

24. Do you have problem with club members not attending activities?

- 1. Yes
- 2. No

25. If q24 yes, what are their reasons?

- 1. Inconvenient time (clash with their class)
- 2. Prevented by parents
- 3. Attending other activities
- 4. Other

26. Do you have any restriction related to information you provide to students?

- 1. Yes
- 2. No

27. If q26 yes, by whom?

- 1. By religious group
- 2. By the school
- 3. By government
- 4. By students' parents
- 5. By student themselves
- 6. Other

28. Does the member of AAC provide maximum confidentiality for students informing their problem?

- 1. Yes
- 2. No
- 3. I do not know

29. What do you think is the students' attitudes towards AAC?

- 1. They appreciate the work of AAC
- 2. They do not appreciate the work of AAC
- 3. I do not know

30. What do you think is the teachers' attitudes towards AAC?

- 1. They appreciate the work of AAC
- 2. They do not appreciate the work of AAC
- 3. I do not know

31. Does the AAC work to prevent traditional practices that are considered harmful?

- 1. Yes
- 2. No
- 3. I do not know

32. If q31 yes, specify the harmful practice(s) you try to prevent.

- 1.
- 2.
- 3.

33. Do you think parents recognize AAC operating at school?

- 1. Yes
- 2. No

34. If q33 yes, what do you think their attitude towards their children involvement in the AAC?

- 1. Parents encourage their children to join the AAC
- 2. Parents discourage their children to join the AAC
- 3. They encourage them in the past but not any more
- 4. I do not know
- 5. Not applicable

35. Do you involve out school children while teaching about AIDS?
 1. Yes
 2. No
36. Do you discuss openly (with out fear) about HIV/AIDS with friends?
 1. Yes
 2. No
37. Do you discuss openly (with out fear) about HIV/AIDS with opposite friends?
 1. Yes
 2. No
38. Do you have students who are HIV positive?
39. If q38 yes, do AAC give them any support?
 1. Yes
 2. No
40. Do the leaders of the AAC have a clear term of reference (TOR)?
 1. Yes 2. No
41. If q40 yes, what are you doing as leader in terms of implementing the girl's club agenda?
 1.
42. What do you think are the most frequent problems encountered by AAC?
 1.
 2.
 3.
43. What do you suggest to improve AAC involvements enable to make female students successful?
 1.
 2.
44. What are the main obstacles uncouted to accomplish the objectives of the GC?
 1.
 2.
 3.
45. What do you think are the most frequent problems encountered by AAC?
 1.
 2.
 3.
 4.

Please complete the following information

To be completed by AAC members

Region

Woreda

Residence 1. Urban 2. Rural

Sex 1. Female 2. Male

Age

Name of school

1. For how long have you been a member of the AAC?

- 1. Less than one year
- 2. Less than two years
- 3. between three to four years
- 4. Longer than fore.....

2. What motivated you to join AAC?

- 1.
- 2.
- 3.

3. Have you attended activities organized by AAC and GC together?

- 1. Yes 2. No

4. If yes, what kind?

- 1. Physical activities
- 2. Drama/theater related to AIDS and gender
- 3. Discussion programs related to AIDS and gender
- 4. Other

5. If you have attended activities organized by the AAC have you invited other person to come with you?

- 1. Yes 2. No

6. If yes, whom?

- 1. Female students
- 2. Male students
- 3. Parents
- 4. Out-school children
- 5. Other

	Yes	NO	I do not know
7. AAC do not have sufficient knowledge about			

HIV/AIDS	1	2	3
8. AAC lacks skills to disseminate AIDS information	1	2	3
9. AAC lacks experience to disseminate AIDS information	1	2	3
10. AAC leaders are not committed to accomplish their responsibility	1	2	3
11. Do you think AAC are useful for preventing HIV/AIDS	1	2	3
12. AAC is recognize by the community	1	2	3
13. AAC is accepted by the community	1	2	3
14. AAC are communicative	1	2	3
15. AAC are supportive, willing to accept questions from the students and out school children	1	2	3
16. Your parents (mother and father) are aware of the AAC	1	2	3
17. Do your parents encourage you to be active member	1	2	3
18. Among others, do you think the AAC in your school played a significant role in preventing HIV/AIDS in the school	1	2	3
19. Do you think students consider HIV/AIDS as major problem	1	2	3

20. What is your impression about the AAC performances this year compared to the last couple of years?

1. The AAC are getting stronger
2. The AAC are getting weaker
3. There is no change in their performance
4. I do not know

21. Have you ever discussed about AAC with your friends?

1. Yes
2. No
3. Do not remember

22. If yes to question 15, what topic did you discuss?

1. About AAC strength
2. About AAC weakness
3. About their program/presentation
4. About membership
5. Other (specify)

23. Have you ever attended any activity/education arranged by AAC and GC together?
1. Yes
 2. No

24. What are the main obstacles uncounted to accomplish the objectives of the AAC?
1.
 2.
 3.

25. What do you think are the most frequent problems encountered by AAC?
1.
 2.
 3.

Please complete the following information
To be completed by non members students

Region

Woreda

Residence 1. Urban 2. Rural

Sex 1. Female 2. Male

Age

Name of school

1. Do you know if AAC exist in your school?

1. Yes

2. No (if no, interviewers thank the respondent and quit)

2. Why are you not a member of AAC?

1.

2.

3.

3. Have you attended activities organized by AAC?

1. Yes

2. No

4. If q3 yes, what kind?

1. Physical activities

2. Drama/theater related to AIDS and gender

3. Discussion programs related to AIDS and gender

4. Other

5. If you have attended activities organized by the AAC have you invited other person to come with you?

1. Yes

2. No

6. If yes, whom?

1. Female students

2. Male students

3. Parents

4. Out-school children

5. Other

	Yes	NO	I do not know
6. AAC do not have sufficient knowledge about HIV/AIDS	1	2	3

7. AAC lacks skills to disseminate AIDS information	1	2	3
8. AAC lacks experience to disseminate AIDS information	1	2	3
9. AAC leaders are not committed to accomplish their responsibility	1	2	3
10. Do you think AAC are useful for preventing HIV/AIDS	1	2	3
11. AAC is recognize by the community	1	2	3
12. AAC is accepted by the community	1	2	3
13. AAC are communicative	1	2	3
14. AAC are supportive, willing to accept questions from the students	1	2	3
15. Your parents (mother and father) are aware of the AAC	1	2	3
16. Do your parents allowed you to attend activates that take place after school hour	1	2	3
17. Among others, do you think the AAC in your school played a significant role in preventing HIV/AIDS in the school	1	2	3
18. Do you think students consider HIV/AIDS as major problem	1	2	3

19. What is your impression about the AAC performances this year compared to the last couple of years?

1. The AAC are getting stronger
2. The AAC are getting weaker
3. There is no change in their performance
4. I do not know

20. Have you ever discussed about AAC with your friends?

1. Yes
2. No
3. Do not remember

21. If yes to question 15, what topic did you discuss?

1. About AAC strength
2. About AAC weakness
3. About their program/presentation
4. About membership
5. Other (specify)

22. Have you ever attended any activity/education arranged by AAC and GC together?

1. Physical activities
2. Drama/theater related to AIDS and gender
3. Discussion programs related to AIDS and gender
4. Other

Please complete the following information

To be completed by female teacher

Region

Woreda

Residence 1. Urban 2. Rural

Sex 1. Female 2. Male

Age

Name of school

1. Do you know if AAC exist in your school?
 1. Yes
 2. No (if no, interviewers thank the respondent and quit)

2. Have you attended activities organized by AAC?
 1. Yes 2. No

3. If q2 yes, what kind?
 1. Physical activities
 2. Drama/theater related to AIDS and gender
 3. Discussion programs related to AIDS and gender
 4. Other

	Yes	NO	I do not know
4. AAC do not have sufficient knowledge about HIV/AIDS	1	2	3
5. AAC lacks skills to disseminate AIDS information	1	2	3
6. AAC lacks experience to disseminate AIDS information	1	2	3
7. AAC leaders are not committed to accomplish their responsibility	1	2	3
8. Do you think AAC are useful for preventing HIV/AIDS	1	2	3
9. AAC is recognize by the community	1	2	3
10. AAC is accepted by the community	1	2	3
11. AAC are communicative	1	2	3
12. AAC are supportive, willing to accept questions from the students and out school children	1	2	3
13. Parents (mother and father) are aware of the AAC	1	2	3
14. Parents encourage their children(s) to attend activities organized by AAC	1	2	3

15. Among others, do you think the AAC in your school played a significant role in preventing HIV/AIDS in the school	1	2	3
16. Do you think students consider HIV/AIDS as major problem	1	2	3
17. Students appreciate the existence of AAC	1	2	3

18. What is your impression about the AAC performances this year compared to the last couple of years?

1. The AAC are getting stronger
2. The AAC are getting weaker
3. There is no change in their performance
4. I do not know

19. Do you encourage your students to attend any activity/education arranged by AAC?

1. Yes
2. No

20. Do you think sexual harassment, sexual insult is quite common problem faced by female students?

1. Yes
2. No
3. I do not know

21. Do you think female students have the confidence to discuss their personal problem (with out any fare) with AAC leaders?

1. Yes
2. No
3. I do not know

22. Do you know any female student(s) who have/had sexual relation with a lecturer?

1. Yes
2. No

23. If q22 yes how many?

1.

24. Do you think it is important to have AAC at elementary school level?

1. Yes
2. No

25. If q24 yes do you think all elementary school should have one?

1. Yes
2. No
3. I do not know

24. What are the main obstacles uncouncted to accomplish the objectives of the AAC?

1.

- 2.
- 3.

24. What do you think are the most frequent problems encountered by AAC?

- 1.
- 2.
- 3.

25. What possible solution do you suggest to prevent HIV/AIDS in your school?

- 1.
- 2.
- 3.

Please complete the following information

To be completed by male teacher

Region

Woreda

Residence 1. Urban 2. Rural

Sex 1. Female 2. Male

Age

Name of school

1. Do you know if AAC exist in your school?
 1. Yes
 2. No (if no, interviewers thank the respondent and quit)

2. Have you attended activities organized by AAC?
 1. Yes 2. No

3. If q2 yes, what kind?
 1. Physical activities
 2. Drama/theater related to AIDS and gender
 3. Discussion programs related to AIDS and gender
 4. Other

	Yes	NO	I do not know
4. AAC do not have sufficient knowledge about HIV/AIDS	1	2	3
5. AAC lacks skills to disseminate AIDS information	1	2	3
6. AAC lacks experience to disseminate AIDS information	1	2	3
7. AAC leaders are not committed to accomplish their responsibility	1	2	3
8. Do you think AAC are useful for preventing HIV/AIDS	1	2	3
9. AAC is recognize by the community	1	2	3
10. AAC is accepted by the community	1	2	3
11. AAC are communicative	1	2	3
12. AAC are supportive, willing to accept questions from the students and out school children	1	2	3
13. Parents (mother and father) are aware of the AAC	1	2	3
14. Parents encourage their children(s) to attend activities organized by AAC	1	2	3
15. Among others, do you think the AAC in your school played a significant role in preventing HIV/AIDS in the school	1	2	3
16. Do you think students consider HIV/AIDS as major problem	1	2	3
17. Students appreciate the existence of AAC	1	2	3

18. What is your impression about the AAC performances this year compared to the last couple of years?
1. The AAC are getting stronger
 2. The AAC are getting weaker
 3. There is no change in their performance
 4. I do not know
19. Do you encourage your students to attend any activity/education arranged by AAC?
1. Yes
 2. No
20. Do you think sexual harassment, sexual insult is quite common problem faced by female students?
1. Yes
 2. No
 3. I do not know
21. Do you think female students have the confidence to discuss their personal problem (with out any fare) with AAC leaders?
1. Yes
 2. No
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22. Do you know any female student(s) who have/had sexual relation with a lecturer?
1. Yes
 2. No
23. If q22 yes how many?
1.
24. Do you think it is important to have AAC at elementary school level?
1. Yes
 2. No
25. If q24 yes do you think all elementary school should have one?
1. Yes
 2. No
 3. I do not know
26. What are the main obstacles uncouncted to accomplish the objectives of the AAC?
1.
 2.
 3.
27. What do you think are the most frequent problems encountered by AAC?
1.
 2.
 3.
28. What possible solution do you suggest to prevent HIV/AIDS in your school?
1.
 2.
 3.

Please complete the following information

To be completed by female teacher

Region

Woreda

Residence 1. Urban 2. Rural

Sex 1. Female 2. Male

Age

Name of school

1. Do you know if AAC exist in your school?
 1. Yes
 2. No (if no, interviewers thank the respondent and quit)

2. Have you attended activities organized by AAC?
 1. Yes
 2. No

3. If q2 yes, what kind?
 1. Physical activities
 2. Drama/theater related to AIDS and gender
 3. Discussion programs related to AIDS and gender
 4. Other

	Yes	NO	I do not know
4. AAC do not have sufficient knowledge about HIV/AIDS	1	2	3
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1. Yes
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22. Do you know any female student(s) who have/had sexual relation with a lecturer?

1. Yes
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23. If q22 yes how many?

1.

24. Do you think it is important to have AAC at elementary school level?

1. Yes
2. No

25. If q24 yes do you think all elementary school should have one?

1. Yes
2. No
3. I do not know

24. What are the main obstacles uncouncted to accomplish the objectives of the AAC?

1.
2.
3.

24. What do you think are the most frequent problems encountered by AAC?

1.
2.
3.

25. What possible solution do you suggest to prevent HIV/AIDS in your school?

1.
2.
3.