Health Improvement and Women Owned Transformation (HIWOT) Project

End line Evaluation Report

Final draft

October 2009

Addis Ababa

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LIST OF ACRONYMS

AIDS	Acquired Immuno deficiency syndrome
ANC	Ante natal care
ART	Anti retroviral therapy
CBO	Community based organizations
CBRHA	Community based reproductive health agent
CHW	Community health worker
COPE	Client oriented program evaluation
CSO	Civil service organization
EPI	Expanded program on immunization
FBO	Faith based organization
FGAE	Family guidance association of Ethiopia
FGD	Focus group discussion
FGM/FGC	Female genital mutilation/Female genital cutting
FP	Family planning
HAPCO	HIV/AIDS prevention and control office
HC	Health Center
HCT/VCT	HIV counseling and testing/Voluntary Counseling and yesting
HEP	Health extension program
HEW	Health extension worker
HIV	Human Immuno deficiency
HIWOT	Health Improvement and women empowerment transformation
HTP	Harmful traditional practice
IGA	Income generating activity
ITN	Impregnated bed net
IUCD	Intrauterine contraceptive device
KAP	Knowledge, Attitude and practice
LGV	Lympho granuloma venereum
MCH	Mother and child health
NGOs	Non governmental organization
OCP	Oral contraceptive pills
OVC	Orphan and Vulnerable children
PA	Peasant association
PICT	Provider initiated counseling and testing
PLHIV	People living with Human Immuno deficiency Virus
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother to child transmission
PNC	Post natal care
RH	Reproductive health
SPSS	Statistical package for social sciences
SRH	Sexual reproductive health
TTBA	Traditional birth attendant
TFR	Total fertility rate
TOR	Terms of reference
TT	Tetanus toxoid
UNICEF	United Nations International Children fund
USAID	United states agency for international development

EXECUTIVE SUMMARY

CARE Ethiopia conducted end line survey for its HIWOT project to evaluate/assess the project's relevancy, efficiency, effectiveness and sustainability. The results would help CARE to share it best lessons and identify what has been done well and what has not been. The survey used both quantitative and qualitative survey methods including a household survey, focus group discussions and key informant in-depth interview. A total of 1320 households were selected for the quantitative part of the survey.

The study population was comprised of 51.7 % females aged 15-50 years, significant majority were Muslim (75.8 %), and ethnically the two major groups were Oromo (69.2 %) and Amhara (14.6 %)

Majority (90.6 percent) of the respondents have heard about modern family planning methods, which is higher than the baseline data 8%. The three most known types of contraceptives were Condom (91.6 percent), Pills (89.5 percent) and Vasectomy (46.8 percent). Health facilities were mentioned to be major sources of information on family planning.

Ever use of family planning methods was 54.9 which showed an increment of 29 % from the baseline, which is a significant achievement. Similarly current use of family planning methods has also showed good level of progress where it increased from 21.8 % in baseline to 45.0 % in end line survey. More than three quarters (77.3 %) of the respondents have the intention to use family planning methods.

Nearly all respondents (96.6 %) have heard about HIV/AIDS, which is even higher than baseline data (89.3 %). The degree of awareness was more for females (96.6 %) than males (93.3 percent). Upon discussion about the major health problems in their respective areas, HIV/AIDS has been mentioned as the first health problem by the majority of FGD participants and key informants. Misconceptions about transmission and prevention which were prevailing during the baseline have shown a decrement. Awareness about Condom was reported to be high (85.6 %), which is much better than the baseline data (71.2 %). Qualitative findings have also shown that awareness about condom was high. More than three quarters of the respondents have heard about VCT, and 61.3% have been tested, which is a huge difference compared to the baseline finding (20.4 %). More than half (54 %t) of the respondents have heard about PMTCT which is higher than the baseline data (37.1 %).

Great majority (94.2 %) of the respondent females were circumcised and 28.9 % of them had their daughters circumcised compared to the baseline data of 46.6 %. Percent of female respondent intending to circumcise their daughter/s were found to be 17.5 %, lower than the baseline of 27.1 %.

Among the twelve reproductive health rights, the most known to more than half of the female respondents were Right to life (68.1 %), Right to marry or not and Right to limit the number of children.

Health facility assessment revealed that there is improved quality of services in all major parameters.

Evaluating the project in terms of effectiveness, relevance and efficiency, the end line survey demonstrated that most of the indicators put in the project monitoring and evaluation planning matrix especially towards knowledge, attitude, and practice towards preventive activities (IR 6), service utilization, changing of sexual behavior towards HIV/AIDS have all improved effectively. The project was relevant and was in line with national policies and strategies. Especially the interventions in the current project are in line with all of the eight MDGs with an explicit focus on the third, to promote gender equality and empowerment of women, the

fifth, improving maternal health, the sixth, Combating HIV/AIDS and malaria and other diseases and the eighth development of a global partnership for development. The designed project was comprehensive adequately addressed major areas except that three years is relatively short to see some of the impacts of the interventions.

Although a detailed efficiency assessment need the inputs of other stakeholders in the area, gross assessment of sub-annual and annual report revealed that activities underwent according to their pre-planned period of time and the proportion of budget utilization for each the Intermediate result was within the limit of the planning. Regarding impact, partners and beneficiaries expressed their view that the program has improved the quality of life of individuals and the general socio economic development of communities in the project sites.

1. GENERAL BACKGROUND

CARE began working in Ethiopia in 1984 in response to severe drought and was invited by the Government of Ethiopia to initiate operation in West Harerghe, East Showa and Borena Zones of Oromiya Region. Since that time, CARE activities have expanded to address the root cause of poverty.

Health Improvement and Women Owned Transformation (HIWOT) project is built on the experiences of CARE's previous SRH and HIV/AIDs project, and a scale up of Family Planning and HIV/AIDS Prevention Program, which has been implemented in two phases from 1996 – 2005. HIWOT began in February 2006 and phased out in June 2009. HIWOT addressed previous lessons learned and expanded in Oromiya, Afar Regions and Dire Dawa Administration with a special focus on pastoralists' areas. It comprises of activities and interventions to address problems that contribute to poor Sexual Reproductive Health (SRH) in target populations in these regions.

The total population in the project targeted areas is 2,073, 815. The activities are being implemented in a total of 19 districts of the regions: The distribution of the districts is shown in the following table;

Table on background information. Distribution of zones, districts, peasant associations, beneficiaries and Population.

Intervention Areas								**Total**
Regions	**Oromiya**			**Afar**			**Dire Dawa**	**3**
Zones	East Hararghe	West Hararghe	Borena	Zone 1	East Shewa	Zone 3	Dire Dawa	6
Districts	4 Kurfachele Girawa Bedeno Haramaya	5 (1) 1 Kuni Cirro Gemechis Doba Habro Tullo	5 (1)) Moyale Teltele Miyo Yabelo Dire Bulehora	(1) Mille	1 Fentale	2 Buremadaytu Gewane	Dire Dawa and its surrounding Kebeles	19 + 1 excluding Dire Dawa
Kebeles	45	50 (29)	73 (18)	(18)	12	36	(24)	291
Beneficiaries	320913 (134000)	823723 (147729)	350000 (246132)	(100,620)	49208	100905	(134000)	2073815

The program had three major goals, which were:

- To establish and strengthen institutional linkage and access to high quality and reliable community based sexual and reproductive health (SRH) services and mechanisms in targeted communities
- To increase access to and utilization of quality of HIV/AIDS prevention, care and support services including sexual reproductive healthcare and extension systems to adequately address the needs and rights of marginalized/ vulnerable population and
- Women and youth empowerment to participate in decision related to SRH in eliminating Harmful Traditional Practice (HTP), Female Genital Mutilation (FGC) and decreasing the prevalence of HIV/AIDS

To achieve these goals the project aimed to achieve the following ten intermediate results

- The Government's health Extension Package (HEP) is strengthened through building on mechanisms CARE has previously established
- Improved systems towards enhancing the role of CBRHAs in community
- Greater synergy between CSOs and institutions to plan, implement, monitor and manage initiatives involved in SRH and HIV/AIDS activities
- Improved capacity of change agents (e.g. HEWs, CBRHAs) to effectively provide quality family planning services to marginalized and vulnerable groups
- Improved logistics and management systems in place leading to enhanced quality and of SRH services and supply of contraceptives available
- Decreased risk behavior and practices to HIV/AIDS
- Improved sustainable care and support services for PLWHA, OVC and their families, e.g. partnerships and CBOs
- Improve the rights and status of women to access RH services and participate in SRH decisions
- Establish continued community dialogue to address HTP into SRH
- Increased men and youth's involvement in RH issues

2. OBJECTIVES OF THE END LINE SURVEY

2.1 General objectives

The overall objective for conducting end line survey or final evaluation is to evaluate/assess the project's relevancy, efficiency, effectiveness and sustainability. The final results would be evaluated in relation to:

- ❖ The base line results to examine project relevance, effectiveness and improvements.
- ❖ CARE's vision and mission to analyze the contributions of the project.
- ❖ Millennium development goals and indicators to analyze the global contributions of the project.
- ❖ CARE Ethiopia's strategic plans and directions to analyze the contribution of the project for the country office strategic plans.

This would also help CARE to share it best lessons and identify what has been done well and what has not been.

2.2 Specific objectives

The specific objectives of the end line survey are:

- ♠ To assess the outcomes of the project in terms of outputs, intermediate results, effect goals and goal whether they are addressed or not. The use of project indicators is very crucial.
- ♠ To assess the knowledge, attitude and practices of the target community on sexual reproductive health (VCT, PLWHAs, family planning, HIV/AIDS – PMTCT, STI, HTPs, etc)
- ♠ To assess women and youth decision making process at household level on sexual reproductive health, socioeconomic issues. Investigate also unmet needs of SRH.
- ♠ To assess the status of access to ART, home based care, quality and integrated SRH services, service points and equipments/supplies and logistic system for SRH. This will also include the clients' satisfaction and staffs attitude to quality service provision.
- ♠ To assess the involvement of community based organizations in sexual reproductive health and related activities like IGA, women empowerment, home based care activities, community mobilization, etc.
- ♠ To assess men's cultural involvement in pregnancy, childbirth, upbringing of children.
- ♠ To assess the health information management system of health facilities, district and zonal offices.
- ♠ To assess whether project elements (outputs, intermediate result, effect goals, goal) have been met or not.

- To assess whether planned activities have been accomplished.

3. SURVEY METHODOLOGY

The survey used both quantitative and qualitative survey methods including a household survey, focus group discussions and key informant in-depth interview.

3.1. Household Survey

The household quantitative survey targeted at gathering an overall background characteristics and livelihood of the study population and KAP on reproductive health, HIV/AIDS, STIs, sexual behavior and other related issues from household heads, spouses, and youth members of the community aged 15-29.

3.1.1. Sample Design

Households were considered as the key sampling units. Sample size is determined by applying the standard estimation procedure commonly used in circumstance where the purpose of the survey is to interpret the results in a variety of ways such as means/averages or percentages/proportions and for applying various statistical tools. As is recommended by most surveying organizations, a 95 percent confidence level and for the current surv

Where:

n = sample size required

N = total population size (known)

d = precision level

Z = number of standard deviation units of the sampling distribution corresponding to the

the sample

$$n = \frac{NZ^2 \times 0.25}{\left[d^2 \times (N-1)\right] + \left[Z^2 \times 0.25\right]}$$

Assuming a confidence level of 95% where Z=1.96, a precision of +4% (i.e. d=0.04), a design effect (cluster effect) of 2 and non response rate of 10%, a total sample size of 1320 was calculated for the end line survey.

3.1.2 Sampling procedures

Based on the TOR, in the two regions (Oromia and Afar) and Diredawa administration there are a total of 19 woredas (assuming DD as a one woreda). In oromia region, one woreda was randomly selected from each of East, West Harerge and Borena Zones. Where as in Afar region, one district was selected out of the two zones (Zone 1 &3). East shoa (Fentale) was included as it was the only woreda in the Zone. Finally, Diredawa city administration and its surroundings were considered. Altogether, six woredas were included in the current end line survey (See Table)

Table on Selection of Woredas; Distribution and selection of woredas in the three Regions

Intervention areas							
Regions	**Oromiya**			**Afar**		**Dire Dawa**	**Total**
Zones	**East Hararghe**	**West Hararghe**	**Borena**	**Zone 1 + Zone 3**	**East Shewa**	**Dire Dawa**	
Total # of woredas	Kurfachele Girawa Bedeno Haramaya	Kuni, Chiro Cirro Gemechis Doba Habro Tullo	Moyale Teltele Miyo Yabelo Dire Bulehora	Mille (Zone1) Buremadaytu Gewane	Fentale	DD & its surrounding Kebeles	
# of woredas to be selected	1	1	1	1	1	1	6

The calculated total sample size was allocated to each woredas based on the respective proportions.

- Rural kebeles/PAs, random selection of PA was done first. The final stage of selection involved systematic selection of households.
- Where a selected household was locked or members were unavailable the next household was included in the survey.
- Where more than one eligible is present in a household like15-29 youth members, the oldest was interviewed

3.1.3 Survey Instruments

The quantitative questionnaire had two parts - a household questionnaire and an individual questionnaire. The household questionnaire consisted of questions about general socio-demographic characteristics and livelihood situation of the households while the individual questionnaire was designed to have detailed questions on the knowledge attitude and practices of the individual respondent.

Individual questionnaire was used to collect information from the head of the household, the spouse and youth member of the household (age 15-29 years). Data collection instrument was translated into Amharic and in Oromia region; interview has been made through Oromiffa.

3.1.4 Recruitment, training and data collection process

Field researchers were recruited and deployed from the consultant's office. Where as supervisors and data collectors were locally recruited from the respective Woredas. A survey team was established having six field researchers, six supervisors and 30 interviewers. Each field team was consisted of a field researcher who was also responsible for qualitative data collection, a supervisor and five data collectors, totally seven people. This arrangement facilitated that each team in a woreda could successfully communicate and monitor data collection.

Training was given to the survey team in two stages; two days training was given to the field researchers in Addis Ababa followed by another two days training for supervisors and interviewers in each selected woredas. The training provided to the field researchers enabled them to have a better understanding of the survey objective, capacity to train supervisors and interviewers, and to conduct FGDs and key informant interviews.

3.1.5 Data processing

Quantitative data

All completed household and individual questionnaires were submitted to the consultant's office for editing, coding and data entry. A senior statistician involved in the designing, instrument development has managed the data clerk's recruitment, entry, supervision processing and analysis. Quantitative data was entered and analyzed by Stata and SPSS Version 15 statistical softwares respectively.

Qualitative data

Qualitative data was interpreted and analyzed using content or thematic issues as the basic units of analysis. The raw data (e.g., interview transcripts) was stored so that others would analyze it and see if they would have reached the same interpretation. Following the separate analyses of quantitative and qualitative data, findings were triangulated to ensure reliability of the findings using both methods.

3.2. Focused Group Discussion (FGD)

Eight sessions of focus group discussion were conducted at each of the woredas (four sessions in each of rural and urban areas) with a group of 8–12 participants. For the qualitative study four woredas

were identified among the six woredas selected for the quantitative survey. Moyale and Haromaya woredas were included from Oromia region where as Gewane from Afar region and Diredawa was included separately. Based on this approach total of 32 FGDs (16 Urban and 16 rural) were conducted. On average each of the FGD was held with nine participants. The distinct groups administered in the FGDs were

- Married male
- Married female
- Youth single male (age 15-29)
- Youth single female (age 15-29)

The FGD discussants were identified purposively from neighboring communities of the selected urban/rural kebeles. FGDs were conducted with the assistance of local key informants that were conversant with the communities. All sessions were audio taped and transcribed for analysis.

3.3 Key informant's interview

The following were the key informants who participated in this survey at each Woreda

- Direct implementing partners in government
- Community institutions (sector offices, CBOs FBOs etc)
- NGOs
- Community members

3.4. Health facilities assessment

Health facility assessment was done by adopting COPE tools used during the baseline survey to see changes have been made or observed during the end line evaluation survey. All standard health centers in the study area were fully covered.

3.5. Review of secondary sources

Secondary data source were utilized to meet the objectives of the survey review of field monitoring, supervision and quarter, sub -annual, annual and consolidated reports both in the field and head office.

4.0 MAJOR FINDINGS AND DISCUSSIONS

4.1 Background characteristics of the respondent and the study population

The study population was comprised of 48.1 percent males and 51.7 percent females. It involved all age groups including 0-14 years (1.8 percent), 15-29 years (45.6 percent), 30-49 years (44.4 percent) and 50+ (8.3 percent). Majority of the respondents were Heads of households (42.1 percent), second being Spouses (39.5 percent), and other types of relations to head of household.

Religion wise, significant majority were Muslim (75.8 percent) followed by Orthodox (20.3 percent). The religious composition differs among the various study areas, for instance, Muslim represent great majority in Haromaya (99.6 percent) and Gewane (93.4 percent) while in Diredawa Muslim and Orthodox account for 41.2 and 52.1 percent of the respondents respectively.

Ethnically the two major groups were Oromo (69.2 percent) and Amhara (14.6 percent). Four of the areas are dominantly Oromo which include Haromaya (98.4 percent), Moyale (94.4 percent), Awash Fentale (89.6 percent) and Tullo (71.0 percent). Gewane is dominantly Afar (80.1 percent), while in Diredawa majority of respondents were Amhara (37.4 percent), followed by Oromo (26.0 percent) and Somali (24.2 percent). Most of the respondents were Married (80.6 percent) followed by Single (15.1 percent). The commonest marriage type was Monogamy (90.7 percent). The highest percentage

of Polygamous marriage was reported in Awash Fentale (17.5 perent). With respect to headship rate majority of the households were Male headed (89.5 percent). ***See Table 1 in the annex for more detail***.

Majority (62.2 percent) of the respondents were Illiterate, 13.0 percent educated Grade 5-8, 10.6 percent up to Grade 1-4, and those educated up to Grade 9-12 account for 7.5 percent. ***See Table 2a and 2b in the annex for more detail***.

4.2 Livelihood of the household

The average monthly income of the study population was 795.1 ETB. Highest level of average monthly income was reported in Haromaya (2,500.0 ETB), second in Tullo (1,571.2 ETB) and least in Moyale (280.2 ETB). Average farm land in hectare (rural) was 1.65.

Among the domestic animals, the most commonly available per household were Sheep (1.87), followed by Poultry (1.52), Cow (1.48), Calf (0.65) and Oxen (0.61). By study area, the mostly available domestic animals in Haromaya were Poultry (2.0), in Moyale Goat (2.55), in Awash Fentale Goat (11.34), in Tullo Poultry (2.74), in Gewane Sheep (10.30) and in Diredawa Goat (1.53). ***See Table 3 in the annex for more detail***.

4.3 Family Planning and Maternal health related Knowledge Attitude and behavior

Majority (90.6 percent) of the respondents have heard about modern family planning methods, which is higher than the baseline data of 82.2 percent. Female respondents (91.1 percent) were reported to be more knowledgeable than Males (88.6 percent). The highest percentage was reported from Haromaya (99.5 percent) and lowest in Gewane (68.7 percent). ***See Table 5 in the annex for more detail.***

All FGD participants of the four woredas were all aware of what family planning means. According to them, family panning was defined as, "*having children with a gap of years for health and economic purpose.*"

The three most known types of contraceptives were Condom (91.6 percent), Pills (89.5 percent) and Vasectomy (46.8 percent). The order was different during the baseline where most known method was Pills (85.4 percent), injectables (83.5 percent) and condom (45.5 percent). ***See Table 6 in the annex for more detail.***

Qualitatively, all FGD participants of the four woredas mentioned family planning methods such as Contraceptive pill, Injectable, Norplant, Loop, and condom. Unmarried male FGD participant added rhythm and withdrawal methods of family planning. Referring from "Quoran", religious key informants had also mentioned breast feeding for two years as a natural way of FP method.

4.3.1 Source of information

The respondents in the studied areas mentioned various types of sources of information about family planning methods. Health facilities were mentioned to be major sources in five of the six studied areas, ranging from 58.8 percent in Moyale to 94.5 percent in Haromaya. Awash fentale, tullo and Diredawa fall within this range. However, the situation was different in Gewane, where major source of information was mentioned to be CBRHA (64.7percent) followed by health facility (58.8percent). The overall major source in the six areas was health facilities (80.7percent), second CBRHA (68.5percent) and third radio (**37.2**percent).

Sequence of source of information is different from that of the baseline data where major source was radio (64.4percent), second and third being health facility (64.3percent) and CBRHA (46.8percent). ***See Table 7 for more detail.***

This finding demonstrated that health facilities have been increasingly playing an important role in improving public awareness to the extent that they became most preferred source of information. As the quality of health information from health facilities is most reliable, this finding also implies that the community has been getting proper messages. Besides, it has a positive implication on improved health care seeking behavior of the public.

4.3.2 Use of family planning

Ever use of family planning methods was 54.9 percent for all sites, highest for Diredawa (67.9 percent) and lowest in Moyale(23.2 percent). By type of method, Injectables (83.7 percent) were most used followed by pills (36.8 percent) and Norplant (12.4 percent). The ever use rate in the baseline data was 26.4 percent. This showed that there is an increment of 29 percent, which is a significant achievement.

Current use of family planning methods has also showed good level of progress where it increased from 21.8 percent in baseline to 45.0 percent in end line survey. Injectables (78.8 percent) were reported to be most preferred option followed by Pills (21.2 percent) and Norplant (12.5 percent). The pattern of preference was similar with the baseline data however, there is a major increase in the percentage of the population utilizing the methods. ***See Table 8 for more detail***.

Qualitative findings revealed that Pills, Injectable, Condom, loop and Norplant were the available family planning methods in the health centers. The large majority of the FGD discussants else where agreed that injectable form is the widely used family planning method by community followed by pills and Norplant but, not condoms.

The average birth spacing was 2.98, with the lowest rate reported from Gewane (2.18) and the highest in Diredawa (4.68). Among females aged between 15 and 49 years, great majority (92.0 percent) have ever given birth. A total of 5455 children were ever born from these mothers giving rise to a lifetime fertility of 3.68, ranging from 2.0 in Diredawa to 4.4 in Haromaya. Although it was difficult to compare the overall difference from the baseline data, the district specific data showed that there is a reduction in life time fertility in all the six sites. The number of children born in the last 12 months were 408, giving rise to fertility in last 12 months of 0.27.

4.3.3. Reasons for not using contraceptives

Among the reasons for not using contraceptive methods was the fact that they don't want to use now (63 percent) was the major one. This was true for both females (63.3 percent) and males (52.9 percent), for all types of marital status, all types of religions and all study sites except Tullo. The other reasons mentioned by the respondents included religion forbid (9 percent), cultural factors (8.6 percent) and Spouse disapproval (7.5 percent), while lack of knowledge (23.5 percent) was the major reason for men. ***See Table 9 for more detail***.

The study site specific data revealed that in Haromaya Spouse disapproval, in Moyale and Tullo Cultural factors, in Awash Lack of knowledge, while in Gewane and Diredawa forbidden by religion were most mentioned reasons.

According to FGD participants, decision to use family planning is made by both husband and wife. Spouse disapproval is mainly due to lack of awareness on the benefits of family planning. Once husbands noticed the benefit, mostly they approve it.

4.3.4 Intention to use family planning

More than three quarters (77.3 percent) of the respondents have the intention to use family planning methods. The intention was shown to be more for females (77.6 percent) compared to males (66.7 percent). The highest level of intention to use was reported in Tullo (87.8 percent) followed by Haromaya (82.4 percent) and Diredawa (75 percent). The finding of end line survey was higher than the baseline (49.6 percent) by 28 percent. Stratifying the finding by marital status showed that married, single and divorced have the intention to use while widowed do not. Religious wise, though the degree varies, majority of Muslim, orthodox, followers of other religion as well as wakefeta have the intention to use. ***See Table 10 for more detail.***

4.3.5 Antenatal and post natal follow up, place of delivery

Nearly half (49.6 percent) of respondents have received antenatal care (ANC) during the last pregnancy, while great majority (83.1 percent) of them received post natal care (PNC) during their last birth. About twelve Percent (11.7 percent) of respondents had ever had unintended pregnancy, the highest report was in Awash Fentale 25.3 percent the lowest being in Haromaya (3.7 percent). Home delivery (87 percent) prevails in all sites. Untrained traditional birth attendant (UTTBA) (49.7 percent) still play the major role in assisting delivery, like the baseline findings. However the percentage of mothers who had assisted delivery by Trained traditional birth attendant (TTBA) and Community health worker(CHW) has increased from 23.4 percent to 37.7 percent and 1.1 percent to 5.2 percent respectively compared to the baseline data. ***See Table 11 for more detail.***

4.4 HIV/AIDS/STIs related Knowledge, Attitudes and Behavior

4.4.1 Knowledge of HIV/AIDS and Transmission and Prevention Methods

Nearly all respondents (96.6 percent) have heard about HIV/AIDS, which is even higher than baseline data (89.3 percent). The degree of awareness was more for females (96.6 percent) than males (93.3 percent). The difference on awareness by age group was minimal. See Table 12 for more detail.

Upon discussion about the major health problems in their respective areas, HIV/AIDS has been mentioned as the first health problem by the majority of FGD participants and key informants in Diredawa and Moyale woredas. However, discussants and informants in Gewane and Haromaya woredas had mentioned health problems other than HIV/AIDS in their woreda to be the most important. Nevertheless, this finding should be interpreted cautiously since it largely depends on the way the facilitator asked the question and guided the discussion. Discussants from Haromaya woreda believe that currently everybody is aware of HIV/AIDS for which reason it has no more a problem in the eir woreda.

4.4.2 Source of information about HIV/AIDS

Major sources of information about HIV/AIDS were health professional (73.2 percent), radio (64.9 percent), public gathering (48.7 percent), as well as peers, church /mosque, school and family. Each study sites has selected preference for one channels of communication than the others. For instance, health professional are most preferred source in Haromaya, Moyale, Awash Fentale and Tullo, while public gathering was the major choice in Gewane and radio in Diredawa. Radio (79.3 percent) was the major source of information during the baseline; however this choice has shifted to health professionals (73.2 percent). See Table 13 for more detail.

4.4.3 Knowledge on transmission of HIV/AIDS

Sharing sharp materials (such as needles, razors) (86.9%), unprotected sexual intercourse with many people (80.2%), infected blood transfusion (65.3%) and Mother to child transmission (56.3%) were

the major ways of transmission of HIV mentioned by the respondents. The sequence was more or less similar during the baseline. See Table 14 for more detail.

4.4.4 Misconceptions

Misconceptions which were prevailing during the baseline have shown some decrement. The percentage of respondents who said HIV is transmitted by using the same toilet seat as someone who is HIV positive decreased from 19.2 percent to 6.8 percent, by mosquito or other insect bites has decreased from 31.5 percent to 7.4 percent. Similarly those who believed HIV is transmitted by being coughed /sneezed on by someone who is HIV positive reduced from 15.6 percent to 5.4 percent, by eating food/drink prepared by an HIV positive person from 14.2 percent to 5.4 percent and by shaking hands of an HIV positive person 13.5 percent to 8.0 percent. Besides those who said by sharing clothing /food/drink with an infected person reduced from 23.7 percent to 6.4 percent, by doing sinful act/curse from GOD from 52.2 percent to 12.5 percent. Similar decrease was observed among respondents who said HIV is transmitted by hugging with someone who is HIV positive from 17.0 percent to 9.2 percent, by sharing a house with an infected person from 23.7 percent to 8.6 percent.

4.4.5 Knowledge on prevention

Being faithful to partner /only have sex with one partner (73.0 percent), not to have sex at all (68.2 percent), use of condoms with non regular sexual partners (55.3 percent) and not share piercing/ cutting instruments (53.7 percent) were mentioned as major ways of preventing transmission of HIV infection.

Some of the misconceptions reported during the baseline have decreased, for instance, to only have sex with people who look healthy reduced from 30.0 percent to 17.4 percent. Similarly, staying away from people who have HIV/AIDS decreased from 50.2 percent to 22.3 percent. Those respondents who said that a person can't do anything to keep from getting infected has reduced from 23.7 percent to 8.8 percent. See Table 15 for more detail.

Percent of respondents, who know a person living with HIV/AIDS in their community, has increased from the baseline of 10.6 percent to 18.6 percent. The highest figure was reported from Diredawa (40.6 percent). See Table 16 for more detail.

4.4.6 Assuring person's HIV status

Regarding assuring a person's HIV status, 67.1 percent heard it from the sick person him/herself, 25.0 percent heard from others/rumors, 5.9percent had personal notion while 2.0 percent mentioned other source. Compared to the baseline data, the percentage of respondents who assured HIV status by hearing from the sick person him/herself has increased by about 24 percent. See Table 17 for more detail.

When they knew for the first time an HIV infected person, majority of respondents (56.2 percent) felt sorry/sympathize, while 19.1 percent felt nothing. The percentage of respondents who were shocked and went away reduced from 23.6 percent during baseline to 13 percent. See Table 18 for more detail.

4.4.7 Willingness to practice activities with PLWHA

The response to willingness to practice activities with PLWHA showed that 61.9 percent are willing to walk with PLWHA, 54.0 percent willing to share meal/ drinks and 46.4 percent willing to live in the same room. The major difference from the baseline data was in the percentage of respondents who were willing to share meal/drinks which showed an increment of 22.1 percent. Similarly, the percentage of respondents willing for hugging increased by 18.2 percent. See Table 19 for more detail.

4.4.8 Sexually Transmitted Infections (STI)

STI were well known to the majority of respondents in all studied areas. Except Awash fentale (55.8 percent), respondents in all the other areas ever heard about STI with percentage ranging from 81.4 to 97.2 percent. The most known STI was HIV/AIDS (77.5 percent) followed by Gonorrhea (74.5 percent), Syphilis (38 percent), Chancroid (18.3 percent) and LGV (17.1 percent). Once knowing having STIs, the majority (87.2 percent) said they visit health facility, while other said they wait until it disappears or visit traditional healer. The percentage of respondents who said they visit health facility has increased compared to baseline data. See Table 20 and 21for detail.

A number of key informants responded about STIs elsewhere had listed more than two types of sexually transmitted infections (STIs) other than HIV/AIDS. Most mentioned Gonorrhea and Syphilis. Key informants especially from the health sector responded that STIs diagnosis treatment and counseling in the health centers. Key informants at community level also were aware that health education is being given to the public on STIs.

Not a small number of Community and religious informants believe that STIs had been eradicated since much had been done to eliminate the problem. But all health workers at facility and community level including TTBs didn't agree with this idea.

4.4.9 Condom

Awareness about Condom was reported to be high (85.6 percent), which is much better than the baseline data (71.2 percent). Moyale was found to have the highest percentage of respondents who ever heard about condoms (93.8 percent), the lowest being Awash Fentale (69.5 percent). There was no difference in degree of knowledge by gender. See Table 22 for detail.

4.4.10 Perception on use of condoms

Majority of respondents (93.6 percent) perceive that condom prevents from HIV/AIDS. About two-third (60.7 percent) perceive that it prevents from sexually transmitted disease, and more than half (55.1 percent) said it helps for family planning. There were also respondents who perceived condom as useless (3.8 percent). However this figure has markedly decreased from the baseline data of 13.8 percent. See Table 23 for more detail.

Regarding the perception on frequency of condom use, 42.0 percent said it is used always, 28.2 percent said it is used some times. About ten percent (9.6) respondent's perceived condom is used only with commercial sex workers, but this figure is much lower than the base line data of 44.4 percent. See Table 24 for more detail.

Qualitative findings have also shown that awareness about condom was high. But, married male and female discussants argued that communities, from religious perspective, perceive those people who are using condom as dishonest and sexually promiscus. Because of this reason, though availability and distribution of condom in the health facilities and other outlets is good, its utilization is low due to fear of stigma.

4.4.11 Use of condom

The percent of respondents who used condom during the last sexual intercourse was reported to be 4.1. lower than the baseline. Males (10.5 percent) used condom higher than females (3.1 percent). By marital status, the divorced (15.0 percent) used condom much more than the other types of marriage. Similarly, orthodox Christians (7.7 percent), those educated above secondary school (13.6 percent) and the age group 14-29 years (3.8 percent), were the highest users of condom during their last sexual intercourse from their respective socio-demographic group.

Among the reasons for not using condom during the last sexual intercourse were the fact that it is prohibited by religion (35.7 percent), sexual partner's unwillingness (9.9 percent) and unavailability (5.2 percent). (Table 25 and 26)

4.5 Voluntary Counseling and Testing (VCT)

More than three quarters (77.8 percent) of the respondents have heard about VCT, which is much higher than the baseline (59 percent). By background characteristics of the respondents, the highest degree of awareness was reported in those in age group 30-49 (79.3 percent), Male (78.3 percent), Singles (82.7 percent), Orthodox (89.2 percent) and educated 12+ (95.8 percent). Geographically, Gewane(88.9 percent) had the highest percentage, followed by Diredawa (88.5 percent) and Moyale (79.3 percent). (Table 27).

4.5.1 Source of information about VCT

Several different sources of information were mentioned by participants regarding what they heard about VCT. In order of importance, health professionals (79.7 percent), Community health worker (64.0 percent) and Radio (39.6 percent) were mentioned to be the major ones. Health professionals were most import sources in five of the six areas, ie Moyale (68.4 percent), Awash Fentale (72 percent), Tullo (86.3 percent), Gewane (70.1 percent) and Diredawa (70.1 percent), while Community health worker were mentioned to be major ones in Haromaya (93.3 percent). The order of importance was different during the baseline whereby Community health worker were mentioned as major source followed by Health professionals and radio. (Table 28).

4.5.2 Availability of VCT services

Generally the availability of VCT services was reported to be 62.0 percent which showed increment from the baseline data (48.2 percent). Most of the residents in the studied area have confirmed availability of the VCT services, such as Haromaya (45.1 percent), Moyale (59.0 percent), Tullo (91.1 percent), Gewane (66.7 percent) and Diredawa (69.6 percent). The lowest report was from Awash Fentale (26.2 percent). (Table 29).

According to FGD discussants and key informants in all of the four woredas, VCT service is available in the health centers and in some areas as an outreach and in campaign form. All witnessed that the number of people asking for VCT especially before marriage was increasing.

4.5.3 Testing for HIV

About two-third of the respondents (61.3 percent) have been tested for HIV infection, which is a huge difference compared to the baseline finding (20.4 percent). In terms of age group, the highest percentage was reported among the youngsters aged 14-29 years, where 62.9 percent were tested. Gender and marital status wise, the highest percentage of testing was reported among females (61.2 percent) and the divorced (68.2 percent). The followers of other religion tested highest (94.7 percent), however looking at the small size of this group and very high representation of Muslims and Orthodox, their testing rate of 59.9 and 63.1 percent respectively was also significant. Similarly respondents who were educated Grade 9-12 reported highest (81.3 percent) compared to the other educational status types.

In some areas Health Extension Workers (HEWs) informants claimed that no one was found out, among large number of people tested in a single campaign including the HEW, to be HIV positive. Such report need to be interpreted with caution since those who tested might be with low or non risky sexual behavior that may result in negative HIV test result. See Table 30.

4.5.4 Future plan for testing

About three-fourth (75.6 percent) of the respondents were willing to test for HIV in the future, highest report being in Tullo (85.5 percent) while lowest in Gewane (59.1 percent). The highest rate of willingness to test, among the various socio-demographic group, were Female (76.0 percent), Single

(82.9 percent), Orthodox (80.0 percent) and those respondents educated Grade 5-8 (84.9 percent) and aged 14-29 years (85.0 percent). The overall willingness rate was higher than the baseline data of 51.4%. See Table 31.

4.6 Prevention of Mother to Child Transmission (PMTCT)

More than half (54 percent) of the respondents have heard about PMTCT which is higher than the baseline data (37.1 percent). The degree of knowledge was highest in Female (53.5 percent), Singles (68.4 percent) and followers of Orthodox (75.0 percent). Similarly highest level of awareness was reported among the respondents educated above secondary (78.3 percent) and in age group 14-29 (55.9 percent) (Table 32).

4.6.1 Source of information about PMTCT (Table 33)

Similar to that of VCT, health professionals (81.4 percent) were the major sources of information about PMTCT, Community health worker (56.5 percent) and Radio (40.2 percent) being the second and third. These figures different from the baseline in two ways; (1) the order of importance has changed, ie. it was radio (54 percent), community health workers (20.9 percent) and health professionals (9.8 percent, (2) the percentage of using this sources as source of information has increased significantly eg. Mentioning Health professionals increased from 9.8 to 56.5, community health workers from 20.9 to 54 percent. Having health professionals as the most important source of information for PMTCT was reported in all the six studied sites.

4.6.2 Knowing a person who get PMTCT service

About a quarter of the respondents (25.2 percent) had ever seen /know a person who use or get PMTCT services, which ranges from Tullo (3.5 percent) to Haromaya (44.9 percent). The difference among the six areas was big. The overall percentage has increased from the baseline by almost twenty percent (Table 34).

Ever use of PMTCT services among the eligible group was found to be 20.8 percent. While no one reported use of PMTCT in Gewane, more than a third of respondents in Diredawa (37.8 percent) and Haromaya (34.3 percent) have benefited from the service.

4.6.3 View on involvement of PMTC services

Among household members, both husband and wife were reported to have high involvement on PMTCT service utilization in majority of the households (75.1 percent). This wife and husband joint involvement was reported in all the six areas, by both males and females as well as by all types of marital status. On the other hand less than a quarter (23 percent) of households reported that only wives were involved.See Table 35.

4.7 Harmful traditional practices

The commonly practiced harmful traditional practices in a community were, from highest to lowest, Polygamy (52.2 percent), Female genital cutting (FGC) (48.8 percent) and Early marriage (43.8 percent). The practice varies from site to site. In Haromaya, most commonly practiced harmful traditional practice was Polygamy (62.1 percent), and the same was true for Tullo (63.8 percent). Moyale and Awash Fentale reported highest prevalence of female genital cutting (FGC), the percentages being 70.3 and 92.8 respectively. Inheritance marriage was most commonly practiced harmful tradition in Gewane (57.1 percent). Generally the practice of harmful traditional practice was low in Diredawa, and relatively rape is most commonly practiced than other types. See Table 36.

Ranges of Harmful traditional practices have been mentioned by key informants and FGD discussants. Some most frequently mentioned practices were: female genital mutilation (FGM), early marriage, polygamy, rape, "Warsa", taking the older brothers' wife after his death, abduction, unmated marriage *(Yalacha Gabicha)*, "Suna", to force a teenage girls to get married with a person much older than her, arranged marriage only with the interest of parents, rape step children (Borena). In Borena, there is a tradition that is accepted by a local law called *"Jala Jaltu"*, a tradition that after one's wife gave to a birth, the husband would not have sex with his wife for 2-3 years at which period he is allowed to have sex with other women.

Reasons for practicing harmful traditional practices include Cultural/traditional reasons (57.0 percent), Sexual pleasure (22.7 percent), to make money (10.8 percent), as well as religious and other reasons. See Table 37.

Though the responses why communities practice HTPs were diverse among qualitative study participants in different places, all findings suggest that communities perform those practices willingly since they were part and parcel of their culture. At times, those who refused to do so (Ex parents that have uncircumcised female child & someone without *"Jala Jaltu"*) were considered as unlawful/not obeying the community law.

4.7.1 Status of female circumcision

Great majority (94.2 percent) of the respondent females were circumcised. There was no significant difference in rate of circumcision among the different studies areas and among marital status types. Religious wise, the highest rate was in respondent followers of Wakefeta where all of them are circumcised, the lowest report being Orthodox (84.9 percent). With increasing level of education, the percentage of respondents who were circumcised in each group showed a declining trend somehow linear fashion, from the highest percentage of illiterate (97.3 percent) to the lowest percentage of those educated above secondary (79 percent). Ethnically, more than 96 percent of the Oromos, Somalis and afar are circumcised while 82.2 percent of Amhara did it. Age group didn't show a major difference in the rate of circumcision. Table 38.

4.7.2 Daughter's status of circumcision

The female respondents were asked to tell about their daughters' status of circumcision, and the finding showed that 28.9 percent of them had their daughters circumcised compared to the baseline data of 46.6 percent. The highest percentage of daughter's circumcision was reported in Gewane (52.8 percent) followed by Moyale (50.8 percent). Similarly, the highest report was religiously by followers of Wakefeta (60.9 percent), in terms of educational level, those who attended non formal education (36.5 percent), ethnically the Afar (60.6 percent) and by age group those older than 50 years (76.2 percent). See Table 39.

Almost all the study participants agreed that FGM is decreasing since the community now understood that FGC practice is very barbaric and in some places FGM became a legally prohibited act. For such reason, community started to fear. For ex, adult female participants in Gewane said that they were no more in the practice of FGM since it was prohibited by "sheria", a religious law.

Some suspects that there might be few people who practice FGM secretly. A male youth FGD participant said that once his mother had encountered an individual, a female, practicing FGM and she took the individual to the woreda court and got penalized.

According to married men discussants in Haromaya, revealed that there was a new rule that punishes families who made FGM on their babies; according to the participants the financial punishment was 500 Ethiopian birr about 50 USD. However, few married male FGD participants believed that FGM

should not be stopped by putting a justification that uncircumcised women will have increased sexual feeling that will make them more vulnerable to HIV.

4.7.3 Intention to circumcise daughters

Percent of female respondent intending to circumcise their daughter/s were found to be 17.5 percent, lower than the baseline of 27.1 percent. More than three quarters (77.6 percent) do not have the intention to circumcise while 5.9 percent didn't decide. The intention was highest in Moyale (48.1 percent) and lowest in Awash 93.1 percent). Similar high intention was shown among Wakefeta (61.5 percent), the Oromo (20.4 percent) and age group 14-29 years (21.7 percent) compared to their respective demographic groups. See Table 40.

Almost in all the group discussions it was raised that FGM is not accepted both from the religion as well as the legal point of view. Since some people thought that FGM is supported by the religious doctrine; religious organizations have to work more on this area. There were also some who thought that FGM is culturally acceptable act. Still some argued that there were people who are making money out of FGM. FGD participants in Moyale woreda mentioned that FGM is still being practiced since some religions did not work against rather support FGM.

4.7.4 Health risk of female circumcision

About seventy eight (78.1 percent) of respondents believe that female genital cutting (FGC) has health risks. It was only about half of the respondents who had such belief during the baseline. This belief is most common in Haromaya (94.9 percent) and lowest in Moyale (46.3 percent). Both Female (78.0 percent) and Males (73.9 percent) believe that there is health risk associated with female circumcision. In terms of religion, the degree of such belief was highest among Orthodox (91.3 percent) and lowest among Wakefeta (35.7 percent). Similarly those educated up to Grade 5-8 (89.2 percent) share the belief. Ethnically, significant majority of Amhara (91.7 percent) belief on the health risk and Somali were found to have the lowest percentage (68.5 percent). See Table 41.

Qualitative study participants including religious leaders and key informants at community level mentioned the adverse effects of FGM. Pain due to the thread used to fasten genitals during FGM, poor marital relationship due to reduced sexual feeling and problem during labor and delivery (most go to operation to deliver) were among the consequences of FGM mentioned by participants.

4.8 Awareness on reproductive health rights

Among the twelve reproductive health rights, the most known to more than half of the female respondents were Right to life (68.1 percent), Right to marry or not (66.2 percent), Right to limit the number of children (62.3 percent), Right to have children and when to have (61.2 percent), Right to health care and protection (56.4 percent) and Right to have select mate (54.8 percent). The percentage of female respondents who have awareness about the other reproductive health rights was lower than 50 percent.

There is an average increment of 17.6, compared to the baseline data, in degree of awareness about the twelve reproductive health rights, which is indicative of good level of improvement. See detail in Table 42.

Roles and responsibility of Women and men in the family and community

Roles and responsibilities of women and men have been found different between urban and rural and across the different woredas where the qualitative study was conducted. Women FGD participants in Dire Dawa responded that roles and responsibilities of men in the family and community were the same. However, previously male supremacy was practiced among the community. Currently, though men most of the time play a big role in income earning activities, both male and female are responsible for it. Similar findings from other woredas revealed that men were bread winners and heads of household.

FGD participants Haromaya and Moyale woredas reported that the reason why women are responsible for domestic chores including raising children while men have responsibility for agricultural activities was due to the fact that women are not allowed to work on agricultural
activities because of cultural norm.

Decision making role

Most unmarried youth FGD participants in urban areas described that decision making is done only by men. On the contrary, married women participants said that nowadays decisions in the household are made by both since both earn income for their living. According to a respondent from Gewane, in Afar especially in rural areas most of the time men do not accept the ideas from women.

A Borena respondent mentioned that the burden is on women. Search for fire wood, sell grains, construct houses, fetch water from far places, milking and selling it in the market, caring for babies, are roles of women and farming, watch the security of family and the surrounding, looking after the cows in the field is the responsibility of men.
Some respondents mentioned that men do not have much to do and they spent their time by chewing chat. Generally the farm and cattle issues (outside the house issues) are responsibilities of the man but the household issues (inside the house issues) are for the women and the roles are culturally given by the community itself but have to be eradicated. Some believe that the roles are given by the men.

Fairness in relation to men and women roles and responsibilities:

The participants in all groups except married men in Gewane area believed that role and responsibility that men and women held both at family and community level is unfair. Most community members believe that women are not skilled as men are.

Additionally, married women in Diredawa blamed themselves for unfairness in the division of roles and responsibilities among men and women. They explained that they do not put into practice gender equity in their household. Currently, women association helped women to live by their own income (girl's empowerment), education for girls, trainings and arranging credit services for women.

Women engagement in economic activities:

Married women have stated that women are engaged in income generating activities such as preparing and selling dairy products, selling contraband goods and selling Chat. In general women are the main bread winners in the household in their community. Adult male participants in Afar area reported that women involvement in economic activities has now become common.

Gender role changed/continued

Roles and responsibilities that men held are still existent though changes have been observed. They attributed the continued roles and responsibilities assignment to the religion and cultural influence and due to the reason that some women have accepted their roles and responsibilities from the religion point of view and would likely to be continued in the same way.

Gender issues and women empowerment

Married women participants in Diredawa town revealed that there is an NGO called ACCORD that has been addressing issues of civil and child rights, ownership and women rights in the community. According to them, about 40 Idirs that work with ACCORD had each about 20 women members.

Still married female participants in Afar area claimed that they were benefited from an education they were given on gender equity and domestic violence. Most didn't hide that CARE Ethiopia had been engaged in teaching activities on women rights issues on top of the education given by Kebele administration and women affairs on women empowerment and encouragement to go to school.

Rights to mate selection

Right to select a mate was found different between woredas and respondents. Married discussants said that males/Females have a right to select his/her mate while unmarried youth male in Borena and Haromaya said besides self; parents too have responsibility for mate selection. They also indicated that males have the right to select their mate though the final decision is made by parents. On the other hand married male and female in Gewane area said parents have responsibility for mate selection for their children.

Sex before marriage:

All discussants in Borena woreda and Diredawa town believed that both young girls and boys can practice sex before marriage, though it is most common practice among boys. Participants claimed previously sex before marriage in Borena's culture was not practiced and unacceptable too. On the other hand practicing sex in Haromaya is culturally prohibited in their community. Sex before marriage in Gewane is labeled as a sin locally known as "Haram"

Open discussion about sex issues with family members:

FGD discussants in Borena and Diredawa explained that due to cultural taboo, sex matters are not discussed among the family members. However, young people are comfortable to discuss about sex issues with their peers/friends since they do not feel ashamed to talk about it. Unmarried women and men participants in Haromaya reported that open discussion on sex matters with family members is uncommon. However, discussion on sex issues has become common between couples and mother and their daughter after Health Extension Workers started home visiting and teaching about reproductive health topics.

In Gewane, youth FGD participants said that they talk about HIV/AIDS with their mothers and also their parents' advice them to protect themselves from HIV. In the same area, Married male participants discuss of sex matters openly with their sons while females don't talk due to cultural barrier.

5.0 FACILITY ASSESSMENT

Major thematic areas identified for the facility assessment were information system, infrastructure, equipment, family planning, infection prevention and record keeping and supervision. Data was collected from all health centers in the survey area (see table below) using a tool similar with the base line survey.

All registers in the assessed health centers were found complete and up to date, However, information collected in Gewane and Tuka health centers did not accurately reflect a specific client. All assessed health centers except Sabian HC in DireDawa did not have easily available clinical guidelines for FP methods and provision of STI management whenever it is needed to refer or consult.

Recorded routine HIV testing, integration of ANC with VCT and referral service where needed were all available in these health centers except Tuka of Moyale woreda. However, those health centers that were integrating ANC with HCT couldn't produce a statistics for the year preceding the end line survey. Health centers other than Haromaya and Tuka had received referrals from Community based volunteers (CBRHAs and TBAs) in the year prior to the end line survey. However, two health centers in DireDawa (Sabian & Biyan Walle) had attended a referred case in the past one year.

All assessed health centers except Tuka (Moyale woreda) had an adequate room for VCT. However, VCT service in Haromaya and Biyan Walle health centers had a privacy problem since it was being rendered with other services in the same corridor. Ex. In Biyan walle health center VCT service was in the same room with TB program.

Even if an operation theater (sterilization, air flow, light, hand washing) is available for Sabian HC it is not functional. The same was true for Labor and delivery. Examination room in Haromaya and Tuka health centers lacked privacy no curtain during pelvic examination.
Haromaya HC didn't have full theater but they had hand wash basin and unlike Tuka HC Labor and delivery rooms were separate but were found dirt and not well ventilated though windows were present.

Haromaya HC reported that Autoclave, Uterine evacuation instruments, Neonatal resuscitation pack, and vaginal speculums were available but not observed during visit. The equipment store for both Tuka and Haromaya Health centers was found too small and overcrowded. Even if Tuka possessed all the above equipments they were all not functional.
Assessing method mix of Contraceptive commodities, OCP, Injectables and Condoms were all found available in all health centers. Long term Contraceptive methods like IUCD was only available in Sabian HC in DireDawa others reported the unavailability of IUCD in the health center. Implanon (Jadelle) availability was reported by the two health centers assessed in DireDawa and Gewane health centers. As it may be expected, Permanent FP methods such as Tubal ligation and Vasectomy service were not available.

Of the family planning methods the health facility offers, all health centers except Gewane and Tuka reported that there was sustained and adequate supply of FP commodities. Stock out for RH supplies including Family planning has never been reported by the Health centers. All Health centers except Tuka were rendering a VCT service at the time of the assessment.

Zonal health departments secure adequate and sustained supplies for FP drugs and supplies. In some cases like in Gewane and Fentale health centers, NGOs participate in the provision of FP Commodities. Other RH related services rendered by these health centers were: Counseling and gender related education (Sabian HC), VCT, EPI, TT and PICT provision through community mobilization, out reach program and school health (Haromaya) and PICT, VCT and PMTCT counseling (Gewane).

Biyan Walle, Tuka and Fentale Health centers had written infection prevention guidelines in place to be referred by the staff. However, not all staff members in all health centers know about infection prevention.

Past and present health statistics, client record and medical record including FP registers were properly compiled and kept in all assessed health centers. As expected, Sabian and Biyan walle health centers in Dire Dawa directly report to the Regional health Bureau. Other health centers report the health statistics to the Zonal level on monthly basis. Feedback mechanisms were found irregular for all health centers. All reported that there was no proper written form except that seldom oral feedbacks were given. Generally supportive supervision was found either nonexistent or not pre-planned. For instance, health centers like Sabian, and Fentale had never been given a supportive supervision. Biyan walle HC reported that there was supervision for some of the health programs like VCT, laboratory quality and Tuberculosis. See Table 43 and 44 for more detail.

6. EFFECTIVENESS OF THE PROJECT M&E SYSTEM

Though it was difficult to review the complex work of the project effectiveness in such short period of time, the consultant team attempted to review the project M& E system and Performance measurement framework (PMF) based on the available records and formats in the project office. Accordingly, log frame work was the comprehensive mother document with well tallied and identified outcomes, output and indicators. Periodic performances were followed and measured by an established performance measurement framework that clarifies data source, means and frequency of data collection for each outcome indicator. Sub-annual and annual reports were produced on yearly basis. All data presentation methods in the report were designed to be disaggregated by sex with in each relevant indicator.

7. LESSON LEARNT

- Holistic approach both at individual and institution level and high participation of the Community members at grass root level ensures behavior change communication that promotes and facilitates SRH service utilization.
- Capacity building, Networking and integration of groups and individuals are key opportunities to get intended results of a project.
- Motivation and recognition of high performing actors creates a competing environment for community mobilization activities.
- Success is always inevitable if problems of and interventions for un-reached, vulnerable and eager segments of the community are well identified and designed.

8. CONCLUSIONS

- **Effectiveness:**
  - The end line survey demonstrated that most of the indicators put in the project monitoring and evaluation planning matrix especially towards knowledge, attitude, and practice towards preventive activities (IR 6), service utilization, changing of sexual behavior towards HIV/AIDS have all improved and supported by qualitative findings.
  - Women empowerment in decision making processes and their involvement in SRH right issues, abolishing HTPs and the involvement of men in SRG issues (objective 3, IR, IR9 and IR 10) of the project haven been well demonstrated on both quantitative and qualitative endline survey results For instance, the CPR of 41 percent in the baseline have been improved to 79% and Life time TFR for the whole project dropped to 4.4 child/woman that was 5.5 at baseline.
  - Qualitative results have shown that a major reduction in traditional malpractices in their areas especially that of Female genital cutting. Quantitatively, the proportion of men and women respondents who believed that FGC has major health risks has remarkably increased during the endline survey. Also the proportion of respondents whose all were circumcised declined to 29% from a baseline of 46%. However, there were still a concern of FGC in areas like Moyale especially with wakefeta religion followers where FGC is still a prevailing problem
  - Focus group discussions and Key informant interviews proved that SRH information and services have been reached to the kebele level through the collaboration with and building the Capacity of CARE Ethiopia to the Community level health workers and volunteers like Health Extension workers and CBRHAs
- **Relevance:** The project was relevant and was inline with national policies and strategies. Especially the interventions in the current project are in line with all of the eight MDGs with an explicit focus on the third, to promote gender equality and empowerment of women, the fifth, improving maternal health, the sixth, Combating HIV/AIDS and

malaria and other diseases and the eighth development of a global partnership for development.

- **Adequacy:** The designed project was comprehensive except that three years is relatively short to see some of the impacts of the interventions.
- **Efficiency:** However a detailed efficiency assessment need the inputs of other stakeholders in the area, gross assessment of sub-annual and annual report revealed that activities underwent according to their pre-planned period of time and the proportion of budget utilization for each the Intermediate result was with in the limit of the planning. Ex. in Oromia region budget utilization assessment revealed that each of the ten Intermediate results utilized with in the intended share of budget during the planning
- **Impact:** Partners and beneficiaries expressed their view that the program has improved the quality of life of individuals and the general socio economic development of communities in the project sites.

9. ANNEXES

Table 1.Percentage distribution of background characteristics of the study population, June 2009,

Characteristics	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	Total
Sex							
Male	48.5	46.1	48.4	46.6	50.0	50.4	48.3
Female	51.5	53.9	51.6	53.4	50.0	49.6	51.7
N	899	421	314	560	216	697	3107
Age group							
0-14	0.2	0.2	0.3	0.0	1.4	6.7	1.8
15-29	42.9	40.9	45.2	42.2	61.1	49.8	45.6
30-49	51.9	40.9	43.6	52.7	32.4	34.6	44.4
50+	5.0	18.1	10.8	5.1	5.1	8.9	8.3
N	893	421	314	548	216	697	3089
Head	44.4	48.1	43.7	50.1	41.2	28.6	42.1
Spouse	45.4	42.5	43.4	42.9	41.2	25.1	39.5
Son/daughter	8.7	7.7	13.0	6.3	13.0	40.8	16.0
Grand child	0.6	0.5	0.0	0.4	0.5	1.9	0.7
Other relative	0.7	0.9	0.0	0.4	2.8	2.9	1.2
Non relative	0.2	0.2	0.0	0.0	1.4	0.9	0.4
N	900	428	316	555	216	697	3112
Religion							
Muslim	99.6	88.9	82.3	60.0	93.4	41.2	75.8
Orthodox	0.3	5.2	4.1	39.0	6.1	52.1	20.3
Wakefeta	0.0	3.3	13.6	0.0	0.5	0.0	1.9
Protestant	0.1	1.4	0.0	0.7	0.0	5.1	1.5
Catholic	0.0	1.0	0.0	0.4	0.0	0.4	0.3
Other	0.0	0.2	0.0	0.0	0.0	1.2	0.3
N	899	422	316	557	213	691	3098
Ethnicity							
Oromo	98.4	94.4	89.6	71.0	0.5	26.0	69.2
Amhara	0.6	0.5	0.3	28.1	14.4	37.4	14.6
Afar	0.0	1.4	2.2	0.4	80.1	0.2	6.1
Somali	0.0	1.4	2.2	0.5	3.2	24.2	6.9
Other ethnic groups[2]	1.0	4.3	7.7	10.0	1.8	12.2	3.2
N	898	426	316	559	216	685	3100
Marital status (Age >=14)							
Married	87.6	84.4	85.0	87.1	81.9	61.5	80.6
Single	9.0	9.5	12.5	9.8	13.5	32.7	15.1
Divorced	0.8	2.1	0.3	1.3	4.2	3.1	1.8
Widowed	2.7	4.0	2.2	1.8	0.5	2.8	2.5
N	893	423	313	543	215	680	3067
Marriage type							
Monogamous	95.0	85.9	79.0	93.8	87.5	92.0	90.7
Polygamous	4.6	12.5	17.5	5.2	9.2	4.6	7.6
No response	0.4	1.5	3.5	1.0	3.3	3.4	1.7
N	821	391	285	516	184	460	2657
Headship rate							
Male headed	95.9	81.7	94.5	93.0	90.1	77.4	89.5
Female headed	4.1	18.3	5.5	7.0	8.9	22.7	10.6
N	419	419	145	272	91	234	1374

2 Guraghe, Tigre, and others

Table 2a: Percentage distribution of educational status of surveyed population aged 7 years and over by Woreda, June 2009

Educational level	Ha romaya		Moyale		Awash Fentale	Tullo		Gewane		Diredawa		Total		
	M	F	M	F	M	M	F	M	F	F	M	F	M	F
Illiterate	60.2	78.1	60.5	76.7	79.6	19.3	23.7	50.9	62.2	86.3	47.3	51.7	66.0	75.5
Non formal	4.4	2.6	3.2	1.8	0.7	1.7	6.3	4.8	4.6	0.6	10.0	9.9	12.3	5.7
Grade 1-4	9.4	9.8	11.6	8.8	9.9	11.5	13.8	10.2	10.6	7.5	11.5	14.3	3.8	1.9
Grade 5-8	17.9	6.3	13.7	8.4	4.6	22.2	24.9	17.7	13.0	5.6	24.2	18.4	12.3	11.3
Grade 9-12	6.2	3.0	6.3	3.1	4.6	25.9	23.4	10.3	7.5	0.0	5.8	5.4	2.8	3.8
Grade 12+	1.8	0.2	4.7	1.3	0.7	19.3	7.8	6.1	2.1	0.0	1.2	0.3	2.8	1.9

Table 2b: Percentage distribution of educational status of respondents by Woreda, June 2009

Educational level	Haromaya		Moyale		Awash Fentale		Tullo		Gewane	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Illiterate	100	82.3	47.1	79.3	66.7	92.9	16.7	52.7	100	75.9
Non formal		2.9		1.8		0.0		9.93		5.8
Grade 1-4	0.0	8.5	5.9	7.4	0.0	2.9	16.7	14.0	0.0	1.2
Grade 5-8	0.0	4.4	47.1	7.4	16.7	4.3	50.0	18.5	0.0	11.5
Grade 9-12	0.0	1.9	0.0	2.2	16.7	0.0	16.7	4.5	0.0	4.6
Grade 12+	0.0	0.0	0.0	0.9	0.0	0.0	0.0	0.3	0.0	1.2
N	7	412	17	217	6	140	6	292	2	87

Educational level	Diredawa		Total	
	Male	Female	Male	Female
Illiterate	25.0	33.3	52.2	69.0
Non formal	0.0	7.8	0.0	4.9
Grade 1-4	0.0	9.4	4.4	8.6
Grade 5-8	0.0	23.4	26.1	11.1
Grade 9-12	25.0	17.7	8.7	4.9
Grade 12+	50.0	8.3	8.7	1.5
N	8	192	46	1340

Table 3: Livelihood of studied households by Woreda, June 2009

	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	Total
Average monthly income in Birr							
Urban							
Rural							
Urban + rural	2500.0	280.2	545.3	1571.2	595.7	742.0	795.1
Average farm land in hectare (rural)	1.04	1.43	0.91	2.13	1.62	2.84	1.65
Domestic animals							
Oxen	0.39	0.42	0.99	0.90	1.23	0.34	0.61
Bull	0.13	0.32	0.46	0.36	0.11	0.10	0.23
Cow	0.75	2.28	3.35	0.85	4.55	0.47	1.48
Heifer	0.28	0.27	1.19	0.40	0.11	0.07	0.35
Calf	0.42	0.76	1.81	0.44	1.50	0.14	0.65
Donkey	0.25	0.25	1.03	0.22	0.15	0.46	0.36
Camel	0.02	0.27	3.43	0.19	1.45	0.26	0.59
Goat	0.18	2.55	11.34	1.23	9.95	1.53	0.34
Sheep	0.57	0.87	4.83	1.01	10.30	0.84	1.87
Poultry	2.0	0.73	0.53	2.74	0.14	1.02	1.52

Table 4: Percentage distribution of background characteristics of individual respondents by Woreda, June 2009

	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	Total
Sex							
Male	1.7	7.3	4.1	2.3	2.2	4.0	3.4
Female	98.3	92.7	95.9	97.7	97.8	96.0	96.6
Broad age group							
15-29	50.5	55.6	53.1	59.5	72.2	36.8	53.0
30-49	45.9	35.9	42.2	36.8	26.7	55.2	42.0
50+	3.6	8.6	4.8	3.7	1.1	8.0	5.1
Marital status							
Married	93.6	80.2	89.0	80.6	93.3	85.0	86.8
Single	1.4	10.3	8.2	14.3	4.4	5.5	7.2
Divorced	0.7	3.5	0.0	2.4	2.2	4.0	2.0
Widowed	4.3	6.0	2.7	2.7	0.0	5.5	4.0
Religion							
Muslim	99.5	88.8	81.0	59.1	94.4	44.5	78.8
Orthodox	0.2	5.2	4.1	39.9	5.6	49.0	17.4
Other religion3	0.2	2.6	0.0	1.0	0.0	6.5	1.7
Wakefeta	0.0	0.0	15.0	0.0	0.0	0.0	2.2
Educational level							
Illiterate	82.6	77.0	91.8	52.0	76.4	33.0	68.5
Non formal	2.9	1.7	0.0	9.7	5.6	7.5	4.7
Grade 1-4	8.4	7.2	2.7	14.1	1.1	9.0	8.4
Grade 5-8	4.3	10.2	4.8	19.1	11.2	22.5	11.6
Grade 9-12	1.9	3.0	0.7	4.7	4.5	18.0	5.0
Grade 12+	0.0	0.9	0.0	0.3	1.1	10.2	1.7
Ethnicity							
Oromo	98.1	96.2	91.2	70.9	1.1	32.2	75.4
Amhara	0.7	0.9	0.7	27.5	18.7	37.2	12.9
Afar	0.0	1.3	0.7	0.3	78.0	0.0	5.5
Other ethnic group	1.2	1.6	7.4	2.3	2.2	30.6	6.2
Occupation							
Farmer	14.4	13.4	10.2	17.9	2.3	32.7	16.4
Pastoralist	0.5	17.8	53.1	0.0	11.4	0.0	9.5
Merchant	3.4	2.6	2.7	4.3	4.6	8.0	4.1
House wife	80.1	32.5	27.9	65.9	64.8	35.7	56.2
Government employee	0.0	0.9	2.0	1.0	8.0	7.0	2.1
Private employee							
Student	1.4	10.8	2.0	8.9	0.0	3.5	4.9
Daily laborer	0.2	7.4	0.0	1.0	2.3	9.6	3.0
Not working (Job seeker)	0.0	13.9	2.0	1.0	5.7	3.0	3.5
Other occupation	0.0	0.9	0.0	0.0	1.1	0.5	0.3
N	**419**	**234**	**146**	**304**	**91**	**201**	**1395**

Table 5: Percent of respondents heard about modern family planning methods by Woreda and sex of respondents, June 2009

	Heard about modern family planning methods	Never heard about modern family planning methods	N
Haromaya			
Male	100.0	0.0	7
Female	100.0	0.0	412
Total	99.5	0.46	436
Moyale			
Male	94.1	5.9	17
Female	94.5	5.5	217
Total	93.9	6..1	247
Awash Fentale			
Male	83.3	16.7	6
Female	70.7	29.3	140
Total	69.7	30.3	155
Gewanie			
Male	0.0	100.0	2
Female	68.5	31.5	89
Total	68.7	31.3	99
Tullo			
Male	100	0.0	5
Female	93.7	6.3	284
Total	93.9	6.1	294
Dredawa			
Male	85.7	14.3	7
Female	89.3	10.7	187
Total	89.3	10.7	215
The whole project area			
Male	88.6	11.4	44
Female	91.1	9.0	1329
Total (End line)	**90.6**	**9.4**	**1446**
(Baseline)	**82.2**	**8.8**	**1806**

Table 6: Percent of respondents who know contraceptive methods by sex and Woreda, June 2009

	Pills	Condom	Injectables	IUCD	Norplant	Tubal ligation	Vasectomy	N
Haromaya								
Male	100	100	28.6	14.3	14.3	0.0	71.4	6
Female	99.0	98.1	22.3	31.6	8.5	5.3	82.8	412
Total	99.1	98.2	23.0	32.0	9.2	5.8	82.3	434
Moyale								
Male	100	81.3	12.5	18.8	25.0	12.5	43.8	16
Female	90.2	87.8	4.4	27.8	2.9	1.5	30.7	205
Total	91.0	87.1	5.2	26.3	4.7	2.2	31.5	232
Awash Fentale								
Male	60.0	100	0.0	40.0	0.0	0.0	20.0	5
Female	61.6	96.0	15.2	54.6	5.1	2.0	13.1	99
Total	60.2	96.3	15.7	53.7	5.6	1.9	13.0	108
Tullo								
Male	40.0	40.0	0.0	60.0	0.0	20.0	0.0	5
Female	94.8	96.3	14.6	18.7	12.0	8.6	39.0	267
Total	93.9	95.3	15.2	19.5	11.6	8.7	37.9	277
Gewanie								
Male	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Female	77.1	65.6	4.9	14.8	3.3	1.6	6.6	61
Total	79.4	64.7	4.4	14.7	2.9	1.5	5.9	68
Diredawa								
Male	100	66.7	33.3	50.0	0.0	0.0	33.3	6
Female	77.7	83.1	33.7	29.5	9.6	7.2	31.3	166
Total	80.1	83.8	33.5	30.9	10.0	6.8	31.4	191
The whole project area								
Male	87.2	79.5	15.4	30.8	12.8	7.7	38.5	39
Female	89.5	92.1	17.7	28.8	7.9	5.2	47.7	1210
Total (End line)	**89.5**	**91.6**	**18.2**	**29.1**	**8.4**	**5.3**	**46.8**	**1310**
(Baseline)	**85.4**	**45.5**	**83.5**	**25.5**	**31.6**	**16.4**	**15.6**	**1620**

Table 7: Percent of respondents by source of information about family planning methods by Woreda and sex, June 2009

	Health facility	Radio	CBRHA	TBA	Friends/ peers	Spouse/ Sexual partner	N
Haromaya							
Male	100.0	42.9	100.0	0.0	0.0	0.0	7
Female	94.2	25.5	94.2	3.2	19.5	5.8	412
Total	**94.5**	**26.0**	**93.8**	**3.2**	**19.2**	**5.5**	**434**
Moyale							
Male	18.8	18.8	81.3	0.0	26.7	0.0	16
Female	63.9	20.8	57.4	10.5	9.5	2.0	201
Total	**58.8**	**20.2**	**58.3**	**9.3**	**12.0**	**1.8**	**228**
Awash Fentale							
Male	80.0	40.0	60.0	20.0	0.0	0.0	5
Female	75.8	46.5	62.6	36.4	14.1	10.1	99
Total	**74.1**	**46.3**	**62.0**	**35.2**	**13.0**	**9.3**	**108**
Tullo							
Male	60.0	100.0	80.0	0.0	0.0	0.0	5
Female	88.0	52.4	67.0	6.0	3.8	4.5	267
Total	**87.7**	**52.7**	**68.2**	**5.8**	**4.6**	**4.3**	**277**
Gewanie							
Male	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Female	63.9	39.4	62.3	0.0	6.6	8.2	61
Total	**58.8**	**36.8**	**64.7**	**1.5**	**5.9**	**7.4**	**68**
Diredawa							
Male	83.3	33.3	50.0	0.0	16.7	0.0	
Female	77.7	54.2	30.7	3.6	12.7	8.4	166
Total	**76.8**	**55.3**	**30.0**	**3.2**	**13.7**	**7.4**	**190**
The whole project area							
Male	56.4	38.5	76.9	2.6	14.7	0.0	39
Female	82.4	37.0	69.1	7.6	13.6	5.7	1206
Total (End line)	**80.7**	**37.2**	**68.5**	**7.4**	**14.0**	**5.3**	**1305**
Baseline	**64.3**	**64.4**	**46.8**	**21.4**	**43.4**	**28.5**	**1620**

Some individuals have not reported their sex!! and hence missing from sex-specific summary

Table 8: Percent of respondents by ever use and current use of family planning methods, and birth spacing and total fertility rate by Woreda, June 2009

	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	**Total (endline)**	**Total (Baseline)**
Percent of respondent ever used any method of family planning	N=432	N=224	N=107	N=276	N=68	N=190	**N=1297**	
	53.9	23.2	38.3	81.2	48.5	67.9	**54.9**	**26.4**
Pills	33.3	53.7	23.8	36.7	30.3	41.9	**36.8**	**47.6**
IUCD	0.43	0.0	0.0	5.8	0.0	2.3	**2.4**	**5.7**
Injectables	91.9	70.3	88.1	90.7	75.8	62.8	**83.7**	**71.8**
Condoms	0.43	20.4	2.4	5.8	0.0	2.3	**4.0**	**16.8**
Tubal ligation	0.9	1.9	0.0	4.0	0.0	1.6	**2.0**	**3.6**
Norplant	10.6	7.4	0.0	12.4	3.0	8.5	**12.4**	**4.4**
Percent of respondents who are currently using family planning method	N= 430	N= 227	N = 108	N= 273	N=68	N= 187	**N= 584**	**21.8**
	42.3	14.5	25.9	76.6	36.8	56.2	**45.0**	
Pills	3.8	30.3	21.4	31.9	36.0	23.8	**21.2**	**17.3**
IUCD	0.0	3.0	0.0	5.3	0.0	1.9	**2.4**	**3.7**
Injectables	80.3	69.7	85.7	86.7	72.0	62.9	**78.8**	**41.1**
Condoms	0.0	9.1	0.0	5.2	0.0	2.9	**2.9**	**6.2**
Tubal ligation	0.6	0.0	0.0	5.2	0.0	0.0	**2.1**	**1.6**
Norplant	15.3	12.1	0.0	15.3	0.0	8.6	**12.5**	**2.8**
Average birth spacing (mean : SD)	2.57(1.3)	2.72(2.2)	2.55(1.3)	3.18(1.8)	2.18(1.8)	4.68(4.4)	2.98(2.4)	
Second/first baseline	2.5	3.2	3.4	2.8	NB	NB		
Total number of females aged between 15 and 49	**441**	**204**	**154**	**280**	**104**	**296**	**1479**	
Ever given birth? (Q213) (% is from the respondents)	380	193	130	255	83	161	1201	
	(94.3%)	(88.9%)	(92.9%)	(92.4%)	(93.3%)	(88.5%)	(92.0%)	
Number of children ever born (Q214)	**1956**	**885**	**540**	**1205**	**262**	**607**	**5455**	
Lifetime fertilit (End line)	**4.435374**	**4.338235**	**3.506494**	**4.303571**	**2.519231**	**2.050676**	**3.688303**	
Second/first Baseline)	**5.5**	**5.7**	**3.5**	**4.5**	**5.3**	**(3.1, 6.8)**	**??**	
No of children born in the last 12 months	**127**	**62**	**39**	**61**	**68**	**51**	**408**	
Fertility in last 12 months	**0.287982**	**0.303922**	**0.253247**	**0.217857**	**0.653846**	**0.172297**	**0.275862**	
TFR4								

4 TFR is calculated using Brass technique of indirect estimation of fertility based on information about children ever born, Manual X-Indirect Techniques for Demographic Estimation, UN,1983

Table 9: Percent of respondents who reported reasons for not using contraceptive methods by sex, Woreda, marital status and religion, June 2009

	Lack of knowledge	Lack of access	Fear of side effects	Cultural factors	Forbidden by religion	Spouse disapproval	Don't want for now	N
Sex								
Male	23.5	0.0	5.9	5.9	0.0	0.0	52.9	17
Female	4.2	2.6	3.4	8.6	9.3	7.7	63.3	614
Total	4.7	2.5	3.5	8.6	9.0	7.5	63.0	631
Woreda								
Haromaya	0.8	0.0	1.2	0.4	0.8	8.6	87.2	245
Moyale	3.9	2.6	1.3	12.4	7.8	5.2	66.0	153
Awash Fentale	16.5	6.3	8.9	13.9	15.2	7.6	55.7	79
Tullo	3.5	6.0	11.5	16.1	10.3	8.1	9.2	87
Gewanie	4.4	4.4	0.0	17.8	33.3	8.9	55.6	45
Diredawa	7.8	0.0	0.0	3.9	17.7	3.9	48.1	51
Total (Endline)	**4.6**	**2.6**	**3.3**	**8.4**	**9.0**	**7.3**	**63.0**	**660**
(Baseline)	**22.9**	**9.4**	**13.3**	**NB**	**NB**	**NB**	**51.6**	**1137**
Marital status								
Married	4.1	2.8	4.2	9.3	9.8	8.5	64.4	532
Single	9.3	2.3	0.0	4.7	2.3	0.0	53.5	43
Divorced	6.3	0.0	0.0	12.5	12.5	6.3	37.5	16
Widowed	7.9	0.0	0.0	2.6	2.6	0.0	68.4	38
Total	4.8	2.6	3.5	8.6	8.9	7.3	63.2	629
Religion								
Muslim	4.6	2.6	3.7	9.2	9.8	7.2	65.1	542
Orthodox	3.6	3.6	0.0	5.5	7.3	10.9	36.4	55
Other religion	0.0	0.0	0.0	10.0	0.0	10.0	61.5	13
Wakefeta	10.5	0.0	5.3	0.0	0.0	5.3	84.2	19
Total	4.6	2.5	3.3	8.6	9.1	7.5	63.1	629

Table 10: Percent of respondents intention to use family planning methods by sex, Woreda, marital status and religion, June 2009

	Have the intention to use	Do not have the intention to use	Haven't decided yet	No response	N
Sex					
Male	66.7	33.3			33
Female	77.6	22.4			1110
Total	77.3	22.8			1143
Woreda					
Haromaya	82.4	17.6			427
Moyale	67.1	32.9			216
Awash Fentale	63.0	37.0			100
Tullo	87.8	12.2			246
Gewanie	65.6	34.4			64
Dredawa	75.0	25.0			144
Total (endline)	**77.4**	**22.6**			**1197**
(Baseline)	**49.6**	**29.6**	**8.2**	**9.9**	**1137**
Marital status					
Married	80.0	20.0			995
Single	71.4	28.6			70
Divorced	54.6	45.5			22
Widowed	28.6	71.4			42
Total	77.1	22.9			1129
Religion					
Muslim	77.2	22.8			903
Orthodox	78.4	21.7			194
Other religion	77.8	22.2			18
Wakefeta	63.6	36.4			22
Total	77.1	22.9			1137

Table 11: Percent of female respondents' antenatal and post natal follow-up, place of delivery, and assistance during labor of the last pregnancy by Woreda, June 2009

	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	Total (Endline)	Total (Baseline)
Percent of respondents who received antenatal care (ANC) during the last pregnancy	N=431 50.1	N=212 47.6	N=150 39.3	N=279 51.6	N=94 56.4	N=198 52.5	N=1364 49.6	NB
Percent of respondents who received post natal care(PNC) during your last birth	N=102 85.3	N=56 66.1	N=49 81.6	N=127 83.5	N=21 76.2	N=83 94.0	N=438 83.1	NB
Percent of respondents who ever had unintended pregnancy	N=410 3.7	N=207 11.6	N=146 25.3	N=273 16.1	N=94 13.8	N= 188 11.2	N= 1318 11.7	NB
Where was the place of delivery of the last child	N=412	N=208	N=147	N=269	N= 93	N=183	N=1312	987
▪ At home	91.5	93.8	91.8	95.6	85.0	54.1	87.0	82.5
▪ Health facility	5.8	4.3	2.7	2.2	9.5	38.3	9.3	15.9
▪ Other place	2.7	1.9	5.4	2.2	5.4	7.7	3.7	1.6
Who assisted during the last delivery	N=402	N=209	N=143	N=271	N=93	N=173	N=1290	N=987
▪ Untrained traditional birth attendant (UTTBA)	38.8	54.6	72.0	69.4	18.3	36.4	49.7	44.8
▪ Trained traditional birth attendant (TTBA)	52.5	38.9	28.0	22.5	64.5	19.5	37.7	23.4
▪ Community health worker(CHW)	3.0	1.4	25.9	4.4	1.1	1.2	5.2	1.1
▪ Health Professional	7.5	5.3	5.6	5.5	9.7	32.2	10.0	17.7
▪ Other than the listed four groups	1.7	4.3	5.6	1.5	4.3	8.7	3.6	0.4
N								

Table 12: Percent of respondents' awareness on HIV/AIDS by Woreda, sex, and age, June 2009

	Have heard about HIV/ AIDS	Never heard about HIV/ AIDS	No response	N
Woreda				
Haromaya	99.5	0.5		435
Moyale	97.5	2.5		242
Awash Fentale	85.1	14.9		154
Tullo	95.7	4.3		302
Gewanie	95.9	4.1		98
Diredawa	99.2	0.9		235
All Woreda (endline)	**96.6**	**3.4**		**1466**
Baseline	**89.3**	**10.7**		**987**
Sex				
Male	93.3	6.7		45
Female	96.6	3.4		1333
Both Sexes	96.5	3.5		1378
Age				
14-29	96.7	3.3		734
30-49	96.9	3.1		577
50+	91.3	8.7		69
All Age	96.5	3.5		1378

Table 13: Percentage distribution of respondents' source of information about HIV/AIDS by Woreda, June 2009

Source of information about HIV/AIDS	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	**Total (Endline)**	**Total (Baseline)**
Radio	78.0	18.1	69.5	76.2	55.3	75.3	**64.9**	**79.3**
Peers	27.2	9.2	29.0	13.4	5.3	31.2	**20.7**	**NB**
Public gathering	48.5	27.7	55.0	54.0	73.4	50.2	**48.7**	**62.7**
Church /Mosque	15.3	15.2	12.2	15.1	5.3	12.6	**13.9**	**26.4**
Health professional	79.6	67.1	78.6	87.9	54.3	53.3	**73.2**	**51.4**
School	9.7	11.8	13.0	24.8	8.5	19.1	**15.0**	**27.4**
Family	3.9	3.8	16.8	9.7	7.5	11.3	**7.7**	**30.8**
Other source of info	15.1	21.0	6.1	1.7	8.5	19.4	**12.7**	**NB**
N	431	238	132	298	94	231	**1423**	**1653**

Table 14: Percentage distribution of respondents' knowledge on the transmission of HIV/AIDS by Woreda, June 2009

	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	**Total (Endline)**	**Total (Baseline)**
Unprotected sexual intercourse with many people	93.5	55.4	83.2	83.8	85.3	72.7	**80.2**	**74.5**
Using the same toilet seat as someone who is HIV positive	0.92	0.83	37.4	9.3	6.3	3.4	**6.8**	**19.2**
Sharing a house with an infected person	1.4	2.5	47.3	7.3	7.4	9.0	**8.6**	**23.7**
Mother to child transmission	42.3	33.6	85.5	79.5	72.6	53.0	**56.3**	**NB**
Infected blood transfusion	52.7	48.1	88.6	76.5	75.8	74.8	**65.3**	**NB**
Mosquito or other insect bites	0.7	2.1	44.3	2.7	9.5	9.8	**7.4**	**31.5**
Being coughed /sneezed on by someone who is HIV positive	0.7	5.8	35.1	4.0	2.1	0.4	**5.4**	**15.6**
Eating food/drink prepared by an HIV positive person	0.5	0.8	30.5	6.3	0.0	6.0	**5.4**	**14.2**
Shaking Hands of an HIV positive person	1.2	7.1	29.8	5.3	6.3	13.7	**8.0**	**13.5**
Sharing sharp materials (such as needles, razors)	97.2	60.6	91.6	94.7	87.4	82.1	**86.9**	**90.4**
sharing clothing /food/drink with an infected person	1.2	0.4	35.1	5.3	4.2	8.6	**6.4**	**23.7**
Sinful act/curse from GOD	15.7	0.4	15.3	5.0	37.9	17.2	**12.5**	**52.2**
Hugging with someone who is HIV positive	3.0	6.2	37.4	5.3	9.5	12.9	**9.2**	**17.0**
N	**433**	**241**	**131**	**302**	**95**	**233**	**1435**	**1653**

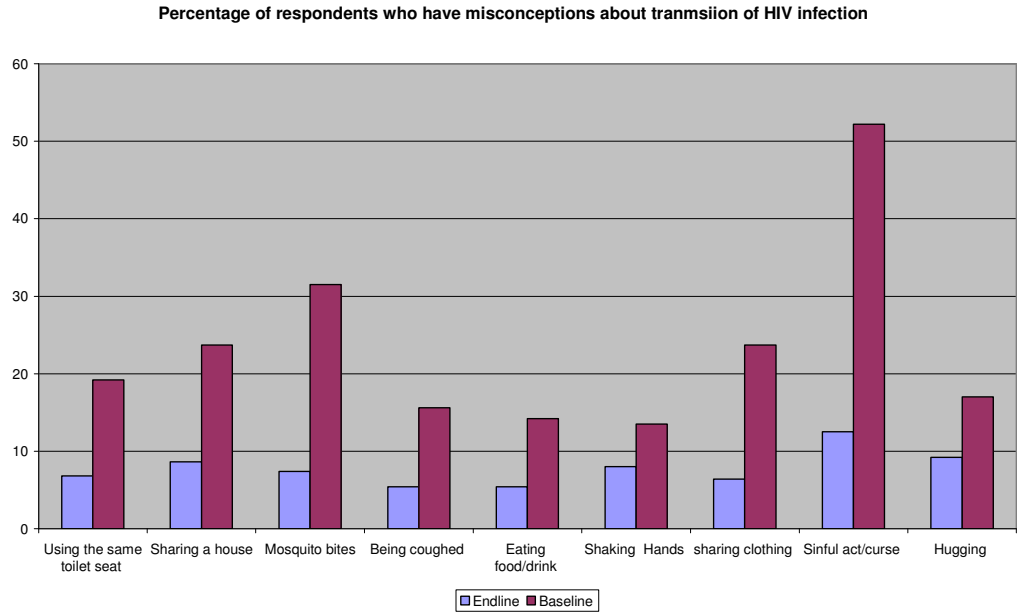
Percentage of respondents who have misconceptions about tranmsiion of HIV infection
60
50
40
30
20
10
0
Using the same toilet seat
Sharing a house
Mosquito bites
Being coughed
Eating food/drink
Shaking Hands
sharing clothing
Sinful act/curse
Hugging
Endline
Baseline

Table 15: Percentage distribution of respondents' knowledge on the prevention ways of HIV/AIDS by Woreda, June 2009

	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	**Total (endline)**	**Total (Baseline)**
Not have sex at all	56.6	43.3	85.3	82.4	70.2	87.1	**68.2**	**66.8**
Only have sex with people who look healthy	1.2	20.0	33.3	31.9	18.1	16.8	**17.4**	**30.0**
Use condoms every time having sex with non regular partner	18.5	20.0	75.2	71.4	48.9	47.4	**41.7**	**54.3**
Stay away from people who have HIV/AIDS	9.5	3.3	58.9	43.5	26.6	16.4	**22.3**	**50.2**
Not share piercing/ cutting instruments	54.0	17.2	79.1	63.5	62.8	60.1	**53.7**	**82.0**
Be faithful to partner /only have sex with one partner	88.2	38.8	79.8	76.1	81.9	68.7	**73.0**	**78.1**
Avoid sex with people who have many partners	19.4	5.8	68.2	56.8	46.8	48.7	**36.0**	**66.6**
Don't get blood transfusions	40.7	2.5	79.8	66.8	60.6	45.3	**45.4**	**68.3**
Use condoms with non regular sexual partners	49.0	43.8	78.0	65.5	53.2	53.0	**55.3**	**48.4**
A person can't do anything to keep from getting infected	0.5	2.1	20.2	20.3	6.4	10.8	**8.8**	**23.7**
N	**433**	**240**	**129**	**301**	**94**	**232**	**1429**	**1653**

Table 16: Percent of respondents who know a person living with HIV/AIDS in their community, June 2009

	Know/have seen a person living with HIV/AIDS	Doesn't know/have never seen a person living with HIV/AIDS	No response	N
Haromaya	1.6	98.4		435
Moyale	9.7	90.3		247
Awash Fentale	0.7	99.4		155
Tullo	2.6	97.4		309
Gewane	21.2	78.8		99
Diredawa	40.6	59.4		234
Total (endline)	**10.6**	**89.5**		**1479**
(Baseline)	**18.6**	**81.4**		**1653**

Table 17: Percent of respondents by means of assuring a person's HIV status by Woreda, June, 2009

Woreda	Heard from the sick person him/herself	Heard from others/rumors	Personal notion	From other source	N
Haromaya	12.5	75.0	0.0	12.5	8
Moyale	44.4	27.8	27.8	0.0	18
Awash Fentale	100.0	0.00	0.00	0.00	1
Tullo	33.3	66.7	0.00	0.00	9
Gewane	66.7	23.8	9.5	0.0	21
Diredawa	79.0	16.8	2.11	2.11	95
Total (Endline)	**67.1**	**25.0**	**5.9**	**2.0**	**152**
(baseline)*	**42.8**	**36.5**	**16.8**	**3.9**	**208**

*** This baseline is based only on the report of the second. No parallel result in the first baseline**

Table 18: Respondents' reaction knowing for the first time an HIV infected person, June 2009

	End line Number (%)	Based on the 2nd baseline Number (%)
Feel sorry/sympathize	91 (56.2)	108 (51.9)
Shocked and went away	21 (13.0)	49(23.6)
Feel nothing	31 (19.1)	23(11.1)
Couldn't believe	18 (11.1)	21(10.1)
Other than above response	1 (0.6)	7(3.4)
Total	162 (100)	207(100)

Table19: Percent of respondent's willingness to practice activities with PLWHA, June 2009

	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	**Total (Endline)**	**Total (Baseline)***
Live in the same room	31.0	48.8	34.5	54.4	56.6	65.1	**46.4**	**29.4**
Share bed	10.1	6.5	29.1	31.4	18.2	38.6	**20.9**	**18.9**
Share clothing	20.0	3.7	31.2	38.8	44.4	41.2	**27.4**	**22.9**
Share meal/ drinks	42.8	42.0	44.0	60.8	84.9	71.7	**54.0**	**31.9**
Touch /hand shake							**NE**	**37.9**
Walk	62.1	34.0	52.5	68.6	84.9	77.7	**61.9**	**41.2**
Hugging	41.8	27.4	39.7	47.6	73.7	71.7	**47.3**	**29.1**
Provide care	35.4	27.8	51.1	45.3	90.1	85.4	**49.5**	**40.4**
N	**435**	**244**	**142**	**309**	**99**	**232**	**1461**	**1247**

- **Baseline is based on data from the second report. The first baseline has no aggregate result for both male & females.**

Figure 2: Percentage of respondents' ever heard about STI Woreda, June 2009

	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	Total
Ever heard about STI	97.2	91.0	55.8	88.9	81.4	83.5	86.8
N	**431**	**243**	**154**	**298**	**97**	**236**	**1459**

We do not have actual numerical values at baseline for the result reported in Figure 2

Table 20: Percentage of types of STIs respondents' know by Woreda, June 2009

	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	Total (endline)	Total (Baseline)
Gonorrhea	62.7	71.9	93.0	93.8	61.7	198	74.5	79.3
Syphilis	21.4	20.5	62.1	61.5	14.8	59.6	38.0	50.6
Chanchroid	11.4	6.7	26.4	19.6	27.2	36.9	18.3	25.5
LGV	16.4	17.0	13.8	6.6	30.9	29.3	17.1	20.6
HIV/AIDS	91.2	50.0	60.9	92.5	85.2	63.1	77.5	90.5
N	**421**	**224**	**87**	**275**	**81**	**72.7**	**1286**	**1556**

Table 21: Percent of response on what one can do once knowing having STIs by Woreda, June 2009

	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	**Total (Endline)**	**Total (Baseline)**
Wait until disappears	1.9	21.5	8.1	1.9	3.7	0.0	**5.6**	**2.2**
Visit health facility	92.6	72.2	81.6	90.7	93.8	87.3	**87.2**	**83.6**
Visit traditional healer	1.7	4.0	1.2	5.2	1.2	6.1	**3.4**	**8.2**
Don't know	3.1	0.9	8.1	2.2	1.2	6.1	**3.2**	**5.5**
Other response	0.7	1.4	1.2	0.0	0.0	0.5	**0.6**	**0.5**
N	**421**	**223**	**87**	**270**	**81**	**197**	**1279**	**1556**

Table 22: Percentage distribution of respondents' awareness about Condom by Woreda, sex & age, June 2009

	Have ever heard about condoms	Never heard about condom	No response	N
Woreda				
Haromaya	88.9	11.1		433
Moyale	93.9	6.1		247
Awash Fentale	69.5	30.5		154
Tullo	84.4	15.6		302
Gewane	84.7	15.3		98
Diredawa	82.9	17.1		234
Total (Endline)	**85.6**	**14.4**		**1468**
(Baseline)	**71.2**	**28.8**		**1806**
Sex				
Male	84.8	15.2		46
Female	85.0	15.0		1334
Both sexes	85.0	15.0		1380
Age group				
14-29	86.8	13.2		726
30-49	83.7	16.4		575
50^{+}	77.1	22.9		70
All age	85.0	15.0		1371

Table 23: Percent of respondents' perception on uses of condoms by Woreda, June 2009

Uses of condoms	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	**Total (Endline)**	**Total (Baseline)**
Prevents from HIV/AIDS	96.9	84.1	92.7	97.7	94.0	92.8	**93.56**	**89.4**
Prevents from sexually transmitted disease	38.0	62.6	69.4	78.7	73.5	62.9	**60.7**	**62.3**
For family planning	57.9	33.5	73.2	62.0	54.2	56.2	**55.1**	**58.5**
It has no use	2.8	3.1	7.4	3.5	4.8	4.6	**3.8**	**13.8**
N	387	227	109	258	83	194	**1258**	**1407**

Table 24: Percent of respondents perception on frequency of condom use by Woreda, June 2009

Frequency of use	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	**Total (Endline)**	**Total (Baseline)***
Some times	5.2	39.0	57.3	32.4	65.4	23.0	**28.2**	**16.9**
Only with commercial sex workers	4.1	2.6	10.7	22.8	2.6	13.6	**9.6**	**44.4**
Always	41.4	54.0	27.2	40.0	16.7	49.7	**42.0**	**15.6**
No need to use it	49.3	4.4	4.9	4.8	15.4	13.6	**20.2**	**11.0****
N	365	228	103	250	78	191	**1215**	**1407**

*** Baseline for "**No need to use it**" is based on the 1st report alone. The 2nd baseline had no that information*

Table 25: Percent of respondent by use of condom during the last sexual intercourse by background characteristics, June 2009

	Have used condoms during the last sexual intercourse	Did not use condoms during the last sexual intercourse	No response	N
Woreda				
Haromaya	0.3	99.7		384
Moyale	7.1	92.9		211
Awash Fentale	3.7	96.3		107
Tullo	3.5	96.5		199
Gewane	5.1	94.9		78
Diredawa	9.3	90.7		172
Total (Endline)	**4.1**	**95.9**		**1151**
Total (Baseline)	**9.0**	**91.0**		**1028**
Sex				
Male	10.5	89.5		38
Female	3.1	96.9		1047
Both Sexes	3.3	96.7		1085
Marital status				
Married	2.8	97.3		945
Single	4.4	95.6		68
Divorced	15.0	85.0		20
Widowed	7.1	92.9		42
All status	3.3	96.7		1075
Religion				
Muslim	2.4	97.6		865
Orthodox	7.7	92.4		170
Other religion	4.5	95.5		22
Wakefeta	0.0	100		23
All religion	3.2	96.8		1080
Educational level				
Illiterate	2.8	97.2		748
Non formal	0.0	100		44
Grade 1-4	4.4	95.6		90
Grade 5-8	4.1	95.9		123
Grade 9-12	3.8	96.2		53
Above secondary	13.6	86.4		22
Total	3.2	96.8		1080
Age group				
14-29	3.8	96.2		586
30-49	2.9	97.1		450
50^{+}	2.2	97.8		46
All age	3.3	96.7		1080

Table 26: Percentage distribution of reasons for not using condom during the last sexual intercourse by Woreda, June 2009

	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	**Total (Endline)**	**Total (Baseline)**
Feel that it is not effective	0.3	2.2	1.1	0.6	2.9	2.9	**1.3**	**7.3**
Costs much	0.0	0.6	1.1	0.6	0.0	0.0	**0.3**	**0.5**
Not available	0.3	21.0	6.3	1.8	1.5	1.5	**5.2**	**3.8**
Reduces sexual pleasure	0.0	0.6	2.1	9.5	1.5	2.2	**2.3**	**11.1**
Prohibited by religion	47.6	29.8	9.5	45.8	40.6	16.9	**35.7**	**19.0**
Sexual partner's unwillingness	7.1	5.0	12.6	8.3	36.2	10.3	**9.9**	**2.0**
No response	44.7	40.9	67.4	33.3	17.4	66.2	**45.3**	**56.3**
Total	100.0	100.0	100	100	100	100	**100**	**100**
N	**338**	**181**	**95**	**166**	**69**	**136**	**987**	**558**

Table 27: Percent of respondents' awareness on VCT by background characteristics, June 2009

	Have heard about VCT	Have never heard about VCT	No response	N
Age group				
14-29	76.9	23.1		726
30-49	79.3	20.7		580
50+	67.1	32.9		70
Total	77.4	22.6		1376
Sex				
Male	78.3	21.7		46
Female	77.3	22.7		1339
Total	77.3	22.7		1385
Marital status				
Married	77.1	22.9		1190
Single	82.7	17.4		98
Divorced	82.1	17.9		28
Widowed	66.7	33.3		54
Total	77.2	22.8		1370
Religion				
Muslim	75.2	24.8		1085
Orthodox	89.2	10.8		240
Wakefeta	56.7	43.3		30
Other religion	82.6	17.4		23
Total	77.4	22.6		1378
Educational level				
Illiterate	72.2	27.8		945
Non formal	83.1	16.9		65
Grade 1-4	85.2	14.8		115
Grade 5-8	92.5	7.5		160
Grade 9-12	92.8	7.3		69
12+	95.8	4.2		24
Total	77.6	22.4		1378
Woreda				
Haromaya	74.9	25.1		435
Moyale	79.3	20.7		246
Awash Fentale	53.3	46.7		152
Tullo	81.1	18.9		306
Gewane	88.9	11.1		99
Diredawa	88.5	11.5		234
Total (Endline)	**77.8**	**22.2**		**1472**
(Baseline)	**59.0**	**41.0**		**1806**

Table 28: Percentage distribution of sources of information about VCT by Woreda, June 2009

Source of information	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	**Total (Endline)**	**Total (baseline)**
Untrained traditional birth attendant (UTTBA)	0.9	8.9	13.4	0.0	1.2	0.5	**2.9**	**0.8**
Trained traditional birth attendant (TTBA)	4.91	19.7	30.5	1.6	12.6	0.5	**8.3**	**6.9**
Community health worker	93.3	45.1	56.1	75.7	51.7	29.5	**64.0**	**37.4**
Health professionals	92.0	68.4	72.0	86.3	70.1	70.1	**79.7**	**25.2**
Radio	31.9	19.2	50.0	52.9	34.5	52.2	**39.6**	**24.3**
Peers	12.9	6.8	17.1	3.1	6.9	29.5	**12.5**	**3.1**
From Other source	14.4	49.0	7.3	7.8	12.6	13.0	**17.8**	**2.3**
N	**326**	**191**	**82**	**255**	**87**	**207**	**1148**	**770**

Table 29: Percent of responses on availability of VCT services by Woreda and residence, June 2009

Woreda/Residence	VCT service is available	VCT service is not available	I don't know	**N**
Haromaya				
Urban + Rural	45.1	54.9		**326**
Moyale				
Urban + Rural	59.0	41.0		**195**
Awash Fentale				
Urban + Rural	26.2	73.8		**84**
Tullo				
Urban + Rural	91.1	8.9		**246**
Gewane				
Urban + Rural	66.7	33.3		**87**
Diredawa				
Urban + Rural	69.6	30.4		**207**
Total (Endline)	**62.0**	**38.0**		**1145**
(Baseline)	**48.2**	**51.8**		**1149**

Table 30: Percent of respondents who have tested their HIV status by background characteristics, June 2009

Variables	Have tested for HIV	Have not tested for HIV	No response	N
Age category				
14-29	62.9	37.1		533
30-49	59.6	40.4		445
50+	56.3	43.7		48
All age	61.1	38.9		1026
Sex				
Male	58.3	41.7		36
Female	61.2	38.8		996
Both sexes	61.1	38.9		1032
Marital status				
Married	62.4	37.6		882
Single	49.4	50.6		79
Divorced	68.2	31.8		22
Widowed	57.1	52.9		35
Total	61.3	38.7		1018
Religion				
Muslim	59.9	40.1		785
Orthodox	63.1	36.9		206
Other religion	94.7	5.3		19
Wakefeta	52.9	47.1		17
All religion	61.1	38.9		1027
Educational level				
Illiterate	59.4	40.6		657
Non formal	55.1	44.9		49
Grade 1-4	49.0	51.0		96
Grade 5-8	68.1	31.9		141
Grade 9-12	81.3	18.7		64
Above secondary	78.3	21.7		23
All levels	61.2	38.8		1030
Woreda				
Haromaya	53.0	47.0		315
Moyale	66.0	34.0		185
Awash Fentale	48.2	51.8		83
Tullo	51.5	48.5		241
Gewane	74.4	25.6		82
Diredawa	81.9	18.1		199
Total (Endline)	**61.3**	**38.7**		**1105**
Baseline	**20.4**	**79.6**		**1149**

Table 31: Percent of future plan of respondents to test for HIV by background characteristics, June 2009

	willing to test for HIV in the future	Not willing to test for HIV in the future	I am not sure	No response	N
Woreda					
Haromaya	82.4	12.5	5.1		176
Moyale	63.2	36.8	0.0		57
Awash Fentale	61.5	38.5	0.0		39
Tullo	85.5	12.1	2.4		124
Gewane	59.1	40.9	0.0		22
Diredawa	59.2	34.7	0.0		49
Total (Endline)	**75.6**	**21.2**	**0.0**		**467**
(Baseline)	**51.4**	**NB**	**NB**		**961**
Sex					
Male	73.3	26.7	0.0		15
Female	76.0	20.9	3.1		425
Both sexes	75.9	21.1	3.0		440
Marital status					
Married	75.1	14.8	3.3		366
Single	82.9	17.1	0.0		41
Divorced	100	0.0	0.0		7
Widowed	62.5	31.3	6.3		16
Total	75.8	21.2	3.0		430
Religion					
Muslim	74.8	22.3	2.9		345
Orthodox	80.0	16.5	3.5		85
Other religion	100	0.0	0.0		2
Wakefeta	66.7	33.3	0.0		6
All religion	75.8	21.2	3.0		438
Educational level					
Illiterate	72.4	24.4	3.2		279
non formal	81.5	11.1	7.4		27
Grade 1-4	80.0	18.2	1.8		55
Grade 5-8	84.9	15.1	0.0		53
Grade 9-12	82.4	11.8	5.9		17
Above secondary	71.4	28.6	0.0		7
Total	75.8	21.2	3.0		438
Age category					
14-29	85.0	13.7	1.3		226
30-49	70.0	25.4	4.7		193
50^{+}	22.2	72.2	5.6		18
All ages	75.7	21.3	3.0		437

Table 32: Percent of respondents awareness about PMTCT by background characteristics, June 2009

	Have heard about PMTCT	Have not heard about PMTCT	No response	Total
Woreda				
Haromaya	47.9	52.1		434
Moyale	65.4	34.6		243
Awash Fentale	38.1	61.9		155
Tullo	53.0	47.0		304
Gewane	41.8	58.2		98
Diredawa	70.2	29.8		235
Total (Endline)	**54.0**	**46.0**		**1469**
(baseline)	**37.1**	**62.9**		**1427**
Sex				
Male	46.8	53.2		47
Female	53.5	46.5		1335
Total	53.3	46.7		1382
Marital status				
Married	52.3	47.7		1189
Single	68.4	31.6		98
Divorced	53.6	46.4		28
Widowed	39.6	60.4		53
Total	53.0	47.0		1368
Religion				
Muslim	49.0	50.9		1085
Orthodox	75.0	25.0		240
Other religion	33.8	66.2		19
Wakefeta	33.3	66.7		30
Total	53.5	46.5		1377
Educational level				
Illiterate	46.3	53.7		940
Non formal	53.9	46.2		65
Grade 1-4	61.2	38.8		116
Grade 5-8	77.0	23.0		161
Grade 9-12	75.7	24.3		70
Above secondary	78.3	21.7		23
All levels	53.5	46.4		1375
Age category				
14-29	55.9	44.1		726
30-49	51.6	48.4		578
50^{+}	40.0	60.0		70
All age	53.3	46.7		1374

Table 33: Percentage distribution of Source of information about PMTCT by Woreda, June 2009

Source of information about PMTCT	Haromaya	Moyale	Awash Fentale	Tullo Gewane	Diredaw	Total (Endline)	Total (Baseline)
Untrained Traditional Birth Attendant (UTTBA)	0.0	6.9	25.4	2.2	4.8	2.4	4.4	0.4
Trained Traditional Birth Attendant(TTBA)	5.1	20.0	37.3	1.7	9.5	3.6	9.5	8.1
Community health worker	89.7	30.6	47.5	73.3	57.1	23.5	56.5	20.9
Health professionals	92.5	81.3	71.2	83.3	64.3	72.9	81.4	9.8
Radio	31.3	23.8	45.8	60.6	40.5	43.6	40.2	54.0
Peers	13.1	10.1	10.2	7.2	7.1	26.7	13.4	4.3
From Other source	2.3	22.0	1.7	5.6	9.5	7.9	8.3	NB
No response							NE	2.5
Total	100	100	100	100	100	100	100	
N	**214**	**160**	**59**	**180**	**42**	**166**	**821**	**530**

Table 34: Respondents who know person/s who get PMTCT services, June 2009

	Ever seen /know a person who use or get PMTCT services	Never seen /know a person who use or get PMTCT services	I don't know	No response	N
Haromaya	44.9	55.1			214
Moyale	22.9	77.1			157
Awash Fentale	6.9	93.1			58
Tullo	3.5	96.5			172
Gewane	11.9	88.1			42
Diredawa	34.1	65.9			164
Total (Baseline)	**25.2**	**74.8**			**807**
(Endline)	**6.6**	**83.4**			**530**

	Ever used PMTCT	Never used PMTCT	N
Haromaya	34.3	65.7	210
Moyale	2.1	97.9	143
Awash Fentale	2.3	97.7	43
Tullo	19.4	80.6	144
Gewane	0.0	100	40
Diredawa	37.8	62.2	98
Total	**20.8**	**79.2**	**678**

Figure 4: Ever used PMTCT, June 200. No numerical values for data pn figure 4

Table 35: Respondents' view on the involvement of PMTCT service utilization at household level by background characteristics of respondents, June 2009

	Husband	Wife	Both	No response	N
Woreda					
Haromaya	1.5	1.0	97.5		198
Moyale	2.0	6.6	91.5		152
Awash Fentale	3.5	24.1	72.4		58
Tullo	0.6	52.3	47.2		176
Gewane	5.7	60.0	34.3		35
Diredawa	2.7	25.2	72.2		151
Total (Endline)	**2.0**	**23.0**	**75.1**	**NE**	**770**
(Baseline)	**1.7**	**13.8**	**75.3**	**9.2**	**530**
Residence					
Urban					
Rural					
Urban + Rural					
Sex					
Male	5.3	31.6	63.2		19
Female	1.9	22.6	75.6		700
Both sexes	2.0	22.8	75.2		719
Marital status					
Married	2.1	22.4	75.5		611
Single	0.0	26.7	73.3		60
Divorced	0.0	42.9	57.1		14
Widowed	4.8	19.1	76.2		21
Total	**2.0**	**23.1**	**74.9**		**706**

Table 36: commonly practiced harmful traditional practices in a community by Woreda, June 2009

	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	**Total (Endline)**	**Total (Baseline)**
Rape	9.4	26.0	51.0	6.8	25.5	27.3	19.8	20.7
Abduction	10.6	24.0	44.4	8.4	53.1	7.4	18.2	24.8
Early marriage	56.3	32.9	85.0	35.3	54.1	11.3	43.8	41.2
Female genital cutting (FGC)	53.3	70.3	92.8	32.0	42.9	13.0	48.8	61.9
Polygamy	62.1	34.2	90.0	63.8	50.0	13.4	52.2	57.9
Inheritance marriage	53.6	32.9	89.5	36.6	57.1	3.0	42.6	55.8
Unmated marriage	9.0	19.1	83.0	26.9	44.9	6.5	24.1	26.9
N	**435**	**246**	**153**	**309**	**98**	**231**	**1472**	**1806**

Table 37 Reasons for practicing harmful traditional practices in this community by Woreda, June 2009

	Haromaya	Moyale	Awash Fentale	Tullo	Gewane	Diredawa	Total (Endline)	Total (Baseline)
Sexual pleasure	15.9	21.2	33.8	14.9	30.0	38.3	22.7	33.2
To make money	6.5	14.8	10.6	7.3	1.2	24.3	10.8	20.2
Cultural/traditional reasons	60.6	78.3	80.1	38.3	83.9	25.2	57.0	58.6
Religious reasons	3.5	5.1	17.9	10.9	14.9	7.0	8.1	32.5
Other reasons	6.0	2.1	5.3	12.9	6.9	11.3	7.6	NB
N	**434**	**236**	**151**	**303**	**87**	**214**	**1425**	**1806**

Table 38: Status of circumcision of female respondents by selected background characteristics, June 2009

	Circumcised	Not circumcised	I don't know	No response	N
Woreda					
Haromaya	96.5	3.5	0.0		431
Moyale	99.6	0.4	0.0		240
Awash Fentale	99.3	0.7	0.0		152
Tullo	93.1	5.0	2.0		302
Gewane	89.7	10.3	0.0		97
Diredawa	82.9	13.1	0.0		199
Total (Endline)	**94.2**	**4.8**	**1.0**		**1421**
(Baseline)	**90.1**	**5.2**	**0.5**	**4.2**	**756**
Marital status					
Married	94.9	4.3	0.9		1171
Single	91.1	8.9	0.0		90
Divorced	96.3	0.0	3.7		27
Widowed	96.3	1.9	1.9		54
Total	94.7	4.4	0.9		1342
Religion					
Muslim	96.9	2.5	0.6		1067
Orthodox	84.9	12.5	2.6		232
Other religion	90.0	10.0	0.0		21
Wakefeta	100	0.0	0.0		29
All religion	94.8	4.3	0.9		1349
Educational level					
Illiterate	97.3	2.0	0.6		936
Non formal	92.1	6.4	1.6		63
Grade 1-4	93.8	4.5	1.8		112
Grade 5-8	86.4	12.3	1.3		154
Grade 9-12	86.2	12.3	1.5		65
Above secondary	79.0	21.1	0.0		19
Total	94.7	4.4	0.9		1349
Ethnicity					
Oromo	96.9	2.6	0.5		1026
Amhara	82.2	14.9	2.9		174
Afar	97.3	2.7	0.0		75
Somali	96.0	2.0	2.0		50
Other ethnic group	86.7	10.0	3.3		30
Total	94.8	4.4	0.9		1353
Broad age group					
14-29	93.8	5.5	0.7		714
30-49	95.8	3.4	0.9		566
50+	95.5	1.5	3.0		66
All ages	94.7	4.4	0.9		1346

Table 39: Percent of female respondents by their daughters' status of circumcision and by selected background characteristics, June 2009

	Respondents whose all daughters circumcised	Respondents whose daughters are not all circumcised	I don't know	No response	N
Woreda					
Haromaya	10.1	89.7	10.0		407
Moyale	50.8	48.1	1.1		185
Awash Fentale	44.8	50.8	4.5		134
Tullo	28.3	71.4	0.4		269
Gewane	52.8	44.9	2.3		89
Diredawa	26.3	63.7	10.0		190
Total (End line)	**28.9**	**68.7**	**2.4**		**1274**
(Base line)	**46.3**	**45.6**	**0.5**	**7.6**	**551**
Religion					
Muslim	29.0	69.6	1.3		978
Orthodox	25.2	71.0	3.8		210
Other religion	5.9	76.5	17.6		17
Wakefeta	60.9	34.8	4.4		23
Total	28.7	69.3	2.0		1228
Educational level					
Illiterate	31.8	67.2	1.0		865
Non formal	36.5	60.3	3.2		63
Grade 1-4	17.9	80.0	2.1		95
Grade 5-8	19.4	77.5	3.0		134
Grade 9-12	16.7	75.9	7.4		54
Above secondary	23.5	52.9	23.5		17
Total	28.8	69.1	2.0		1228
Ethnicity					
Somali	30.6	65.3	4.1		49
Afar	60.6	36.6	2.8		71
Oromo	26.8	71.8	1.4		930
Amhara	26.0	71.4	2.6		154
Other ethnic group	25.9	59.3	14.8		27
Total	28.8	69.2	2.0		1231
Age group					
14-29	19.5	77.7	2.8		605
30-49	33.7	64.9	1.4		555
50+	76.2	23.8	0.0		63
All age	28.9	69.1	2.0		1223

Table 40: Percent of female respondents by their intention to circumcise their daughter/s by background characteristics, June 2009

	Percent of female respondent intending to circumcise her daughter/s	Percent of female respondent who do not have the intention to circumcise her daughter/s	I don't know	No response	Total
Woreda					
Haromaya					
Moyale	48.1	37.3	14.6		233
Awash Fentale	3.1	93.7	3.3		426
Tullo	3.6	92.0	4.4		275
Gewane	18.6	78.4	3.1		97
Diredawa	5.0	88.2	6.8		221
Total (End line)	**17.5**	**77.6**	**5.9**	**NE**	**1397**
(Baseline)	**27.1**	**54.6**	**12.7**	**5.6**	**251**
Religion					
Muslim	19.1	74.8	6.1		1044
Orthodox	7.1	88.4	4.4		225
Other religion	9.5	85.7	9.5		21
Wakefeta	61.5	34.6	3.9		26
Total	17.7	76.5	5.9		1317
Ethnicity					
Somali	11.8	80.4	7.8		51
Afar	20.3	78.4	1.4		74
Oromo	20.4	73.5	6.0		993
Amhara	6.4	89.0	4.6		173
Other ethnic group	0.0	86.7	23.3		30
Total	17.8	76.4	5.8		1321
Broad age group					
14-29	21.7	73.6	4.7		700
30-49	13.7	79.2	7.0		554
50+	9.7	82.3	8.1		62
All age	17.8	76.4	5.9		1316

Table 41: Percent of respondents who believe on health risks of female genital cutting (FGC) by Selected background characteristics, June 2009

	Believe that female genital cutting (FGC) has health risks	Do not believe that female genital cutting (FGC) has health risks	I don't know	No response	Total
Woreda					
Haromaya	94.9	3.9	1.2		432
Moyale	46.3	32.0	21.7		240
Awash Fentale	47.1	46.4	6.5		153
Tullo	92.2	6.7	1.1		283
Gewane	82.7	14.3	3.1		98
Diredawa	80.8	9.4	9.8		234
Total (End line)	**78.1**	**15.3**	**6.7**		**1440**
(Baseline)	**49.5**	**42.5**	**3.3**	**4.8**	**1427**
Sex					
Male	73.9	21.7	4.4		46
Female	78.0	15.4	6.7		1308
Both sexes	77.8	15.6	6.6		1354
Religion					
Muslim	76.6	16.4	7.0		1067
Orthodox	91.3	6.9	1.7		231
Other religion	54.5	36.4	9.1		22
Wakefeta	35.7	38.3	25.0		28
All religion	77.9	15.6	6.5		1348
Educational level					
Illiterate	74.2	18.8	7.0		918
Non formal	84.6	6.2	9.2		65
Grade 1-4	86.0	6.1	7.9		114
Grade 5-8	89.2	8.9	1.9		158
Grade 9-12	81.4	11.4	7.1		70
Above secondary	70.8	16.7	12.5		24
All levels	77.8	15.6	6.7		1349
Ethnicity					
Somali	68.5	14.8	16.7		54
Afar	77.3	21.3	1.3		75
Oromo	76.2	17.1	6.7		1021
Amhara	91.7	5.3	3.0		169
Other ethnic groups	75.0	6.3	18.8		32
Total	77.9	15.6	6.6		1351
Age group					
14-29	77.5	16.6	5.9		710
30-49	80.1	12.9	7.1		567
50+	63.8	26.1	10.1		69
All ages	77.9	15.5	6.6		1346

Table 42: Percent of female respondents' awareness on reproductive health rights by Woreda, June 2009

Reproductive health rights	Haromaya	Moyale	Fentale	Tullo	Gewane	Diredawa	Total(Endline)	Total (Baseline)
▪ Right to life	64.8	32.3	90.8	93.7	74.2	64.6	68.1	47.0
▪ Right to marry or not	79.3	17.9	81.6	81.4	32.3	63.7	66.2	44.0
▪ Right to have children and when to have	65.3	23.8	82.9	77.4	25.8	66.4	61.2	37.4
▪ Right to limit the number of children	64.1	37.3	84.2	74.6	35.5	62.0	62.3	32.2
▪ Right to equity and free from discrimination	57.9	5.4	81.6	73.8	22.6	48.7	52.2	34.1
▪ Right to privacy and confidentiality	35.4	3.2	75.0	62.7	29.0	35.4	38.9	29.5
▪ Right to freedom of thought	42.1	11.3	81.6	64.7	19.4	38.9	43.9	37.0
▪ Right to information and education	53.4	5.4	79.0	63.5	22.6	44.3	47.4	34.0
▪ Right to health care and protection	58.4	33.0	86.8	67.5	54.8	43.4	56.4	37.6
▪ Right to free from torture and ill treatment	56.4	2.2	77.6	67.1	29.0	36.3	48.0	37.6
▪ Right to have sexual intercourse	38.4	18.3	75.0	69.1	16.1	36.3	43.9	27.2**
▪ Right to have select mate	71.6	3.3	57.0	67.7	22.6	46.0	54.8	33.5**
N	**401**	**184**	**76**	**251**	**31**	**113**	**1056**	**1135**

*** Baseline results are based on the 1st report. The second baseline had no similar information*

Table 43. Facilities identified for the assessment

Name Of Health Center	Region	Town	Woreda	Kebele/PA
Sabian	Dire Dawa	Dire Dawa	Dire Dawa	Sabian
Biyan Walle	Dire Dawa	Dire Dawa	Dire Dawa	Biyan Walle
Haromaya	Oromiya	Haromaya	Haromaya	NR
Gewane	Afar	Gewane	Gewane	01 Kebebe
Tuka	Ormiya	Moyale	Moyale	Tuka

Table 44. Summary result of facility assessment by health facility, June 2009

Description	Sabian HC Diredawa	Biyan Wale HC Diredawa	Haromaya HC Haromaya W	Gewane HC Gewane W	Tuka HC Moyale.W	Fentale HC Fentale
Information system components						
Registers complete and up to date	**X**	**X**	**X**	**X**	**X**	**X**
Information adequately reflect client	**X**	**X**	**X**	**-**	**-**	**X**
Clinical guidelines for FP method provision & STI management & easily available incase the SP wishes to consult	**X**	**-**	**-**	**-**	**-**	**-**
Recorded routine HIV testing integrated in ANC service (if yes, get the statistics for the last one year)	**X**	**X**	**X**	**X**	**-**	**-**
Referral slips in place	**X**	**X**	**X**	**X**	-	**X**
Referral received from Community volunteers (CBRHAs, TBA)in the past one year	**X**	**X**	**-**	**X**	**-**	**X**
Referral attended in the past one year	**X**	**X**	**-**	**-**	**-**	**X**
Referral made in the past one year	**X**	**X**	**X**	**-**	**X**	**X**
Infrastructure						
VCT room adequate space & privacy	**X**	**X**	**X**	**X**	**-**	**-**
Examination room clean and privacy kept (use of curtain during pelvic examination)	**X**	**X**	**X**	**-**	**X**	**X**
Theater (sterilization, air flow, light, hand washing	**X**	**-**	**-**	**-**	**-**	**-**
Labor room and delivery room separate and clean,	**X**	**X**	**X**	**X**	**X**	**X**
Waiting area is kept free from dust, dirt and organic debris	**X**	**X**	**-**	**-**	**X**	**X**
Equipment (General)						
Autoclave available and functional	**X**	**X**	**X**	**X**	**X**	**X**
Delivery and operating room lights	**X**	**-**	**X**	**-**	**X**	**X**

Uterine evacuation instruments	-	X	X	-	X	X
Neonatal resuscitation pack	X	-	X	-	X	X
Equipment storage	X	X	X	X	X	X
Vaginal speculums	X	X	X	-	X	X
Baby scale	X	X	-	-	X	X
Equipment (Emergency)						
Syringe	X	X	X	X	X	X
Oxygen cylinder, oxygen	-	-	-	-	-	-
Suction machine	-	X	-	-	X	X
Ambu bag	X	X	X	-	-	X
Battery operated backup light	-	X	-	X	-	-
Foley catheter	X	X	X	-	X	X
Mouth gag	-	X	X	-	X	X
Emergency supplies (Antiseptic solution, gauze, adhesive tap, sterile gloves), Sphyngo mano meter, Stethoscope, Tourniquet	X	X	X	X	X	X
Family Planning						
Are there family planning Commodities (OCP, Injectable, Condom) available?	X	X	X	X	X	X
Long term methods (IUCD)	X	-	-	-	-	X
Do HC perform permanent FP methods?(Tuba ligation, vasectomy)	-	-	-	-	-	-
Other Specified method	**Implanon**	**Implanon**		**Implanon**		**Norplant**
Other issues mentioned related to Family planning						
Of the family planning methods the HFoffers, is there always a good supply?	X	X	X	-	-	X
Is the health facility ever experienced stock out of RH supplies including FP?	-	-	-	-	-	-
Does the health facility provide VCT service?	X	X	X	X	-	X

Infection prevention						
Are written infection prevention guidelines available for staff? (Charts, posters, leaflets, hand book)	**X**	**-**	**X**	**-**	**-**	**X**
Do all staff in this facility know infection prevention?	**X**	**DK**	**X**	**X**	**-**	**-**
Record keeping and supervision						
Properly compiled monthly statistics	**X**	**X**	**X**	**X**	**X**	**X**
Past service statistics kept at the site	**X**	**X**	**X**	**X**	**X**	**X**
FP register kept	**X**	**X**	**X**	**X**	**X**	**X**
Client record available	**X**	**X**	**X**	**X**	**-**	**X**
Medical record properly stored	**X**	**X**	**X**	**X**	**-**	**X**

Key: X= available/yes

FOCUS GROUP DISCUSSION GUIDELINE

1. **What are the major health problems in this community? Probe;**
   - STD, HIV/AIDS, and other related health issues
2. **HIV/AIDS**
   - Is it perceived as the major health and developmental problems? What are the impacts of HIV/AIDS in this community?
   - Who are the most vulnerable and most affected people by HIV/AIDS in this community? What are major factors for the spread of HIV/AIDS in this community?
   - What activities are implemented in this community to reduce the spread of HIV/AIDS? by whom?
   - Are there any Care and support services provided to the PLWHA in the community?
   - Who do think responsible for providing care and support for PLWHA in this community? (family, community, government,...)
   - What are the gaps/constraints in the provided services and what do you suggest in order to provide satisfactory services to curb the spread of HIV/AIDS?
3. **Family planning**
   - What does family planning mean in this community?
   - What are the methods of family planning?
   - Are these family planning methods available? Where: health center or in the community?
   - Do the communities use family planning methods? Why? Why not?
   - In the family who decides to use the family planning methods?
   - What gaps/problems exist in family planning methods services provided and what do you suggest to provide better services?
4. **Roles and responsibilities of men and women in the family and the community**
   - Men's roles and responsibility in the house and community?
   - Women's roles and responsibility in the house and community?
   - In the household level, who decides about family and other community issues?
   - Do you think the roles and responsibilities that men and women held both at family and community level is fair and why?
   - Are women engaged in economic activities?
   - Who assigned these roles and responsibilities for men and women?
   - Do you think that these roles and responsibilities that men and women held changed or continued the same way and why?
   - Are there activities implemented to teach communities on gender issues and women empowerment
   - Are men involved in the activities implemented on gender and related issues?
   - Do you think the activities or services related to gender and women empowerment are adequate? Why?
   - What do you suggest to empowered women and to maintain gender equity and equality?
5. **Age at first marriage in this community**
   - Who is responsible for mate selection and why?
   - At what age do most young boys and girls have sex for the first time?
   - In your opinion, do young girls have sex with older people? Why?

- How common do you think is to have sex before one gets married? And who is likely to practice that (Boys or girls)?
- Is it common to discuss openly about sexual issues in the family and?
- With whom do you think most people feel comfortable to talk about sex? Why?
- Is it common to have more than one non-regular sexual partner in this community?
- Who are commonly having many non-regular sexual partners (men, women or both)? Why they are having many sexual partners?
- Do you think having many sexual partners can put someone at risk of AIDS?

6. Harmful Tradition Practices (HTP)

- What is HTP?
- What HTPs are practiced the community? Why?
- Who are commonly vulnerable and affected by these HTPs in this community?
- Do you think this HTP should be eradicated or continued?
- What is the role of religion regarding the HTPs?
- Are you aware of national policy on FGC, Rap?
- What activities are implemented and by whom to eradicate the commonly practiced HTPs in this community?
- What are the gaps in the implemented activities related to eradicating HTPs and what do you suggest for more effectiveness?

7. Health services provided in the community at health center or clinic? Probe;

- The specific services related to HIV/AIDS, FP, STD, VCT, PMTCT, ART and the like?
- The adequacy of the provided services in the health center or clinic?
- Main problems in service provision: staffing, medications, rooms...?
- Suggestions to improve the provided services and to bring the desired behavior?

8. Adolescent and reproductive health

- What kinds of ARH activities are available in the community?
- Do you have youth centers?
- What about resource centre for information on ARH?
- Do the youth have access to user friendly health services?
- Any problems regarding ARH? Recommendations?

KEY INFORMANT INTERVIEWS FOR NGOS, GOS AND CBOS

- Name of organization _____
- Type of organization (specify) _____
- Name of the interviewed person_____
- Position of the key informant in the organization _____

1. What are the major health problems in this woreda/ community?
2. What activities your organization are implementing to curb the above mentioned health problems of the community?
3. Specifically, what activities your organization is undertaken to prevent STD? What services are provided to persons infected by STD? Do you think the services are adequate? If not, what do you suggest?
4. Specifically, what activities your organization is undertaken to curb HIV/AIDS? What services are provided to persons infected and affected by HIV/AIDS? Do you think the services are adequate? If not, what do you suggest?
5. Specifically, what activities are undertaken in relation to Family planning and SRH services in this community? What services are provided to the beneficiaries of FP in this community? Do you think the services are adequate? If not, what do you suggest?
6. What are the commonly practiced Harmful Traditional Practices (HTPs) in this woreda/community? Why they are practiced? Who are the most vulnerable and affected by these HTPs? What activities are undertaken by this organization to eradicate these commonly practiced HTPs? Do you think the undertaken activities are effective? Why
7. What are the expected roles and responsibilities of men and women's at household and community level? Who assigned these roles and responsibilities for men and women? Do you think the duties and responsibilities are fair? If not, what activities are undertaken to gender equity and equally and to empower women in this community?
8. What are the major problems/hindrance factors in this woreda/community provide adequate health related services and what do you suggest to overcome the above-mentioned obstacles and to provide adequate services to the beneficiaries of the services?
9. Who are the potential implementing organizations mainly community based organizations to work with them in relation to health services, youth and women empowerment?

የኬር ኢትዮጵያ ሕይወት ፕሮጀክት የመጨረሻ ግምገማ ጥናት

በኬር ኢትዮጵያና በአጋሮቹ በኦሮሚያና በአፋር ክልሎች እንዳ ፤ሁም በድሬደዋ አስተዳደር ሲተገበር የነበረውን የሕይወት ፕሮጀክትን ማጠቃለያ ግምገማ ለማካሄድ ይረዳ ዘንድ ከተጠቃሚው

ሕብረተሰብ መረጃ ለመሰብሰብ የተዘጋጀ መጠይቅ

ግንቦት 2001 ዓ.ም

የመጠይቁ መለያ ቁጥር _____/ክፍቱን ይተዉት/

ቃለ ምልልሱ የተሞላበት ቀን _____ ፊርማ_____

ሰላምታ

ስሜ_____ ይባላል:: ወደ እዚህ ቀበሌ የመጣሁት የኬር ኢትዮጵያ የሕይወት ፕሮጀክት የጥናት ቡድን አባል በመሆን *ጥናታዊ መረጃዎችን ለመሰብሰብ ነው::* *የጥናቱ* ዋና ዓላማ ኬር ኢትዮጲያ በገጠር የጤናን ሁኔታ ለማሻሻልና የሴቶችን በባለቤትነት ተጠቀሚነትን ለማረጋገጥ ሲያከሂድ የነበረውን ፕሮጀክት አፈጻጸም መገምገምና ውጤቱን ለኬር ኢትየጵያ ማሳወቅ ነው::

<u>የስምምነት ማረጋገጫ</u>

ከዚህ ቀጥሎ አንዳንድ *ጥያቄዎችን አቀርብልዎታለሁ::* *ከጥያቄዎቹ* መካከል አንዳንዶቹ የግል ሕይወትዎን የሚመለከቱ ሊሆኑ ይችላሉ:: አንዳንዶቹም *ጥያቄዎች* መልስ ለመስጠት *የሚያስቸግርዎ ሊሆኑ ይችላሉ::* *በመረጃ* መሰብሰቢያ ቅፁ ላይ ስምዎ በምንም አይነት አይጠቀስም:: በቃለ መጠይቁ መልስ ሊሰጡባቸው ያልፈለጓቸውን *ጥያቄዎች* ያለመመለስ መብትዎ የተጠበቀ ነው:: *በተጨማሪም* ቃለ ምልልሱ እንዲቋረጥ በፈለጉ ማንኛውም ጊዜ ማቋረጥ ይችላሉ:: ሆኖም ከእርስዎ የምናገኘው ትክክለኛ መረጃ በጥናታችን መጨረሻ ማወቅ ለምንፈልገው ውጤት ከፍተኛ ጠቀሜታ ያለው መሆኑን ልንገልጽልዎ እንወዳለን::

ከሁለት አንዱ ቦታ ላይ √ ምልክት ያድርጉ
___ ተስማምቻለሁ ___አልተስማማሁም

ካልተስማሙ ተጠያቂውን/ዋን አመስግነው ወደ ሚቀጥለው መኖሪያ ቤት ይሂዱ

ትክክለኛነቱን ያረጋገጠው፣ ፊርማ _____ ቀን _____ ወር ____ ዓ.ም_____

የቤተሰቡ አባላት መሰረታዊ መረጃዎች

ሀ. ክልል _____ ዞን _____ ወረዳ _____ የቤት ቁጥር

ለ. ከ6 ወር በላይ በቤተሰቡ ውስጥ አብረው የኖሩ የቤተሰብ አባላት ጠቅላላ ብዛት ወንድ_____ ሴት _____ ድምር _____

ተ/ቁ	ስም	ከቤተሰቡ ኃላፊ ጋር ያለው ዝምድና	ዕድሜ በዓመት	ፆታ	የጋብቻ ሁኔታ (ዕድሜ >=14)	የጋብቻ ዓይነት	የጋብቻ ዕድሜ	ሃይማኖት	የት/ደረጃ (ዕድሜ >=7)	ብሔረሰብ	ሙያ (ዕድሜ >=14)	ተመርጣል
	-የመጀመሪያ ስም ብቻ ባል፣ ሚስት እና ዕድሜያቸው ከ15-29 ዓመት ያላቸውን ብቻ	`1. ኃላፊ 2. ሚስት 3. ልጅ/ወ/ሴ/ 4. የልጅ ልጅ 5. ሌላ ዘመድ 6. ዘመድ ያልሆነ		1. ወንድ 2. ሴት	1. ያገባ 2. ያላገባ 3. የተፋታ 4. የሞተበት	1. አንድ 2. ከ 1 በላይ 3.አይታወቅም		1.እስልምና 2. አርቶዶክስ 3. ፕሮቴስታንት 4. ካቶሊክ 5. ዋቄፈታ 6. ሌላ	1. ያልተማረ 2. መ/ትምህርት 3. ከ 1-4 4. ከ5-8 5. ከ9-12 6. ከ 12 በላይ	1.ሶማሌ 2. አፋር 3.ኦሮሞ 4. አማራ 5. ትግረ 6. ጉራጌ 7. ሌላ	1. አርሶ አደር 2. አርብቶ አደር 3. ነጋዴ 4. የቤት እመቤት 5. ተቀጣሪ ሰራተኛ 6. ተማሪ 7. የቀን ሰራተኛ 8. ሥራ የሌለው 9. ሌላ	1. አዎ 2. የለም
		B101	B102	B103	B104	B105	B106	B107	B108	B109	B110	B111
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

ክፍል አንድ፣ መሰረታዊ መጠይቆች/መረጃዎች /በአባወራ የሚመለስ/

ተ.ቁ	መጠይቅ/ጥያቄዎች	አማራጭ መልሶች	ኮድ
101	**በቤተሰቡ የተያዘ የመሬት ስፋት በሄክታር**	**ብዛቱን/ቁጥር ይፃፉ**	
101.1	እርሻ		
102.2	ግጦሽ		
103.3	ደን/ዛፍ		
103.4	ሌላ		
102	**በቤተሰቡ ውስጥ የሚገኙ የእንስሳት ብዛት /ቁጥሩን ይፃፉ/**	**ብዛቱን/ቁጥር ይፃፉ**	
102.1	በሬ		
102.2	ወይፈን		
102.3	ላም		
102.4	ጊደር		
102.5	ጥጃ		
102.6	ፈረስ		
102.7	አህያ		
102.8	በቅሎ		
102.9	ግመል		
102.10	ፍየል		
102.11	በግ		
102.12	ዶሮ		
103	**የመኖሪያ ቤት ሁኔታ**		
103.1	የቤት ዓይነት	ቋሚ.1 ተንቀሳቃሽ.2 ሌላ.3	
103.2	ይዞታ/ባለቤትነት	የግል.1 የኪራይ.2 ከኪራይ ነፃ.3	
103.3	የጣሪያው ዓይነት	የሳር ክዳን.1 ቆርቆሮ.2 ሌላ.3 ከእንጨትና ጭቃ የተሰራ.4	
103.4	የግድግዳው ዓይነት	ከእንጨትና ጭቃ የተሰራ.1 ከድንጋይና ከጭቃ.2 ብሎኬት.3 ቀርከሃ/ሸምበቆ.4	
103.5	የክፍሎች ብዛት	[_____]	
104	**የቤተሰቡ የወር ገቢ ምንጭ**		
104.1	ከደመወዝ	[_____] ብር	
104.2	ከንግድ	[_____] ብር	
104.3	ከእርሻ	[_____] ብር	
104.4	ከእርዳታ/ድጋፍ	[_____] ብር	
105	**የቤት ውስጥ አቅርቦቶችና ቁሳቁሶች**		
105.1	የውሃ መገኛ ዘዴ	ከባንባ.1 ከተጠበቀ ምንጭ/ጉድጓድ.2 ካልተጠበቀ ምንጭ/ጉድጓድ.3 ወንዝ/ኩሬ.4	

105.2	የመጸዳጃ ቤት ሁኔታ	መፀዳጃ አለ.1 መፀዳጃ የለም.2	
105.3	የማብሰያ ቤት/ኩሽና ሁኔታ	የተለያ ማብሰያ ቤት/ጭስ ቤት አለ.1 የተለየ ማብሰያ/ጭስ ቤት የለም.2	
105.4	ቴሌቪዥን /የሚሰራ/	አዎ.1 የለም.0	
105.5	ራዲዮ /የሚሰራ/	አዎ.1 የለም.0	
105.6	መኪና	አዎ.1 የለም.0	
105.7	ባይስክል	አዎ.1 የለም.0	
105.8	የግል የስልክ መስመር/ሞባይል	አዎ.1 የለም.0	
105.9	የቤት መቀመጫ ሶፋ	አዎ.1 የለም.0	

ክፍል ሁለት፣ ተጠያቂ ግለሰቡን/ቧን የሚመለከቱ መጠይቆች

ሀ. የቤተሰብ ምጣኔን በሚመለከት

ተ.ቁ	መጠይቅ/ጥያቄዎች	አማራጭ መልሶች	ኮድ
201	ስለ ወሊድ መከላከያ ዘዴዎች ሰምተው ያውቃሉ?	አዎ.1 የለም.0	ወደ213
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ለ. ሥነ ወሊድና የእናቶችን ጤና በሚለለከት

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231	የመጨረሻውን ልጅዎን የት ወለዱ?	መኖሪያ ቤት.1 ጤና ተቋም.2 ሌላ ይጠቀስ_____	
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ሐ. ሥነ ፆታ፣ ኤች አይ ቪ/ኤድስ እና የአባለ ዘር በሽታን በሚመለከት

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መ. ከቫይረሱ ጋር በሚኖሩ ሰዎች ላይ ያለ እውቀትና አመለካከትን በሚመለከት

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274	አዎ ካሉ፣ ከቫይረሱ ጋር የሚኖረውን ሰው ያወቁት እንዴት ነው?	ከራሱ ከታማሚው ሰማሁ.1 ከሌሎች ሰዎች ሲያወሩ/ሲያነሾካሹኩ.2 እራሴ ጠርጥሬ.3 ሌላ ይጠቀስ_____	
275	ለመጀመሪያ ጊዜ ከቫይረሱ ጋር ስለሚኖረው ሰው ሲሰሙ ምን ተሰማዎት?	አዘንኩ.1 ደንግጬ ሮጥኩ/እራሴን አራቅሁ.2 ምንም አልተሰማኝም.3 ማመን አቃተኝ.4 ሌላ ይጠቀስ_____	
276	እርስዎ የሚያውቁት ሰው ኤች አይቪ በደሙ ውስጥ ቢገኝ ምን ምክር ይሰጡታል?	ለሌሎች ሰዎች እንዳይናገር 1.አዎ 0.የለም ከመኖሪያው እንዲርቅ/እንዲሸሽ 1.አዎ 0.የለም ጥንቃቄ የጎደለው ወሲብ እንዳይፈፅም 1.አዎ 0.የለም ባሕላዊ መድሃኒት እንዲጠቀም 1.አዎ 0.የለም	

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277	ከዚህ በታች የተዘረዘሩትን ከቫይረሱ ጋር ከሚኖር ሰው ጋር ለማድረግ ፈቃደኛ ነዎት? /ምርጫውን ያንቡላቸው/	በአንድ ክፍል ውስጥ በጋራ ለመኖር 1.አዎ 0.የለም አንድ አልጋ ላይ ለመተኛት 1.አዎ 0.የለም ልብስ በጋራ ለመጠቀም 1.አዎ 0.የለም ምግብና መጠጥ አብሮ መካፈል 1.አዎ 0.የለም አብሮ ለመጓዝ 1.አዎ 0.የለም በመተቃቀፍ ሰላምታ መለዋወጥ 1.አዎ 0.የለም ክብካቤ ለመስጠት/ማድረግ 1.አዎ 0.የለም	
278	እርስዎ የሚኖሩበት ሕብረተሰብ ከቫይረሱ ጋር ለሚኖሩ ሰዎች ያለው አመለካከት/ምላሽ ምንድነው/ ምን ይመስላል?	ማንቧከክ/ማሸሚጠጥ 1.አዎ 0.የለም አድልዎና ማግለል 1.አዎ 0.የለም ጣት መጠቋቆም 1.አዎ 0.የለም እቤት መደበቅ 1.አዎ 0.የለም ቤታቸውን እንዲለቁ ማስገደድ 1.አዎ 0.የለም አጋርነትን/መልካም ስሜት መስጠት 1.አዎ 0.የለም ድጋፍና ክብካቤ መስጠት 1.አዎ 0.የለም	

ሠ. ጎጂ ልማዳዊ ድርጊቶችን በሚመለከት

279	እርስዎ በሚኖሩበት ሕብረተሰብ ውስጥ በአብዛኛው የሚታዩ ልማዳዊ ድርጊቶች የትኞቹ ናቸው?	አስገድዶ መድፈር 1.አዎ 0.የለም ጠለፋ 1.አዎ 0.የለም ያለ ዕድሜ ጋብቻ 1.አዎ 0.የለም የሴት ልጅ ግርዛት 1.አዎ 0.የለም ከአንድ በላይ ሚስት ማግባት 1.አዎ 0.የለም የውርስ ጋብቻ 1.አዎ 0.የለም ያለ አቻ ጋብቻ 1.አዎ 0.የለም	
280	ካሉት ልማዳዊ ድርጊቶች የትኞቹ ጎጂ ናቸው?	አስገድዶ መድፈር 1.አዎ 0.የለም ጠለፋ 1.አዎ 0.የለም ያለ ዕድሜ ጋብቻ 1.አዎ 0.የለም የሴት ልጅ ግርዛት 1.አዎ 0.የለም ከአንድ በላይ ሚስት ማግባት 1.አዎ 0.የለም የውርስ ጋብቻ 1.አዎ 0.የለም ያለ አቻ ጋብቻ 1.አዎ 0.የለም	
281	በዚህ አካባቢ የትኞቹ ጎጂ ልማዳዊ ድርጊቶች በስፋት ይገኛሉ/ይንፀባረቃሉ?	አስገድዶ መድፈር 1.አዎ 0.የለም ጠለፋ 1.አዎ 0.የለም ያለ ዕድሜ ጋብቻ 1.አዎ 0.የለም የሴት ልጅ ግርዛት 1.አዎ 0.የለም ከአንድ በላይ ሚስት ማግባት 1.አዎ 0.የለም የውርስ ጋብቻ 1.አዎ 0.የለም ያለ አቻ ጋብቻ 1.አዎ 0.የለም	
282	በዚህ ሕ/ሰብ ውስጥ ጎጂ ልማዳዊ ድርጊቶች የሚንፀባረቁበት ምክንያት ምን ይመስልዎታል?	ለግብረ ሥጋ ግንኙነት ፍላጎት 1.አዎ 0.የለም ገንዘብ ለማግኘት/ለቢዝነስ 1.አዎ 0.የለም ባህላዊና ልማዳዊ ስለሆነ 1.አዎ 0.የለም ሐይማኖታዊ ስለሆነ 1.አዎ 0.የለም ሌላ ይጠቀስ_____	
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284	በአካባቢዎ የሴት ልጆች ግርዛት የተለመደ ነወይ?	አዎ.1 የለም.2 አላውቅም.3	
285	እርስዎ ተገርዘዋል/ለሴቶች ብቻ?	አዎ.1 የለም.2 አላውቅም.3	
286	ሴት ልጆችዎ በሙሉ ተገርዘዋል?	አዎ.1 የለም.2 አላውቅም.3	
287	አዎ ካሉ ሴት ልጆችዎ የተገረዙት የት ነው?	በጤና ተቋም.1 በባህል አዋቂ.2 አላውቅም.3	
288	ወደፊትስ ሴቶች ልጆችዎን ለማስገረዝ እቅድ አለዎት?	አዎ.1 የለም.2 አላውቅም.3	
289	የሴት ልጅ ግርዛት የጤና ችግር አለው ብለው ያምናሉ?	አዎ.1 የለም.2 አላውቅም.3	ወደ291
290	ከሚከተሉት ውስጥ የሴት ልጅ ግርዛት ሊያስከትል የሚችለው የጤና ጠንቅ የትኞቹን ነው? /ምርጫውን አያንቡላቸው/	የስሜት ማጣት 1.አዎ 0.የለም የምጥ መርዘም 1.አዎ 0.የለም በግንኙነት ወቅት የሚሰማ ሕመም 1. አዎ 0.የለም የደም መፍሰስ 1.አዎ 0.የለም ተደጋጋሚ የሽንት ቧንቧ አንፈክሽን 1.አዎ 0.የለም በወር አበባ ጊዜ የሚሰማ ህመም 1.አዎ 0.የለም በመሽናት ወቅት የሚሰማ ህመም 1.አዎ 0.የለም ልጅ ሞቶ የመወለድ አጋጣሚ 1.አዎ 0.የለም	
291	የሴት ልጅ ግርዛት ሕገ ወጥ መሆኑን ያውቃሉ?	አዎ.1 የለም.2 አላውቅም.3	

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292	ስለ የሴቶች የሥነ ተዋልዶ ጤና መብት ሰምተው ያውቃሉ	አዎ.1 የለም.2 አላውቅም.3	ወደ295
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294	ስለ የትኞቹ የሥነ ተዋልዶ ጤና መብት ግንዛቤ አለዎት? /ምርጫውን አያንቡላቸው/	በሕይወት የመኖር መብት 1.አዎ 0.የለም የማግባት ወይም ያለማግባት መብት 1.አዎ 0.የለም ልጆች በሚፈለጉበት ወቅት የመውለድ 1.አዎ 0.የለም የልጆችን ቁጥር የመወሰን 1.አዎ 0.የለም	

		የእኩልነትና ያለ መገለል መብት 1.አዎ 0.የለም የግለሰብ ነጻነትና ሚስጥራዊነት 1.አዎ 0.የለም መረጃና ትምህርት የማግኘት 1.አዎ 0.የለም የሃሳብ ነፃነት መብት 1.አዎ 0.የለም የጤና አገልግሎት ጥበቃ የማግኘት 1.አዎ 0.የለም ያለመሰቃየትና ያላግባብ ከመያዝ ነፃነት 1.አዎ 0.የለም የግብረ ሥጋ ግንኙነት የማድረግ 1.አዎ 0.የለም የፍቅር ጓደኛን/አጋርን የመምረጥ 1.አዎ 0.የለም	
295	በቤተሰብዎ ውስጥ ከሚከተሉት ውሳኔዎች መካከል በየትኞቹ ይሳተፋሉ? /ምርጫውን አያንቡላቸው/	ወንድ ልጆችን ት/ቤት መላክ 1.አዎ 0.የለም ሴት ልጆችን ት/ቤት መላክ 1.አዎ 0.የለም የወንድ ልጆችን ጋብቻ 1.አዎ 0.የለም የሴት ልጆችን ጋብቻ 1.አዎ 0.የለም ፍየሎችን መሸጥ 1.አዎ 0.የለም ከብቶችን/ግመሎችን መሸጥ 1.አዎ 0.የለም እህል መሸጥ 1.አዎ 0.የለም የእንስሳት ተዋፅዎችን መሸጥ /ቅቤ፣ወተት/ 1.አዎ 0.የለም ለቤተሰብ አባላት ልብስ መግዛት 1.አዎ 0.የለም የቤተሰብ ምጣኔ /ለሴቶች/ 1.አዎ 0.የለም የሕክምና ወጪዎችን ማውጣት 1.አዎ 0.የለም ሴቶችን ማስገረዝ 1.አዎ 0.የለም መወለድ ያለባቸውን የልጆች ቁጥር 1.አዎ 0.የለም	
296	ከሚከተሉት የማሕበራዊ አደረጃጀት ሥርዐት ውስጥ እርስዎ በየትኞቹ ውስጥ ይሳተፋሉ?	የሴቶች ማህበር 1.አዎ 0.የለም ኃይማኖታዊ ማህበር 1.አዎ 0.የለም የፖለቲካ ማህበር 1.አዎ 0.የለም የሕብረት ሥራ ማህበራት 1.አዎ 0.የለም የአርሶ አደሮች ማህበር 1.አዎ 0.የለም እድር 1.አዎ 0.የለም የሕ/ሰብ ብድርና ቁጠባ ማህበር 1.አዎ 0.የለም ከቫይረሱ ጋር የሚኖሩ ማህበር 1.አዎ 0.የለም	

ጠያቂው_____ ሱፐርቫይዘር _____

መረጃ አቀናባሪ_____ መረጃ አስገቢ_____/ለቢሮ ስራ ብቻ/

ENDLINE SURVEY HOUSEHOLD QUESTIONNAIRE

PART I: HOUSEHOLD MEMBERS GENERAL BACKGROUND CHARACTERISTICS

(a) Identification

Region _____ Zone _____ Woreda _____ Kebele/PA _____ Household ID No. [ ]

(b) Number of permanent household members (those who lived in this household for more than 6 months)

Male [ ] Female [ ] Total [ ]

ID	Name	Relation to the head of the household	Age (in complet years)	Sex	Marital status (Age >=14)	Marriage Type	Age at first marriage	Age of spouse at first marriage	Religion	Educational level (Age >=7)	Ethnicity	Occupation (age >=14	Selected
	(Only the first name suffice)	1. Head 2. Spouse 3. son/daughter 4. Grand child 5. Other relative 6. Non relative		1. Male 2. Female	1. married 2. single 3. divorced 4. widowed	1. Monogamous 2. Polygamous 3. Not known			1. Muslim 2. Orthodox 3. Protestant 4. Catholic 5. Waqefeta 6. Other	1. Illiterate 2. Non formal education. 3. Grade 1-4 4. Grade 5-8 5. Grade 9-12 6. 12+	1. Somali 2. Affar 3. Oromo 4. Amhara 5. Tigre 6. Guraghe 7. Others	1. Farmer 2. Pastoralist 3. Merchant 4. House wife 5. Employee 6. Student 7. Daily Labourer 8. Not working 9. others	1. Yes 2. No
		B101	B102	B103	B104	B105	B106	B107	B108	B109	B110	B111	B112
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

PART II: HOUSEHOLD SOCIOECONOMIC QUESTIONNAIRE (ASK HOUSEHOLD HEADS)

1. Farmland owned by the household (in hectares)	
1.1 Farm	
1.2 Grazing	
1.3 Forest	
1.4 Other	
2. Domestic animals owned by the household	
1.1 Oxe	
1.2 Bull	
1.3 Cow	
1.4 Heifer	
1.5 Calf	
1.6 Horse	
1.7 Donkey	
1.8 Mule	
1.9 Camel	
1.10 Goat	
1.11 Sheep	
1.11 Poultry	
3. Housing condition	
3.1 Type of housing	1. Permanent
	2. Mobile
	3. Other
3.2 Ownership	1. Private
	2. Rented
	3. Rent free
3.3 Roof material	1. Thatch
	2. Iron sheet
	4. Wood and mud
3.4 Wall material	1. Wood and mud
	2. Stone and mud
	3. Blockets
	4. Reed/bamboo/etc
3.5 Number of rooms	

4. Household income per month	
4.1 Salary	_____ Birr
4.1 Business	_____ Birr
4.1 Agriculture	_____ Birr
4.1 Social security/family support/etc	_____ Birr
5. Housing facilities and amenities	
5.1 Source of water supply	1. Tap
	2. Protected well/spring
	3. Unprotected well/spring
	4. River/pond
5.2 Toilet	1. Has toilet
	0. Does not have toilet
5.3 Kitchen	1. Has separate kitchen
	0. Does not have separate kitchen
5.4 TV (functional)	1. Yes 0. No
5.5 Radio (functional)	1. Yes
	0. No
5.6 Car	1. Yes
	0. No
5.7 Bicycle	1. Yes
	0. No
5.8 Private telephone line/mobile phone	1. Yes
	0. No
5.9 Sofa set	1. Yes
	0. No

Interviewer_____ Supervisor_____
Data editor_____ Data encoder _____

PART III: INDIVIDUAL INTERVIEW QUESTIONNAIRE

Woreda		
Kebele		
Household ID No.		
Individual ID		

A. FAMILY PLANNING

Q.No.	Question	Answers (circle the respondent's response)	Code (office use)
Q201	Have you ever heard about modern family planning?	1. Yes	
		0. No ---------- go to Q113	
Q202	Which method of family planning have you ever heard?	1=Yes 0=No	
		1. Pills 1 0	
		2. Condoms 1 0	
		3. Injectables 1 0	
		4. IUCD 1 0	
		5. Norplant 1 0	
		6. Tubal ligation 1 0	
		7. Vasectomy 1 0	
Q203	From which source have you heard about contraceptive methods?	1=Yes 0=No	
		1. Health facility 1 0	
		2. Radio 1 0	
		3. CBRHA 1 0	
		4. TBA 1 0	
		5. Friends 1 0	
		6. Spouse/Sexual partner 1 0	
Q204	Have you ever used any method of family planning?	1. Yes	
		2. No ---------- go to Q107	
Q205	Which method of family planning you was used?	1=Yes 0=No	
		1. Pills 1 0	
		2. IUCD 1 0	
		3. Injectables 1 0	
		4. Condoms 1 0	
		5. Tubaligation 1 0	
		6. Norplant 1 0	

Q206	who decides to use family planning in the household?	1. Husband 2. Wife 3. Both	
Q207	Have you disccused with your spouse about family planning?	1. Yes ---------- go to Q109 0. No	
Q208	What are the reasons hindering discussion about family planning with your spouse?	1. Shamefullness 2. Religious 3. Cultural factors 4. I don't know 5. Others (specify)	
Q209	Are you currently using any method of family planning?	1. Yes 0. No ---------- go to Q111	
Q210	Which method of family planning are you currently using?	1=Yes 0=No 1. Pills 1 0 2. IUCD 1 0 3. Injectables 1 0 4. Condoms 1 0 5. Tubaligation 1 0 6. Norplant 1 0	
Q211	What are the reasons for not using family planning?	1=Yes 0=No 1. Lack of knowledge 1 0 2. Lack of access/availability 1 0 3. Fear of side effects 1 0 4. Cultural factors 1 0 5. Forbidden by religion 1 0 6. Spouse disapproval 1 0 7. Don't want for now 1 0	
Q212	Dou you have any future plan to use family planning?	1. Yes 2. No 3. Not sure/haven't decided yet	

B. FERTILITY AND MATERNAL HEALTH

Q213	Have you ever given birth?	1. Yes 0. No ---------- go to Q120	

Q214	Number of children ever born (CEB)	1. Male 2. Female 3.Total	
Q215	Number of children surviving		
Q216	Number of children dead		
Q217	Age of the last child		
Q218	Age of the child next to the last		
Q219	Number of total birth in the last 12 month		
Q220	Do you need to give birth to additional children?	1. Yes 2. No ---------- go to Q122 3. Not sure/haven't decided yet	
Q221	What number of additional children do you need?		
Q222	What do you think is the ideal years of spacing between births		
Q223	How may sisters do you have?		
Q224	Are all of them alive?	1. Yes ---------- go to Q127 0. No	
Q225	Howmany of them have died at adulthood age (14-49 years) dueto prignancy and birth related illness?		
Q226	What are the reasons for the death?	1. Related to birth complexity 2. Related to other illness out of birth 3. Accidents 4. Others (specify)	
Q227	Have you received antenatal care (ANC) during the last pregnancy?(Ask only those who ever give birth)	1. Yes 0. No ---------- go to Q131	
Q228	Starting from which month of pregnancy did you start up ANC (1st, 2nd, ... 5th, 6th, etc)		
Q229	Howmany antenatal visits did you had during the last pregnancy?		

Q230	What was the major source of information about the antenatal care (ANC)?	1. Untrained traditional birth attendant (TBA) 2. Trained traditional birth attendant (TTBA) 3. Community Health Worker 4. Health professional 5. Other sources	
Q231	Where was the place of delivery of your last child?	1. At home 2. Health facility 3. Other	
Q232	Who assisted you during the last delivery	1. Traditional birth attendant (TBA) 2. Trained traditional birth attendant 3. Community health worker (CHW) 4. Health professional (doctor/nurse)	
Q233	What complications were observed during your last pregnancy (both for huasband and wife)?	1. Vaginal bleeding 2. Severe headache 3. Severe vomiting 4. Shortness of breath 5. Redness of eyes 6. Unusual swelling of body/ face 7. No sign 8. Don't know	
Q234	What complications did you had after the last birth (both for husband and wife)?	Answers (circle the responses) 1. Fever/headache 2. Excessive bleeding 3. No complication 4. Don't know 5. Others (specify)	
Q235	Have you ever attended post natal care (PNC)?	1. Yes 0. No ---------- go to Q137	
Q236	Have you received Post Natal Care (PNC) during your last birth?	1. Yes 0. No	
Q237	Have you ever had unintended pregnancy?	1. Yes 0. No ---------- go to Q140	
Q238	What was the outcome?	1. Gave birt 0. Abortion	

Q239	If you had abortion, where did you get the assistance from?	1. Tradational healers 2. Government health facility 3. Private health facility 4. Others (specify) 99. No response	

B. SEXUALITY, HIV AND AIDS, AND SEXUALLY TRANSMITTED INFECTIONS

Q240	Have you ever had sexual intercourse? (Don't ask married respondents)	1. Yes 0. No ---------- go to Q147	
Q241	How old were you when you had your first sexual intercourse? (Ask both sexes)	☐	
Q242	Is it common in your area to have more than one sexual partner?	1. Yes 0. No	
Q243	Have you had a sexual partner in the last 12 months (ask both unmarried sexes)	1. Yes 0. No	
Q244	How many sexual partners have you had in the last 12 month? (Ask both sexes)	☐	
Q245	Is it common in your area to have sex with commercial sex workers?	1. Yes 0. No	
Q246	Have you ever had sexual intercourse with commercial sex worker?(Men)	1. Yes 0. No	
Q247	Have you ever heard about sexually transmitted illnesses (STI)	1. Yes 0. No ---------- go to Q150	
Q248	From which source have you heard about STI	1=Yes 0=No 1. Radio 1 0 2. Print material 1 0 3. Health Facility 1 0 4. CHW 1 0 5. Family 1 0	

		6. School 1 0	
		7. Meeting 1 0	
		8. Peers/friends 1 0	
Q249	Which type of STIs do you know?	1=Yes 0=No	
		1. Gonorrhea 1 0	
		2. Syphilis 1 0	
		3. Chancroid 1 0	
		4. LGV 1 0	
		5. HIV/AIDS 1 0	
Q250	What should one do once knowing having STI?	1. Wait until disappears	
		2. Visit health facility	
		3. Visit traditional healer	
		4. Don't know	
Q251	Have you ever heard about HIV or AIDS?	1. Yes	
		0. No ---------- go to Q156	
Q252		1=Yes 0=No	
		1. Radio 1 0	
		2. Peers 1 0	
		3. Public gathering 1 0	
		4. Church/Mosque 1 0	
		5. Health professional 1 0	
		6. School 1 0	
		7. Family 1 0	
Q253	Can healthy looking person have HIV?	1. Yes	
		0. No	
		2. I do not know	
Q254	Which of the following describe the correct mode of transmission of HIV/AIDS	1=Yes 0=No	
	1. Mosquito or other insect bites	1 0	

	2. Being coughed/sneezed on by someone who is HIV positive	1 0	
	3. Eating food/drink prepared by an HIV positive person	1 0	
	4. Shaking Hands of an HIV positive person	1 0	
	5. Sharing sharp materials (such as needles, razors)	1 0	
	6. Sharing clothing/ food/drink with an infected person	1 0	
	7. Sinful act/curse from GOD	1 0	
	8. Hugging with someone who is HIV positive	1 0	
	9. Unprotected sexual intercourse with many people	1 0	
	10. Using the same toilet seat as someone who is HIV positive	1 0	
	11. Sharing a house with an infected person	1 0	
	12. Mother to child transmisssion	1 0	
	13. Infected blood transfussion	1 0	
Q255	Which of the following describe the correct means of prevention of HIV/AIDS	1=Yes 0=No	
	1. Not have sex at all	1 0	
	2. Only have sex with people who look healthy	1 0	
	3. Use condoms every time having sex with non regular partner	1 0	
	4. Stay away from people who have HIV/AIDS	1 0	

	5. Not share piercing/cutting instruments	1 0	
	6. Be faithful to partner /only have sex with one partner	1 0	
	7. Avoid sex with people who have many partners	1 0	
	8. Don't get blood transfusions	1 0	
	9. Use condoms with non regular sexual partners	1 0	
	10. A person can't do anything to keep from getting infected	1 0	
Q256	Have you ever heard about Condoms?	1. Yes 0. No ---------- go to Q161	
Q257	What are the uses of condoms?	1=Yes 0=No	
	1. Prevents from HIV/AIDS	1 0	
	2. Prevents from sexually transmitted diseases	1 0	
	3. For family planning	1 0	
	4. It has no use	1 0	
Q258	How frequent should one use condoms?	1. Some times 2. Only with commercial sex workers 3. Always 4. No need to use it	
Q259	Have you used Condoms in your last sexual intercourse? (Ask only those who ever had causal sexual intercourse)	1. Yes 0. No	
Q260	What are the reasons for not using condoms?	1. Not effective 2. Costs much 3. Not available 4. Reduces sexual pleasure	

		5. Prohibited by religion	
		6. Sexual partner's unwillingness	
		7. Don't know	
		8. other reasons	
Q261	Have you ever heard about VCT?	1. Yes 0. No ---------- go to Q166	
Q262	What was the source of information about VCT?	1. Untrained traditional birth attendant (UTTBA) 2. Trained traditional birth attendant (TTBA) 3. Community health worker 4. Health proffessionals 5. Radio 6. Peers	
Q263	Is VCT service available in this locality?	1. Yes 2. No 3. I don't know	
Q264	Have you ever get tested to know your HIV status?	1. Yes 0. No	
Q265	If not tested before, are you willing to test for HIV in the future?	1. Yes 2. No 3. I am not sure	
Q266	Have you ever heard about PMTCT?	1. Yes 0. No ---------- go to Q173	
Q267	What was the source of information about the PMTCT?	1. Untrained traditional birth attendant (UTTBA) 2. Trained traditional birth attendant (TTBA) 3. Community health worker 4. Health proffessionals 5. Radio 6. Peers	
Q268	Is PMTCT service available in this locality?	1. Yes 2. No 3. I don't know	

Q269	Have you ever seen /know a person who use or get PMTCT services?	1. Yes 2. No 3. I don't know	
Q270	Have you ever used PMTCT service? (ask only those who gave birth in the last two years)	1. Yes 0. No	
Q271	What are the reasons for not using PMTCT servises?	1. The service is not avilable 2. I donot know its use 3. Prohibited by religion 4. Cultural factors 5. I donot know	
Q272	Who do you think should be involved in PMTCT utilization	1. Huasband 2. Wife 3. Both	
C. KNOWLADGE AND PERCEPTIONS ABOUT PEOPLE LIVING WITH HIV			
Q273	Do you know a person living with HIV in your community?	1. Yes 0. No ---------- go to Q176	
Q274	How did you know the person had HIV/AIDS?	1. Heard from the sick person him/herself 2. Heard from others/rumors 3. I suspect	
Q275	What did you feel for the first time knowing that he/she is HIV positive?	1. Feel sorry 2. Shocked and went away 3. Feel nothing 4. Couldn't believe	
Q276	What do you advice/help if someone you know gets infected by HIV?	1=Yes 0=No	
	1. Advise not tell others	1 0	
	2. Advise to go away from the house	1 0	
	3. advise no to make unsafe sex	1 0	
	4. Advice him/her to use traditional medicine	1 0	

	5. Advice to see a doctor	1 0	
	6. Advice to declare his/her status and teach others in public	1 0	
	7. Revenge who infected him/her	1 0	
Q277	Will you be willing to with HIV infected person	1=Yes 0=No	
	1. Live in the same room	1 0	
	2. Share bed	1 0	
	3. Share clothing	1 0	
	4. Share meal/drinks	1 0	
	5. Touch/hand shake	1 0	
	7. Walk	1 0	
	8. Hugging	1 0	
	9. Provide care	1 0	
Q278	What is/are the response of your communities towards HIV infected persons?	1=Yes 0=No	
	1. Gossips	1 0	
	2. Stigmatizing and discrimination	1 0	
	3. Point out fingers	1 0	
	4. Hidden in the house	1 0	
	5. Forcing to leave their home	1 0	
	6. Show affection	1 0	
	7. Provide care and support	1 0	

D. HARMFUL TRADITIONAL PRACTICE			
Q279	What are the common tradational practices in your community?	1=Yes 0=No	
	1. Rape	1 0	
	2. Abduction	1 0	
	3. Early marriage	1 0	
	4. Female genital cutting (FGC)	1 0	
	5. Polygamy	1 0	
	6. Inheritance marriage	1 0	
	7. Unmated marriage	1 0	
Q280	Which of these tradational practices are harmful in your community?	1=Yes 0=No	
	1. Rape	1 0	
	2. Abduction	1 0	
	3. Early marriage	1 0	
	4. Female genital cutting (FGC)	1 0	
	5. Polygamy	1 0	
	6. Inheritance marriage	1 0	
	7. Unmated marriage	1 0	
Q281	Wich one these harmful tradational practices are commonly practiced in your community?	1=Yes 0=No	
	1. Rape	1 0	
	2. Abduction	1 0	
	3. Early marriage	1 0	
	4. Female genital cutting (FGC)	1 0	
	5. Polygamy	1 0	
	6. Inheritance marriage	1 0	
	7. Unmated marriage	1 0	
Q282	What do you think are the reasons for practicing harmful traditional practices in this	1=Yes 0=No	

	community		
	1. Sexual pleasure	1 0	
	2. To make money	1 0	
	3. Cultural/traditional reasons	1 0	
	4. Religious reasons	1 0	
Q283	Which of the following do you think are the most vulnerable and affected by harmful traditional practices?	1=Yes 0=No	
	1. Female children (<14 years of age)	1 0	
	2. Male children (<14 years of age)	1 0	
	3. Single females (>=14 years of age)	1 0	
	4. Single males (>=14 years of age)	1 0	
	5. Married women	1 0	
	6. Married men	1 0	
	7. Widowed men	1 0	
	8. Widowed women	1 0	
	9. Divorced men	1 0	
	10. Divorced women	1 0	
Q284	Is female circumcision a common practice in your community?	1. Yes 2. No 3. I don't know	
Q285	Are you circumcised? (Ask only females)	1. Yes 2. No	
Q286	Are all of your daughters circumcised? (Ask only those who have daughters Q 114)	1. Yes 2. No 3. I don't know	
Q287	Where your daughters are	1. Health facilities	

	circumcized?	2. Tradational healers 3. I don't know	
Q288	Do you intend to circumcize your daughter/s?	1. Yes 2. No 3. I don't know	
Q289	Do you believe that female genital cutting (FGC) has health risks	1. Yes 2. No ---------- go to Q191 3. I don't know	
Q290	Which of the following are the health risks of female genital cutting (FGC)	1=Yes 0=No	
	1. Absence of sexual pleasure	1 0	
	2. Prolonged/obscured labor	1 0	
	3. Painful sexual relations/ difficult penetration	1 0	
	4. Bleeding/anemia	1 0	
	5. Recurrent bladder and urinary infection	1 0	
	6. Painful menses	1 0	
	7. Difficulty in urination	1 0	
	8. Still births	1 0	
Q291	Are you aware of the illegality of female genital cutting?	1. Yes 2. No 3. I don't know	
E. REPRODUCTIVE HEALTH RIGHTS AND EMPOWERMENT OF WOMEN			
Q292	Have you ever heard about reproductive health rights of women?	1. Yes 0. No ---------- go to Q196	
Q293	What was the source of	1. Untrained traditional birth attendant (UTTBA)	

	information about the reprodutive health rights of women?	2. Trained traditional birth attendant (TTBA)	
		3. Community health worker	
		4. Health proffessionals	
		5. Radio	
		6. Peers	
Q294	Which reproductive health rights are you aware of	1=Yes 0=No	
	1. Right to life	1 0	
	2. Right to marry or not	1 0	
	3. Right to have children and when to have	1 0	
	4. Right to limit the number of children	1 0	
	5. Right to equity and free from discrimination	1 0	
	6. Right to privacy and confidentiality	1 0	
	7. Right to freedom of thought	1 0	
	8. Right to information and education	1 0	
	9. Right to health care and protection	1 0	
	10. Right to free from torture and ill treatment	1 0	
	11. Right to have sexual intercourse	1 0	
	12 Right to select mate	1 0	
Q295	Which of the following decision making involvments do you have in the household?	1=Yes 0=No	
	1. Sending sons to school	1 0	
	2. Sending daughters to schools	1 0	
	3. Marriage of sons	1 0	
	4. Marriage of daughters	1 0	
	5. Selling of goats	1 0	

	6. Selling of cattle/camel	1 0	
	7. Selling of grain	1 0	
	8. Selling of livestock product: milk butter, eggs	1 0	
	9. Buying cloths for the household members	1 0	
	10. Use of contraceptives (women)	1 0	
	11. Medical expenses	1 0	
	12. Female circumcision	1 0	
	13. Number of children to be born	1 0	
Q296	In which one of the following social structure do you have participation?	1=Yes 0=No	
	1. Women's association	1 0	
	2. Religious association	1 0	
	3. Political Association	1 0	
	4. Cooperatives	1 0	
	5. Farmers' association	1 0	
	6. Idir	1 0	
	7. Community saving and credit assocciation	1 0	
	8. Association of PLWHA	1 0	

Interviewer_____ Supervisor_____

Data editor _____ Data encoder _____