

# ETHIOPIA

HIV/AIDS Initiative



An opportunity to join a groundbreaking partnership with the U.S. government to curb the spread of HIV in Ethiopia by investing in effective grass-roots organizations



**USAID**  
FROM THE AMERICAN PEOPLE







# Turning the tide of Ethiopia's AIDS epidemic

Ethiopia has one of the world's highest numbers of HIV cases, with 1.5 million people infected. The New Partners Initiative, created under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), has selected Geneva Global to manage community-based efforts against HIV/AIDS in Ethiopia because of its track record in finding the best local implementers to create lasting Life Change.

This three-year Strategic Initiative leverages \$6 million from the New Partners Initiative with \$3 million from private donors to bring together 60 to 70 of the most experienced grass-roots organizations, reaching more than 340,000 people with HIV/AIDS education and care and making significant strides in the fight against the epidemic. Upon completion, Geneva Global researchers will analyze the results to guide future funding and help local organizations refine their approach for even greater impact.

The goal is to facilitate lasting change for individuals and communities so Ethiopia can reverse the tide of the HIV epidemic.

**Country:**  
Ethiopia

**Sector priority:**  
Health

**Key focus:**  
HIV/AIDS

**2007 Investment:**  
\$3,500,000  
£1,750,569  
€2,526,769

**Total investment:**  
\$9,000,000  
£4,501,463  
€6,625,978

**Lives to be impacted:**  
340,000

**Duration:**  
3 years

Conversions to non-U.S. currencies are based on rates in effect at the time of publication, April 25, 2007. Actual purchase amounts will be determined by conversion rates in effect at the time of purchase.

INITIATIVE PROFILE

# Why Ethiopia?

Ethiopia is among the countries hardest hit by the HIV epidemic. Poverty, inadequate healthcare services and limited access to health education have stifled efforts to curtail the spread of the virus. About 58 percent of Ethiopians with HIV and 61 percent of the country's AIDS orphans are in Addis Ababa and Amhara and Oromia states, which are home to more than half the country's population.

HIV prevalence is about 14 percent in Addis Ababa, Ethiopia's capital, 2.4 percent in the rest of Oromia state and 4.5 percent in Amhara state, according to UNAIDS and estimates based on the results of HIV tests conducted in prenatal clinics in 2005.

Domestic and international trade routes pass through this part of Ethiopia, making it a key location for providing HIV prevention information and counseling and testing to truck drivers and migrant workers, who are at a particularly high risk of infection. Separated from their spouses and home communities, these workers are tempted to engage in casual sex while traveling, contributing to the spread of HIV to remote parts of the country. HIV prevalence increased almost 16 percent in rural Ethiopia between 2000 and 2005.

## ETHIOPIA IN FOCUS

**Locations:**  
Addis Ababa,  
Oromia, Amhara

**Population living on less than \$2 a day:**  
79%

**People with HIV:**  
1.5 million

**AIDS orphans:**  
720,000

**U.N. Human Development Index ranking:**  
170th of 177 countries

Rural residents make up more than 80 percent of Amhara and Oromia's population. With less access to HIV prevention education than their urban counterparts, they are at higher risk of contracting or spreading HIV as they migrate to cities with high prevalence rates.

Amhara and Oromia are home to many small organizations that excel in providing essential services to their communities, but they need more resources to successfully curtail the spread of HIV and care for people affected by the virus. Investing in this Strategic Initiative will help these organizations achieve these goals.



*“HIV/AIDS is knocking at the door of every family in Ethiopia. I know many children in my neighborhood who have lost their parents because of HIV/AIDS. It is painful to see grandchildren becoming dependent on their grandparents who have no capacity to nurture them. There are still many more who are at high risk of contracting HIV/AIDS due to lack of knowledge about the pandemic. And there are a whole host of people who are discriminated against because they live with HIV/AIDS.”*

*— Bula Gemechu, coordinator of a project in Addis Ababa and Oromia funded by a Geneva Global client in 2006*

# Why focus on HIV/AIDS

Ethiopia has made concerted efforts to recover from political instability and recurring food shortages, but HIV threatens to negate recent improvements. The virus has decimated Ethiopia's work force: 91% of HIV infections strike people between the ages 15 and 49. As communities disintegrate under the strain of AIDS-related illness and death, they are left with few resources to address issues such as severe poverty and widespread illiteracy.

Parents dying of AIDS often leave children behind with no one to care for them, forcing youth to resort to risky behaviors such as prostitution for survival income. This puts the children at risk of infection and traps them in a cycle of poverty. Increasing numbers of orphaned children are being adopted internationally because extended family structures that would have traditionally cared for them have dissolved under the strain of HIV/AIDS.

## STATISTICS

- Only 3 percent of HIV-positive pregnant Ethiopians receive a complete course of medication to reduce the risk of mother-to-child transmission
- About half of urban Ethiopians ages 15 to 24 do not understand the issues surrounding HIV well enough to prevent its transmission
- Ethiopia spends about \$5.60 per capita on healthcare annually, less than half Africa's average amount

Females 15 to 24 face twice the risk of HIV infection than males in the same age group, largely because they have less access to information about the virus and are under social pressures to become sexually active earlier in adolescence. It is crucial to reach children with HIV prevention information before they become sexually active.

Preventing the spread of HIV and providing support to families affected by AIDS will strengthen Ethiopia by leading to the preservation of families and communities and the development of a stronger economy. With proper investment, local implementers are prepared to take on the challenge of reversing Ethiopia's epidemic.



*“HIV is not just a health problem in Ethiopia – it is an economic and social problem. Productive people are dying and many families are collapsing. There are still many more at high risk of contracting HIV, and there are a whole host of people who discriminate against people living with AIDS. Among other things, lack of knowledge has contributed to the alarming spread of HIV/AIDS in Ethiopia.”*

*– Dr. Henock B. Hiwot, coordinator of a project in Oromia funded by a Geneva Global client in 2006*

# How will this work?

This Strategic Initiative will increase the capacity of 60 to 70 Ethiopian community-based organizations to deliver HIV prevention and AIDS care services, demonstrating what can happen when local leaders are equipped to transform their own communities. Through networking and program improvement, they will become better able to raise funds and deliver services beyond this three-year funding period. Three-quarters of projects will be in underserved rural areas.

## KEYING ON RESULTS

### FOCUS

### EXPECTED OUTCOMES

	Local implementers needed	Lives to be impacted
Prevention	60 – 70	328,000
AIDS Care	25	12,000

# Three areas of focus:

## 1 HIV prevention

Local organizations will teach community members about the proven ABC approach (Abstain, Be faithful and use Condoms) and increase access to voluntary HIV counseling and testing, paying special attention to vulnerable people, such as pregnant and breast-feeding women, migrant workers, truck drivers and prostitutes. HIV-positive pregnant women will receive services to protect their babies from the virus during birth or breast-feeding.

## 2 AIDS care

Small-scale training will teach community volunteers to provide palliative care to people with advanced AIDS. Community-based organizations will link HIV-positive people to long-term medical care. Orphans will receive family-based care that integrates them into their communities so they can avoid institutional settings.

## 3 Capacity building

Implementers will conduct research, evaluate the effectiveness of their programs and improve their financial management. They will network with one another to close gaps in service delivery. These capacity improvements will help community organizations attract financial resources and deliver life-changing services beyond this three-year funding period.



# GENEVA GLOBAL's

## Strategic Initiative Approach

5 STEPS OF DEVELOPMENT

### 1 PLAN

Geneva Global's specialists and client investors explore solutions to local problems that result in clearly defined social change.

### 2 IDENTIFY

Determine Strategic Initiative goals and objectives.

- EXPLORE NEEDS, FOCUS OF INVESTMENT AND AVAILABILITY OF LOCAL IMPLEMENTERS
- ENGAGE POTENTIAL IMPLEMENTERS AND FUNDING AGENCIES TO CLARIFY PLANS
- REFINE GRANTING STRATEGY AND CONDUCT A BASELINE STUDY

### 3 QUALIFY

Conduct due diligence.

### 4 FUND AND MONITOR

Disburse funds, build capacity and monitor progress.

- DISBURSE FUNDING AFTER AGREEMENTS ARE SIGNED
- SHARE BEST PRACTICES
- MONITOR PROJECT AGAINST AGREED-UPON MILESTONES

### 5 EVALUATE

Compare Performance with goals and objectives to gauge impact.

- COMPARE WITH BASELINE
- CAPTURE LESSONS LEARNED
- CELEBRATE ACHIEVEMENTS

A **Strategic Initiative** is a portfolio of multiyear projects within a specific geographic area. Through collaborative investment from multiple client investors, a Strategic Initiative results in clearly defined social change, often focused on a single issue or developmental sector of global priority. Projects are researched and chosen to create portfolios that will achieve results greater than the sum of the projects. A Strategic Initiative spans three to five years. Grant amounts for individual projects within a Strategic Initiative are typically \$1 million or more, but will vary according to geography, capacity of local implementers and the specific issues addressed.

A Strategic Initiative is a solution-oriented approach designed to catalyze Life Change. It requires careful communication and planning among local leaders in a project area, Geneva Global staff and the client investor. The results benefit all involved.



#### Key ingredients for each Strategic Initiative include:

- Establishing clear and measurable goals for social change through a landscape study, a granting strategy and a baseline study.
- Selecting effective implementing organizations whose programs and projects align with the established granting strategy and provide the best local approaches to address local needs.
- Collaborating and sharing knowledge among funded organizations to encourage effective use of best practices. This may happen in many ways, including implementer conferences, workshops and client site visits facilitated by Geneva Global.
- Conducting ongoing monitoring and evaluation of funded projects, as well as communicating with implementers and donors on the progress of the Strategic Initiative projects.
- Conducting a final evaluation of the Strategic Initiative to determine the measurable and lasting Life Change achieved.
- Exploring how additional funding could enable the most effective implementing partners to continue addressing the most critical needs in the region. This encourages expansion of the most effective organizations and programs through results-based funding. In the end, the best of the best expand their work, improving the marketplace among social entrepreneurs.



# Changing Lives

**Meseret Kibrom, 19**, of Oromia, dropped out of ninth grade to support her family after her father died from an AIDS-related illness in 2003. Her mother was bedridden. "I used to fetch water and collect firewood for people and get food for my mother and myself every day," she says. Then a local organization with funding from a Geneva Global client began training community members to provide home-based care to people with AIDS. Kibrom was able to return to school in 2005. "Now I am learning and my mother is also taken care of. I am not tempted to have sex to get money. I went for voluntary counseling and testing and found myself HIV-free. I have peace."

**Amsale W. Michael, 19**, is the oldest of five children who have never attended school. Their mother, a widow, has a disability that prevents her from working. After their father died, Amsale and two of her brothers started working to support the family, and Michael resorted to prostitution for survival income. She says, "I was encouraging my two sisters to follow my footsteps and share the burden of feeding our family – to be honest, I did not know anything about HIV/AIDS at that time." In 2004, a local implementer receiving funding through Geneva Global began educating prostitutes about HIV in Addis Ababa. Michael attended a four-day workshop on the topic and decided to receive HIV counseling and testing. She tested positive for the virus. "My first step was to go back to my family and tell them about the pandemic. My two sisters went for counseling and testing and, fortunately, they were free from the virus. I would say that episode rescued my family from demolition." The implementer provided Michael and her family with vocational training and job placement help. "My family members lead a better life today," she says.

**Nida Alemnesh, 40**, contracted HIV from her husband. "When he died, he left my house empty. I had no food and no cattle. I sent my seven children to live with my relatives. I had spent all my savings on my sick husband." Then Nida found out about a community organization receiving funding through Geneva Global to provide support to people with HIV. With the implementer's help, Alemnesh acquired a dairy cow, a horse and seeds for her farm. She earned enough income to bring her children home and improve her farm. She also helped start a support group for people with HIV. "Now, I have two cows, six chickens [and] three goats. My whole farm is plowed with beans. I have repaired my house. ... Every morning, when I milk my cow, I praise God for what he has given."

## Photography credits and captions

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Cover photo: **Larry Thomas**

*Ethiopian girls receive unequal access to information about protecting themselves from HIV.*

Pages 2-3: **Larry Thomas**

*Ethiopian children often have the benefit of growing up in close-knit communities among their extended families. But the HIV epidemic is shattering many of these social support structures.*

Page 4: **Larry Thomas**

*Young Ethiopian women are twice as vulnerable to HIV infection as Ethiopian men.*

Page 9: **Ross McDermott**

*A project funded by a Geneva Global client in 2006 is providing HIV prevention education and vocational training to families in Addis Ababa.*

Page 14: **Ross McDermott**

*An organization funded by a Geneva Global client in 2005 provided financial assistance to this orphan so she could attend school.*



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