



## **Annual Report**

**Brothers of Good Works Counseling & Social Services Center**

**January 2020 – December 2020**

**April 2021**

**Addis Ababa, Ethiopia**

## **Addis Ababa, April 2021**

As we all know, the year was characterized and experienced predominantly by new pandemic, which affected the lives of many globally in terms of health, social and livelihood conditions. It is noted that the effects are enormous for the poor people like the beneficiaries of the counseling center. Accordingly, it affected the work environment and provisions of services for the needy in the community. We had infections among beneficiaries and staff of the center.

However, amidst of the problem the center has been able to accomplish the project objectives of empowerment of beneficiaries under its support program by modifying its approaches with the required precaution to prevent the risk of infection of COVID-19. Most of the beneficiaries have done well and benefited from the project as a result of courage and determination among the clients and staff of the counseling center.

We are of strong conviction that we will always win the struggle and improve the quality of life experienced by vulnerable groups by working together.

On behalf of our clients, their families, our local communities, and the staff of the center, I present this report of our activities and thank you for your continued interest, support and encouragement.

Gratefully

Abebe Dantamo  
Director

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## Acronyms

AAC:	Anti AIDS Club
ABC:	Abstinence, Being faithful, & Condom use
ACS:	Archdiocesan Catholic Secretariat
ADL:	Activities for a Daily Living
AIDS:	Acquired Immunodeficiency Syndrome
ART:	Anti-Retroviral Treatment
BBST:	Basic Business Skill Training
BCC:	Behaviour Change Communication
BGW CSSC:	Brothers of Good Works Counselling & Social Services Center
BGW:	Brothers of Good Works
CAFOD:	Catholic Agency for Overseas Development
CBO:	Communities Based Organization
CBR:	Community Based Rehabilitation
CP	Cerebral Palsy
CSW:	Commercial Sex Worker
CWD:	Child/Children with Disability
ECS	Ethiopia Catholic Secretariat
EDHS:	Ethiopian Demographic Health Survey
ETB:	Ethiopian Birr
FGD	Focus Group Discussion
HCT:	HIV Counselling and Testing
HIV:	Human Immunodeficiency Virus
HIV+:	HIV Positive
IEC:	Information, Education and Communication
IGA:	Income Generating Activities
KAP:	Knowledge, Attitudes, Practices
KG:	Kindergarten
OVC	Orphan & Venerable Children
PLHIV:	Person(s) Living with HIV
PMTCT:	Prevention of Mother to Child Transmission (of HIV)
PWD:	People with Disability
SP	Strategic plan
STD:	Sexually Transmitted Disease
STI:	Sexually Transmitted Infection
SW:	Sex Worker
TB:	Tuberculosis
TV:	Television
YWD:	Youth(s) with Disability

## 1. Vision and Focus

The Brother of Good Works Counseling & Social Services Center is a faith-based organization under the umbrella of the Ethiopian Catholic Church and run by the Congregation of the Brothers of Good Works.

As defined in the strategic plan 2017-2022 our vision is: *“We wish to see a society where people are able to realize their human worth and potential”*

To achieve our goal, we work with vulnerable groups and individuals to empower themselves, to become self-reliant and to participate in society through counselling & education and by creating work opportunities. Empowerment strategy is the cornerstone in our intervention process and the subsequent achievement of targeted results. Our approach is holistic with this empowerment strategy- addressing issues in various domains of life such as health, psychosocial, livelihood and social rights to enable clients under the intervention program experience the positive face of life in the domains stated above. The beneficiaries are ‘on the driver’s sit’ with the required inputs and assistances from the counseling center to make choices and take actions for safer, improved and better quality of life.

The following objectives were identified in the strategic plan to guide us through 2017-2022:

**Strategic Objective 1:** *We empower PLHIV so that they are healthy, self-confident, ready to work, and are freely participating in the society.*

**Strategic Objective 2:** *We empower YWD/CWD and their families so that they receive appropriate treatment and therapy, can communicate, can carry out daily living activities and can develop their skills by using their potential and integrating them in the society;*

**Strategic Objective 3:** *We empower double orphans, single orphans due to HIV and HIV+ youth so that they take decisions and make choices knowing their capacity/talents and being able to earn a future income.*

**Strategic Objective 4:** *We empower beneficiaries, so that they are able to cover their needs with a sustainable income using their skills and capacity.*

**Strategic Objective 5:** *We will empower most at risk populations and wider community in order to increase their decision-making ability and we will create an inclusive environment for PWDs and PLHIV by raising awareness among the society.*

**Strategic Objective 6:** *The organization will be financial sustainable with a diversity of local and foreign donors.*

**Strategic Objective 7:** *The organization will measure the impact of the programs and will sustain the programs after phasing out using different instruments.*

## 2. Catchment Area and Beneficiaries

The organization has been working with the beneficiaries of the program following the principles and strategies of phase-in phase-out. Beneficiaries are discharged from the support program, ensuring that they are competent enough in handling/managing life on their own in terms of the domains of life vis-à-vis health, emotional satisfaction, livelihood and other social conditions. In line with this, the center phased in into Gullele sub-city at the end of 2016 and have been working with beneficiaries recruited from 7 woredas 2, 3, 4, 5, 7, 8 and 9. Gullele is one of the administrative sub-cities in the Capital, with a population of 334,434 in 2020, and an area of 3272 ha, located in the northern suburb of the city near the mount Entoto.

According to our findings from the woredas' officials and physical observation of the area, the area is densely populated and most of the residents live in a state-owned mud and wood built old and shanty dwellings. The residents make their living by engaging themselves in whatever they found. The local substance/drug including alcohol (Areke, Teje), Chat, Shisha, etc. shops and houses are plenty and the chances of being at higher risk of acquiring HIV/STI for young people and other community members are enormous.

**Table 1: Total no of beneficiaries in January 1 - December 31, 2020**

174 PLHIV	522 household members 78 PLHIV from previous year 96 newly admitted PLHIV
213 Orphans	145 from previous year 68 new admissions
184 Children / youth with a disability	117 from previous year 67 new admissions
51,306 community members involved in awareness raising programs on disability, HIV, common health problems such as COVID 19	House to house education, coffee ceremony and open street shows along with staging hand wash sites in the community;
187 Commercial Sex Workers	Involved in peer group discussions

## 3. The social and economic empowerment Department

The department works for the empowerment of the people infected and affected by HIV with interventions focusing on addressing issues identified per individual client and/family under the broader domains of life vis-à-vis health, legal human rights, psychosocial and livelihood conditions- by developing empowerment plans.

### 3.1. Psychosocial services for empowerment



The project works with the clients, families and other stakeholders in the provision of ART treatment, counseling including adherence counseling to the treatment, homecare, individual family and couple and group counseling, medical care, and as well training on social/life skills. Coffee ceremonies are organized at the neighborhood of PLHIV to positively challenge the stigma and discrimination associated with HIV and AIDS.

In addition, as part of the empowerment process, financial support is provided for 38 clients to help them meet the basic needs of the family, particularly those who are sick and malnourished. In addition, a total of 105 women received money to buy food for 3 months with the extra support from donor in order to help them cope up with the crisis situation of COVID-19. This has contributed in topping up what they have to feed and re-establishing their small-scale businesses which had been staggering due to crisis associated with COVID-19.

**Table 2: Main psychosocial services provided in 2020**

<b>1. Financial support through among others:</b>	
1.1 Food subsidy and supplementary for malnourished	143 households
1.2 Provision of medical fee	28 clients
1.3 House repair	11 houses
<b>2. Psychological/emotional support:</b>	
2.1. Group counseling	174 persons – participating in monthly group sessions of around 15 beneficiaries per group
2.2 Individual counseling by counselor	173 sessions
2.3 Family/partner counseling	1 sessions/for one couple

### 3.2. Economic empowerment

This component of department focuses on the empowerment of the women PLHIVs and their family members, the mothers of CWDs, CSWs, caregivers and the older orphans by involving them in activities such as basic business skills training, vocational skill training, livelihood promotion activities and Saving and Internal Lending Communities.

**Table 3: Economic empowerment in numbers**

<b>Beneficiaries in January 1 - December 31, 2020</b>	<b>Explanation</b>	<b>Remark</b>
236 clients graduated from Basic Business Skill training	81 PLHIV; 38 caregivers of orphans 36 mothers of CWDs 81 CSWs	
262 Clients started small enterprise	92 PLHIV 56 caregivers of orphans 35 mothers of CWDs 79 CSWs	
11 clients attended vocational skill training	9 orphans 2 mothers of CWDs	
418 clients participated in Saving & Internal lending groups	174 PLHIV 165 caregivers of orphans 79 parents/caregivers of CWDs	

**3.2.1. Changes in life:****a. Battery tool**

To measure the changes in the experienced quality of life, the center uses a special tool, called ‘batteries tool’. At moment of admission to the program, after 1 year and at the moment of discharge from the program the client is asked to fill a glass of water with colored water. The glass represents the various domains of life (Health, Psycho social condition, Livelihood) and the water represents the level of satisfaction. The client is asked to fill the glass 3 times up to the level of experienced quality of life at that moment. The staff invites the client to explain the reason for the level of filling. A full glass resembles 10 (highest score possible) and empty glass (resembles 0 – lowest score possible).

The results of the assessment of quality of life with 73 clients living with HIV at the moment of discharge from the program were analyzed. The table below shows the average score at the start of the empowerment process and at the moment of discharge.

**Table 4: battery tools score**

<b>Domain</b>	<b>Average score at the start</b>	<b>Average score at moment of discharge</b>	<b>Change</b>
<b>Health</b>	<b>5.8</b>	<b>9.3</b>	<b>3.5</b>
<b>Emotional well-being</b>	<b>5.1</b>	<b>9.3</b>	<b>4.2</b>
<b>Livelihood</b>	<b>4.5</b>	<b>9.4</b>	<b>4.9</b>

It is understood that not each beneficiary would have experienced the same level of change of quality of life. However, the average level of changes in the various domains indicate that beneficiaries involved have been experiencing improved quality of life during their stay with the project.

### **b. Review meeting-**

Review meetings are carried out with beneficiaries biannually after intervention to see if the intended changes are happening among the clients after intervention by the project; the following quotes taken confirms the positive effects of the intervention:

, *“I have no words to express about the organization’s support provided for the beneficiaries. Previously, my situation was terrible- lived in a state of darkness, often with frustration and stress;*

*I led an isolated life due to stigma and discrimination from neighborhood and my family members. I was devastated psychologically, frequent health and other social problems in my life. I wanted to work but I had no money and as well no knowledge about how to run business. Now, the situation is changed due to the comprehensive activities done by the organization- I am relieved from my stress and know how to live as a human being in full. I am healthy, leading a happy and peaceful life with no strains because of improved social and livelihood conditions; I might not need to say it out as the changes are enormously visible in all dimensions- health, social, economic and psychological conditions. I am grateful to the organization and consider empowerment as the best approach.”*

*“Previously, I had an experience of Injera business. I had a problem in managing my income as a result of which I had been in the state of shortage of money always. We didn’t have enough even to cover costs related to our basic needs. After attending the basic business skill training, the organization strengthen my Injera business. I succeeded in changing my life; I developed a saving practice and have 10,000.00 ETB in my bank account. I spent 4,000.00 ETB to cover costs of medical treatment for my sister, who have had health problem. My change is due to the support of the centre, the close follow up of my business activity and encouragement from my fellow beneficiaries. I expanded my business by selling Ketema, baletena, Itan and vegetable. Now, I am empowered economically- I can buy different kinds of household utensils as an asset; and fully cover any household related expenses as a result of the income gained from the business.”*

*“Before coming to this organization, I was on ART but not taking it regularly (mainly time is not adhered to). I was negligent and careless as far as the medical check-ups and medicine intake are concerned. After admission to the support program at the counseling center, the counselling/education and training on various topics have become vital inputs for empowerment process in life. The counsellor came to my home regularly for counselling, reassured and encouraged me to go to health institutions to have follow up for my uterine and hemorrhoid problems. I am not suffering the constipation anymore as used to be in the past. I learned quite a lot about adherence, the importance of nutrition/balanced diet and personal and environmental hygiene in the process of treatment and maintenance of general health. The individual and group counselling sessions by the nurse counsellors at home and at the centre, helped me- to practice positive lifestyle. I take the ART medication timely and regularly and keep personal hygiene, eat balanced diet timely and conscious about my health.”*

In general, all the PLHIV who were discharged from the empowerment program have improved their quality of life substantially.

### c. Beneficiary story- W/o Siferash

Siferash is about 45 years old living with HIV. She lives in about 3mx3m room kebele house. She came to Addis from rural part of Ethiopia about 30 years back and worked as a housemaid for a family until she was dismissed out of the family due to her HIV status in 2018. She was on the streets of Addis passing the nights on roadside nearby a church until she got the kebele house sometimes in 2019.

Before joining the counseling center for support, she depended on income from daily labor or begging or charity from individuals and groups. She did not have enough to eat and cloth herself property. She said, *'I was sick on and off and depended on charity of individuals/groups to maintain life; people have provided me with food, clothing, money for celebrating feasts/holidays like Christmas, etc.; my adherence to treatment was very poor; I did not have good appetite; I had been in stress and passed through painful situation and sleepless nights; my heart was totally broken by the action taken by the family which I served since my childhood'*. Part of this story was shared in tears. The lady explained in her interview with staff that a lot has changed in life. These changes encompass the various domains of life. She is in a very good health condition with quite good patterns of medical check and follow-ups at hospital and the counseling center.

She said, *'I am healthy, strong, and take my medication properly; and eat properly- adhering to instructions given by the doctors and counselors'*.

In relation to disclosure, she shared that her relationship with neighbors, family members, friends and others including her fellow beneficiaries is smooth and contributed to her wellbeing: *'I have inner peace free from feelings and thoughts of revenge associated with my past. I regained a kind and forgiving heart; and learnt to be positive to maintain and sustain the inner peace/ peace of mind; the group experience sharing and counseling sessions tremendously helped me in this direction'*.



In line with the economic empowerment program, she was engaged in Injera baking and selling business and expanded/upgraded it by selling vegetables. She has a saving of 3,000.00 ETB and formed assets of various kinds. In her final words she said, *‘Now I know what business is; I am one of the happiest lady among the beneficiaries of the center; I have higher motivation to change myself and to show others that change is possible with a little support and guidance; I have hope, my spirit is lifted- up and my dignity has been restored; my beliefs that change is possible has emanated from the encouragement by the staff of the counseling center and a change that happened in my life- which I am experiencing it at the moment’*. She added, *‘I have a partner at the moment; I have a plan to have children if God wills; I have discussed this with my doctors during my follow-up visits’*.

#### 4. Youth Empowerment Department



The focus of the department has been directed to the empowerment of the youngsters (aged 12-21 years) and their caregivers so that they will be capacitated to live a positive life. The five years Strategic plan (2017-2022) of the Center strongly emphasizes that youth are at risk population due to many factors and guidance in the areas of education, life skills, reproductive health issues, future employment directions/possibilities, discouraging migration, gender equality, etc. are mandatory to live a positive life. Guided by this Strategic Plan, the program works to improve the existing life situation of poor orphaned youngsters and their caregivers through a process of empowerment Accordingly, children and their caregivers have received various supports to help them meet their educational, psychological/emotional, health and livelihood needs (based on identified need and developed individual empowerment plan). To know your roots is very important for orphans looking for their identity. Memory books are used to share all kinds of petty facts about the children’s roots and family.

**Table 5: Main services provided by Youth Empowerment Department**

<b><u>Financial support through among others:</u></b>	
Food subsidy	213 children
Food supplement in case of malnourishment	60 children

Provision of medical fee / drugs	71 children
<b>Educational support</b>	
Study skills training	56 children
Provision of school materials	135 students
<b>Psycho social support through:</b>	
Group counseling	165 persons groups with average of 20 persons meet each month
Individual counseling for OVC + caregivers	224 sessions
Life skills training	40 youngsters 15 caregivers
Memory book writing	51 caregivers
Home visits	108 Home visits but no school visit

#### 4.1. Beneficiary story:

Wro. Enkunes G/sillassie is a widow who cares for a boy who has an ear problem. The father of the boy died some years back. She shared that her husband was the breadwinner of the family through earning by working at construction sites as carpenter, mason and/electrician. She lives in a Kebele (government owned) house with her son. Before joining the organization for support, she used to work as a daily laborer- washing clothes, baking injera for individuals, etc. at the neighborhood.

w/o Enkunesh was admitted to the support program at the Brothers of Good Works Counseling and Social Services Center (BGWCSSC) in July 2019 and have been receiving various supports/services including school materials for her son, counseling and training with the aim of enabling them to experience improved quality of life in various domains.

*She said, 'the training I received on Basic Business Skills enabled me to become a successful business woman- enabling me to generate business ideas, to understand the business environment, to plan and manage business, etc., I am engaged in the business of preparing and selling injera to restaurants and groceries and became successful.'*

In the course of her trading activity, she has rehabilitated her old house expending Birr 12,000.00, bought household furniture such as bed (5,000.00ETB), wardrobe (3,500.00 ETB) and second-hand water jar (with a filter) for Birr 600.00. She has been able to save more than Birr 8,000.00 in bank from the profit of the business.

*In conclusion W/o enkunesh said, 'we have enough to eat- 3 meals a day which was not the case before; the family is able to cover all the necessary expenses on its own; I have a plan to expand my business by purchasing additional pans and hiring assistants who will be participating in the baking and supplying activities; now, I am strong mentally and economically. Thanks for all the support extended to me and my son.'*



## **5. Community Based Rehabilitation for CWDs and/YWDs and their Parents**

The level of stigma and discrimination associated with disability is pervasive in the country due to lack of knowledge on its causes and effects. In the face of stigma and discrimination, parents feel uncomfortable and tend to hide their children/youngsters with disabilities from the view of the community thereby denying them of their basic rights to civil life and to access services. Because of the negative attitudes prevailing in the community PWDs do not have access to social life and face difficulties in participation in society, which is further decreasing their visibility in the local communities. They are isolated and their needs are not adequately accommodated and addressed by all sectors of society, including government.

The department worked with focus on children/youth with intellectual, multiple disability, CP and severe physical disability by providing support according to specific needs of each child, using a home-based approach. Activities in the program included:

- provision of services such as physiotherapy, appliance, supplementary nutrition, medical fee and support group counseling;
- economic empowerment for guardians of CWDs/YWDs through IGA and/vocational skills training;
- training and awareness raising on disability issues including ‘inclusion’ using target specific approaches- for students, wider community members, teachers, health professionals and health extension workers; in the awareness raising programs beliefs and misconceptions like “disability is a punishment of God because of sin” or “epilepsy is the devil” are addressed and challenged.

A total of 184 (67 of them newly admitted during the reporting period) CWDs/YWDs were supported by the center and 58 children and their families were discharged from the program – being able to live without the support of the BGW Counseling & Social Services Center. 5 children passed away.

**Table 6: Main services provided for CWD and their caregivers in numbers**

Services	Remark - beneficiaries
Physiotherapy for CWDs/YWDs	61 CWD
Training on physiotherapy for mothers of CWD	15 mothers
Provision of Medical care	159 CWDs
Provision of appliance	62 CWDs
Education – attending school	60 CWD
Parents Meeting – support groups	157 parents /caregivers of CWDs
Provision of supplementary nutrition	138 malnourished children-2 health centers and at home
Provision of 3-month ration and COVID-19 protective materials	112 households of CWDs
<b>Awareness raising activities on disability</b>	
Activity	No of beneficiaries
Coffee ceremony	555 beneficiaries
Child to Child program	11 pre-schools, primary and secondary schools; 460 children
Special Needs Club	11 schools; 1,306 beneficiaries- before COVID-19

### 5.1. Beneficiary story – **Dibekulu Mahelet**

Dibekulu lives in Gullele sub-city, woreda 5 with his mother in a kebele rental house (very narrow 1 room). He lives with multiple disabilities (armless, with abnormal legs, ID and can't communicate). His father died in car accident after Dibakulu was born. After the death of the father, the family used to live on individual and/group charities- as Debekulu's mother did not have work. She said, *'The family of my husband blamed me for having the child with the disability problem; I had been insulted and stigmatized by them; I had visited various health facilities but in vain; it had been stressful and painful emotionally.'*

Dibekulu was referred to BGW-CSSC in September 2019 by community health extension workers who had training on disability. By the time of admission, Debekulu was not able to sit, always in bed or on the arms of his mother, not able to communicate with others and had developed contractures.

After his admission, he was referred to cure hospital for further assessment and treatment, received supplementary nutrition and physiotherapy services at home and at physiotherapy center, family

members and neighborhoods had awareness on disability, and the mother is engaged in economic empowerment process.

After the intervention by the center, the child is able to sit (use trolley/child cart), muscular contracture reduced and allowed movement of body part, e.g., leg, he is able to utter words like mama, baba, etc., the mother knows when to give him popo and/when to give him something to eat or to drink reading his body language. His father's families are visiting him and their attitudes towards disability is changed in positive direction.

The mother has become a business person- started-up by selling coffee beans and expanded it by selling cloths and shoes in a rented well-furnished shop. She has 6,000 ETB in her saving.

The mother said, *'I am empowered and independent through support of the organization; I have my own income; I have formed assets such as TV set, cupboard, toilet chair for the child, washing machine and many others; what do I need? I have everything! You can discharge me now and give chances for others who are in need.'*



The family was discharged at the end of this year after the interview was taken by staff of the Counseling Center.

## **6. The Behavior Change Communication Department**

Following the latest development in the area of HIV prevalence and risk behavior among vulnerable social group, the target group of the Department consists of mainly youth, young adults, girls and women and female sex workers who are part of the most at risk populations as identified by the government of the Ethiopia.

The HIV/STI prevention program of the center focuses its message and effort on three important aspects of behavior: delaying sexual debut (abstinence) among the young and the never married, limiting the number of sexual partners (or staying faithful with one uninfected, mutually faithful

partner) and using condoms (ABC-method)- with a wider scope of intervention programs including migration, importance of employment, gender issues, sexual reproductive health and other risk factors and life skills. The intervention also promotes acceptance and support for persons affected by HIV in the local community by addressing issues related to HIV stigma and discrimination. In addressing the issues, the department has used various approaches including house to house (door-to-door), training various groups, mass education, coffee ceremonies, peer education, etc.



**Table 7: Main Educational Activities in numbers in community and school settings**

Activity/item	Qty
Community awareness on disability, HIV and common health problems (through mass events)	42,984
Refresher and follow-up training for teachers- before COVID-19	18
Students addressed on HIV and related issues through peer group discussions- before COVID-19	1,449
House to house education on HIV, disability and COVID -19	6,019
Training of influential members of CBOs	38
Community members reached through coffee ceremonies	854

**Program for Sex Workers in numbers:**

	Explanation
39 SWs trained as peer group leader	39
187 SWs participated in peer group discussions	187
SWs referred for medical checkup and testing	101
SWs engaged in economic empowerment	79

## **Some changes noted as a result of the intervention:**

### Results of the Sex Workers program:<sup>1</sup>

Both the baseline and the post assessments were done among 75 SWs of Woreda 05, 07& 08 hotspot area of Gulele Sub-City to obtain information about the level of knowledge on HIV and STI, working habits and safe practices. We observed a change in level of comprehensive knowledge about HIV and a change in practicing a safe lifestyle.

- Related to HIV transmission: 99% and 96% of the post KAP respondents mentioned unsafe sex and sharing contaminated sharp objects as means of transmission (was 73 % and 50 % in pre KAP) respectively; and about 99% of the post activity respondents knew that HIV could be transmitted from mother to child compared to 67% before intervention; they also have had quite better understanding/knowledge on when this could happen- during delivery (32% at pre KAP compared to 96% at post KAP), breast feeding (15% at pre KAP compared to 93%) and ‘during pregnancy’ (49% at pre KAP compared to 81% at post KAP).
- Related to STI/HIV prevention: change related to the knowledge and attitudes on preventive methods were recorded in a positive direction among the peer group participants: e.g. Medical checkup and follow-up increased from nil in pre KAP survey to 33% in post KAP survey and testing before marriage (HCT) from nil in pre KAP survey to 23% in post KAP survey. And all the respondents of post KAP surveys knew and use condoms as a means of protection against risk of acquiring HIV with their clients while it was 90% for the pre KAP respondents. However, the proportion of respondents who were engaged in sexual intercourse without condoms in the past 6 months decreased from 31% in pre KAP to 12% in the post KAP survey. The proportion of respondents who would not and/were not sure about bringing their partners along with them to health institutions if they think they have STI has decreased from 56% in pre KAP to 1% in the post KAP survey.

### Results from house-to-house education<sup>2</sup>:

The post KAP survey carried out in woreda 5 on completion of the house-to-house education for that particular site shows a significant level of change in the various thematic areas considered in the questionnaire in regard to knowledge and attitude of the people in the local community. This can be indicated for instance by the proportion of respondents of the post KAP who stated that ‘they would take care of him/her using protective materials if they found a family member HIV positive’ (83%), ‘they would take care of him/her and feed him/her properly if a family member found HIV positive’ (100%), they would advise/her to take his/her ART properly (87%) and they would advise him/her to get proper medical treatment (85%) against 33%, 78%, 39% and 68% respectively for the same items in the pre- KAP survey. The proportion of respondents who would isolate feeding utensils and other materials were none for the post KAP respondents while it was 23% for the pre KAP respondents.

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<sup>1</sup> 17072020 csw post kap survey at gulele wereda 5,7,8 &9 hot spot area (July 2020)

<sup>2</sup> 09032020 HiH in Gulele subcity wereda 5 post kap survey (March, 2020)

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- For all those we have not been mentioned by name and have helped us in so many ways in the past year: *Thank you for your interest and generous contributions.*