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# **Report from evaluation of The HIV/AIDS prevention project of the New Life Community (NLC) Ethiopia**

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## Foreword

All over the world, people are struggling to face the challenges posed by HIV/AIDS. In many countries traditional gender roles increases the susceptibility and vulnerability for women in particular in relation to the pandemic.

This report is from an evaluation of a project to prevent HIV infection particularly among young women, which is such an essential challenge of our time. The organisation New Life Community (NLC) started to address the need for poor children to access education, and has over the past three years taken on the challenge of HIV/AIDS, with the support from FOKUS in Norway. This report is of the evaluation of the HIV/AIDS prevention programme.

As an external evaluator I am very grateful for having been given this assignment, and for having been allowed into the organisation to see and learn. My sincere thanks go to the management of NLC who prepared a programme and was always open to make adjustments and to answer all my questions and requests, and also to NLC and FOKUS in Norway for providing useful information and materials.

I am also grateful for all the partners and participants in Ethiopia who were willing to share their experience and information with the team.

In Addis Ababa I worked together with the local consultant, Ms Elshaday Timkat, and also with Ms. Christine Wiik from FOKUS in Norway. Thank you for your participation, input and suggestions during the whole process.

This report is based on all the input given; however, I am responsible for the contents of this report.

The team expresses all the best wishes for the future development of the organisation and for the various persons that are involved in all the services and activities.

Oslo, June 2005

Anne Skjelmerud

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## List of abbreviations

<b>AA</b>	Addis Ababa
<b>AAC</b>	Anti AIDS Clubs
<b>AGM</b>	Annual General Meeting
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AMREF</b>	African Medical & Research Foundation
<b>ART</b>	Anti Retro Viral Treatment
<b>BCC</b>	Behavioural Change Communication
<b>CBO</b>	Community Based Organizations
<b>CRDA</b>	Christian Relief and Development Association
<b>FGM</b>	Female Genital Mutilation
<b>FOKUS</b>	Forum for Women and Development
<b>HAPCO</b>	HIV/AIDS Prevention and Control Office
<b>HeSo</b>	Centre for Health and Social Development
<b>HIV</b>	Human Immune Deficiency Virus
<b>IEC</b>	Information, Education and Communication
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MTR</b>	Mid Term Review
<b>NLC</b>	New Life Community
<b>NGO</b>	Non- Governmental Organization
<b>Norad</b>	Norwegian Agency For Development Cooperation
<b>OVC</b>	Orphan and Vulnerable Children
<b>PLWHA</b>	People Living With HIV/AIDS
<b>PMCT</b>	Prevention of Mother to Child Transmission
<b>Q&amp;A</b>	Questions and Answers
<b>STI</b>	Sexually Transmitted Infections
<b>STDs</b>	Sexually Transmitted Diseases
<b>TOR</b>	Terms of Reference
<b>TOT</b>	Training of Trainers
<b>UNFPA</b>	United Nations Fund For Population Activities
<b>UNICEF</b>	United Nations Children's Fund
<b>VCT</b>	Voluntary Counselling and Testing

# 1 Introduction

## *Welcome to New Life Community!*

The first meeting with New Life Community is overwhelming. Through a brightly painted yet modest gate, the visitors are greeted by hundreds of singing school children, all in bright orange pullovers, the orange colour being the “trade mark” of NLC properties and activities. The children give flowers to visitors, and they perform songs, including Norwegian children’s songs, and a poster welcomes the visitors in Norwegian.

Starting from a school in a home made bamboo hut 10 years ago, NLC now offers schooling to 3000 children from poor families, no schools fees are required. In the evening, when the two sets of pupils have finished their school days, another group comes in, young people mostly, who proudly brings books, for their literacy training.

Less visible than the singing school children is the project we have come to see: the HIV/AIDS prevention project. A group of youth are busy learning the skills of hairdressing, and in another room, catering and cooking is being taught. The learners are young women who have not been able to finalise elementary or secondary school or not been able to enter further education. We also meet young people, mostly boys, in youth clubs, and we were showed part of a colourful and impressive dancing show performed by the drama and dance group.

## *“Woman of courage”*

The quote above is from a recent presentation of the project in a newspaper in Addis Ababa. When getting presentations about the organisation, whether from this newspaper article, the 10 year celebration booklet, or through conversations with the leadership of the organisation, it is largely about one woman, Mrs Genet Leulseged. The history of the organisation is a reflection of her biography, from her childhood and troubled youth, through her time as refugee in Norway, and to how she came back and used her contacts and network in addition to her full creativity and competence to develop the project and her vision for a better life for poor people, especially children.

The New Life Community has received funds through FOKUS, Forum for Women and Development since 2003, to work with women and HIV/AIDS. As 2005 is the final year for this support, NLC and FOKUS decided to carry out an evaluation in May 2005. The overall issues for the reviewed are:

- the goal of the project against the funding that has been given from NLC.
- how this project has affected the situation for women who has been given training.
- the organisation of the project and long term planning for sustainability.
- the cooperation process between Ethiopia and Norway.

Ms Anne Skjelmerud from HeSo/ Centre for Health and Social Development in Oslo was asked to be responsible for the evaluation, assisted by a local consultant, Ms Elshaday Timkat. Ms Christine Wiik from FOKUS participated in most of the meetings during the field-work in Addis Ababa which took place from May 2 to 10.

In this report, the background and context are presented in chapter 2, and Chapter 3 introduces the reader to the organisation NLC in general and the HIV/AIDS prevention project in particular. Chapter 4 is a general chapter on key issues and terms, while chapter 5 discusses the findings of the evaluation. The last chapter summarises briefly the recommendations for the future work.

## **2 Background and context**

### ***2.1 HIV/AIDS in Ethiopia***

HIV cases were first detected in Ethiopia in 1984. According to National HIV/AIDS Prevention and Control Office (HAPCO) in the Federal Ministry of Health 1.5 million people live with HIV in Ethiopia, and the adult prevalence rate is 4.4 % (12.6 in the urban and 2.6 in the rural). 54 % of those infected are women, and 96 000 are children below the age of 15. It is estimated that 87% of the infections are transmitted through heterosexual intercourse. Estimates say that 539 000 children are orphans due to HIV/AIDS.

The national response to HIV/AIDS is headed by HAPCO, which is under the MOH. HAPCO offices are in all regions, and they also have HAPCO Officers in the various sub-cities in Addis Ababa.

Antiretroviral treatment for HIV is gradually coming to Ethiopia, and in each of the ten sub-cities in Addis Ababa a committee is formed to oversee the distribution of the drugs, and to assess who may get the drugs for free, and who will have to pay themselves.

### ***2.2 The geographical contexts of the projects.***

The projects are located in three different sub-cities of Addis Ababa<sup>1</sup>.

In *Gulele* Sub city the NLC work started, and the main centre and office is there. Gulele is located in the central part of the city bordering Arada, Addis Ketema, Kolfefe Keranyo-Sub cities. Despite its central location in the city, social services are still far below the demand. Its central location has on the other hand contributed to increased vulnerability, to HIV/AIDS, unemployment, and commercial sex working. There are no factories in the sub city, only some cottage industry, rather are there many hotels, bars, “red-light” and local drink houses who constitute economic livelihood.

*Akaki-Kality* Sub city is the industrial zone of Addis Ababa and located in the southern outskirt of Addis Ababa. Factories producing metal, textile, and food products are among

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<sup>1</sup> Information about the local contexts is provided by NLC Ethiopia

the major ones. Factory employment is the major source of income. However, income from petty trading, agricultural production and employment in the public and private sector also contribute to generate income for the households. The average daily income is low and estimated at USD 1.5 /family – with average family size of nearly six. There is a high unemployment rate and limited development of social infrastructures and services like education and health, which aggravates the social problems.

*Nefas Silk- Lafto* (Mekanisa) Sub city is characterized by two types of settlements: the old one (Nefas Silk) where most of the inhabitants are factory workers and the new settlers, who constructed new housings organized in housing cooperatives (Lafto). The old settlers are by most part low-income groups with large family size and the new settlers are the middle-income class. The social services are limited, creating problems especially for the poor part of the population.

## **2.3 FOKUS - Forum for Women and Development**

“FOKUS - Forum for Women and Development is a resource centre on international women's issues and a co-ordinating organ for women's organisations in Norway.

Women around the world are challenging cultural, social, political, religious and economical barriers and are actively contributing to a better future for themselves, their families and society in general.”

The box above is a brief presentation of FOKUS from their web-site (more information may be obtained from [www.fokuskvinner.no](http://www.fokuskvinner.no)).

According to the FOKUS project strategy the gender perspective shall be “– a common denominator for all FOKUS projects”. The target groups for the project are women or girls, and the projects shall “contribute to empowerment of women”, and women should be in leadership positions.<sup>2</sup>

FOKUS provides a network for women's organisations involved in international work, where people may meet and discuss issues and share experiences, while they are also given guidance and supervision on how to do the project activities. FOKUS also provides training courses, and the FOKUS members may also participate in courses and seminars organised by NORAD. If a member organisation of FOKUS is not a women's organisation, they are required to appoint a women's wing or working group who will represent the organisation towards FOKUS.

## **2.4 NORAD and UNICEF**

The team and the NLC leaders visited the Norwegian Embassy and UNICEF to learn about their work and experience. Norway funds several projects on HIV/AIDS through UNICEF, especially targeting youth.

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<sup>2</sup> According to FOKUS project strategy

### **2.4.1 NORAD and the Norwegian Embassy**

There is currently no bilateral cooperation between Norway and Ethiopia due to the political situation and conflict with Eritrea, but a review currently assesses whether more formal cooperation should be initiated. NORAD is involved in project on Female Genital Mutilation (FGM) and HIV/AIDS. NORAD funds UNICEF and UNFPA in relation to AIDS, and also AMREF.

### **2.4.2 UNICEF**

UNICEF is heavily involved in HIV/AIDS work in Ethiopia, not least in relation to youth. They train facilitators to facilitate participatory processes among youth and may provide capacity building in this area for NGOs. For young people they are involved in developing youth friendly services, improving the work of Anti-AIDS clubs, testing facilities and empowering girls. They have developed a range of materials and documents on youth programming, youth dialogue and community conversations, and they shared the materials with NLC.

## ***2.5 Methods and process***

The ToR was worked by NLC and FOKUS, with input from Norad in Oslo as well from the evaluator.

The evaluator had a long interview with the Norwegian Managing Director of NLC to learn about the organisation and the current issues and challenges. Based on that information plus review of documents such as application and reports, in addition to the ToR, the NLC in Ethiopia was asked to prepare a programme, and also a presentation with key figures for the projects, and information about the local contexts for the project areas.

The main method during the field visit was interviews with different groups of people:

- NLC management and key staff at different levels
- NLC board member
- Trainees and trainers in vocational training
- Youth club members and leaders, incl AAC members
- Key government partners at sub-city level
- Norwegian Embassy/Norad
- UNICEF



Interviews were sometimes conducted in groups, sometimes with individuals. The interviews were based on a list of questions prepared in advance, but they were conducted in an unstructured manner, following the flow of the conversation and with open-ended questions.

Discussions were held with the top management of NLC to get additional information and also validate information and impressions. A debriefing session was held on the last day, to give feedback based on the team discussions.

### **3 Meeting the NLC**

#### **3.1 The overall organisation**

The New Life Community (NLC) is a non-governmental organisation (NGO) working in Addis Ababa and surroundings. The organisation was founded in 1994, and it has a project office in Norway, mainly responsible for fundraising.

NLC has formulated the following **Vision:**

*To see that all marginalized children youth and women living in Ethiopia enjoy a New Life free from poverty.*

And **Mission:**

*To develop children's, youth's and women's potential and create an enabling environment that ensures their participation in development.*

The NLC started providing education to poor children in poor areas of Addis Ababa. Currently the schools in three sub-cities have approx 3000 pupils in seven schools and non-formal education. This is the key part of the work of NLC, and the work receives funding through a Norwegian based organisation, Global Aid. Linked to the school is also a child sponsorship programme with more than 600 Norwegians as sponsors.

NLC is a member of the Ethiopian umbrella organisation Christian Relief and Development Association (CRDA).

They have also carried out a health project to construct water posts and latrines in poor communities, supported by the Dutch Embassy.

NLC started a micro-credit programme seven years ago, aiming particularly at the parents of the school children, currently with 2500 members and five fulltime staff. The women form groups themselves; each group has five members with a chairperson, secretary and treasurer. They receive training on how to save money and on marketing. The loans have a 100 % repayment rate, and the interest rate is higher than in the bank. The group set-up creates peer pressure to repay, because nobody in the group gets new loans unless the old loans are repaid. Each group also have to save money, and that saving may be utilised to cover unmet repayments. There is no insurance policy built into the system, but that is being assessed. The NLC micro-credit is member of a larger group of network.

## Staffing

The core staff of NLC consists of:

- Managing Director
- Project coordinator
- Administrator
- Secretary
- Accountant (part time) and assistant
- Cashier, storekeeper and purchaser

In addition there is a short term consultant helping them to do strategic planning and assist in organisational development (see below).

There is a post as project coordinator for HIV/AIDS, but it is currently vacant as the previous coordinator was fired (after his performance was evaluation in collaboration with CRDA).

The running expenses of the central administration are shared between the school budget, the individual sponsorship programme, and the HIV/AIDS project.

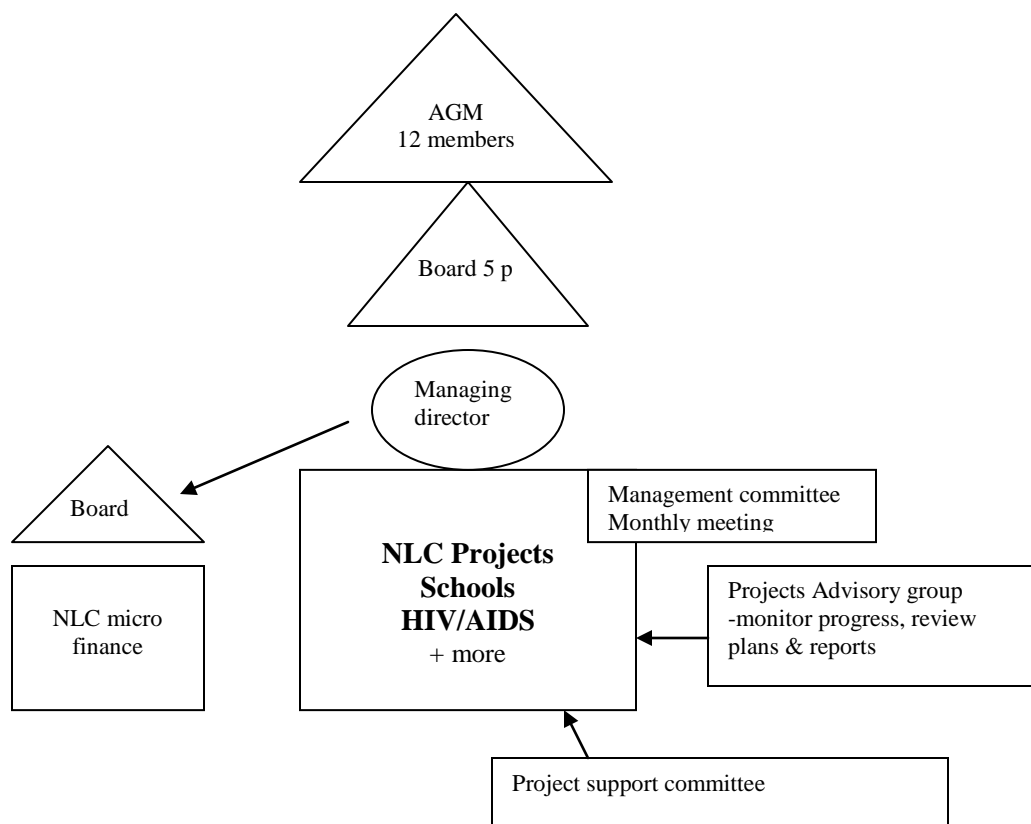
### 3.1.1 The organisational set-up

The organisational setup of NLC is very project oriented, and formal structures seem to have been built around the activities. Individuals have been invited to become members of NLC based on their personal interest or competence, and these members in turn elects the board of NLC, and establishes in that sense the necessary legal structure. At the same time, more technical structures are set up with the authorities and key partners of stakeholders, in project support committee and advisory committee, where cooperation with Kebele<sup>3</sup> and sub-city is ensured. The microfinance project has its own board, and the director of NLC is a board chairperson in the microfinance project to ensure a close collaboration and common strategies and vision.

The organisational organogram may be drawn in the following way:

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<sup>3</sup> Kebele is the lowest administrative level.



- The project support group consists of representatives of beneficiaries, people from local CBOs, Kebele and religious leaders. They meet monthly.
- The project advisory group is a sub-city level with the different sector officers, and some CBO representatives. They give technical input, and meet quarterly.

### 3.1.2 NLC in Norway

New Life Community has an organisation in Norway, started in order to facilitate the support and follow up from Norway. The organisation has a small office with one person who works full time, but is formally on a 50% job, with a low salary. The “culture” of the NLC is that the work is done on a voluntary basis, and this is strongly underlined by Bodil Elisabeth Nilsen, who is the Managing Director of NLC in Norway. NLC Norway has a range of “supporting members” who are the sponsors of the sponsorship program, approx. 600 persons. The Board for the organisation comprises active members dedicated to the work, and with experience from among other things financial and project management.

In the collaboration with FOKUS it is required to have a Women’s steering group, and that group consists of 4 women, including the Managing Directors from Norway and Ethiopia, one child care specialist and one more woman with international experience.

### **3.2 The HIV/AIDS prevention project**

In 2003 NLC started a project targeting young women and with a focus on HIV/AIDS, through funding from FOKUS (and NORAD) and with the following objectives:

- Increasing the level of HIV/AIDS awareness of the communities (on mode of transmission, preventive methods/strategies, stigma and discrimination etc) living in 5 selected Kebeles of Gulele, Mekanisa and Akaki Kaliti sub city by the year 2005.
- Provision of short term training for unemployed and /or school drop out women living in Gulele and Akaki Kaliti sub city.

The project has focused on:

- Skill training of women
- Establishment of trained women with the help of income generating activities
- Awareness raising of the youth by engaging them in youth club activities
- Workshops for community members
- Distribution of leaflets
- Health counselling

The project staff for the HIV/AIDS project consists of:

2 nurses (1 male & 1 female)

5 vocational training teachers (all male) and 2 female assistants

3 handicraft teachers (female)

3 youth centre leaders (male)

All in all 330 women have received skill training in cooking, hairdressing and weaving/embroidery and another 219 are attending the training courses in the three sub-cities the project is currently operating in. The trainees have passed grade 8 or 10 in the school system, and almost all (except four) are women. All of the teachers are male, but some former (female) trainees have been employed as assistant teachers. The training lasts for 10 months and all the students receive a certificate licensed by the Ministry of Education after the graduation. All of the trained women have either become employed at various enterprises or self employed.

In addition there is a handicraft programme, which will also develop a 10 months course in sewing, embroidery, weaving and basket making. They have sold some products to Norwegian partners, and some at the NGO handicraft market in Addis Ababa.

NLC plans to include women who have graduated from the training programme in the micro-credit project so that they may start their own business.

The youth programme takes place at three youth centres. In Gulele they have a drama group performing regularly at the Ras theatre plus in different meetings, to sensitise people about HIV. In the other youth centres they do sports activities, mainly football,

plus recreational games, watch film and do other activities. Information and discussion regarding HIV/AIDS is included in the work.

NLC supports Anti-AIDS clubs in all the NLC schools and in other schools in addition to the NLC youth clubs. NLC has sponsored ten clubs with audiovisual equipment and musical instruments to do performances and sensitisation in the communities. In 2004 the local World AIDS Day event in Gulele was organised by NLC and held at the school.

## **4 Key issues for the evaluation**

### ***4.1 Women and HIV/AIDS, what are the key issues to address***

In Africa, the majority of people infected with HIV are women, and in the youngest age groups, the prevalence rate for girls/women may be many times as high as that of boys/men. The reason for this is partly biological, and partly social or cultural. Women who have sex with men are more vulnerable to HIV infection during intercourse than their partners. This risk is higher if the woman (or girl) is very young, as their body is less developed. During vaginal or anal intercourse, tiny cuts and scrapes can open up on the skin of the penis, vagina or anus. HIV can enter a person's body through these cuts or scrapes, and young girls are particularly susceptible to get cuts, as are women who may be forced into sexual intercourse.

Women may not be in a position to decide when and how to have sex, and they may not be able to decide to use condoms, whether male or female. Because girls are often not given priority in relation to education, they may often lack access to relevant information about sexuality and HIV/AIDS.

Without education they also lack means to earn a living, and may thus have to engage in transactional sex for survival, or the woman may be dependent of a man, even if that man abuses her or has several sexual partners.

Women who are employed may be exposed to sexual harassment and abuse by male colleagues or superiors, which is quite common in many African countries.

In addition to having a higher risk for HIV-infection, women also get the main burden related to the consequences of the disease, as they have the main responsibility for caring for patients in the home and the community.

It is important that women's position in society is strengthened in order to prevent HIV, and that their basic rights are respected and fulfilled.

HIV/AIDS today generally has a woman's face, especially in Africa, and blame is often put on men. However, in addressing HIV/AIDS it is necessary to see that a gender perspective also means that men need to be targeted, and that the gender role expectations and pressure on men also need to be addressed and challenged. Men need to be involved

in relation to HIV/AIDS and reproductive health issues, and this will probably have better chances of success if it is done through peer approaches, where men may analyse and discuss the situation together and jointly define relevant action.

Ethiopia is characterised as a patriarchal society, where men have the decision making power in society as well as in households. It is quite normal that young girls are married at a very young age, even though 18 is the legal marriage age according to Ethiopian laws. In some areas abduction of young girls/women is also still taking place. Female circumcision (FGM) is widespread. Many young women get obstetric fistula, which is due to obstructed labour and lack of adequate birth care, a particular problem for teenage mothers.

Both rape and domestic violence is said to be quite common in Ethiopia, and women are seldom given leadership positions in society.

## **4.2 Building Social Capital**

A central task for a civil society partner such as an NGO is to promote and build societies characterised by cooperation, trust and transparency. People need various resources or capital to be empowered, included financial and *social capital*. Social capital is about relationships, and the importance of utilising relations to bring about social change. Relationships give unity and solidarity, and this can be used both by individuals and by groups/organizations, in order to promote their interest and improve their situation. There are many definitions and understanding of the term social capital, some have mostly an institutional view, and others are more concerned with individual perspectives. See for instance Lin 2001:19<sup>4</sup> or Grootaert & Bastelaar 2002:2<sup>5</sup>.

Social capital at group level requires that a group actually cooperates, and promotes reciprocity and mutual acceptance. This implies that members need to invest time and relevant resources in the cooperation. (for more discussion on the term social capital, see Håp i Afrika (Hope in Africa) 2003<sup>6</sup>).

The concept of social capital may be used to assess how individuals may utilise social networks and organizations to meet their own ambitions. The World Bank is interested in social capital building as a main strategy towards poverty reduction. For this purpose, they define social capital in three main areas:

- Promoting opportunity
- Facilitate empowerment
- Enhancing security

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<sup>4</sup> Lin, N (2001): *Social Capital. A theory of Social Structure and Action*, Cambridge University Press

<sup>5</sup> Grootaert, C & Bastelaar, T (2002): *Understanding and measuring Social Capital*. The World Bank, Washington

<sup>6</sup> HeSo/Sik: Håp i Afrika. Nasjonale kirkers rolle i utvikling av sivil samfunn. Bistandsnemnda 2003 ( A short version in English, Hope in Afrika, may be found at [www.bnn.no](http://www.bnn.no) )

(Grootaert & Bastelaar 2002:2)

One may distinguish between two forms of social capital. The first form includes observable structures including organisational rules and regulation, and the second is related to norms, values and interpretations. In other words, it is divided in structural and cognitive forms. The structural form of the social capital is more easily defined than the cognitive, but both aspects are important in the analysis of social capital.

Social capital may be compared to group solidarity and cohesion in a community, and to the ability of a group or community to protect and promote the interests of the community. Social capital is in most cases a positive force in a society. However, there may be examples where social capital is used as a negative force; e.g., promoting the interests of an ethnic group at the expense of another ethnic group.

For the purpose of this evaluation, one may use the table below as a tool for discussion as to whether a project or intervention serves to strengthen the social capital and the ability of a group or community to join forces to improve the living conditions.

STRENGTHENING SOCIAL CAPITAL	WEAKENING SOCIAL CAPITAL
Relation building	Project oriented
Capacity development	Dependence
Participation	Service delivery
Mutual solutions	Individual focus
Transparency and good governance	Hierarchical closed systems
Inclusion	Segregation
Extrovert	Introvert

Initiatives and activities should as much as possible be characterised by the terms listed in the left column of the table, as this will strengthen the ability of individuals and communities to develop sustainable local structures. However, activities placed at the right side of the diagram are not necessarily bad or wrong, as services may be important even though they do not promote social capital, but contribute to welfare services.

## 5 Findings and discussion

### 5.1 *The overall organisation*

NLC comes across as a nice and tidy and well organised system, with an amazing history of rapid growth and expansion. The organisation seems flexible and creative in their approaches. The focus on poor urban dwellers is convincing, as seen especially in relation to the school and the microfinance projects. It is also quite amazing that they have succeeded in a vocational training programme which has actually provided jobs for previously unemployed youth.

The organisation seems to be quite dependent on the founder and strongly associated with her life and biography, as demonstrated for instance through the very notable and strong Norwegian link. This on the one hand points to the strong and good ability of the founder to utilise her strengths in experience and network, but it may make it difficult for others to also influence the work and the development of the organisation. Decisions are approved by the top leader(s) alone; there is some delegation, but it does at the moment seem weak and decisions are not based on joint strategic planning. This may to some extent be explained by the fact that NLC at the moment lacks key project managers, so that the persons who should have given input and have delegation are simply not there. Delegation may also have been hampered by the fact that the organisation has been through a time of conflicts in the organisation. Such dependency on one person decreases sustainability, and limit the organisational competence to the competence of one person (however broad competence of that person).

They are however very aware of the challenge of such a dependency; and measures have been taken to develop a better organisational sustainability. Some Project managers have been employed, but they have left, due to different problems, some probably linked to the persons employed, others may be structural. NLC has hired an organisational consultant to help analyse the internal challenges and work out a five year strategic management plan for the organisation, based on a thorough assessment of the organisation. The leaders seem to have a drive for improvements and development in the way they organise the work.

It is important to ensure that the organisation has more professional staff who can take part in the strategic and technical development of the various components. It will be necessary to create “room” for others who may benefit and expand the competence base.

The impression of the team is that the organisation has a high level of credibility and trust in the community and with government partners. As such it represents a positive asset for building social capital for the target populations, an asset which may need to be further developed.

In a strong patriarchal society such as the Ethiopian, it may not be easy to be a woman at the top, especially as all the other managers have been men. It may have created a better organisational culture if a greater part of the management were women, but it is of course no guarantee that it would have made a difference.

The NLC in general comes across as a “traditional” service-provider organisation, with working priorities geared towards key obstacles in the community, such as lack of access to education and basic social services. Providing training and schooling seems to be the general answer from NLC to the local challenges, including in relation to HIV/AIDS. More focus may be needed to foster transformation and personal growth in addition to providing concrete skills (and certificates).

Working with the community is important in development projects, and to some extent NLC does that, through consulting with the Kebele and Sub-city, plus other local leaders.



However, not least for the HIV/AIDS prevention project, the organisation seems to lack competence in relation to facilitate processes, and in including the target group more systematically in developing local responses. The ownership of the projects rest with the NLC management, and does not seem to be shared to a large extent with the various target groups.

It is important to point out and remember that the evaluation was carried out in a particular time of the project, as the AIDS project coordinator had left his post, so that this key position was currently vacant. The project coordinator could have shared a greater ownership, and should have had more competence both in relation to the different aspects of HIV/AIDS as well as gender competence. It seems very important to recruit a new and competent person in that position. In relation to involvement of youth, methodologies and ideas may be found through UNICEF or other organisations with experience in participatory methodologies.

HIV/AIDS is covered as a subject in the school and training, and a special event was organised for World AIDS Day. Except for that, there is no specific internal HIV/AIDS policy or programme. In general the organisation does not seem to have a high level of gender or HIV/AIDS competence. There is a need to analyse how HIV/AIDS may be influenced by the different aspects of the projects, and how the epidemic can influence the organisation and the work.

### **The Norwegian link**

In the collaboration with NLC in Norway, the support is mainly through the network, in contact with learning institutions that send students and other kinds of voluntary activities in addition to money. The NLC organisation does not have a strong expertise on international development work, gender or HIV/AIDS, but the persons involved are dedicated and engaged in the vision for NLC. At the same time, it is evident that the NLC leadership both in Norway and Ethiopia is keen to improve the quality of the work and develop the organisation.

The membership in FOKUS has given NLC more opportunity to learn more about development projects, as they have participated in courses organised by FOKUS or NORAD, and they also have professional staff to discuss with and get feed-back from, which they see as an advantage.

## ***5.2 Cooperating partners of NLC***

NLC cooperate closely with the **Educational Department** in their sub-cities<sup>7</sup> in Addis Ababa. The educational officer in Gulele appreciates the work of NLC, both that they provide education to the poorest children, and that they assist all the Anti-AIDS clubs in the sub-city with materials. While all children have the right to education, the

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<sup>7</sup> Addis Ababa is divided into 10 sub-cities, a system that has replaced the Woreda, which are still found in the rest of the country.

government does not have sufficient resources to provide schools for all. NGOs that will provide a school with the necessary standard are therefore welcome. The cooperation with NLC is very good, and the educational officer is also pleased with the vocational training programme and the cooperation regarding the licensing of the programme.

The **HAPCO** officer in Gulele is closely involved with NLC; he has been involved in developing the strategic plan for NLC. The local NGOs are supposed to plan together with HAPCO, but NLC has not reported to HAPCO as often as required. The Kebele also work with NLC, and they report to HAPCO, but HAPCO does not have a sufficient overview of the activities and the quality of the work, and this is their own (HAPCO's) fault, as they lack a proper coordination system.

Creating jobs is a key strategy for the sub-city, and in that sense they are very pleased with the training and effort made by NLC to provide vocational training and job opportunities.

NLC is also a member of the Ethiopian umbrella organisation **CRDA**, who provides organisational and technical advices to the organisation, for instance in relation to capacity building. They also work with HIV/AIDS and do capacity building and networking for member organisations in that area. NLC has not yet joined that active network.

The good connections and collaboration with Sub-City, esp. in education, is a strength for the organisation. The cooperation has secured that the trainees in the vocational training program are getting a certificate for the course, and that accreditation is very important for the trainees.

NLC cooperate with the local Kebeles, for instance in identifying candidates for the training programme. Regular cooperation with Kebele and Idir groups in communities is very important and positive, and may be further developed.

## ***5.3 Challenges for the future***

### **5.3.1 The HIV/AIDS prevention project and target groups**

The **vocational training programme** for young women is the main activity of the HIV/AIDS prevention programme. The selection of areas for the training was done by the executive manager, based on some market research and discussions with youth. There is a risk that the market in some time may be saturated for cooks and hairdressers, and NLC already plans to develop new courses, and they may gradually phase out the current types of training.

Part of the training is practical work, and the manager sent letters to main hotels, embassies and other diplomatic delegations, explaining the purpose and contents of the training, requesting them to take in one of the students as an apprentice for a couple of

months. This was a very wise move, as it introduced the actual students to workplaces, while also promoting the training programme. The majority of the students seem to have got their employment through the placements.

The evaluation team discussed with the trainees, and they said:

- *This is the biggest opportunity I have ever had. I could not afford to pay for any training myself*
- *I did not have anything to do at home. I finished high school ten years ago. It is a good opportunity for me to be here. It gives me a better future.*
- *Girls that have no education stay at home and become idle. Skills-training will help them have something to do. They will get a higher status with their own income and be less vulnerable.*

The trainees were encouraged by the fact that the previous trainees have all got jobs, including a few who had started their own business, and this was the dream they also had. The training has just started as the team visited, so that it was early for the trainees to assess the programme. In addition to the practical skills, theoretical training was given once a week, including English (for the cooking class) and HIV/AIDS.

In the project proposal to FOKUS; it is said that the project shall work to rehabilitate prostitutes, but that has never been part of the project. The project claims to prevent young girls from entering prostitution, as they provide alternative livelihood for them.

The **youth centres** were originally called women's centres, but they are totally dominated by boys. One reason given for lack of participation by girls is that girls are often more restricted by their family. However, the team noted that youth centre leaders and club leaders were always male, and the activities may seem more attractive to boys than girls. In the centres they do discuss AIDS, but mostly they are involved in different activities. The members of the Anti-AIDS clubs are sometimes integrated with the youth centre, and they go out in the community to sensitise about HIV/AIDS. Anti-AIDS clubs are also generally dominated by boys.

The discussions in the youth centres revealed that the youth had a good general knowledge about HIV/AIDS, which most of them however said they had learned through other channels. They did neither seem to discuss own risk factors nor gender issues. In Akaki there are many prostitutes, and the youth were concerned about how to reach them, but they may not have the necessary skills to do so. Their discussion generally seemed more theoretical than based on an analysis of the local context, except that they said that idleness combined with easy access to drugs and alcohol was a threat to the young people in the area.

In Akaki Kaliti NLC has opened a health clinic, which mostly caters for the children in the local NLC schools and projects. The two nurses (1 male leader and one female) also provide counselling and condoms to youth in the area (mostly boys), but they are not equipped to diagnose and treat STDs. There is a lot of stigma attached to HIV, and they do regular training on HIV/AIDS in the community, together with local Anti-AIDS clubs,

and youth centre promoters. They don't give sex education, but they may discuss issues related to sexuality in youth centres, sometimes in same sex groups. They distribute pamphlets, and they may do pre-test counselling for HIV-testing. If people need treatment, they refer them to government hospitals.

They claim that FGM is not very widespread in the area.

The team participated in a community training seminar on HIV/AIDS in Akaki, carefully planned by the nurse. The lively part of the seminar was through the presentations given by two persons who were living with HIV, representing two different organisations of people living with HIV. The content of the seminar seemed to be good, but there were no participatory elements, except from brief Q&A sessions.

The Micro-credit schemes are not technically part of the HIV/AIDS prevention project, but NLC wants to use the schemes in combination with the vocational programme, which is a very good idea. The scheme seems very successful with a lot of women involved and a high repayment rate, but is not without challenges. For instance, they did not seem to have analysed their approach in relation to the challenges posed by AIDS, such as insurance schemes, or how to include members affected by HIV.

### **5.3.2 Working with women and youth**

*“Never put in the window display what you don't have in store”* is an advice that may be good to remember. In several of the applications from NLC, certain activities have been mentioned which have not been implemented, and not even planned to be implemented. In several applications, NLC has stated that they work with rehabilitation of prostitutes, while there does not seem to have been any strategy to actually work directly with prostitutes. This discrepancy has not been commented on in the annual reports. NLC may through their vocational training prevent some women from entering prostitution, something which is of course difficult to determine or measure except through looking at socio-economic general factors for the trainees, but it is plausible that this may be the case.

What was termed “women's centres” in the application seemed to be more like boys' clubs, and this has not been discussed in the documents. In some documents they are now more referred to as youth centres, but there seems to be a lost opportunity not to try to develop something more for women and young girls. One suggestion could be to develop the centres as gathering points for the women who have gone through the vocational training, plus the trainees, where they could discuss issues linked to working environment and gender issues, and perhaps also exchange professional experience and be a network for personal development and peer support.

Youth activities are also very important, and they need to be seen in a gender perspective. It is important to reach women, finding ways to reach them, and arenas where they may feel secure and free. A dialogue and arena for boys are also important, and to do gender

sensitisation and training with both girls and boys. It may be important to have a dialogue with FOKUS on the balance between a sole focus on women and an expanded gender focus which for some activities may also comprise boys with the aim of increasing gender understanding and respect.

More efforts should also be done to develop the youth activities into something with more relevance for girls. It is probably very important to find female youth leaders in order to create an atmosphere that would be conducive for girls, and to develop activity profiles with the girls.

### **HIV/AIDS and gender competence**

For this particular project, it is important that the organisation has a sufficient level of HIV/AIDS and gender competence. In addition to these more specific requirements, it is necessary to have competence on local contextual factors as well as on how to run a complex organisation.

One example: NLC believes that the young women who are idle in the community are at risk of being exploited sexually, and perhaps be involved in prostitution. However, they do not seem to have analysed the risks for sexual exploitation or abuse for women who work as hairdressers or with catering/cooking. As the women get more competence their lives and social situation will change, and these changes will pose new challenges (and risks) which they need to be made aware of and be prepared for.

Gender and HIV/AIDS are issues that need to be mainstreamed inside the organisation as well as in the various projects and activities. NLC seem to be weak in competence in relation to doing thorough analysis on how gender and HIV/AIDS affect the projects, and are affected by them. These are important qualifications for a new HIV/AIDS project manager, and competence in these areas need to be constantly developed.

### **5.3.3 Not only prevention!**

The project focuses on prevention, both in the name of the project as well as in the strategy. This focus may already be too narrow, and the project would benefit from a broadened perspective, to also actively develop strategies for a more holistic approach. Prevention, support and care are closely linked together, and not least with services for orphans.

As NLC encourages people to get tested, some of the youth or women will test HIV-positive, and there may be a need to set up support groups or other structures at the women/youth centres, and perhaps assist them to get in touch with other agencies that may assist them in relation to treatment needs. People living with HIV should be helped to have a good diet, and perhaps some training on nutrition could be incorporated with the vocational training or in the women/youth centres if they are further developed. “Living positively with HIV” is a slogan for people who live with the virus. NLC may assist people in coming to terms with their status, and learning how to live positively and

avoid opportunistic infections, while one also protects others from becoming infected. Income generating activities, skills/vocational training may be part of that, and also inclusion in micro-credit schemes. Planning for the future of children may also be part of such a project.

Informally NLC assists orphans today, on an ad hoc basis, and there seems to be a need to develop community responses in cooperation with local communities and their structures. Community based foster home structures could be investigated and developed with a local support structure, and perhaps linked both to the vocational training as well as the micro-credit schemes.

## ***5.4 Finances and sustainability***

NLC in Ethiopia has a chief accountant on part time, plus a junior accountant who does the daily accounting, supervised by the senior accountant. There had been some lack of communication regarding how the funds for the HIV/AIDS prevention project should be accounted for, what format to use. This was explained by FOKUS during our visit, and will be corrected.

The salaries of the central staff are shared between the different funding sources.

The salary level at NLC follows the government structure, while NGOs generally have a higher level. In order to get qualified and stable staff, NLC may need to adjust the salary level to be on more or less the same level as other organisations. It may also or alternatively be a good idea to include other benefits or incentives, such as study courses or other competence building activities. NLC may need to assess whether adjustments may be needed for the salaries and benefits.

A major challenge for the project has been the fact that the money from NORAD arrives very late each year, so that the major activities have to be postponed until the application is finally approved and the funds have arrived. This constitutes a considerable challenge for organisations like NLC, and should be addressed better by NORAD and the Ministry of Foreign Affairs, as funds may come as late three months into the year.

NLC is totally dependent to funds from Norway, and this may be a threat in relation to sustainability. On the other hand, the funds come from three different sources. NLC also investigates other sources for funding internationally, which is a very good idea in order to get NLC better rooted in Ethiopia. They have got support for different kinds of investment from other sources, but mostly for ad hoc investments and not for ongoing partnerships or running expenses. The support from CRDA in relation to a programme manager post is very positive in that respect.

## ***5.5 NLC and social capital***

Does NLC develop social capital for the community and the target groups? Referring to the section 4.2 above, the answer may be both yes and no. The projects do promote opportunities through the provision of training, as the training opens doors to employment and careers. The networking part of the project could be strengthened through developing women's centres, and networks may also be developed through the contacts the former trainees get with employers and colleagues.

Building social capital means to facilitate processes of joint work and collaboration, so that people develop responses and activities together. It also means to promote participation and trust, and through that, democratic processes. In some cultural contexts, this is more difficult than in other places. The Ethiopian culture is both hierarchical and patriarchal, and promoting equal opportunities and rights for young women may be an uphill battle. This means that achieving results will take time, and it also means that extra efforts must be put into designing activities which confront suppressive structures and challenge traditional gender roles in society.

NLC may need to develop more facilitation skills to assist people in building on their own resources and finding solutions to their challenges. More involvement of people will also hopefully lead to better human capacity of the individuals, as they learn about finding solutions and resources. The elements mentioned in the left side of the table under section 4.2 are the elements which need to be strengthened, and where NLC may need more competence in facilitating such changes.

## 6 Recommendations

**A major asset of NLC is the creativity and willingness of the organisation to develop and change. In line with the findings of the evaluation and the discussions in the previous chapter, the team proposes a list of recommendations below, to be discuss internally in NLC and with partners.**

### **On organisational level/ general**

1. The organisational strategic process should continue, and efforts should be made to get staff in strategic and managerial positions. An affirmative action policy may be followed to secure that more women come in leadership positions at all levels. It may also be necessary to review the salary and incentive structure to attract personnel with adequate competence. Job descriptions should be worked out with the professional staff, so that the responsibilities of the different staff members are clear for all staff.
2. It is important to increase ownership and participation from all levels in the organisation, not least in relation to project development. Project proposals and other important communication with Norway (or other donors) should be written in English, to improve transparency and openness, and in a process with involvement from the target groups and the technical staff.

3. As an organisation who works with HIV/AIDS, it is necessary for NLC to become an organisation which practices the principle they teach. Therefore, gender and HIV/AIDS issues need to be mainstreamed in the organisation and in the various activities of the organisation. Workplace policy and programme on HIV/AIDS should be developed, to cover all workers. All staff may need training in gender competence and mainstreaming in addition to HIV/AIDS competence.
4. The micro-credit scheme should analyse how HIV/AIDS affects the work and how their activities may influence the HIV situation in the communities, and develop measure to make sure the schemes address HIV/AIDS related challenges. This may mean introducing general insurance systems to cover loss in case clients or their families experience serious health problems. One should take measures to ensure that clients from families affected by HIV/AIDS can be included in the schemes.

### **Specifically for the HIV/AIDS prevention programme**

1. Follow up of trainees from the vocational programme may be done in a way that utilises and develops the women's centre. One may gather former trainees regularly; facilitate sharing of experiences, and perhaps ongoing learning. As their working situation change, so will their susceptibility for HIV, and it may be useful to address how the women may protect themselves. The women involved in the training may become a core group in building up women's centres, and this may in turn attract other women or young women who may want to enter into the training.
2. More women are needed in key positions, especially to work with young women (youth clubs). Gender competence is needed in addition to HIV/AIDS competence.
3. It is advisable to research new kinds of vocational training, based on market assessments and interest of the target groups.
4. Developing project plans and proposals should take place in a participatory manner, involving the target groups, the local and top level staff.
5. Investment should be done in developing facilitation skills to promote participation and partnership among the target groups. This may be done through sending staff to relevant training, and also through getting hold of relevant training resources (manuals, handbooks etc).
6. NLC should be more involved in collaboration and networking with other agencies to do regular experience sharing, and to learn from the experience of others, and to send staff to relevant training.
7. NLC should seek funding from different sources to increase the sustainability of the projects.
8. NLC should develop the HIV/AIDS project into a more holistic project addressing issues linked to support and care for those infected and their families, not least in relation to orphans. This should be done gradually and in cooperation with stakeholders, both local and international.



## **Annex**

1. List of people met
2. TERMS of REFERENCE

## List of people met during the field work

Person	Title	Name of Organization
Ms. Genet Lulseged and Mr. Mezmur Shiferaw	Manager and General Project Manager	NLC/Gulele
Ms. Wosen Tamerat	Cashier	NLC/Gulele
Mr. Hailu Taye	Administrator	NLC/Gulele
Mr. Girma Bekele	Consultant	NLC/Gulele
Mr. Konchu Woldetensaye	Board Member/ NLC	NLC
Mr. Nebyeul Tadesse	Manager, NLC saving and credit scheme centre	NLC/Gulele
Ms. Gete Negera	Credit Officer, NLC saving and credit scheme centre	NLC/Gulele
Mr. Ashenafi Debele	Nurse, Akaki VCT Center	NLC/Akaki
Mr. Yohannes Bekele	Director of Sub city education bureau, Gulele	Gulele Sub city education bureau
Mr. Fekadu Ferega	Head, Sub city AIDS council, (HAPCO) Gulele	Gulele Sub city education bureau
Mr. Ketil Eik	Second Secretary, Norwegian Embassy	Norwegian Embassy
Ms. Naomi Desta	HIV/AIDS Focal Person	Norwegian Embassy
Mr. Mirgissa Kaba	UNICEF HIV/AIDS Focal Person	UNICEF
Mr. Abebe Lema	Program Officer, Institutional Support Department	Christian Relief and Development Association (CRDA)
Dr. Negusu Mekonen		
Trainers and Trainees of hair dressing, catering and dance group	Visit to vocational centre, at NLC Gulele	NLC/Gulele
Trainers and Trainees of hair dressing, catering and youth club members	Vocational centres, at NLC Akaki	NLC/Akaki
Participants at HIV seminar, local dwellers	Akaki NLC kindergarten school	NLC/Akaki
Youth club participants at centre at Mekanisa, NLC	Mekanisa NLC vocational center	NLC/Mekanisa

In addition, in Norway  
Bodil Elisabeth Nilsen

Managing Director

NLC Norway

## **Terms for reference for the evaluation**

# **Project review of the New Life Community support to HIV/AIDS prevention and control in Ethiopia**

### **1. Background**

#### **Project Holder**

New Life Community Organization is a non governmental organization established in 1994 based in Addis Ababa, having over all objectives to contribute the development endeavours which are designed to improve the lives of marginalized children, youth and women living in Gulele, Akaki, Kaliti and Nefas Silk Lafto Sub-Cities of Addis Ababa city administration.

**Vision:** To see that all marginalized children youth and women living in Ethiopia enjoy a New Life free from poverty.

**Mission:** To develop children's youth's and women's potential and create an enabling environment that ensures their participation in development.

The organization is providing services through main four programs: Human resource development, income generation, Health and HIV/AIDS and advocacy.

The human resource development program has education and skill training sub programs. The education component at present is serving 1179, 655 and 247 in primary school, kindergarten and non-formal education respectively at Gulele, Akaki Kaliti and Nefas Silk Lafto sub city.

The skill training trained over 150 youths in marketable businesses and at present 84 and 50 youths potentially vulnerable to HIV/AIDS are under training in hair dressing and cookery at Akaki Kaliti and Gulele sub cities respectively.

The income generation program in saving and credit in collaboration with micro finance institution served 2400 peoples to date. Currently there are 600 persons benefiting from the program primarily most of the beneficiaries are mothers of children at organizational school.

In the health program two communal water points and 44 toilet rooms were constructed benefiting over 600 community members at Gulele sub city.

NLCO is a member of CRDA, an indigenous umbrella organization of over 210 NGO's and faith based agencies operating in Ethiopia, have a net working with 5 NGO's operating in Gulele and Arada sub cities and member of United Nations Women Association based in Ethiopia.

As part of the organization's interest in expanding its Akaki Kaliti area education program, NLC has recently signed an agreement with the government of Addis Ababa region to reinstate five mother and child integrated project centers that terminated their operation without leaving a sustainable project strategy. These projects were formerly under implementation by world ORT union Ethiopia.

### **Project Area**

Ethiopia is located in North east of Africa (Horn of Africa) and is situated east of Sudan, North of Kenya, South of Eritrea, West of Djibouti and Northeast of Somalia. Ethiopia is a country endowed with many resources, a diversified topography, and many nation and nationalities. As a multiethnic society, it serves as a home of about 80 ethnic groups.

Ethiopia is one of the poorest countries in the world with GNI (Gross National Income) of US\$ 100.00, limited access to social services such as water and sanitation, education and health.

Addis Ababa, like other cities of Ethiopia, migration of population, especially young women is very high. The condemned causes of migration to this particular city are access to education economic opportunities, and other social factors such as divorce. This is the case for rapid and escalating problem of HIV/AIDS pandemic in the area.

### **NEED STATEMENT/ PROBLEM STATEMENT**

As a problem of the entire world, HIV/AIDS still remains the worst humanitarian crisis of our time. The scale of the AIDS crisis now out strips even the worst-case scenarios of a decade ago. Dozens of countries are already in a grip of serious HIV/AIDS epidemics, and many more are on the blink. It has drastically changed the world that we live in.

Over 40 million people are living with HIV/AIDS and more than 20 million died due to AIDS by the year 2001 (USAIDS, 2002). Sub Saharan African, with only 10% of the total world population, is carrying the burden of 80% of the world HIV infection and AIDS cases.

With an estimated 2.2 million people living with HIV/AIDS and a national prevalence rate of 6.6% in 2002, Ethiopia is one of the hardest hit countries by HIV/AIDS epidemic. Ethiopia hosts the fifth largest number of people living with the virus globally. The annual number of deaths due to AIDS is estimated at 160,000 (MOH 2002)

The dominant mode of HIV transmission in Ethiopia is heterosexual (accounting for 87% of cases), followed by mother to child transmission (accounting for 10%). Empirical evidence indicates that use of unsafe sharp and skin piercing instruments are significant risks of HIV transmission, particularly in rural areas.

Poverty, a high rate of unemployment, widespread commercial sex work, gender disparity, illiteracy, population movements, rural urban migration, harmful cultural and traditional practices, and lack of openness with stigma and discrimination are the underlying factors fueling the spread of HIV/AIDS in Ethiopia.

In Ethiopia, the spread of HIV/AIDS started and was initially localized in major urban areas located among major roads and commercial routes. Report showed 50% of hospital beds are AIDS patients in major urban areas including Addis Ababa. According to survey done by MOH in 2002 the prevalence of HIV in Addis Ababa is 17.4%. In the same year, the prevalence of HIV was 15% amongst women receiving ANC in Addis Ababa.

The number of orphans due to AIDS is also growing and worsening the social and economic situation of children. At present AIDS alone has orphaned an estimated 1.2 million children below the age of 15 years in Ethiopia. The burden of their care falls on grand parents, older siblings, and the community at large. The magnitude of the problem and general level of poverty have weakened social cohesion and traditional coping mechanisms. Providing care and support to orphans has overwhelmed traditional coping capacity, leaving many children with unattended basic social and educational needs and rights, and has worsened the vulnerability of children.

HIV/AIDS worsen the poverty situation both at the individual, household and community level as well as at the level of the national economy, creating a vicious circle of increasing individual and community vulnerability to HIV/AIDS especially women.

Unequal power relations give women a subordinate position and make them socially dependant. Women have less access to health care, employment education information etc. Women have less economic possibilities of seeking treatment, and often need the approval of male for health visit. In addition, women's poor economic position can force them in to exchange sex for goods or services and/ or in to prostitution. Thus women are in poorer position to control when, with whom or in what circumstance they have sex.

In response to this challenge New Life Community Organization has identified three important priority problems that require urgent interventions in the community. These are:

1. Low level of HIV/AIDS
2. High rate of unemployed women

### 3. Support less orphaned children

#### **Main Objectives**

- Increasing the level of HIV/AIDS awareness of the communities ( on mode of transmission, preventive methods/strategies, stigma and discrimination etc) living in 5 selected Kebeles of Gulele, and Akaki Kaliti sub city by the year 2005.
- Provision of short term training for unemployed and /or school drop out women living in Gulele and Akaki Kaliti sub city.

#### **Over all development goals**

- Increase the level of HIV/AIDS awareness and reduce the socio economic factors that favour the distribution of the pandemic.

#### **Target Group**

The target groups of the project are students, out school youths and young women living in selected Kebeles of Gulele, Mekanissa and Akaki Kaliti Sub City.

### **2. The objective of the project review**

New Life Community Ethiopia has received support from New Life Community (NLC) Norway through FOKUS, Forum for Women and Development, since 2003. Final year for support is 2005.

The overall issues to be reviewed:

- the goal of the project against the funding that has been given from NLC.
- how this project has affected the situation for women who has been given training.
- the organisation of the project and long term planning for sustainability.
- the cooperation process between Ethiopia and Norway.

### **3. Main questions**

#### **Administration**

1. How has funds been spent in the collaboration process? Has there been a balance between target group activities compared to administration in the collaboration process?
2. How is the sustainability for the organisation? (Fundraising, income generating activities, administrative and technical capacity including human capital like knowledge sharing and capacity transfer)
3. How has the administration routines between Ethiopia, Norway and FOKUS been operating? Administrative factors that have affected the performance, including transfer of funds and reporting systems.
4. How has the cooperation between Ethiopia and Norway been concerning transparency, mutual confidence and participatory orientation of activities?

Have they contributed to each other's organisations? Or has the cooperation been limited?

### **Working method**

1. How is New Life Community Ethiopia organised?
2. How is the target group involved?
3. How is the target group followed up during and after the training/awareness raising?
4. How do the organisation measure results?

### **Project objective**

1. Have there been any changes to objectives according to approved plans and application?
2. Is the training relevant for the reality the women face? To what extent have selected inputs met expected results, which activities have been particularly successful and why and which have not.
3. The Ethiopian context for women and girls, for Norwegian collaborator, other NGO/stakeholders etc.
  - How is New Life Community Ethiopia working together with other organisations, institutions, national authorities and other stakeholders?
  - What is the official policy towards projects focusing on women and girls in Ethiopia?
  - How has gender issues been met in the collaboration process between Ethiopia and Norway?
4. How is impact assessed at the level of the beneficiaries?
5. How does the project aim to empower the women so they will be able to take charge of their own lives?
  - Has the status and position of women and girls changed after participating in this project (raising self-esteem, skills and rights)?
  - Has attending a course created new working opportunities for these women, and/or given them other positions due to this training?
6. Is New Life Community Ethiopia working on advocacy concerning taboos connected to HIV/AIDS and gender issues like harmful traditional practises, early marriages and FGM.
7. Recommendations

### **4. Method**

The following methods will be used to collate information for the evaluation.

*Open-ended, semi-structured interviews, focus groups and/or workshops directed to;*

The management and board

People employed and voluntaries working for the organisation

Participants attending the HIV/AIDS seminar

Women given training

Women participating in activities in the Women's House

Health Department  
Other organisations  
New Life Community Norway  
Donors

**Documents**

Project applications, reports and communication in Ethiopia and Norway  
Accounts reports  
FOKUS' project strategy

*The target group who will use the final report:*

- New Life Community Ethiopia
- FOKUS/NORAD
- New Life Community Norway
- Other stakeholders (UNICEF, other donor agencies, organizations with a focus on hiv/aids and development issues)

**5. Work programme and team members**

The evaluation will be carried out as a field study in Ethiopia in 2005. New Life Community Ethiopia will make necessary documents available to the team, and will draw up a programme for possible visits and interviews, to be finally approved by the evaluation team.

The evaluation team includes one evaluator from Norway, Anne Skjelmerud from Heso, and one from Ethiopia, Elshaday Timkat.

**6. Duration of the field study**

The field study will start in May 2005.

**7. Reporting**

A draft of the main conclusions from the evaluation will be discussed with New Life Community Ethiopia before the Norwegian consultant leaves the country. The final report will be presented to FOKUS before the 15th of June 2005.

The final report should not exceed 15 pages, plus annexes. All the issues raised in point 3 above should be discussed. The report should also include any other observation relevant to the project and recommendation that may help strengthen the project and improve impact in a short and long term perspective.