

Summary (one page)

Ethiopia is chosen by Tear Netherlands and Tearfund UK as a concentration country because of the low status on the Human Development Index and the possibility that the church has to bring a change in the situation. For a period of 4 years attention has been given to food security through different strategies. Local partner capacity has been built to use a programmatic approach, undertake an environmental carrying capacity study and develop alternative livelihoods strategies. The instrument of self help groups has been developed by some partners since 2002 which has proven very successful in poverty reduction.

HIV is an increasing threat in Ethiopia. Results from the 2005 Ethiopia Demographic Health Survey (DHS) indicate that 1.4 percent of Ethiopian adults are infected with HIV, with women being particularly vulnerable. With a large population (over 70 million) these prevalences represent large numbers in Ethiopia: an estimated 900,000 people live with HIV, and there are over 600,000 orphans as a result of HIV and AIDS. With a rising national population, these numbers will increase.

HIV/AIDS programming of local partners has used the integrated approach with the components of prevention, VCT, Home Based Care (HBC) and mitigating of the impact of HIV. The programmes tend to be provision oriented and fall short in mobilising community ownership and using the potential of PLWHAs.

Both Tear Netherlands and Tearfund UK have made scaling up and improving the effectiveness of work to address the prevalence and impact of HIV and AIDS through church partners worldwide a corporate priority. Tearfund UK has identified five corporate niche areas to focus particular attention on: Prevention of mother to child transmission (PMTCT); Impact mitigation through support services for widows, orphans and vulnerable children (OVCs); Promoting access to treatment for opportunistic infections and ART; ending stigma and discrimination of people living with or affected by HIV and AIDS; behaviour change among children and young people. Tear Netherlands has worked with one Ethiopian partner on PMTCT and is starting to support an HIV/AIDS comprehensive programme in a new area funded by MFS funds.

In March and September 2006 a workshop was facilitated by Integral Alliance which Tear Netherlands and Tearfund UK are members of, where all partners met and prioritised the scaling up of HIV and AIDS work. In November 2006 Tearfund UK met solely with partners to develop a country strategy and again HIV and AIDS was prioritised as a strategic focus. A further workshop was facilitated in December to identify a specific strategy for the scaling up of HIV and AIDS work. From this final workshop the following vision statement was agreed 'By 2015 To see local churches championing community transformational development which decreases HIV prevalence by half as well as PLWHAs being embraced and positively affected in order to lead productive and healthy lives'. To realise this vision partners recognised the need to build capacity in areas of: advocacy; approaches to address livelihood needs of PLWHAs; provision and effective use of ART and support of PMTCT; more effective approaches for bringing about behaviour change, particularly with young people; mechanisms, both internal and external, to support learning; and, ensuring project components can be ultimately sustained as beneficiaries require.

Over a 4 (2 + 2) year period partners will be learning through action and reflection to choose approaches that are empowering the communities and local churches to be the owners of an HIV/AIDS programme. Six partner organisations have been chosen to be involved and each partner organisation will identify the area of HIV/AIDS programming where it wants to shift to a more empowering approach. Through support in an action reflection process the programmes will be developed. The six partner organisations will also form a learning network, in which lessons learned will be shared and joint learning will be facilitated.