



Beza Youth Health and Counseling Center  
(BYHCC)

Review of Six Years Performance Against Relevant National  
Strategic Frameworks

(2004-2009)

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## Acronyms

ART	Antiretroviral Therapy
ARH	Adolescent Reproductive Health
BCC	Behavioral Change Communication
BLS	Base Line Survey
BYHCC	Beza Youth Health and counseling Center
CBO	Community Based Organization
CC	Community conversation
CORHA	Consortium of Reproductive Health Associations
CSA	Central Statistical Agency
CSWs	Commercial Sex Workers
DHS	Demographic and Health Survey
EGLDAM	Ye Ethiopia Goji Limadawi Dirgitoch Aswogaj Mahiber
EM	Early Marriage
FBO	Faith Based Organization
FGAE	Family Guidance Association of Ethiopia
FGC	Female genital cutting
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FP	Family Planning
HAPCO	HIV/AIDS Prevention and Control Office
HCT	HIV Counseling and Testing
HEP	Health Extension Program
HEWs	Health Extension Workers
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	Management Information Systems
HSDP	Health Sector Development Program
HTP	Harmful Traditional Practice
IAC	African Committee on Traditional Practices Affecting the Health of Women and Children
ICPD	International Conference on Population and Development
IEC/BCC	Information Education and Communication
IWW	
MBA	Marriage by Abduction
MDGs	Millennium Development Goals
MoFED	Ministry of Finance and Economic Development
MOH	Ministry of health
MoWA	Ministry of Women's Affairs
MTE	Milk Teeth Extraction
MYSC	Ministry of Youth, Sports and Culture
NCTPE	National Committee on Traditional Practices of Ethiopia
NGO	Non-Governmental Organization

NORAD	Norwegian Agency for International Development
RHS	National Reproductive Health Strategy
AYRHS	National Adolescent and Youth Reproductive Health Strategy
PASDEP	Plan for Accelerated and Sustainable Development to End Poverty
PLHIV	People Living With HIV
PMTCT	Prevention of Mother to Child Transmission
RH	Reproductive health
SIDA	Swedish Agency for International Development
SNNPR	Southern Nations, Nationalities and Peoples Region
STIs	Sexually Transmitted Infections
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YRH	Young People's Reproductive Health

# 1. Executive Summary

The current Beza Youth Health and Counseling Center is conceived in the womb of a football team of village children, in Yirgalem town, who were inspired by stars of the 1994 World Cup. The initiative led to the birth of a Football League named Addis Tesfa [to say New Hope], with a dream of becoming a big football league. By the time the potential danger of HIV/AIDS, particularly among the youth, was felt by both the government and other implementing actors, the already established youth group, organized around football, became a focus of attention to lay the grounds for the first anti-AIDS club in the town.

By the year 2002, the anti-AIDS club emerged as a full-fledged development NGO. The then small group has now grown into an organization with five major programmatic areas. In appreciation of its noble performance, Beza is bestowed the Zonal, Regional and The Millennium Federal level awards prepared for best performing Youth initiatives in different times.

The Vision of Beza is “to see a good natured, civilized, investor youth generation” with objectives, among others, including reduction of the incidence and mitigate the socio-economic impact of HIV/AIDS among youths and in the general community as well as building responsible citizens through behavioral change programs, particularly with personal development and core life skill trainings. It is currently mobilizing resources to build its own Youth Center, with expanded services, and has secured land from the Town Administration for training, rehabilitating and generating income to support OVC and their parents.

In the past years, the organization has been implementing community development programs, with focus on the youth, and with an effort to contribute to national development frameworks, particularly to the Youth Policy, National HIV/AIDS Strategic Plan, the National RH Strategy and the National Adolescent and Youth RH Strategies.

One of the purposes of this six years (2004-2009) performance review of BYHCC is, thus, to check whether its implementation in the review period has been guided by these national policies and strategies and, if it has been so, to determine the extent to which it adhered to national priorities and operated within the given frameworks. The other reasons include taking the lessons learnt for organizational improvement and to use the findings as potential inputs for developing future strategic plan document of the organization.

The review encompassed analysis of data collected in different forms, such as review of plan and reports, other secondary sources, interviews and focus groups discussions conducted with multiple groups and stakeholders. BYHCC is currently organized in five programmatic areas and multiple activities, implemented through core staff, volunteers, clubs and partner organizations which share common goals. Interestingly, many of the review participants feel that Beza is theirs! Currently, Beza is engaged into different activities and is providing broad range of RH service to the youth, not only in Yirgalem town but also in the surrounding woredas through initiating and strengthening clubs.

When we look at the findings of the review, among the services provided under **program area I**, which includes library service, counseling, information service, indoor games and satellite services, all are in alignment with the national strategies referred for this review. For instance, objective #15 of the national HIV/AIDS SPM focuses on reducing vulnerability of different segments of the population, including the youth, with a strategy to address the issue by developing “youth centers and entertainment resorts” like what Beza is doing.

**Under program area II**, which is prevention intervention, the community mobilization effort using edutainment programs is one of the most effective programs of Beza. It includes the Saturday regular shows, music, dramas, plays, panel discussions and debates, sport/ ‘Beza Cup’, the guest of the week, question and answer sessions, as well as the annual Art Day where beauty and literature contests are presented. However, of all the edutainment sessions, the weekly “Beza Debate” is found to be the most important, highly educative and somehow unique session. Using coffee ceremonies and community conversation platforms, Beza’s volunteers penetrate both the urban and rural community to discuss critical social issues.

When we look at trends of service utilization, the Saturday Beza Show and discussion programs are escalating, particularly after 2007. Distribution of IEC/BCC materials, including those printed by other partners, has been part of the activities implemented, with the highest in 2008. Condom distribution reached over tenfold by the year 2009, as compared to the year 2004.

In addition, there has been a very big effort to mobilize the community to get counseled and tested for HIV, where the most important and highly appreciated of these being the use of creative ways to reach pregnant women to get initiated for ante-natal care and get tested for HIV/PMTCT. As a result, Beza’s effort was recognized and awarded both by the town administration and the regional government for its diligent work of mobilizing community volunteers known as village facilitators, composed of different community groups. Furthermore, instead of using coffee ceremonies as an awareness raising sessions only, the Beza trained and supported village facilitators have given it an impetus to be a ground for action! It is also very interesting to see the focus of community mobilization, for PMTCT uptake, not limited to women, in which nearly 30% contacted are men.

The relevance of activities under program area #II to the attainment of goals and objectives set in the three of the national strategies as well as alignment of the activities and priorities of the organization to those described in the national documents is a very interesting one.

**Program area III** focuses on capacity building for clubs, youths and young children.

Beza has initiated the establishment of over 25 clubs and associations in the locality (both urban and rural), of which 16 are currently functional. Though many are operating independently, all of them get technical, material financial, experience sharing and skill transfer/mentoring supports from Beza. The youth praise Beza a ‘creator of a Vision’ as many have already grew to different professional levels, using Beza as a springboard. The children, moved by the quality of tailored training they got from Beza, express their feelings like “I am impressed by the notion of ‘tirmessa’/facing up challenges, which gave me the energy to be persistent and hence think always in the framework of ‘I can make it!’, as long as I keep on striving to reach my goals.”

**Program area IV**, impact mitigation/Support for OVC and the youth at risk, is found to be one of the most important activities of Beza, not in magnitude but in quality of service, primarily by the steps they are taking for rehabilitating street children and finally put them back to regular social interaction. The support for OVC is provided in two ways, where one group is, especially street children are, provided with almost all types of service to continue their education while those living with their family are counseled and given educational materials and tutorial services to keep them at home. Some got job opportunities facilitated by Beza while others started to generate their own income. However, the future main strategy of Beza is to capitalize on the second type of support, which promotes responding to the needs of the children while they still are in the family, thereby addressing the root causes for streetism.

**Program area IV and V**, where the later focuses on care & support for PLHIV, are in complete harmony with thematic area\_6 the multi-sectoral HIV/AIDS Strategic plan, particularly addressing objective #16, which is stated as to “Improve quality of life of people living with HIV/AIDS (PLHIV), orphans and other vulnerable children (OVC)”. Some of the activities mentioned in the strategy document include “promoting care within the family and mobilize the community to address and accommodate the issue of PLWHA/OVC through traditional and extended family mechanisms; providing counseling service and legal advice; creating access to basic health, education and other social services as well as providing vocational skill training and income generating opportunity for PLWHA/OVC”. Interestingly all of these, one way or another, are implemented by Beza, in their effort to support OVC and PLHIV.

The combination of all the above activities cover most of the priorities, goals, objectives, strategies and key community level activities mentioned in all the three strategy documents, making Beza a strategically positioned and an ideal institution to implement and achieve the national targets. Its contribution to the national effort is a significant and active one, with a need to fine-tune, of course, the basis of its strategies in the future.

For the above accomplishments, the support of all those involved [partners and funding agencies] is highly appreciated by Beza, as all do have their own contribution in the progress of the young organization. Beza believes that had it not been for the supports of all these organizations, the picture of the organization would have been totally different from what it is today. Yet, of all the supports provided, Beza highly values the consistent mentoring and capacity building service provided. For this, as can be evidenced from the consistency of support since inception as well as from the diversity of the type of support, however, the role of the Norwegian Church/NCA Ethiopia is rated by Beza as the most critical one, not only for the progress of the organization but also for its very existence. The contribution of OSSA and IWW is also a paramount one. From government institutions, the material, technical and financial supports, irrespective of the amount, are among the types of support, of which the grant of over 2000<sup>m2</sup> plot of land provided by the Municipality free of lease cost for building an OVC rehabilitation and IGA center, is the most important one.

Of the efforts to raise funds and mobilize local resources in different ways, what is very interesting and appreciable of the efforts of Beza is its continually increasing capacity to generate its own income through provision of services to the local and surrounding community. Currently,

the organization is on the way to build its own youth center, partly with its own income and is planning to mobilize the community and other partners to cover the rest of the cost.

Moreover, partnership and networking are found to be among the key strengths of Beza, which facilitated accomplishment of a number of community services with very limited financial budget as well as with high degree of acceptance by the community members, CBOs and government offices. The integration of HIV/AIDS with SRH programs is also another strength, where both the RH and HIV/AIDS issues are presented simultaneously, in an interwoven way.

It is also interesting to see the balance between the program and administrative costs, where the overall average reads as 86% vs. 14% respectively. Apart from this, it is highly appreciable to see those multitudes of activities accomplished with such limited amount of funding, confirming the repeated acknowledgement about Beza's effective and efficient resource utilization. The consistency of data disaggregated by gender throughout all the years and across all types of services provided is an appreciable one.

For the further progress of the organization as well as to have a clear direction of the future, Beza is strongly recommended to have a strategic plan document as well as systematically document all the process – the activities, challenges faced, the actions taken to address, etc to grow into a center of excellence in their specialization area.



## 2. Introduction

Considering reproductive health/RH as one of the major health and social issues, particularly of that of the youth and adolescents, the Government of Ethiopia has issued two mutually reinforcing reproductive health/RH strategies [i.e. the National RH Strategy (2006-2015) and the Adolescent and Youth RH Strategy (2007-2015)], which aim at attaining the development goals set at international and national levels. According to the Ministry of Health the strategies are ‘built on the existing health policy, HSDP, and the HEP, while at the same time seeking to enhance the effectiveness of the health system in meeting the targets of PASDEP and the Millennium Development Goals (MDGs)’. The goals focus on addressing the “reproductive and sexual health needs of the culturally diverse population - one characterized by its youthfulness, geographic dispersion, conjugality, and persisting gender inequalities.”<sup>1</sup>

By focusing on the special needs of the youth, the vision of the National AYRH Strategy is stated as “to enhance reproductive health and well-being among young people in Ethiopia ages 10-24 so that they may be productive and empowered to access and utilize fully quality reproductive health information and services, to make voluntary informed choices over their RH lives, and to participate fully in the development of the country.”<sup>2</sup>

In addition to these strategies, Ethiopia has the experience of developing periodic strategic frameworks in response to the epidemic of HIV/AIDS, in which the youth and adolescents are classified among the most vulnerable. The second SPM (2004-2008 and the interim for 2009-2010), ‘geared towards enhancing and strengthening the ongoing multi-sectoral prevention and control activities’, is also one of the national strategies that guide the efforts of youth focused organizations.

As reproductive health, in general, and HIV/AIDS issues, in particular, are cross cutting and thus require a multi-sectoral commitment, the Government has invited all actors for the successful implementation of these strategies, complementing its vision of providing the services through the Health Extension Package at the community level and through other health interventions. In this regard, the complementary role of NGOs, partners, and other stakeholders in support of this effort is called upon in both stages of planning and in the actual execution of activities. In addition, the National Youth Policy<sup>3</sup> states the role of the civil society in the implementation of the Policy as “the civil society, by focusing on the policies and strategies issued by the government for the overall development, have the role of undertaking various capacity building activities that enable youth to strengthen their participation and ensure their fair benefits in development ventures which are initiated whether individually, in groups or in associations.”

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<sup>1</sup> MOH, National Reproductive Health Strategy (2006-2015)

<sup>2</sup> MOH, National Adolescent and Youth RH Strategy (2007-2015)

<sup>3</sup> Ministry of Youth, Sports and Culture, pp. 50, March 2004, Addis Ababa.

Beza Youth Health and Counseling Center (BYHCC), an active organization youth focused organization, operating at a community level has been endeavoring, at a local level, for the achievement of the goals and specific objectives set in the above mentioned national strategies. One of the main purposes of the review of the six years performance of BYHCC is, thus, to show the alignment of the Beza's activities with the priorities, goals, objectives and the proposed key community level actions of the national strategies, so that the organization builds on its strengths and improves its limitations during the remaining years (till 2015) of implementation of the stated national strategies.

### **3. Purpose and rationale of the review**

Ethiopia has issued a number of development policies, which are envisaged to be implemented by multiple actors operating at different levels. However, it is common to come across leaders and technical staff of organizations who are not well acquainted with the relevant policies of the sector they are operating in. For instance, though there are a number of organizations working in the implementation of the national Health, HIV/AIDS, Reproductive Health, etc policies and strategies; though most are providing remarkable community services while others are engaged at higher level advocacy efforts, many are not well acquainted with the policies and strategies designed to guide national responses. As a consequence, despite the zeal to make a difference and serve the community to their level best, some end up in implementing projects/programs in a different direction from the national frameworks and in different priority areas.

One of the purposes of reviewing the performances of Beza Youth Health and Counseling Center is, thus, to check whether its implementation in the last six years period has been guided by the national policies and strategies and, if it has been so, to determine the extent to which it adhered to national priorities and operated within the given frameworks.

The other reason for conducting this six years performance assessment is for organizational improvement by means of:

- capturing achievements of the organization,
- triangulating the views of different stakeholders on the contribution/value addition of Beza for the community it is serving,
- identifying the strengths of the organization, so that it can build up on same and
- identifying limitations that need to be worked out for further improvement.

Third, reason is to use the findings of the review as a potential input for developing the strategic plan document of the organization.

### **4. Methods of data collection**

The following approaches and tools were utilized to undertake the review.

**Desk review** – available information from the planning, implementation and project evaluation documents is gathered and reviewed to get a full picture of what the organization has been doing, understand its strategies, know its goals and specific objectives over time, whether these goals and objectives are in alignment with the relevant national frameworks or not, etc.

**Focus group discussion/FGD** – focus group discussions organized were guided by semi-structured, standard checklists which are adapted to fit the information needed from the respective group. The checklist took in to consideration the varying backgrounds of participants, i.e. voluntary workers and members of Beza, child beneficiaries/OVC, club leaders, school community consisting of teachers and students, girls groups and government officials. Except in one of the cases, the focus group discussions included 8-12 participants at a time. There were a total of six FGDs conducted, composed of 18 females 34 males.

**In depth interview** – the reviewer contacted key informants to deepen her understanding on the implementation processes, for identifying the strengths and limitations, increasing stakeholders' participation, share ideas on sustainability and scaling up of the program. Formal and informal discussion were held with key informants selected among OVC, in school and out of school youth, members and non-members of Beza, community and religious leaders, health-service providers, teachers, beneficiaries, representatives of six different government line offices, CBOs, village facilitators/volunteer community workers. The interviews were conducted predominantly on individual basis, and as found convenient, in pairs. There were a total of 25 interview sessions [with 8 females and 17 males].

All the information gathered is systematically categorized into thematic areas, to fit into the presentation format of the review report.

## **5. Overview of Beza Youth Health and Counseling Center – evolution to current role**

The current Beza Youth health and Counseling Center is conceived in the womb of a football team of very young, village children of Yirgalem town, who were inspired by Stars (like Romario, Bebeto, Italian Bajyo, Masaro, ...) of the 1994 World Cup matches. Most of the children were playing bare footed, using ball made of local materials. The keen interest of a teacher, Ato Mollalign Hailu, and few other colleagues on the talents and enthusiasm of the children led to cross-village matches in the town, leading to the birth of a new Football League named Addis Tesfa. The League, whose dream was for becoming a big initiative, was not only composed of teams from urban youths, but also had clubs from the suburb areas of Yirgalem town.<sup>4</sup>

Later on, by the time the potential danger of HIV/AIDS, particularly among the youth, was felt by both the government and other implementing actors, the already established youth group, organized around football, became a focus of attention to lay the grounds for the first anti-AIDS club in the town. In the year 1997, Head of the Awassa Branch Organization for Social Services for AIDS (OSSA) approached the team to jointly work on the issues of HIV/AIDS among the youth. As some of the team members and supporters already had the experience in performing edutainment programs (drama, music, plays, ...) for the school community, they easily utilized their experience for educating the community on HIV/AIDS. In the mean time, they were given trainings to run their club and work on the core area of HIV/AIDS. Supports from organizations like the Norwegian Church Aid (NCA) and encouragement from the public sector begun to flow, among which office and training space provided by the Yirgalem Health Center, accompanied with legal backing and logistical support during campaigns. The contribution of NCA in promoting the level of the club from anti-AIDS initiative, in around year 2002, to a full-fledged development NGO is a critical one.

With the expansion of the activities of the organization, serving both in-school and out-of school youth, the need for more accessible location and provision of wider scope service created the demand to move from the compound of the Health center to its present location, which enabled to give multiple services, such as - library, musical trainings, regular Saturday shows, debate forums, in-door games, counseling, support for OVC, etc . However, Beza continued to grow, to the extent that the current space and services provided found to be “unsatisfactory” to the community it is serving. That is why it is currently mobilizing resources to build its own Youth Center and has secured land from the Town Administration for training, rehabilitating and generating income for supporting OVC, with particular focus on street children, and their parents.

Currently, Beza is engaged in different activities and is providing broad range of RH services to the youth, not only in Yirgalem town but also in the surrounding woredas through initiating and strengthening clubs (financially, in training, experience sharing, mentoring, etc) which are

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<sup>4</sup> History of Beza Youth Health and Counseling Center (unpublished)

serving in their respective localities. Given the number of very few non-governmental organizations operating in the locality [i.e. Family Guidance Association of Ethiopia/FGAE which focuses on clinical services and the Red Cross Society which provides ambulance and home based care since 2007]; the role of a grass root community organization like Beza that provides a number of crucial services to vulnerable groups is a paramount one.

The very small group, which started as a football team and later on a specific HIV/AIDS focused initiative, has now grown into an organization with five major programmatic areas. In appreciation of their noble performance, Beza is bestowed the Zonal, Regional and the Millennium Federal level awards prepared for best performing Youth initiatives in different times.

The Vision of Beza is “to see a good natured, civilized, investor youth generation” with the following major objectives, among others:

- To reduce the incidence and mitigate the socio-economic impact of HIV/AIDS among youths and the general community.
- To develop the overall personality of youths as to build responsible citizen through behavioral change programs particularly personal development and core life skill training , club establishment and other activities.
- Facilitate educational support , basic needs and safe living site for orphans and vulnerable children that are affected and infected by HIV/AIDS and by other social problems
- Contribute for the reduction of the number of unemployed youths by creating skill and job opportunities
- Make effort in motivating and involve directly in environment friendly activities for the sake of sustainable development.

The organization is run by a Board, which gives a policy level direction; a secretariat responsible for the plan and implementation of detailed activities; volunteer members of the organization who serve for free; and other collaborators and supporters encouraging and assisting in distance.

## **6. An Overview of National Strategic Frameworks Applicable to BYHCC**

As Beza is a youth focused RH and Counseling organization, among others, the most relevant policies and strategies applicable to their areas of intervention, particularly identified for the purposes of this review, are the National HIV/AIDS Strategic Plan, the National RH Strategy and the National Adolescent and Youth RH Strategies. In fact, as Beza also attempts to address the gaps in education and economic needs of the youth, the wider Health Policy, the Health Sector Development Program/HSDP, the HIV/AIDS Policy, the Youth Policy and the Youth Development Packages are among the important policy and strategic frameworks that can be referred to. However, as the ones identified below are more specific and directly related to the very core business of the organization as well as for the sake of avoiding barriers for understanding, the review shall be limited to comparison of implementation against the following three strategic frameworks only.

The skeleton of the strategies below focuses only on selected thematic areas, the goals, objectives, priority issues, strategies and proposed community level actions mentioned in the strategy documents. Strategy components of the respective documents are annexed at the end of this document.

### ***6.1 The National Strategic Plan for Multi-Sectoral HIV/AIDS Response (2004-2008)<sup>5</sup>***

#### **Thematic area\_2 - Social Mobilization and Community Empowerment**

**Objective 8: Ensure community ownership and sustainable social mobilization.**

**Selected Strategies:**

- Ensure community ownership of HIV/AIDS programs.
- Create a sense of urgency in all leaders and community organizations to take HIV/AIDS as social and development agenda.
- Reinforce relevant community bylaws and resolutions.

#### **Thematic area\_3 - Integration with health Programs**

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<sup>5</sup> Federal HIV/AIDS Prevention and Control Office/HAPCO, National Strategic Plan for Intensifying Multi-sectoral HIV/AIDS Response, 2004-2008, Addis Ababa, Dec. 2004.

**Objective 9. Ensure universal integrated primary health care services for HIV/AIDS.**

**Strategies:** ( in primary health care units and hospitals).

- Institute efficient and effective **referral services** including community based health care systems

**Thematic area\_4 - Leadership and Mainstreaming**

**4.4.2 Mainstreaming**

**Objective 13: Mainstream HIV/AIDS prevention and control efforts into the core programs of all public, non- public and private development partners.**

**Strategies:**

- Promote involvement and ownership
- Use own resources (sectors), provide resources
- Monitor and evaluate HIV/AIDS sector specific strategic plans and performance.

**Thematic area\_5 - Coordination and networking**

**Objective 14: Ensure synergy of HIV/AIDS programs and efficient use of resources among different implementers.**

**Strategies:**

- Promote decentralized decision making and coordination.
- Develop and disseminate net working guidelines and directories.
- Ensure timely and regular review and follow up mechanisms by HIV/AIDS councils and committees at different levels.
- Create consultation and partnership forum.

**Thematic area\_6 - Special target groups**

**Objective 15: Reduce vulnerability to HIV infection among the identified targeted group (i.e. Commercial Sex Workers, truckers, migrant laborers, uniformed people, teachers, students and out of school youth)**

**Strategies:**

- Promote VCT and other behavioral change interventions.
- Promote the use of male and female condoms.
- Provide user-friendly Reproductive Health and STI services.
- Enhance bargaining and negotiations skills for safe sex where applicable.
- Provide safe and alternative income generating and employment opportunities where applicable.
- Strengthen and expand school anti AIDS clubs and mini Medias
- Integrate HIV/AIDS in life skill education and basic curriculum.
- Develop youth centers and entertainment resorts.
- Organize the youth on voluntary basis and provide peer education.

**Objective 16: Improve quality of life of people living with HIV/AIDS (PLHIV), orphans and other vulnerable children (OVC)****Strategies:**

- Promote care within the family and mobilize the community to address and accommodate the issue of PLWHA/OVC through traditional and extended family mechanisms.
- Provide counseling service, legal advice and protection to PLWH/OVC.
- Provide access to basic health, education and other social services to PLWHOVC
- Provide vocational skill training and income generating opportunity for PLWH/OVC
- Develop acceptable social security models towards the special needs of PLWH/OVC
- Mobilize all stakeholders to address the needs of PLWHA/OVC in a sustainable manner.

**6.2 The National Reproductive Health strategy (2006-2015)<sup>6</sup>****Strategic area #1 - The social and institutional parameters of women's health****I. Priority Issues – @ Community Level**

- i. Community members do not universally recognize the negative physiological and psychological consequences of FGC and other entrenched customs such as polygamy, wife-inheritance, discriminatory eating practices, early marriage, domestic violence and abduction.
- ii. Many HTPs are perpetuated by those whose vested interests they serve; including males, kin groups, and FGC practitioners.
- iii. There is little awareness and poor implementation of laws that protect women against HTPs, such as the 1994 Federal Constitution, National Policy on Ethiopian Women, the Population Policy, the Revised Penal Code, and the Revised Family Law.

<sup>6</sup> Federal Ministry of Health, National RH Strategy (2006-2015), Addis Ababa, March 2006.



## **II. Strategies**

- i. *Strengthen the legal frameworks that protect and advance women's reproductive health rights.*
- ii. *Prioritize the attainment of two indicators recognized to have the greatest impact on the reproductive health and well-being of women: age of marriage and educational attainment*
- iii. *Reduce the acceptability of all forms of FGC.*

Actions at the Community Level

### **III. Key actions @ Community level**

- i. ***Create awareness at the community level, by developing and implementing innovative informational campaigns to heighten awareness of:***
  - existence and details of the new Family Law and Penal Code
  - risks and negative health consequences of early marriage, FGC, and the feasibility of alternative options
  - benefits associated with girls schooling
  - laws protecting and promoting women's rights
- ii. ***Target messages to high-risk groups***
  - Develop special IEC and advocacy campaigns for Somali, Afar, and possibly other regions that specifically address the risks associated with Type III FGC and the health services available to address them.
  - Develop special IEC and advocacy campaigns that enlist as agents of change: women who have refused to be cut; FGC practitioners; young married couples, etc.
  - Enlist religious and other community leaders to institute and apply cultural sanctions or disincentives that discourage FGC, (especially Type III).

## **Strategic area #2 - Fertility and family planning**

### **I. Priority Issues – @ Community Level**

- i. *Traditional values, high infant mortality, the desire for large family size, and early marriage fuel high fertility and represent serious constraints to birth spacing and/or limiting.*
- ii. *Social and economic status of women undermines their desire and ability to regulate fertility.*
- iii. *The agricultural basis of the majority of Ethiopian society enhances the value of children as a labor force and source of support in the old age.*

### **Goal**

**To reduce unwanted pregnancies and enable individuals to achieve their desired family size.**

## **II. Strategies**

- i. Create acceptance and demand for FP, with special emphasis on populations rendered vulnerable by geographic dispersion, gender, and wealth.
- ii. Increase access and utilization of quality FP services, particularly for married and unmarried young people and those who have reached desired family size.
- iii. Delegate to the lowest service delivery level possible, the provision of all FP methods, especially long-term and permanent methods, without compromising safety or quality of care.

## **III. Key Actions @ Community Level**

- i. Develop and implement innovative informational campaigns to heighten community awareness about the relationship between STIs, abortion, and infertility *Enlisting religious leaders to promote FP:*
- ii. Seek the support and collaboration of religious institutions in creating awareness of the importance of FP; the RH needs of young people, especially those who are married; and the negative health and social consequences associated with early marriage.
- iii. Use the authority of religious leaders to institute and apply cultural sanctions or disincentives to early marriage, such as discouraging the blessings of such marriages by priests.

## **Strategic area #4 - HIV/AIDS**

### **I. Priority Issues – @ Community Level**

- i. Despite widespread knowledge of HIV/AIDS, personal perceptions of risk are low. This is substantiated in research carried out among both adults engaged in unprotected sex, and sexually active youth (MOH 2004c: 14).
- ii. While women and girls are more susceptible to HIV infection, lower educational levels, poverty, higher workloads, and social isolation limit knowledge of their risk and their ability to seek relevant services.
- iii. The lifestyles of certain special populations enhance vulnerability to HIV/AIDS. These populations include commercial sex workers (CSWs), truckers, migrant workers, street children, internally displaced people (IDP) and soldiers.

### **Goal**

To reduce HIV infection and improve the quality of life of those living with the disease by optimizing the synergies between RH and HIV/AIDS initiatives.

### **II. Strategies:**

- i. Exploit opportunities within current RH and HIV/AIDS programs to access populations whose needs would not otherwise be met under existing service delivery arrangements.

- ii. Maximize opportunities to transfer knowledge and best practices across RH and HIV/AIDS fields.

**III. Key Actions @ Community Level**

- i. Encourage the transfer of knowledge and best practices from urban-based HIV/AIDS programs to rural initiates and associations.
- ii. Target messages to high-risk groups, by developing new, innovative approaches to HIV/AIDS awareness that appeal more effectively to different categories of young people, especially those in rural areas, and marginalized groups such as street children and CSWs
- iii. Secure the support and collaboration of religious institutions in creating awareness of HIV risks, prevention and testing services
- iv. *Creating awareness at the community level*
  - o Develop and implement innovative informational campaigns to heighten community awareness of:
  - o Risk of HIV transmission within couples, with special emphasis on male transmission to their wives
  - o Gender disparities in the utilization of services for detection and management of HIV/AIDS
  - o High infection rates in the 15 to 24 age group, especially among married girls and young women
  - o Utilization of condoms and observance of dual protection
  - o Relationship between STIs, abortion, and infertility

**Strategic area #5 - RH OF YOUNG PEOPLE**

**- Priority Issues at Community Level**

- i. While the risks associated with HIV/AIDS and early marriage tend to be widely recognized by communities, other health and psychosocial risks facing young people are not well understood.
- ii. Poverty, limited educational opportunities, and threats of early marriage encourage rural-to-urban migration that often brings with it new sets of RH risks such as commercial sex and sexual violence.
- iii. Addiction to substances like chat and alcohol alters economic and social priorities. Among young men, such addiction is believed by the community to increase the likelihood of unsafe sexual behavior, while at the same time diverting scarce household resources away from basic social, material, and health needs.

**Goal**

To enhance the reproductive health and well-being of the country's diverse populations of young people.

**- Strategies**

- i. Segment the design and delivery of all youth RH-related interventions and policies by gender, age cohort, marital status, and rural/urban residence.
- ii. Address the immediate and long-term RH needs of young people, with priority given to married women between the ages of 15-19 and their partners, and young people generally between the ages of 10-14.
- iii. Strengthen multisectoral partnerships to respond to young women's heightened vulnerability to sexual violence and non-consensual sex.

**- Key Actions @ Community Level**

*Creating awareness of RH:*

Develop and implement informational campaigns to heighten community awareness of:

- i. Risks and negative health consequences of early marriage/early intercourse
- ii. Utilization of condoms and observance of dual protection
- iii. High HIV infection rates in the 15 to 24 age group, especially among married girls and young women.
- iv. Support community initiatives to promote youth RH, by encouraging the transfer of knowledge and best practices from urban-based HIV/AIDS programs to rural areas.
- v. Develop new, innovative approaches to HIV/AIDS awareness that appeal more effectively to different categories of young people, especially those in rural areas, and marginalized groups such as street children and CSWs.

**6.3 The National Adolescent and Youth Reproductive Health Strategy (2007-2015)<sup>7</sup>**

**Section IV: Strategies for the Reproductive Health of Young People**

**Vision**

To enhance reproductive health and well-being among young people in Ethiopia ages 10-24 so that they may be productive and empowered to fully access and utilize quality reproductive health information and services, to make voluntary informed choices over their RH lives, and to participate fully in the development of the country.

**Goal\_1: To meet the immediate and long-term RH needs of young people through increased access and quality of reproductive health services for adolescents and young people in Ethiopia.**

**Priority Issues:**

- i. The health sector has limited capacity to provide youth friendly services. Inconvenient hours or location, unfriendly staff, and lack of privacy are among the

<sup>7</sup> Federal Ministry of Health, National Adolescent and Youth RH Strategy, 2007-2015, Addis Ababa.

- main reasons many adolescents and young adults give for not using RH and HIV services. (MOH, 2005)
- ii. Guidelines need to reflect the current realities of youth and the new legal framework on family laws.
  - iii. Teen pregnancy among rural youth is high, half of the pregnancies are unintended, and existing health services do not reach youth adequately.
  - iv. Contraceptive use among married adolescents is low, and the unmet needs for contraception are high.
  - v. Rural adolescent girls are vulnerable to unintended pregnancies due to early marriage, abduction, rape, and intergenerational and transactional sex.
  - vi. Youth migrating to urban areas are at increased risks of trafficking, sexual violence, and transactional sex.

**Objective 1.1: To improve access to quality reproductive health and STI/HIV services.**

**Strategies:**

- i. Build the capacity of health services at all levels to deliver youth friendly services
- ii. Develop and revise national guidelines and standards
- iii. Develop outreach programs
- iv. Review ANC, delivery procedures, and post-partum care in health facilities and strengthen training of HEWs to focus on the first time mothers
- v. Enlist participation of boys/men, gatekeepers such as mothers-in-law or other family members
- vi. Develop a cadre of health workers at the community level (health center) to provide emergency obstetric care services

**Goal\_2: To increase awareness and knowledge about reproductive health issues, which lead to healthy attitudes and practices in support of young people's reproductive health.**

**Priority issues:**

- i. Parents, care givers, and community members have limited knowledge to discuss RH with adolescents.
- ii. Despite the reduction in HTP, some communities still need to address these issues. Community members are unaware of the negative reproductive health outcomes associated with HTP including early marriage.
- iii. The low status of young girls and women is one of the main factors for perpetuating some of the harmful practices negatively associated with reproductive health outcomes.
- iv. Though there is a high awareness of HIV/AIDS, there is still limited knowledge among youth to protect themselves.
- v. Young people have limited knowledge of their human rights and legal structures.
- vi. Young people have limited access to sexual and reproductive health information.

**Objective 2.1: To influence community norms and attitudes to support adolescent reproductive health.**

**Strategies:**

- i. Community sensitization and dialogue with community members to promote social change
- ii. Engage parents, family members to enhance family dialogue on reproductive health
- iii. Establish channels of communication between adolescents and adults

**Objective 2.2: To increase knowledge and information about reproductive health to empower youth in making healthy choices.**

**Strategies:**

- i. Promote targeted messages to reach different segments of the youth population
- ii. Harmonize and strengthen peer promoters and educators programs
- iii. Integrate SRH within the formal and non formal education sectors
- iv. Strengthen the role of media and edu-tainment for youth

**Goal 3: To strengthen multi-sectoral partnerships and create an enabling positive environment at all levels, with line ministries, research institutions, professional organizations, and partners, including communities and young people regarding the reproductive health needs of young adolescents and youth.**

**Priority Issues:**

- i. There is limited implementation of the new legal framework that protects and enhances the role of youth and young women in society.
- ii. Unemployment and poverty in the rural areas are driving youth urban migration. Youth migrating to urban areas are at increased risks of sexual violence and have no recourse to reenter the formal education system.
- iii. Gender inequities across all sectors limit young girls and young women's empowerment.
- iv. Despite the increased numbers of youth associations, the active participation of youth in designing policies, programs, and interventions in the field of RH is limited.
- v. There is limited harmonization among all FMOH partners in designing and implementing AYRH interventions.

**Objective 3.1: Increase the knowledge and awareness and change the attitudes of policy makers on sexual reproductive health issues of adolescents:**

**Strategies:**

- i. Continue advocacy and social mobilization for improving community and political support towards AYRH issues

**Objective 3.2: Decrease risks and vulnerability of adolescents and empower them to make healthy transitions to adulthood**

**Strategies:**

- Provide information and skills to strengthen what young women can do to protect themselves from HIV infection and unwanted pregnancy
- Strengthen linkages to referral facilities that provide services for abused youth
- Multi-sectoral strategies

**Objective 3.3: Increase coordination and collaboration among all partners**

Collaboration, partnership, coordination among line ministries, research and training institutions, technical organizations, implementing partners, professional organizations, CBOs, religious organizations, and donors

**Goal 4: To design and implement innovative and evidence-based AYRH programs that are segmented and tailored to meet diverse needs of youth by marital status, age, school status, residence, and sex including younger adolescents and marginalized and most vulnerable young people in the context of Ethiopian priorities and culture.**

**Priority issues:**

- i. There is limited information on the reasons that continue to drive the cultural norms that are associated with negative reproductive health outcomes, such as early marriage, rape, coerced sex, and other forms of sexual violence.
- ii. There is limited research on the most vulnerable and at risk groups of adolescents: young married girls, adolescents who migrated to urban centers, and young unemployed boys.
- iii. Data collection from existing youth interventions is often not disaggregated by age (10-14, 15-19, 20-24), socio-economic status, living arrangement, migration, education, and marital status.
- iv. There is very limited sharing and dissemination of research findings from international and national reproductive health partners.

**Objective 4.1: Conduct program research and evaluation to design, implement, and monitor effective programs addressing the diversity of the young people in Ethiopia.**

**Strategies**

- i. Dissemination and utilization of tools, materials, and best practices
- ii. Sharing of information among youth-serving organizations
- iii. Conduct socio-anthropological research
- iv. Collect disaggregated data for all youth programs

## 7. Findings of the review

### 7.1 (a) Program area 1 - Service Delivery

Under service delivery program, Beza provides library service, primarily for elementary and secondary school students who don't have easy access to text books and additional reference materials. Despite the narrow space, the library served as many as 22,000 attendances in a year. The indoor games, which include chase, 'dama', table tennis, puzzles, show of sport matches by DSTV, etc attracted over 30,000 contacts or attendances in the year 2008. There is also an information service for those who may have questions related to STIs, early pregnancy, dealing with the physical and emotional changes during adolescence, etc. in addition to availing latest magazines and newspapers. According to the program managers of Beza, depending on their age level, the main focus of the information service, indoor games and the library is on children under age 13, as the RH needs of these groups is not given attention by any of local institutions, even in schools.

Adolescents who were asked about the service responded that 'had it not been for the opportunity created by Beza to read, play games or have access to up to date information, their fate would have been ending up in chewing chat and spending time watching unnecessary video film channels, which are spoiling the lives of many of their peers.'

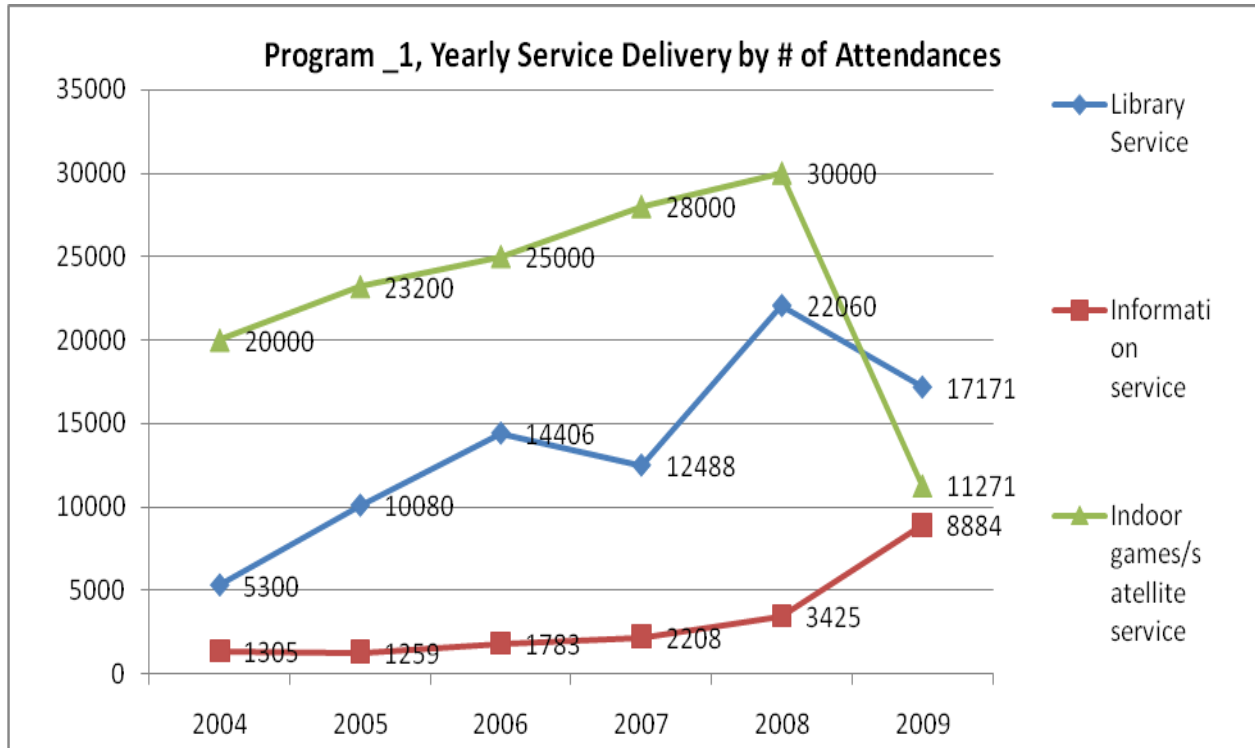
*A 23 years young man named Gashaw, who currently is a government employee, reflects back to his teen-age period appreciating the important role Beza played in his life. He said "having Beza around saved my life from addictions to chat, gambling, alcohol, etc, in which many of my friends failed. I used to come to Beza frequently to read and spend my time safely with fellow students who share my values. Even when we want to watch football games over DSTV, contrary to other DSTV halls where chewing chat, alcohol and smocking are rampant, we used to spend a 'clean sport' time at Beza. Almost all of those students who used to regularly visit Beza's library joined Universities".*

Biniam, 12<sup>th</sup> grade student, says "Beza is like a family to me. As a student who spends long hours on work to get support for my education from the relatives I live with, I don't have time to go to any library on regular hours. Yet, considering my situation and appreciating my effort to help myself, the Beza Youth made a special arrangement to enable me access text and reference books. They also give me a counseling service to sustain pressures and guide me through my ways. Thus, I feel like they are solutions to my multiple problems."

Addisu [18, male, grade 12] and Belainesh [15, female, grade 8] are students in Yirgalem town, who have come from the surrounding rural woredas. Apart from the basic library and other edutainment services provided, they say they have learnt from Beza about adolescent RH, from which they benefited a lot and even protected their lives. In appreciation of this benefit and, hence, to extend this to their fellows in the village, they are planning to establish an RH club in



their rural locality. They are hoping to get technical and financial support from Beza to this effect.



Despite the critically small space, the limitations in human resource to extend regular services to off-working hours and the relative inconvenience of the location to be a real place to concentrate and read, the library service has increased from 5300 persons in the year 2004 to over 22,000 in 2008, showing nearly fourfold increment. Utilization of information service has increased by

nearly seven fold in the year 2009, from the baseline in 2004, whereas the indoor games, which are the largest services utilized from the outset, showed 50% increment in 2008 and declined dramatically in 2009. Counseling seems to reach its climax in 2007.

In general, there is fluctuation of trends in utilization of services in different years, which might be due to inconsistency in recording of users or it calls for exploring the reasons for decline in some of the years.

#### **Gender dimension:**

Participation of females/girls in utilization of services provided, in general, is limited and is found to be very much constrained in the areas of information service and games, which is below 10%, while counseling service is the highest with about 36%. In this regard, Beza needs to put on more effort to increase female users in program area #1.

Program area/Activity	(2004-2009)			
	Male	Female	Total	% of Females
<b>I. Service Delivery</b>				
Counseling	260	144	404	35.6
Library Service	64065	17440	81505	21.4
Information service	17303	1561	18864	8.3
Indoor & outdoor games/satellite service	128230	9241	137471	6.7

#### **7.1 (b) Applicable Strategic Frameworks**

Strategic Framework	Specific strategy
1. Multi-sectoral HIV/AIDS Strategic Plan	<p><b>Thematic area_6</b> - Special target groups</p> <p><b>Objective 15:</b> Reduce vulnerability</p> <p><b>Strategies:</b> Develop youth centers and entertainment resorts</p>
2. National RH Strategy (RHS)	<p><b>Strategic area #5 - RH OF YOUNG PEOPLE</b></p> <p><b>Key Actions @ Community Level:</b> recommended under strategic area #3</p>
3. National Adolescent and Youth RH Strategy (AYRHS)	<p><b>Goal 3:</b> To strengthen multi-sectoral partnerships and create an enabling positive environment at all levels, ...</p> <p><b>Objective 3.2:</b> Decrease risks and vulnerability ...</p> <p><b>Strategies:</b> those recommended under Objective 3.2</p>

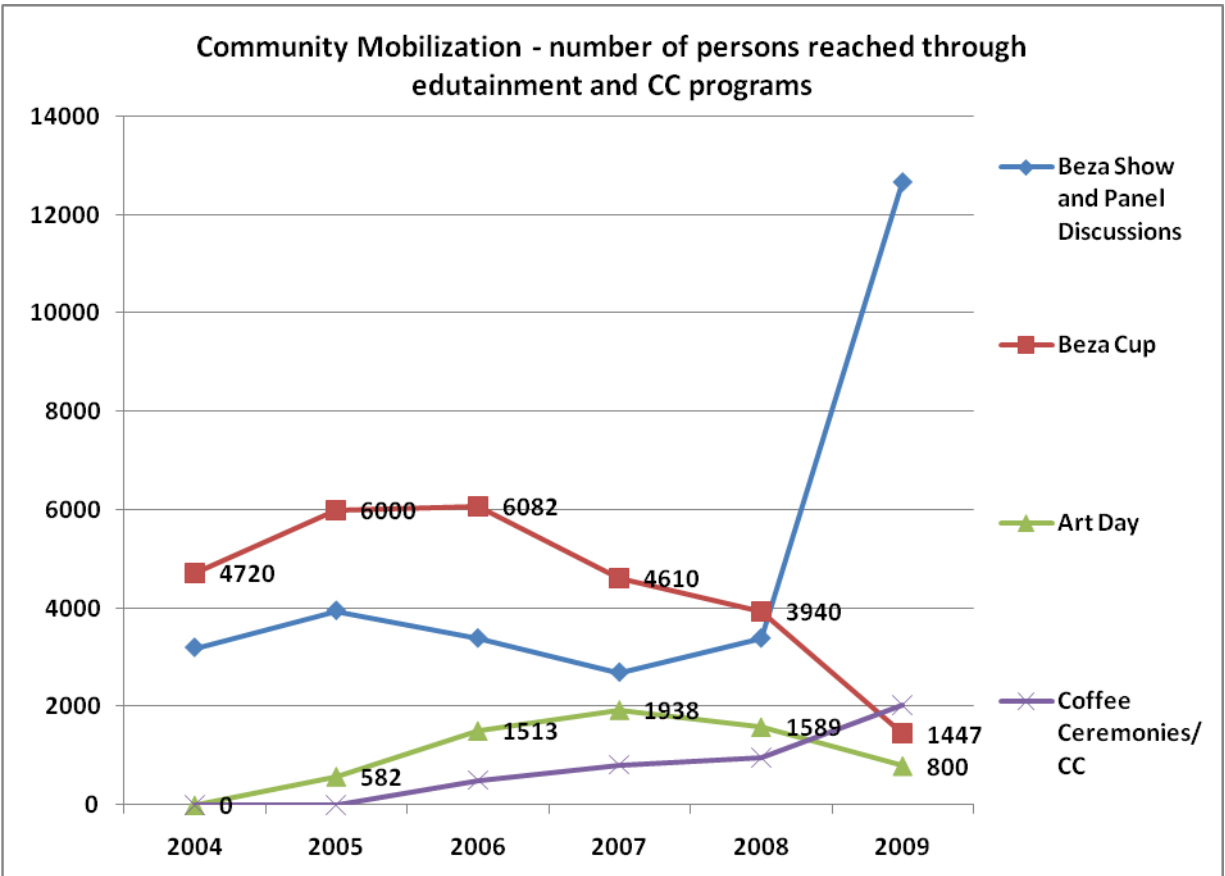
The services provided under program area #1 of Beza (library, information and indoor games) are in alignment with all the three of the national documents. For instance, objective #15 of the

national HIV/AIDS SPM focuses on reducing vulnerability of different segments of the population, including the youth, where the strategy to address the issue is by developing “youth centers and entertainment resorts” like what Beza is doing. Similarly, the national RHS considers “addiction to substances like chat and alcohol, which alters economic and social priorities” as one of the priority issues that need attention at community levels while the AYRHS strategizes on providing “information and skills to strengthen what young women can do to protect themselves from HIV infection and unwanted pregnancy”.

## **7.2 (a)        *Program area 2 – Prevention Intervention***

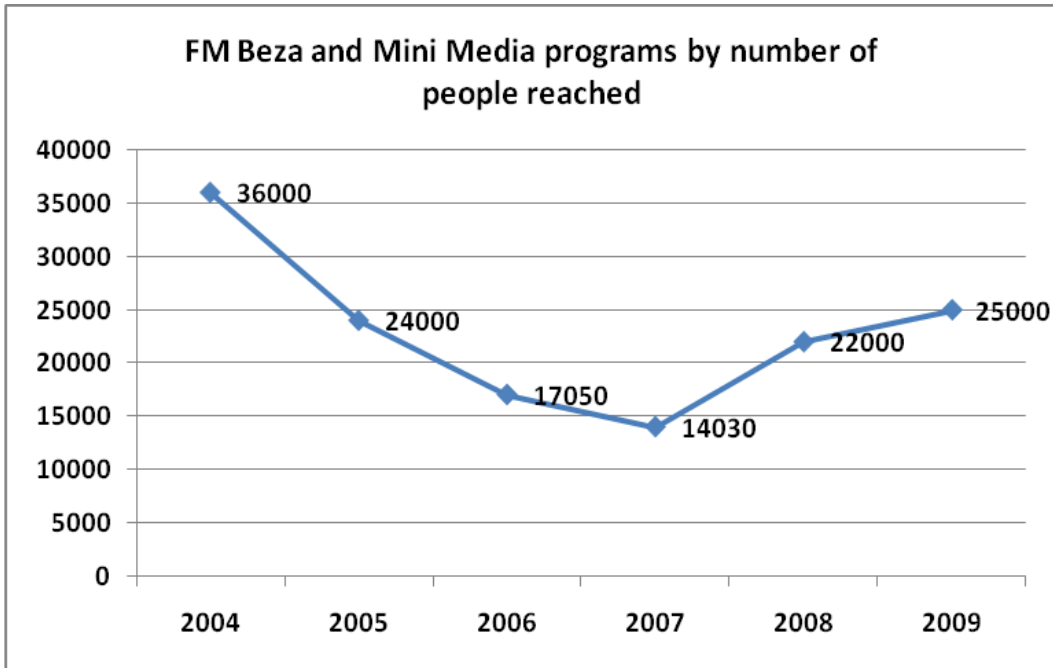
**Community mobilization:-** using edutainment programs is one of the most effective programs of Beza, by means of presenting the Saturday regular Beza Show (including music, dramas, plays, etc), panel discussions and debates; football match or ‘Beza Cup’, the guest of the week, question and answer sessions, as well as the annual Art Day where beauty and literature contests are presented.

However, of all the edutainment sessions, the weekly “Beza Debate” is found to be the most important, highly educative and somehow unique session, for it focuses on various pressing issues of the youth, including RH related topics, personal development philosophies, good governance, science, history, etc at which the debate presenters are required to research from the internet, encyclopedia, books, and other sources in order to support their arguments. As the audience are also required to participate in the debate in different ways, the program which of course is accompanied by music, drama and shows, is keenly awaited by participants. The question and answer program, with an incentive of a modest type of cell phone prize for the winner, is also another way of encouragement for the youth to dig for knowledge and increase positive interaction among each other.



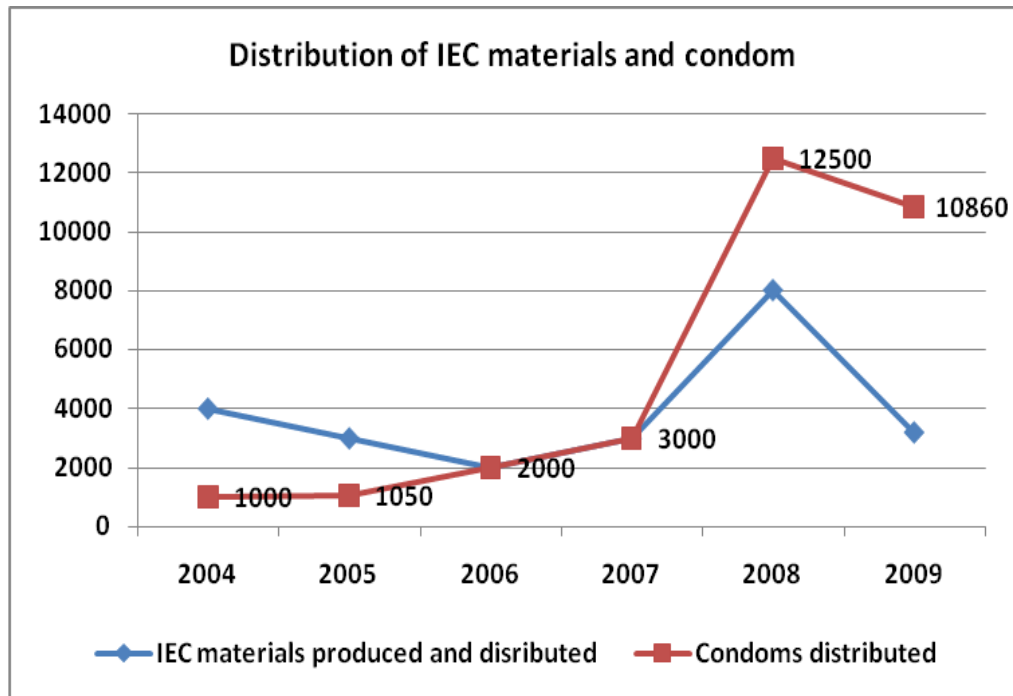
By using coffee ceremonies and community conversation platforms, Beza’s volunteers penetrate both the urban and rural community to discuss critical social issues such as prevention of HIV/AIDS, testing for HIV, caring for PLHIV and their family, supporting OVC, encouraging pregnant women in their locality to access PMTCT services, discussion on the social dangers of ‘tolerance’ to rape and other forms of violence against girls and women, on the need for smooth family communication with adolescents, particularly on RH issues, etc.

When we look at the trends of utilization, in contrast to Beza Cup/sport, which is declining, the Saturday Beza Show and discussion programs are escalating, particularly after 2007. Similarly, while data for attendants of ‘art day’ is declining, those of participating in community conversation programs is increasing, the causes for which too needed to be explored.



FM Beza and Mini Media broadcasted programs reach most of the urban community with the latest news on RH, global issues and other topics current and relevant to the community. The reach of this service seems to revive up after 2007.

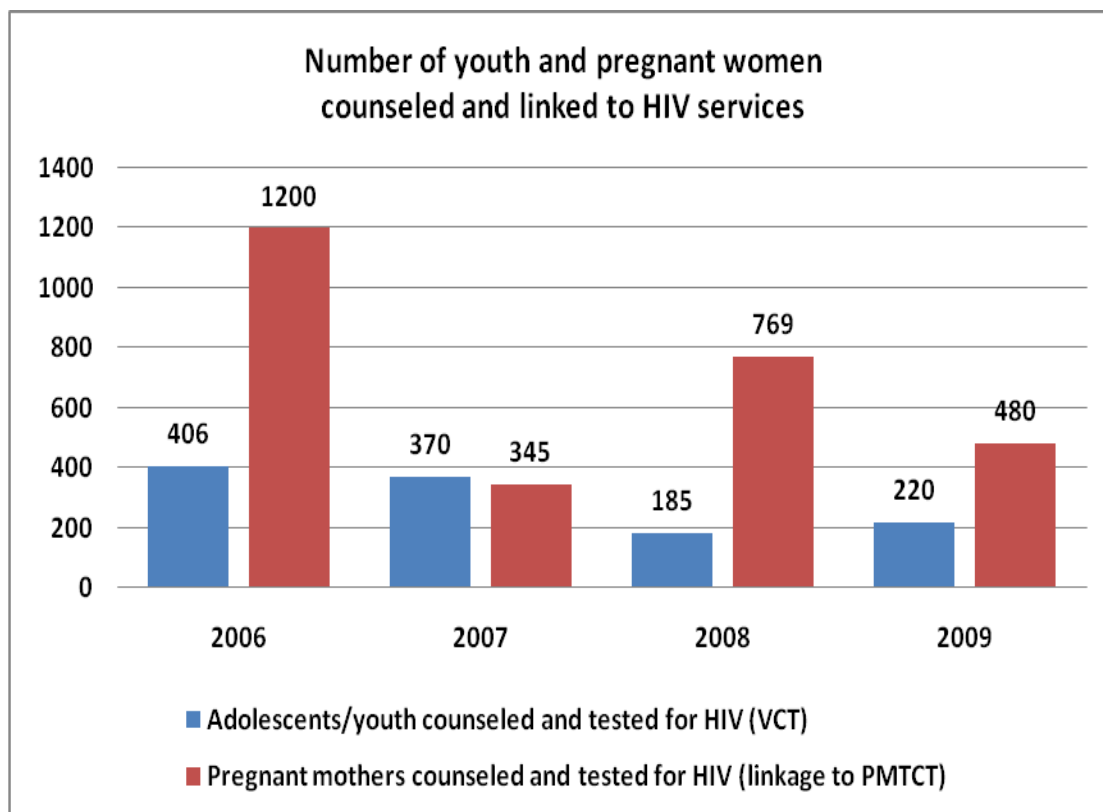
Distribution of IEC/BCC materials, including those printed by other partners, has been part of the activities implemented, with the highest in 2008. Condom distribution reached over tenfold by the year 2009, as compared to the year 2004.



There has been a very big effort to mobilize the community to get counseled and tested for HIV, the most important and highly appreciated of these being the use of creative ways to reach pregnant women to get initiated for ante-natal care and get tested for HIV. Though PMTCT remained among the most challenging of the HIV activities, Beza, by mobilizing partners and community members, managed to reach as many as 1200 pregnant women ( in the year 2006 only) and linked them to the health center. This brought the achievement of the health facility to over three fold more than the plan. As a result, Beza's effort was recognized and awarded both by the town administration and the regional government for its diligent work of mobilizing community volunteers known as village facilitators, PLHIV, kebele admin, health providers, civil servants and others to work on the house to house search for pregnant women and successfully linking them to appropriate facilities.

Moreover, instead of using coffee ceremonies in the conventional way of awareness raising sessions only, the Beza trained and supported village facilitators have given it an impetus to be a ground for action! Since the health facility avails HIV testing service at each of the coffee ceremonies, after discussion with the community, the village facilitators take the lead to test on the spot. From experience, at such moments many of the participants follow to test, by means of which the group achieved remarkable results. These sessions were also among the powerful tools used to address the stiff stigma and discrimination against PLHIV at community levels.

W/t Woinishet, a civil servant and one of the enthusiastic village facilitators, said "it was such a challenging job to raise the topic of HIV to pregnant women, as it is considered as wishing the bad to an expectant mother. At one time one of the husbands came to me violently and asked 'how dare I am to suspect his wife in HIV'? Yet, the training we got from Beza and the counselors helped us a lot in this regard. Moreover, to make the communication easier, we put ourselves as models by starting the test from ourselves. After we won the thrust of some, we got encouraged by the results and proceeded. However, as the job is such a life saving one, I continued to work to meet the ambitious monthly targets I set for myself."



The Village facilitators magnified the critical role played by Beza – in terms of efficient coordination of the work from village level to the health center, in giving training, acknowledging the inputs of village facilitators at public gatherings, issuing community service certificate, etc, which all helped them to face up the challenges and maintain their zeal for the work. Even if they started to work in the town, encouraged by the results and with the recognition given to them by the community [as what they are working is life saving], some extended their service to the surrounding rural kebeles. One of the facilitators was even awarded with a neck lace made of gold, for her exemplary community service.

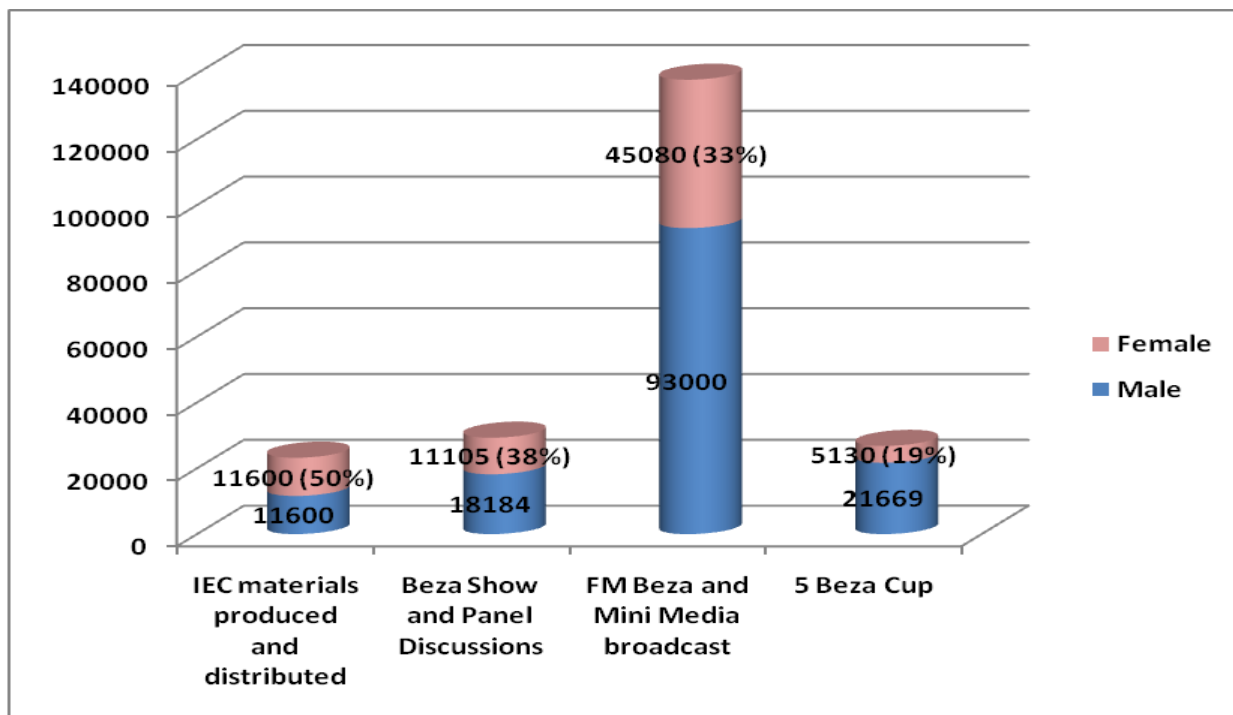
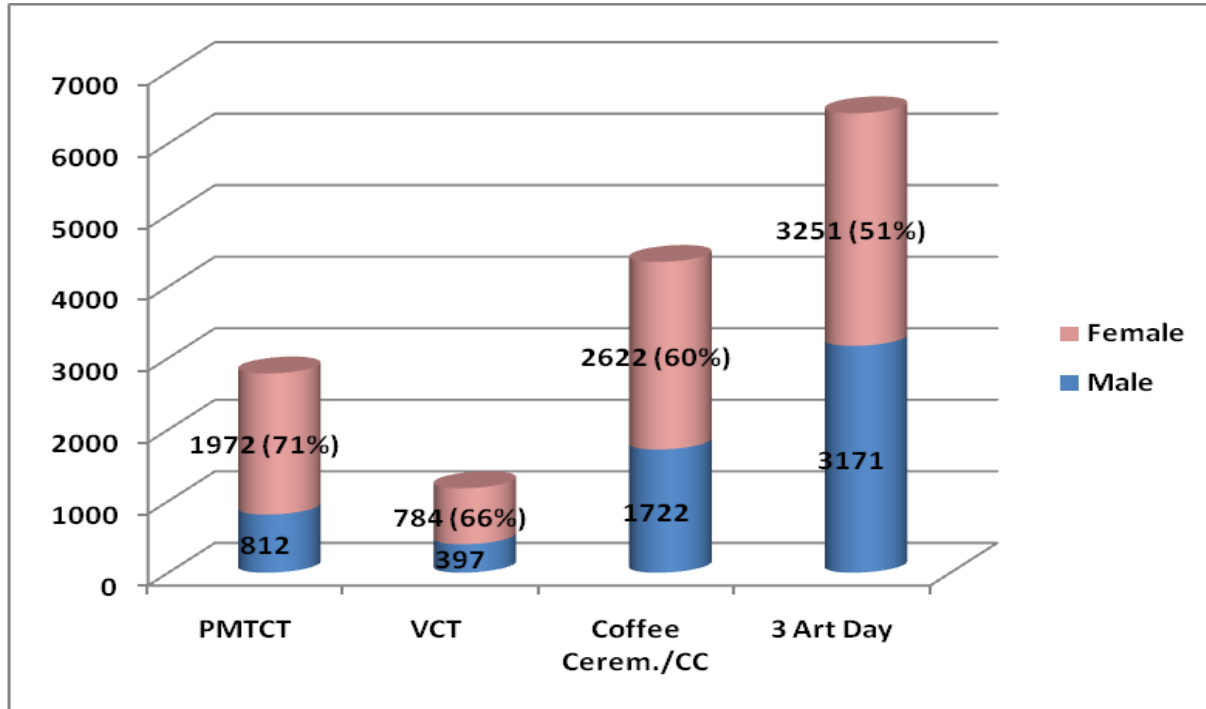
Tigist, a woman living with HIV and lost her husband due to AIDS, is one of the active village facilitators in contacting pregnant women. She is not limited to educating about HIV and AIDS, but also about other social issues that increase females vulnerability to HIV infection and engagement in prostitution.

The facilitators said that ‘as this is not a onetime activity’, they will continue to work in the community, stretching their focus to addressing harmful traditional practices like FGM and in empowering girls and women.

#### **Gender dimension:**

It is interesting to see the focus of community mobilization, for PMTCT uptake, not limited to women [which apparently is considered as women’s decision only]; rather about 30% contacted are men. In the case of access to VCT and participation in community conversations, the majority are still women while in the case of attending art’s day celebration and distribution of

IECBCC materials the proportion is about equal. The lowest female participation is observed in the sports area, which might be the reflection of the social reality. However, it is important to note that despite the low participation of females in attending sport shows in general, there are girls specific sport clubs supported by Beza, including football.





## 7.2 (b) *Applicable Strategic Frameworks*

Strategic Framework	Specific strategy
1. Multi-sectoral HIV/AIDS Strategic Plan	<p><b>Thematic area_2</b> - Social Mobilization and Community Empowerment</p> <p><b>Objective 8: Ensure community ownership and sustainable social mobilization</b></p> <p><b>Strategies:</b> recommended under objective #8</p> <ul style="list-style-type: none"> <li>• Ensure community ownership of HIV/AIDS programs.</li> <li>• Reinforce relevant community bylaws and resolutions.</li> </ul>
2. National RH Strategy	<p><b>Strategic area #1</b> - The social and institutional parameters of women's health</p> <p><b>Strategies:</b> recommended under strategic area #1</p> <p><b>Strategic area #2</b> - Fertility and family planning</p> <p><b>Goal</b> To reduce unwanted pregnancies and enable individuals to achieve their desired family size.</p> <p><b>Strategies:</b> recommended under strategic area #1</p> <p><b>Strategic area #5</b> – RH of Young People</p> <p><b>Goal</b> To enhance the reproductive health and well-being ...</p> <p><b>Key actions @ Community level:</b> selected among those recommended under strategic area #1, 2 &amp; 5</p>
3. National Adolescent and Youth RH Strategy	<p><b>Goal_2:</b> To increase awareness and knowledge ...</p> <p><b>Objective 2.1:</b> To influence community norms and attitudes ...</p> <p><b>Strategies:</b> among those recommended under objective #2.1</p> <p><b>Objective 2.2:</b> To increase knowledge and information about ...</p> <p><b>Strategies:</b> among those recommended under objective #2.2</p>

The relevance of activities under program area #2 (above) of Beza to the attainment of goals and objectives set in the three of the national strategies as well as alignment of the activities and priorities of the organization to those described in the national documents is a very interesting one. The edutainment programs (music, dramas, plays, etc), panel discussions, debates on various pressing issues of the youth, football match, annual Art Day contests, coffee ceremonies and community conversation platforms, FM Beza and Mini Media broadcast programs,

distribution of IEC/BCC materials, focus on VCT/HCT, the creative community level works to increase entry point to PMTCT, etc are far beyond the need for description. The combination of all these activities covers all the priorities, goals/objectives, strategies and key activities mentioned in all the three strategy documents, **making Beza a strategically positioned and an ideal institution to implement the national targets.**

### 7.3 (a) *Program area 3 – Capacity Building*

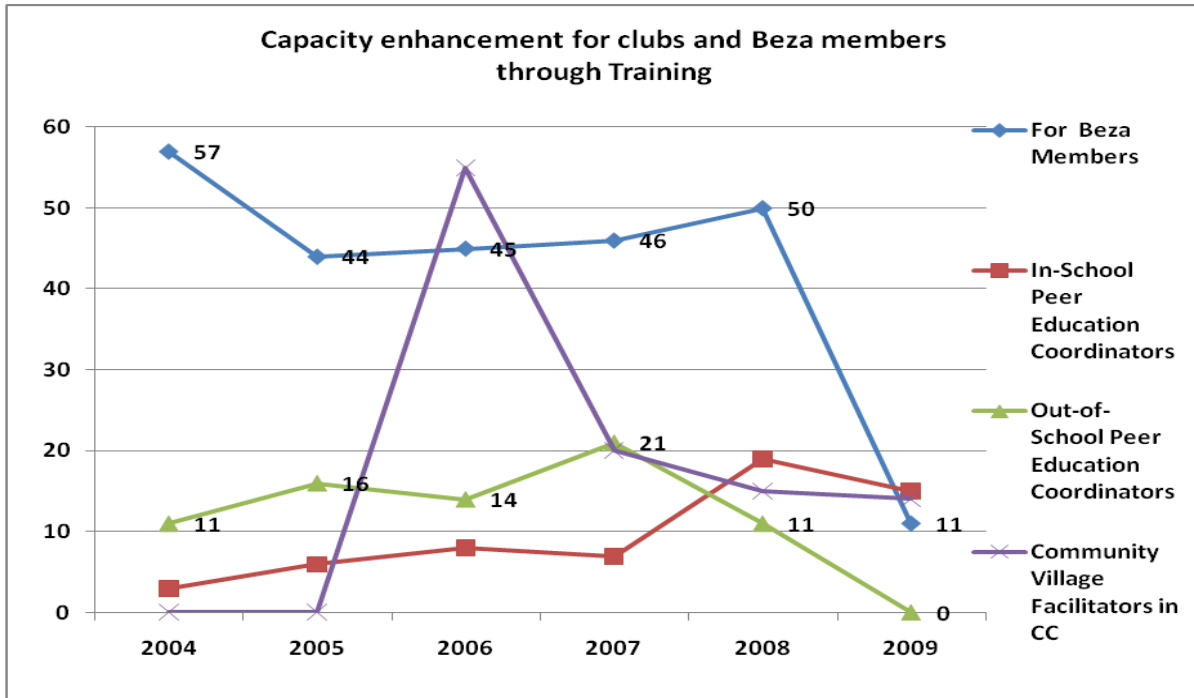
#### **Capacity Building for operational clubs and associations:-**

Beza has initiated the establishment of one of the two PLHIV Associations in the town and is currently providing technical, material and limited financial support for the two of them. There are seven in-school RH clubs directly supported by Beza, yet owned and led by teachers and students in the respective schools. As the organization believes in supporting and strengthening rural-clubs as a means to reach the larger community, among many efforts made to establish, two are currently operating well. Out of school youth are reached through the two of the RH linked foot-ball clubs and through the two other girls focused teams. One art club is also beneficiary of the support provided to emerging clubs by Beza. In total, currently, there are 16 functional clubs supported by Beza, with a membership of about 2000 youths.

**Functional Clubs/Associations being supported by Beza**

<b>Club/Association</b>	<b># of Clubs</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>% of Females</b>
PLWHA Associations	2	123	146	269	54.3
In-school Clubs	7	603	523	1126	46.4
RH club out of school & Girls	2	76	61	137	44.5
Rural Area Anti HIV/AIDS Clubs	2	85	56	141	39.7
Art Club	1	38	17	55	30.9
RH-linked football clubs (Out of school male only)	2	205	0	205	0.0
<b>Total</b>	<b>16</b>	<b>1130</b>	<b>803</b>	<b>1933</b>	

The graph below shows support provided for emerging clubs and groups in the form of training. There has been a continued training for members of Beza, in-school and for out-of school youth, despite the limited financial resource the organization has. In most cases, the training is given with little expenses for refreshments where the main cost of resource persons and hall rent are covered by voluntary services of partners and the organization, benefiting from the strong networking and collaboration established and maintained. However, the trend indicates a decline in the number of trainees in the later years, associated with shortage of budget.



#### Capacity Building for youth and adolescents:-

- Beza – in the eyes of Youths

Beza is widely described as a ‘creator of a Vision and showing the way to reach there’. A young girl, 17, said that “Beza is a way to the attainment of my vision of becoming a sound artist. To this end, now I’m being encouraged, get trained, have access to instruments and got friends who share my feelings. I used to be very shy, which was detrimental to my goal of being a stage person. But after joining Beza, I developed self-confidence and now able to present myself at any public gathering”.

There are also youth who grew to different professional levels, using Beza as a springboard. For instance, five football players from the Yirgalem local team are selected for the national and other prominent club football teams, indicating the opportunity created.

No.	Description	Male	Female
1	Who joined Universities/colleges	51	26
2	Grew into professionals/sub professionals (in music, journalism, football, etc.) using Beza as a spring board	21	16
3	Who got employment opportunities facilitated by Beza or using the skill/training at Beza, which doesn’t include the self employed.	15	13

A teen-ager boy said *“I grew up in an environment where I couldn’t develop the ability to communicate well with people. I used to shy away from discussions and from strangers. But now my world view is broadened and my assertiveness has increased. Now I feel that I’m having much better qualities than my friends out there”*.

Kassahun, 19, has come from a surrounding rural Woreda to Yirgalem for education. The training he got from Beza initiated him to think of his community where lack of knowledge is darkening the lives of many of his fellows. He said:

*“when I finished the training from Beza, I determined to establish a club in my village, where many of the youth I know are addicted to chat and many girls quit school due to unintended pregnancies. Therefore, in consultation with and the support from Beza, I started to mobilize my friends, the kebele health center and the Woreda Health Office to facilitate for HIV testing in our vicinity. With this, in round 1<sup>st</sup> we managed to help 22 persons to get counseled and tested for HIV. Encouraged by this result, I and my friends campaigned for the 2<sup>nd</sup> round, at which 228 village people showed up for HCT, which caught the attention of the local media too. My dream now is to establish a club that can help my community and the youth, in understanding SRH and other social issues.”*

He strongly recommended to give much attention to the rural communities.

- Beza – in the eyes of adolescents/children

A group of 18 children (F=8, M=10), all within the age bracket of 12-15, were contacted while attending a training organized by Beza on the topics of life skills, ARH, HTPs, HIV/AIDS, basic skills of performing drama and music. They said that theirs is just one of the group of children who got the opportunity to one month package of training by Beza. When asked about the purpose of the training, they answered that this is among the efforts of Beza to cultivate good citizens beginning from early ages and to prepare young leaders who will take over the leadership and responsibilities of Beza in the future. All seemed to be impressed by the training they have got.

When asked about what they found very important among the contents of the training:

*A girl said “we used to learn about our reproductive organs and their functions at school in science classes. But with this training, I realized how I can make use of that science knowledge to protect my life from unnecessary engagements. Now I know how to protect myself from unwanted pregnancy, STIs and HIV/AIDS.”*

*A boy said “previously I used to plan that when I grow up to chew chat, smock cigarettes and do whatever other bigger youth do, for I used to think that these youth are enjoying life. But now I learnt that unless and otherwise prescribed by a physician for medical purposes, taking drugs is dangerous to my life and it is like playing with fire.”*

*Another boy expressed his feeling as “among the ten important life skills I learnt here, I’m impressed by the notion of ‘tirmessa’/facing up challenges, which gave me the energy to be persistent and hence think in the framework of ‘I can make it!’ as long as I keep on striving to reach my goals.”*

Others mentioned about skills like assertiveness, building up self confidence, their increased knowledge to protect themselves from peer-pressure, etc. All of them expressed their appreciation to the practical way the training is organized and recommended this opportunity to be extended to many other adolescents out there. Moreover, they said that they are now ready and capable to share what they have learnt here with their friends.

**Gender dimension:**

The composition of community level CC facilitators is dominated by females (about 60%) while the reverse is true for the composition of in-school peer education coordinators/leaders. However, the participation of females is found to be extremely low among the out-of-school peer coordinators, calling for extended effort by Beza and other groups working in the area. In general, except for the arts club, the proportion of females among total participants and leaders of clubs is about 40%, with some room to fill the gap.

Activity	Male	Female	Total	% of Females
Community/Village Facilitators in CC	42	62	104	59.6
In-School Peer Education Coordinators	37	21	58	36.2
Out-of-School Peer Education Coordinators	64	9	73	12.3

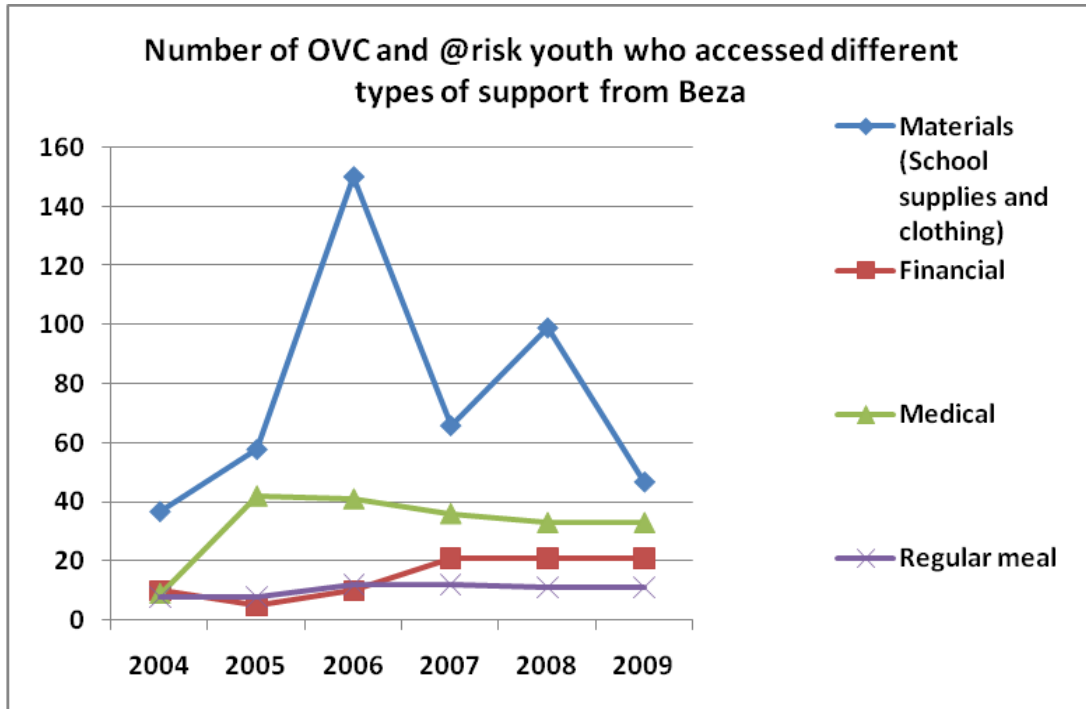
**7.3 (b) Applicable Strategic Frameworks**

Strategic Framework	Specific strategy
1. Multi-sectoral HIV/AIDS Strategic Plan	Thematic area_1 – Capacity Building

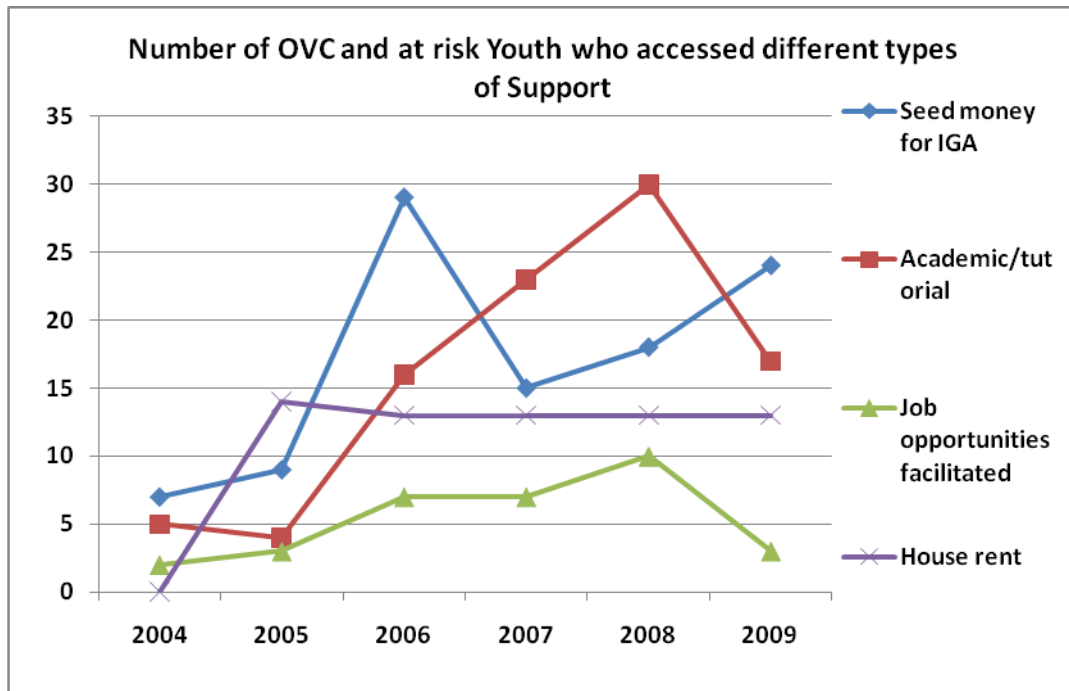
**7.4 (a) Program area 4 – Impact mitigation/Support for OVC and youth at risk**

One of the most important activities of Beza, not in magnitude but in quality of service, is the steps they are taking for rehabilitating street children and finally put them back to the regular social interaction, guided by ‘**their principle of holistic service**’ to address the “whole person”. It includes providing for the:

- (i) immediate needs (food, clothing, shelter, medical) so that the child survives on his daily needs; through direct support or by helping to generate own income
- (ii) creating hope and vision in the heart and mind through continuous counseling/psychological support, compassion and persistent mentoring on individual basis
- (iii) creating access to education and close follow-up/tutoring as a means to help the child achieve his visions by sustaining daily challenges with forward looking attitude.



The support for OVC is provided in two ways, where one group is, especially the street children are, provided with almost all the necessary services to continue their education while those living with their family are counseled and given educational materials and tutorial services to keep them attached to the family. In fact, the material and financial support is currently challenged by budget cut from funding organizations. As can be seen from the two charts/tables, support for needy children and youth remained among the continuously provided services in the last six years. As applicable, seed money for IGA is provided, while some got job opportunities facilitated by Beza. However, the future main strategy of Beza is to capitalize on the second type of support, which promotes responding to the needs of the children while they still are in the family, thereby addressing the root causes for streetism.



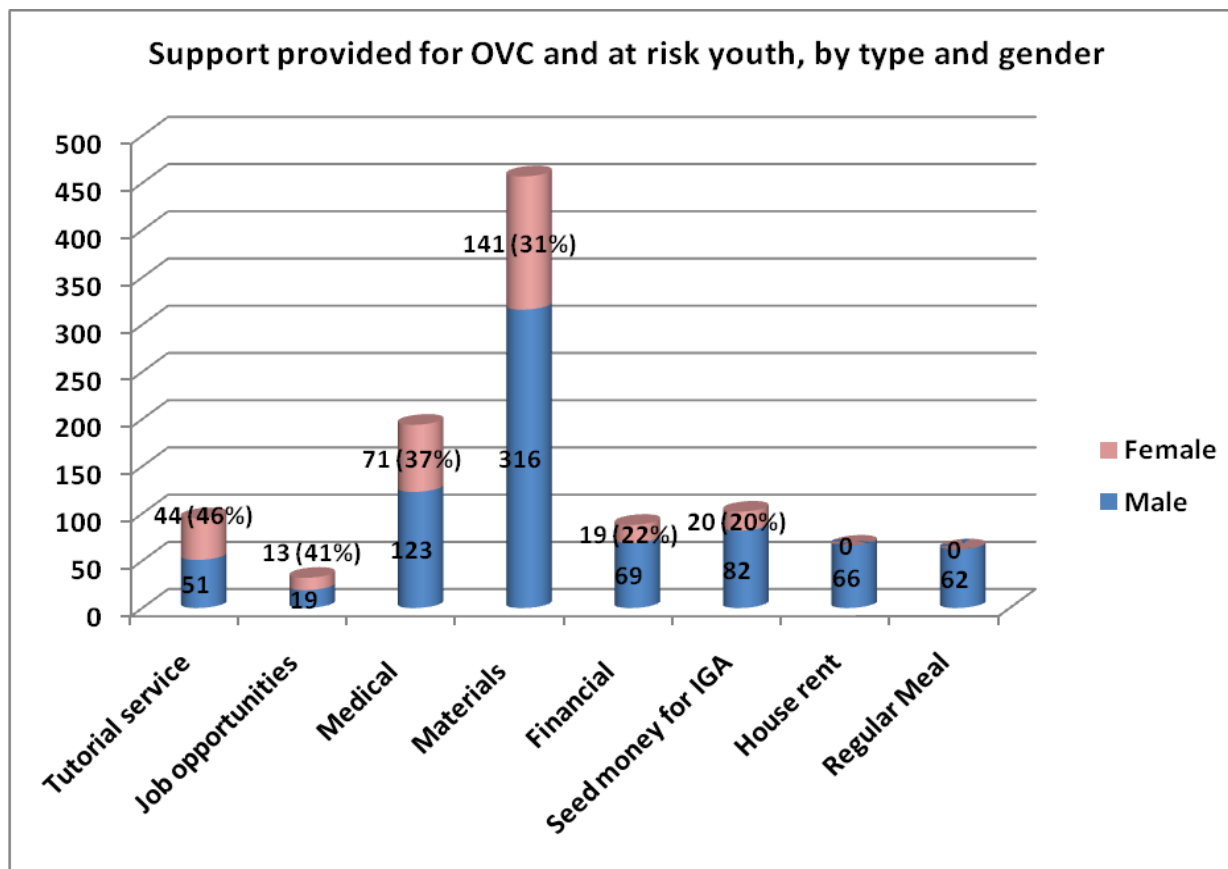
Abebayehu, age 15, grade 5, fled from a rural area to Yirgalem town at the age of 10 and started to make his living on the street by shining shoes. When heard about Beza’s support for OVC, he went and asked for a daily living. But Beza, not only provided him with food, but he was counseled, enrolled to school, got a rented shelter in group, clothing, educational materials, a tutor and a volunteer guardian. Abebayehu says that *“now, thanks to Beza, I have a vision in life. I want to be a Medical Doctor by profession and will rehabilitate and support OVC in the future”*.

Kassahun, 16 and in grade 6, fled from a distant place to Yirgalem and ended up on a street. At home his father was an ex-soldier, who usually drinks alcohol and chews chat. His mom left home due to the frequent domestic violence/biting by her husband. Afterwards, says Kassahun, *“my life became miserable. I was given to my grandma, but my uncle was very bitter at me. Thus, when I reached grade 4, I left home. But with the help of Beza, I started to eat once in a day for some time. Though I quitted school for so long, I was counseled, readmitted to school, got a rented shelter in group, clothing, educational materials, training on life skills, a tutor as well as volunteer guardian. I want to be a pilot by profession, yet in the future I would like to establish a support center for children, like Beza. I also have a dream to search and find my mom, who was forced by violence to leave her beloved son/me behind.”*

Yubita, 18, was living on the streets of Yirgalem. He was contacted by Beza and started to visit their office since then. He says that *“now I feel that I have someone who cares about me. I got training, am getting a continuous counseling and personal encouragement from Beza. Now I’m in grade 2, catering for myself by shining shoes”*. He recommended to extend the same support to those who are still on the street.

**Gender dimension:**

The share of girls/women among those who accessed tutorial support and job opportunities facilitated is relatively high (over 40%), followed by medical and materials support (over 30%). However, in the case of direct financial support and seed money given for the initiation of IGA, the ratio is about one in five, as opposed to the reality on the ground, in which the majority of the poorest of the poor are females and their family. On the other hand, there are no females at all in the support provided in the form of house rent and regular meal supply, as this is facilitated only for street boys who were helped by Beza to start their education by living in the same rented house.



**7.4 (b) Applicable Strategic Frameworks**

Strategic Framework	Specific strategy
1. Multi-sectoral HIV/AIDS Strategic Plan	<p><b>Thematic area_6 - Special target groups</b></p> <p><b>Objective 16: Improve quality of life of people living with HIV/AIDS (PLHIV), orphans and other vulnerable children (OVC)</b></p> <p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>- Promote care within the family and mobilize the community to address and accommodate the issue of PLWHA/OVC through traditional and extended family mechanisms.</li> <li>- Provide counseling service, legal advice and protection to</li> </ul>



	<p>PLWHA/OVC.</p> <ul style="list-style-type: none"> <li>- Provide access to basic health, education and other social services to PLWHA/OVC</li> <li>- Provide vocational skill training and income generating opportunity for PLWHA/OVC</li> </ul>
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Wogayehu, 18 years girl, has been one of the OVC supported by Beza. She says *“I don’t have the slightest memory of my mother, as she left me during my infancy. My father died when I was 9. I ended up being cared for by my grandma, who doesn’t have any source of income and physically needs an external support. Beza contacted me since my age of 10 and they were so compassionate to me, to the extent of filling the gaps of my parental love. I used to be counseled and was getting financial support for our survival. When I reached grade 5, I ended up in unintended teen-age pregnancy. Yet, Beza’s were still helpful to encourage me to stick to the family planning method and are encouraging me to continue my education. Even though I failed Beza’s efforts of helping and guiding me to be someone, I got a family love from them and was cared for at any circumstance. They do have a very big place in my heart. Please let them continue to support those many helpless ones.”*

Michael, 17, grade 6, has a dream of becoming a well known footballer. At the age of 4 he lost his mom and later on his elder brother and sister. As the family is dependent on the pension fund of his father, life was very tough. Furthermore, his dad is addicted to alcohol, spending that little income outside the needs of the family. Michael, before he lost total hope in life, he joined Beza’s football club, and thereby got connected to the counseling, RH education, life skills, library and the safe DSTV services. He says *“the path of my life is changed after I joined Beza. Now I have a purpose in life and know what to do to attain my goals. Currently, I do have a rentable bicycle donated to me as a mean of generating my own income. With that I’m making my living and pursuing to my goals”*.

Engdawork, 15, in grade 6 says that *“though I’m living with my both parents, the RH training I got from Beza literally saved my life. I never had any opportunity to discuss such matters with any one before. I’m really grateful for that.”*

**7.5 (a) Program area 5 – Care and support for PLHIV**

V. Care and Support for PLHIV and family	2004-2009			
	Male	Female	Total	% of Females
Finances for milk	127	166	293	56.7
Continued Counseling	331	433	764	56.7
Transportation	20	21	41	51.2
IGA	23	15	38	39.5

Both adults as well as children living with HIV were getting some financial support from Beza, until the budget was cut by the funding agency. A grandmother, who got infected with HIV while caring for her double orphaned HIV positive grandchild, age 11 grade 4, had been one of

the regular beneficiaries of Beza, until the financial support was stopped, a year ago. The woman currently depends on what her old mother sends from rural areas, and by selling some of the assets left. She said, one of the NGOs is giving her 20kg maize per year.

**Gender dimension:**

With regard to support given to PLHIV and their family, except in the area of IGA initiation that needs to be given attention along with the above cases, the proportion of females is an encouraging one.

**7.5 (b) Applicable Strategic Frameworks**

Strategic Framework	Specific strategy
1. Multi-sectoral HIV/AIDS Strategic Plan	<p><b>Thematic area_6</b> - Special target groups</p> <p><b>Objective 16:</b> Improve quality of life of people living with HIV/AIDS (PLHIV), orphans and other vulnerable children (OVC)</p> <p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>- Promote care within the family and mobilize the community to address and accommodate the issue of PLWHA/OVC through traditional and extended family mechanisms.</li> <li>- Provide counseling service, legal advice and protection to PLWHA/OVC.</li> <li>- Provide access to basic health, education and other social services to PLWHA/OVC</li> <li>- Provide vocational skill training and income generating opportunity for PLWHA/OVC</li> </ul>

Program area IV and V are in complete harmony with thematic area\_6, i.e. “Special target groups” of the multi-sectoral HIV/AIDS Strategic plan, particularly addressing Objective 16, stating “Improve quality of life of people living with HIV/AIDS (PLHIV), orphans and other vulnerable children (OVC)”. Some of the activities mentioned in the strategy document include promoting care within the family and mobilize the community to address and accommodate the issue of PLWHA/OVC through traditional and extended family mechanisms; providing counseling service and legal advice; creating access to basic health, education and other social services as well as providing vocational skill training and income generating opportunity for PLWHA/OVC. All these, one way or another, are implemented by Beza, in their effort to support OVC and PLHIV.

**7.6 Other Issues**

**7.6.1 Partnership and Networking**

**(i) Government:**

Sr. Deraro, Clinical Service Officer at Yirgalem Health Center, said that

*“Beza is not just an NGO in the locality, but is an implementer of government’s health development program, in close collaboration with all concerned parties. They actively work in awareness creation in the area of HIV/AIDS, harmful traditional practices, promote HCT and provide counseling service as well as link clients to the Health center. They also involve in home-based care for PLHIV, particularly before the introduction of free ART, help PLHIV for adherence to treatment/ART, do support OVC, etc. Apart from their multiple service to the community, they did a model and pioneer work in mobilizing partners and the community for ‘PMTCT campaign’ in Yirgalem and its surrounding areas. The result obtained was a remarkable one, which tripled performance of our Health Center against its plan. In our part we provided them with space in our compound, at the initial stage of Beza. We still support them technically and advocate for them when they need support from other government offices.”*

The Officer expresses her appreciation to the creativity of the Beza team as “incredible!” She believes that they are assets to the Woreda with their dynamism and creative approaches. Sr. Deraro added, *“they are even implementing activities which our structure can’t by using much more budget and human resource. They are very efficient in their resource utilization.”*

Wro Kebebus and Wro Ayelech, from the City Women and Children Affairs Office, acknowledged that their Office implements some of its activities through and with Beza. As increasing girls education and improving the negotiation skills of women and girls is the major focus area of the office, they closely work with Beza in awareness raising programs using dramas, music, circus, panel discussions, etc.

Wro Kebebus says *“in addition to providing us with free meeting hall, the Beza youth give life to our training and other gatherings, by entertaining and educating participants.”* In return, the Women’s office promotes and advocates for supports to Beza by government offices.

They also collaborate in the areas of jointly delivering trainings as well as in exchange of resource persons.

Ato Ashagre, Development Plan, Monitoring and Evaluation Officer at the Women’s and Social Affairs Office, comments that since Beza is highly effective in implementation, we align our plans with theirs, so that they implement it through their best strategies of reaching the community: coffee ceremony, Saturday shows, panel discussions, debate programs, etc.

Ato Tsegaye, Head of Yirgalem HAPCO, stressed that the activity of Beza in Yirgalem is a critical one.

*“Beza regularly reports to our office every quarter and submit their plans in time. All what we recommend them to improve is, instead of submitting a finalized plan, to involve our office beginning from the initiation of their plan. Otherwise, they are doing an exemplary job, not only by serving the community, but also in collaborating with relevant partners”.*

Their credibility among partners and the community at large makes their messages more acceptable. From our end we see them as if they are “doing what we are supposed to do, making our coordination role much easier”.

Ato Letefe, Communications Officer of the Municipality, appreciates the works of Beza, particularly in the areas of HIV/AIDS, particularly by creating awareness among the community members and guiding the youth community. He says “*Beza is a very useful organization in this town, with an increasing credibility by the community*”. Regarding the support they are rendering to Beza, he said

*“though we never gave them a direct financial support so far, in appreciation and recognition of their contribution to the community, **we awarded them of a large plot of land** [free of any lease cost] for their dairy development project intended to support and rehabilitate OVC, including street children. We also facilitate them to get large halls and easy access to the community, during our bigger gatherings. We also know what their plans are and what they are implementing, though the information flow is not as such a formal one. We recommend that this part should be strengthened, by jointly reviewing implementations and developing plans.”*

Ato Sintayehu, Head of the town Youth and Sports Office, acknowledges that the activities Beza implementing are in line with the goals and objectives of their Office, which is a mandated government arm to coordinate such activities.

Therefore, we encourage the youth we meet through the formal channel to join Beza. Ato Sintayehu added that in appreciation of what Beza is doing, their office was one of the advocates to Beza

*“We know what their plans are for each year, for we develop it jointly; and they do submit a regular quarterly report to our office.”* Appreciating Beza’s **efficiency in resource utilization**, he commented, “*if they were allocated a budget amount as much as we get, I can imagine how much they could attain, as they are doing lots of activities with such small amount of funding.*”

when the Municipality was assessing situations to award Beza a plot of land for IGA. He said “Beza is always the first in our list to be recommended for any mission and competition.”

Conquering with the views of the Head of the Office, Ato Endale, Sports Development Coordinator, appreciates what Beza is doing. He said “since Beza’s youth are organized on voluntary basis, they are much sustainable than other groups; who, in many instances, join the club to get access to some kind of benefits.

As Beza is systematically addressing the multiple issues of the youth, **we consider them as our representatives to the Zone and the Region**. As a government arm, though we are the ones who are supposed to support Beza, conversely, they are the ones supporting us both in program implementation and in pioneering innovative ways.”

*“We make a formal plan agreement with Beza and evaluate their work based on that.”*

Coordinator of Education Quality Assurance in the town’s Education Office, Ato Getachew admires the “smartness” of Beza in utilizing opportunities to attain their objectives. Beza uses platforms prepared for other purposes to transmit their messages to participants of the meeting,

who are there for a different purpose. The Office also helps Beza to have access to schools where the admin is resistant to their activities. Because of the good relationship built with the office, students sponsored by Beza are waived from school fee. Both parties collaborate in trainings too, by exchanging trainers and inviting trainees at times. When expressing his observations about the impact of Beza's activities on the youth, he said:

*“at a show, when I looked at the smartness, self assertiveness, competency and wider outlook of Beza youth, I was amazed and said to myself that ‘our formal education system is not producing students with such important qualities and skills, yet Beza with limited resource and within short period of time is managing to shape our youth, this is like a miracle!’ Thus, I admired them for what they are doing. Honestly, that is why they won the support of almost all sectoral offices in the town. I want them to expand their services to rural places too.”*

**(ii) CBOs – In school and out of school Clubs, PLHIV Associations, Iddirs:**

Head of Yirgalem Iddirs' Union, Ato Bekele, says: “thanks to the technical support and the initiative to convince leaders [of Iddir] on revisiting the rules and regulations of Iddirs, our Iddirs currently have revised their memorandum of association to respond to the practical problems of members, before death.”

As Iddirs are organized to help members to sustain in times of death, there wasn't a room to accommodate their practical challenges when a person is seriously sick or faces critical financial crisis to support family. But after the revision of the rules, we are able to help members in a more practical way, by lending them money before things get worse.”

Moreover, members started to contribute additional 50 cents per monthly regular pay, which is dedicated to support elders, OVC, bed-ridden patients, etc. Iddirs lobby the kebele administration to provide shelter to very weak families, mostly PLHIV, and the Iddir in its part supports in providing household utensils and blanket to the family. According to Ato Bekele, the Iddirs currently are playing an important role in identifying pregnant women for PMTCT and in reducing stigma towards PLHIV. Iddirs are also facilitating access to free medical service for OVC. In all these, we work in close consultation with Beza. Beza, in its part, helped us by raising the awareness of Iddir leaders, giving training and with financial grants to reach needy families through our channel.

Ato Getachew, Chair person of Tinsae PLHIV Association, acknowledged that Beza is the one who supported the initiative of establishing a PLHIV Association [technically, financially and in giving moral to the founders] in the town. Both adults as well as children living with HIV were getting some financial support from Beza, until the budget was cut by the funding agency. Moreover, Beza facilitates a platform for the Association to meet the youth, so that members give testimonies and share their life experiences. Apart from providing technical supports in planning and reviewing, inviting Association members to a training is also another area in which the two organizations collaborate. Expressing his strong belief on the capacities of Beza, Ato Getachew said that Beza is restricted, both in finance and physical space, from what it can do.

Tigist, Chair of **Erscho Women’s’ PLHIV Association**, says that Beza is the one that helped their Association to stand by its two legs. As a member of Board as well, Beza is always available for them when they need any technical support.

When members of different clubs [Fikir Leselam Youth club – Urban, Yichalal Youth club – Rural, Beza Girls Football – Urban, Yebirhan Tiri Youth club – Rural, Moto Light Youth club – Rural, Addis Tesfa Boys Football – Urban] were contacted at FGD to discuss about their relationship with Beza, they said that:

“though only some of them are initiated by Beza, currently all are accessing financial, material, training, IGA, counseling and experience sharing in club development supports from Beza, thereby expressing their gratefulness and appreciation to the leaders of the organization.”

In their part, the club members contribute free labor service to Beza, when necessary. Commenting on the lessons they’ve got from Beza, they said that “we look at Beza as a model on the team based internal management system, evaluation of program with involvement of the community, abiding by the agreed upon rules and regulations and their strong bondage with key stakeholders - both government and non-governmental.”

In their view, Beza’s strength emanates from its belief in and support for the emergence of new clubs (as additional arms to reach the community than as potential competitors), in the transparent and accountable management, gender balance, and striving to reach the most disadvantaged segments of the population (like the youth at risk and vulnerable children)

One of the FGD participants said that *“I wish all organizations – including the government – worked like Beza, so that our country is found in a much better position than it is today. Because the ups and downs through which Beza passed through and sustained, qualify it to be a Model organization. I recommend Beza’s experience is documented in a film and broadcasted to educated many other similar initiatives.”*

When asked about what Beza is for them on individual basis, the club leaders expressed their view as:

*“Beza is a source of knowledge for me”, “Beza is the one who shaped me to have goal and vision in my life”, “It is like ‘can do it!’ club for me”, “it is a change agent”, “Beza is a model to change this country”.*

At a group discussion of teachers and students composed from different schools, where Beza is supporting RH clubs, a teacher commented that

*“in my stay for over 30 years in this town, I know no other organization that provides such a life saving service to the community, especially the youth. Unlike the experience we had with ‘Kinet’ during the previous regime, where the youth that joined the club are mostly spoiled, the Beza youth are well known for their discipline and purposefulness.”*

Tsion, a young girl student praises what she gained from Beza as “we are protected from spending our time in places that will spoil our lives, and joining Beza gave us a better

personality.” Another teacher with long years of experience witnessed that – “Beza let alone to spoil, it rehabilitates and straightens the lives of those who already are spoiled and addicted.”

One of the discussants said *“Beza is such a bold institution that dared to break the barriers surrounding discussion about sexual and reproductive health matters in schools, in families and at community level. Their strategy is such a systematic one where they are able to penetrate schools, in rural kebeles, in Iddirs, even in faith based organizations, etc.”*

Therefore, all the discussants unanimously recommended that its services should be expanded, particularly to schools in the rural areas. They also strongly recommended to focus on parents for the success of the program.

(ii) **Funding agencies:**

List of organizations that supported Beza, by year and type of support

No.	Name of donor/supporting organization	2004	2005	2006	2007	2008	2009	Type of support rendered
1	NCA	x	x	x	x	x	x	Financial, material, technical*, capacity building**, mentoring***
2	IWW			x	x	x		financial, technical, capacity building supports.
3	CORHA					x		Financial and capacity building
4	OSSA	x	x	x	x	x		A founding mother institution with financial support till 2002, but other supports continued, in the form of material, capacity building and mentoring
5	Population Media Center							Material and capacity building
6	Apple trust				x	x		Finance and material
7	UNICEF							Material,
8	Intra Health			x				Finance and capacity building
9	Peace corps						x	Financial, material, capacity building
10	DKT Eth.			x				Material

\* *Technical support (defined as including hiring short-term consultants, technical guidance, support in developing strategic documents, etc.)*

\*\* *Capacity building (defined as including training, allocation of skilled human resource, etc.)*

\*\*\* *Mentoring (defined to include close follow-up and deliberate skill transfer)*

The above table depicts the contribution of funding and supporting partners over the review period of years 2004-2009. The support of all involved is highly appreciated by Beza, as all do have their own contribution in the progress of the young organization. Beza believes that had it not been for the supports of all these organization, the picture of Beza would have been totally different from what it is today.

However, as can be evidenced from the consistency of support in all of the years in the review period, which of course dates back to the time of inception; as well as from the diversity of the type of support [as it is not limited to financial resources only], the role of the Norwegian



Church/NCA Ethiopia is rated by Beza as the most critical one, not only for the progress of the organization but also for its very existence.

Yet, of all the supports provided, the Organization highly values the consistent mentoring and capacity building service provided by NCA over the years, which even increased the credibility and capacity of Beza's financial and program management and hence attracted funding from new sources. The support of OSSA, which is considered as a mother/founding partner organization, is appreciated as a paramount one.

### **7.6.2 Integration of HIV/AIDS with SRH**

When we look at integration of HIV services with the broader SRH programs in many places, as if the two groups are working for different goals and for the benefit of different target groups, partners working on one usually do not actively participate in the other. If at all they do, it is limited to integrating services like HCT into FP services, than working on the broader framework. For instance, the four prongs of PMTCT include: prong I – prevention of HIV infection among all women in reproductive age groups (apparently HIV/AIDS work); prong II – prevention of unintended pregnancy among HIV+ women (which is of an RH service); prong III – prevention of HIV transmission from the mother to the child (the health/ART service); prong IV – continuum of care and support to the mother, child and family after delivery (social service, including counseling and economic support). Therefore, there is no wonder that the traditional focus on the 3<sup>rd</sup> prong and subsequently to the 4<sup>th</sup>, without addressing the first two fundamental issues/prongs, resulted in low PMTCT uptake in the country.

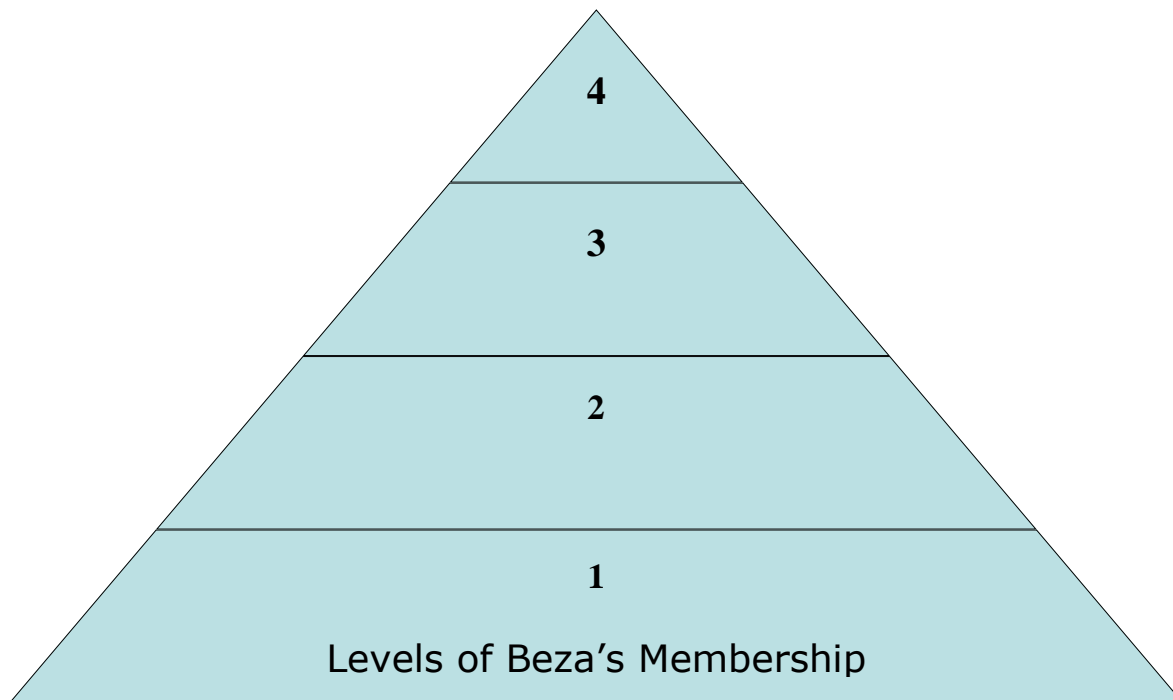
To this end, when we look at the performance of Beza, the integration of the two programs is too vivid, which is even manifested in the absence of any separate department/unit for either of the programs. Rather, they present both the RH and HIV/AIDS issues simultaneously (in shows, literatures, drama, counseling, referral to health facilities, etc) in an interwoven way, making it one of the best practices of Beza. The commendable results of Beza, achieved in the area of PMTCT, is one example of such an integrated approach.

### **7.6.3 Ownership and level of membership of Beza**

When a group of youth, who are members of the Center, were asked about the difference between being a member of Beza and non-membership, they replied that they all, of course, do have equal access to services; yet as members they know what is going on in Beza, the plans, status of implementation, what it costs [in terms of energy time and money] to produce those regular/weekly programs. One of them said, *“We also feel that what Beza has belongs to us and hence we care”*.

Representatives of government offices interviewed also have similar feeling about Beza, when they witnessed that they know what Beza is planning and implementing. All of them expressed their opinion that it is a grass root organization, working for the community, with a strong support from individual community members, Iddirs, schools, kebele leaders, government offices, etc. Many of the respondents feel that Beza is “theirs!”.

With regard to recruitment for membership, Beza follows a hierarchical method, which is attached to level of access to capacity building services, degree of contribution and magnitude of responsibility shouldered. Thus, the majority of the membership is in the first category while very few are in the last one, which is more of a leadership position.



LEVEL 1 – participate in Trainings, complete health curriculum (RH, HIV/AIDS, life skills, Personal development etc.)

LEVEL 2 – have the opportunity to perform drama, music, media training, Community outreach and volunteering

LEVEL 3 – involve in project design and evaluation, leadership development programs

LEVEL 4 – Program management and leadership opportunities

#### **7.6.4 Linkage with relevant national strategic frameworks**

Let alone the fulltime technical and admin staff of Beza, even the volunteer members know what Beza's plan is and status of implementation in a given period of time. This is a very special element for the ownership and active participation of the youth in the Association. Yet, when asked further about the linkage of Beza's activities to relevant national strategic frameworks, their knowledge found to be very much limited.

In fact, the manager is well acquainted with the National Adolescent RH Strategy, which is one of the key frameworks for the activities of youth RH focused organizations like Beza. The AYRHS document is claimed to be the basis of Beza's activities, with adjustments to

organizational focus and set up. In addition, the Youth Policy is referred as one of the guiding documents of Beza. With regard to HIV/AIDS, except for the Universal access targets, they are not familiar with the multi-sectoral SPM and also not well aware of the national RH strategy, from which the AYRHS emanates.

However, as what they are implementing is, at least, directly related to the National Multi-sectoral HIV/AIDS Strategic Plan, the National RH Strategy and the National Adolescent and Youth RH Strategies; even in the wider context contributing to the Health Policy, the Health Sector Development Program/HSDP, the HIV/AIDS Policy, the Youth Policy and the Youth Development Packages the HIV/AIDS Policy, National HIV/AIDS Strategic Plan, etc. good knowledge of the most important and directly relevant frameworks [National Multi-sectoral HIV/AIDS Strategic Plan, the National RH Strategy and the National Adolescent and Youth RH Strategies] as well as general understanding of the others would have been an asset to their development. Since most of the nationally recommended strategies and key community level activities are already recommended in those key documents, what Beza is required is to align its activities with the national strategies, with some adjustment to fit to local situations. On top of this, designing their programs in alignment to these national frameworks gives the organization the opportunity to assess its inputs/contribution to the achievement of national targets.

In this regard, Beza found to be not only exerting limited effort in familiarizing its energetic youth with these key documents but also missed the opportunity of *systematically aligning* its implementation to national frameworks.

Otherwise, as has been well described in section 7 of this document, though not tuned systematically and with full awareness of the national documents, what Beza has been implementing was in harmony with the national targets, priorities and strategies set for youth RH development and HIV/AIDS prevention, in its own way. Therefore, its contribution to the national effort is not only unquestionable, but also is a significant and active one, but with a need to fine-tune the basis of its strategies in the future.

### 7.6.5 Local Resource Mobilization

The table below indicates the efforts of Beza and the support of different institutions, in various ways. Material and technical supports, despite the amount, are among the most frequently solicited types of support, particularly from government institutions. The grant of an office space and over 2000m<sup>2</sup> plot of land for expansion of income generating activities to support OVC, provided by the Municipality is among the most visible supports rendered, for which other sectoral offices helped in lobbying. The regular contribution of members, though the amount is as little as Birr 0.50, accompanied with the material and financial support from private entrepreneurs is also an indicator of the local resource mobilization efforts of BYHCC.

No.	Type of org.	Type of resource obtained					Remark
		Material	Land	Technical	Human resource	Financial	
1	Government –						

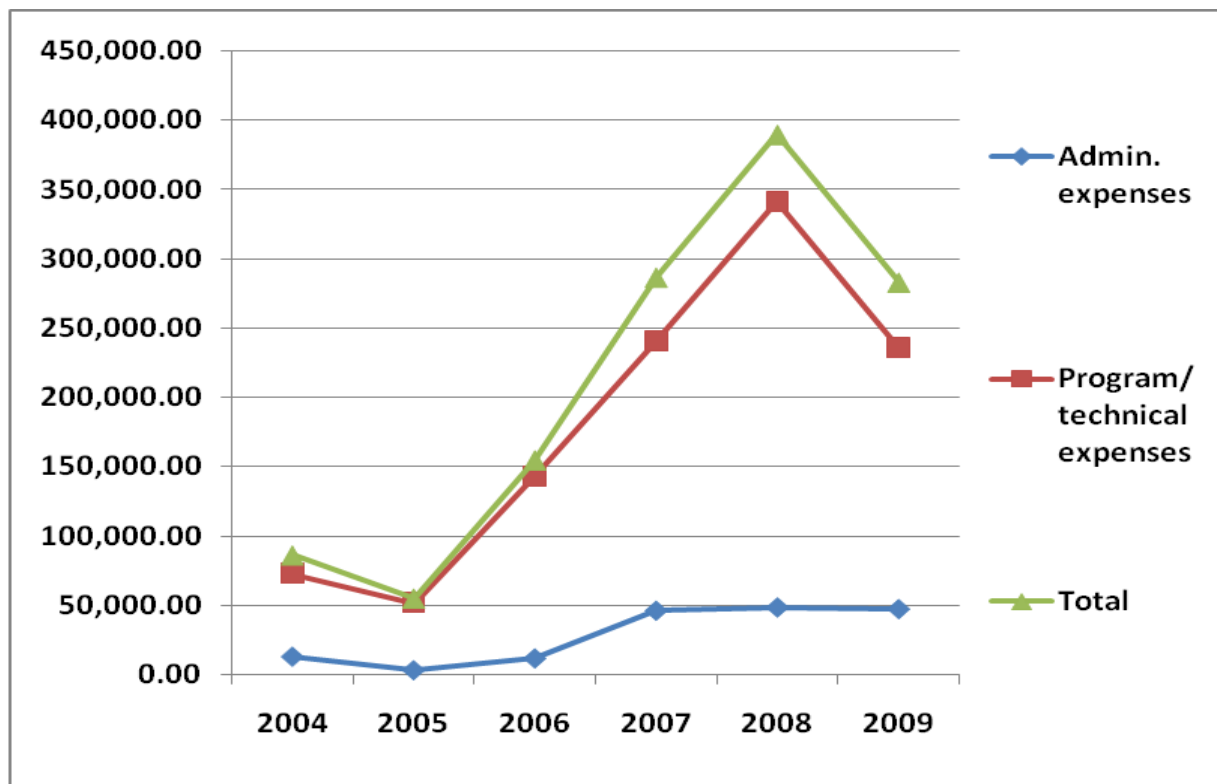
	Youth and Sports	x	----	x	----	----	Has big contribution for the last 3 years I technical areas
	Health	x	----	x	----	----	Played a vital role from the beginning, by providing training space and office
	Women's Affairs	----	----	x	----	----	
	Municipality	----	x	----	----	----	
	HAPCO	x	----	x	---	----	
2	Contribution of Beza members	x	----	x	x	x	
3	Community contribution	x	---	----	----	x	

However, of all the efforts to raise funds and mobilize resources in different ways, what is very interesting and appreciable of the efforts of Beza is its continually increasing capacity to generate its own income through provision of services to the local and surrounding community. Currently, the organization is on the way to build its own youth center, partly with its own income and is planning to mobilize the community and other partners for the rest. On top of this, Beza has already managed to construct the rehabilitation and training center for OVC, particularly of street children, mainly with the income generated internally and with the voluntary free labor contributions of its members.

### 7.6.6 Financial Resource Utilization

Budget category	2004 (in Birr)	2005	2006	2007	2008	2009	Total
Administrative expenses	12,924.70	3,154.58	11,666.00	45,867.78	48,192.78	47,023.12	168,828.96
Program/technical expenses	72,885.15	51,511.30	142,866.28	240,606.41	341,316.86	235,838.59	1,085,024.59
Total	85,809.85	54,665.88	154,532.28	286,474.19	389,509.64	282,861.71	1,253,853.55
% of program costs	84.9	94.2	92.5	84.0	87.6	83.4	86.5

It is also interesting to see the balance between the program and administrative costs, where the overall average reads as 86% vs. 14% respectively. Apart from this, it is highly appreciable to see those multitudes of activities (under the five programmatic areas mentioned above) accomplished with such limited amount of funding, confirming the repeated acknowledgement [by representatives of government offices and club leaders] about Beza's effective and efficient resource utilization.



## 8 Strengths and Limitations observed

### 8.1 *Strengths - programmatic*

- Pioneers in youth focused , life saving, programs especially those related to HIV/AIDS, RH, drug addiction, etc.
- Creativity and dynamically adjusting to the changing situations.
- Availing **package** of services to the youth [RH and HIV counseling and education, life skill training, creating a friendly environment through edutainment, library, indoor games, information services; instilling vision, addressing the very basic needs of the most needy ones, linkage to other health and counseling services, protecting the youth from harmful habits, such as chat, alcohol, gambling, etc] which is different from mere RH education.
- Very special experience in the use of regular debate platforms for youth development; effective and action oriented [“powerful” in their language] coffee ceremony programs; special mobilization effort and skill demonstrated in PMTCT outreach programs; consistent weekly shows, bringing up foot ball players who currently are in the national and other prominent clubs; successful members who joined universities and colleges, etc. which all can be replicated and effectively provided at larger scale.
- Supporting the most neglected social groups, such as the helpless and at risk OVC and youth [who reached from street and a serious vulnerable situation to the level of university education] using **Beza’s principle of holistic approach** – which includes:-
  - addressing the most basic need, such as food and shelter (either through direct financial support or creating IGA/employment opportunities),
  - transforming the deep feeling of hopelessness into an inspiring vision through counseling/psychological services and close mentoring and voluntary guardianship
  - creating an opportunity to get a formal education as a means to reach the personal visions set
- Efficient utilization of human and financial resources, which made it possible to provide lots of services with limited funding
- Sustainability/consistency of programs, even on weekly basis
- Serving as a change agent [e.g. initiating the transformation of old aged core business of Iddirs [i.e. death focused] and revision of their static rules and regulations to responds to the current social/family needs]

### 8.2 *Strengths - organizational*

- Commitment and passion of the founding and current members for the achievement of vision and the ability to win the commitment of and working through dedicated volunteers who are willing to serve free of financial incentives

- Flexible and lean working structure, with transparency, accountability and efficient resource utilization, as witnessed by partners
- Regular submission of plan and performance reports to all the relevant government offices, which is also well acknowledged and witnessed by the respective sector offices
- Joint regular review and evaluation of performance of the organization, including community members, using participatory tools like Community Score Card/CSC; and utilizing these evaluations as a basis for planning
- Active participation in the planning of relevant sector offices, which gave the opportunity to share responsibilities among stakeholders operating in the town
- Supporting the emergence and expansion of clubs and PLHIV Associations
- Establishing a close collaborative environment and networking with different actors, including the government sector offices, FBOs, CBOs, ... which facilitated messages of Beza to reach the intended target group easily
- Ability to maintain the established relationships, which required facing up different challenges, including turnover of well acquainted staff in government offices and adjusting to the interests of the new comers
- As commented by government partners, Beza's being "visionary, knowing what they want and where they are heading to!"
- Sense of ownership - being in the heart of the community, and ownership is claimed by different segments of the community.

### **8.3 Areas for Improvement/Limitations:**

- Though Beza claims to have a strategy documents that guided its performance through the past 10 years, it lacked a systematically designed and dynamic strategic plan document, including the missed opportunity of building the capacity of its staff and volunteer members during the process of developing the document
- Knowledge and alignment of implementation programs to all relevant national strategic plans and frameworks is found to be limited
- Even though the office submits plan and reports on regular basis to the relevant government offices, some government offices recommended that it would be better if they participate in the planning process as well, so that their offices will avoid duplication of efforts in the same areas.
- The financial management system needs to be supported by more facilitative computerized software, there by addressing the delays in reporting
- Lack of keeping a systematic track of records regarding the services rendered to the community, the effect of which is manifested in the erratic distribution of data on some services
- Conduct impact assessment of the activities of Beza's service on the community

- Efforts to involve parents for enhancing the youth RH found to be limited, as it is such a critical element that needs attention and more time and energy investment

## **9 Conclusions, Lessons learnt and Recommendations**

### ***9.1 Conclusions and Lessons:***

#### ***Service provision and acknowledgement***

The diverse, yet complementary, services of Beza were expressed as ‘matchless!’ by many, including government sector offices and school communities. Clubs and individual beneficiaries want the services to be expanded to the surrounding areas, considering the services as life saving for the youth and adolescents who are at risk and those who lack the opportunity to openly discuss about RH issues.

#### ***Partnership and Networking***

Found to be among the key strengths of Beza, which facilitated accomplishment of a number of community services with very limited financial budget as well as high degree of acceptance by the community members, CBOs and government offices.

#### ***Integration of HIV/AIDS with SRH***

In conformity with the new national HIV/AIDS – SRH integration program: “Comprehensive, Integrated and Accelerated Scaled-up of PMTCT/MNCH/SRH Programs” launched by FMOH, in January 2009, the integration of the two programs in Beza is too vivid, where both are presented in shows, literatures, drama, counseling service, referral to health facilities, etc in an interwoven way, making it one of the best practices and prize winner for best and creative implementation of PMTCT services, at community level.

#### ***A model OVC/street children rehabilitation mechanism***

The special approach and proven experience of Beza in rehabilitating street children is found to be among the remarkable best practices that can be adapted and replicated in other places at a larger scale.

#### ***Leadership, Membership and ownership***

The young leaders and found to be setting a role model for other organization and clubs in discipline, strategy, diligence, etc, which is praised by many in its positive aspect. The membership has grown over the last years. Had it not been for the strict criteria of the organization in accepting membership applications, which focuses on quality than quantity, there is no question that the number would have been much-much higher than it is today. With regard to the sense of ownership to Beza, one can sense the strength not only from the members, but also from government officials, CBO leaders, Iddir members, regular audiences, etc, all reflecting that Beza is “theirs!”. It is also interesting to know that Beza’s plan and level of implementation is well known by staff, volunteers, partner organizations and all relevant government line offices, thereby contributing a lot for the high sense of ownership.



### ***Alignment with National strategic frameworks***

Although Beza started to provide those key services to its primary focus group (the youth and adolescents) prior to the starting dates of all the identified, directly applicable strategic documents referred in this review, its implementation found to be in complete harmony with the priorities, objectives/goals, major strategies and key community level actions proposed in the national documents, indicating the pro-activeness and high level understanding of the organization regarding the real problems and needs of its target community. Yet, the organization needs to have a good knowledge and a deliberately aligned plan with relevant national frameworks, along with familiarization of its staff and volunteers, at least, with important strategies and policies.

### ***Future direction***

It can be said that Beza knows where it wants to go and has a vision shared by its members. Yet, when it comes to the ‘how?’ part, it doesn’t seem to have a clear strategy. In this regard, as Beza has developed rich experience in serving the youth, understanding its real needs, passed through a number of challenges and laid the ground for growing into a center of excellence that can share its experiences and replicate itself in different local contexts. Thus, it is high time for the leaders of the organization to strategize their ways of reaching to their vision. To this end they may need a strategic plan and systematic recording of their experience to grow into a center of excellence.

### ***Gender sensitivity***

To start with, it is very interesting to see the consistency of data disaggregated by male/female throughout all the service years and across all types of services provided, indicating their high level of sensitivity to gender. However, it is worth noting that despite all the effort to be gender responsive in many aspects, Beza still needs to work a lot in improving the gender composition of its service utilizers. The gender gap observed in the analysis of different services needs to be explored, which otherwise could imply a problem in recording.

### ***Local resource mobilization and utilization***

The experience of Beza in mobilizing local resources and generation of own income using creative ways is a remarkable one, which needs to be encouraged and built as one of the most important strengths of the organization. In addition, their capacity to implement a number of “costly” activities at lesser financial expenses, by means of mobilizing volunteers and winning the support of partner organizations is one of the notable achievements of Beza, which still need to be enhanced for the future.

### ***Constraining factors***

Finance - Though Beza is praised for its efficient utilization of resources and winning the support of different partners in the locality, serious budget constraint is found to be one of the limiting factors, hampering its fast move.

Human capacity limitation – Despite the strong commitment, management of the organization falls upon few dedicated fulltime workers, which don’t have all the needed training and skill to move forward. It needs to be shouldered by additional human resource that has the professional skill and diversity to effectively meet the service demands

Space limitation – is frequently mentioned by different respondents to deliver all the required services to the demanding clients, whose number is growing over time.

## **9.2 Recommendations**

- Beza has a regular performance review program with its stakeholders, which is a very appreciable quality, yet it lacks a well designed M&E system - including allocation of a dedicated staff, with appropriate training and skill, formats that can capture all relevant activities of the organization along with identification of best indicators that reflect the essence/value addition of the activity. Therefore, it is crucial for the organization to put a well designed and functioning M&E system in place on order to improve future performance and keep good track of lessons.
- In its support for OVC and at risk youth, Beza is implementing a ‘holistic approach’ in its own way, which is very different from the common financial and educational material support. However, by referring to the national document on standards set for supporting OVC (which is much comprehensive), Beza’s package program could benefit a lot and even can grow into a practically tested model OVC support approach, mainly for its rehabilitation of the hurt [feelings/emotions/hopelessness]; remarkable mentorship and assigning of volunteer tutors and keen guardians.
- Beza needs to build on its good practice of regularly sharing plans and performance reports with sector offices. Yet, it needs to elevate this practice to one-level-up by involving the relevant offices and other stakeholders from the very beginning of preparing the plans, instead of submitting what they have prepared.
- Beza’s style of collective leadership is a very important instrument in transferring the commitment and institutional memory from founding members to the new leaders, which creates an opportunity for new bloods and alleviates dependency on the former. Therefore, it is necessary to take deliberate steps to cultivate the newly emerging groups and institutionalizing all the personal contacts and linkages to organizations.
- It is very crucial to have a strategic plan document showing their direction, with short term and long-term goals set, based on the national strategic frameworks, such as the Multi-sectoral HIV/AIDS Strategic Plan\_II (interim for 2009-2010), the National RH Strategy (till 2015) and the National Adolescent and Youth RH Strategies (till 2015), which are relevant to their focus areas.
- It is also very important to systematically document all the process – the activities, challenges faced, the actions taken to address, etc so that it can grow into a center of excellence in some special areas and share its experiences to others.
- Keep on maintaining and improving the collaborative and interdependent spirit /networking/ created with different partners. It is also important to maximize the opportunity of having this good working relationship at different levels for advocating pressing issues and to get access to resources, including financial supports, which are one of the limiting factors for the organization.

- Build on the existing strengths of local resource mobilization and generation of own income, efficient utilization of available fund, integration of programs and services as well as working with parents.

### ***9.3 Special Recommendations by community members and government officials:***

- For Beza members - Remain models and disciplined, for this can keep on positively influencing the youth outside Beza.
- For funding organizations - As Beza is doing a remarkable community service, its **funding agencies need to keep supporting them**, so that they can easily reach the grass root community through Beza.

## 10. Annexes

### 10.1 Summary of selected thematic areas of national strategic frameworks referenced in the review

#### 1. The National Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response (2004-2008)<sup>8</sup>

##### **Thematic area\_1 – Capacity Building**

##### **Thematic area\_2 - Social Mobilization and Community Empowerment**

**Objective 8: Ensure community ownership and sustainable social mobilization.**

**Selected Strategies:**

- Ensure community ownership of HIV/AIDS programs.
- Create a sense of urgency in all leaders and community organizations to take HIV/AIDS as social and development agenda.
- Reinforce relevant community bylaws and resolutions.

##### **Thematic area\_3 - Integration with health Programs**

**Objective 9. Ensure universal integrated primary health care services for HIV/AIDS.**

**Strategies:** ( in primary health care units and hospitals).

- Institute efficient and effective referral services including community based health care systems

##### **Thematic area\_4 - Leadership and Mainstreaming**

##### **4.4.2 Mainstreaming**

**Objective 13: Mainstream HIV/AIDS prevention and control efforts into the core programs of all public, non- public and private development partners.**

**Strategies:**

- Promote involvement and ownership
- Use own resources (sectors), provide resources
- Monitor and evaluate HIV/AIDS sector specific strategic plans and performance.

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<sup>8</sup> Federal HIV/AIDS Prevention and Control Office/HAPCO, National Strategic Plan for Intensifying Multi-sectoral HIV/AIDS Response, 2004-2008, Addis Ababa, Dec. 2004.

## **Thematic area\_5 - Coordination and networking**

**Objective 14: Ensure synergy of HIV/AIDS programs and efficient use of resources among different implementers.**

### **Strategies:**

- Promote decentralized decision making and coordination.
- Develop and disseminate net working guidelines and directories.
- Ensure timely and regular review and follow up mechanisms by HIV/AIDS councils and committees at different levels.
- Create consultation and partnership forum.

## **Thematic area\_6 - Special target groups**

**Objective 15: Reduce vulnerability to HIV infection among the identified targeted group (i.e. Commercial Sex Workers, truckers, migrant laborers, uniformed people, teachers, students and out of school youth)**

### **Strategies:**

- Promote VCT and other behavioral change interventions.
- Promote the use of male and female condoms.
- Provide user-friendly Reproductive Health and STI services.
- Enhance bargaining and negotiations skills for safe sex where applicable.
- Provide safe and alternative income generating and employment opportunities where applicable.
- Strengthen and expand school anti AIDS clubs and mini Medias
- Integrate HIV/AIDS in life skill education and basic curriculum.
- Develop youth centers and entertainment resorts.
- Organize the youth on voluntary basis and provide peer education.

**Objective 16: Improve quality of life of people living with HIV/AIDS (PLHIV), orphans and other vulnerable children (OVC)**

### **Strategies:**

- Promote care within the family and mobilize the community to address and accommodate the issue of PLWHA/OVC through traditional and extended family mechanisms.
- Provide counseling service, legal advice and protection to PLWHA/OVC.
- Provide access to basic health, education and other social services to PLWHA/OVC
- Provide vocational skill training and income generating opportunity for PLWHA/OVC
- Develop acceptable social security models towards the special needs of PLWHA/OVC
- Mobilize all stakeholders to address the needs of PLWHA/OVC in a sustainable manner.

## 2. The National Reproductive Health strategy (2006-2015)<sup>9</sup>

### **Strategic area #1 - The social and institutional parameters of women's health**

#### **IV. Priority Issues – @ Community Level**

- iv. Community members do not universally recognize the negative physiological and psychological consequences of FGC and other entrenched customs such as polygamy, wife-inheritance, discriminatory eating practices, early marriage, domestic violence and abduction.
- v. Many HTPs are perpetuated by those whose vested interests they serve; including males, kin groups, and FGC practitioners.
- vi. There is little awareness and poor implementation of laws that protect women against HTPs, such as the 1994 Federal Constitution, National Policy on Ethiopian Women, the Population Policy, the Revised Penal Code, and the Revised Family Law.

#### **V. Strategies**

- iv. *Strengthen the legal frameworks that protect and advance women's reproductive health rights.*
- v. Prioritize the attainment of two indicators recognized to have the greatest impact on the reproductive health and well-being of women: age of marriage and educational attainment
- vi. *Reduce the acceptability of all forms of FGC.*

#### **VI. Key actions @ Community level**

##### ***iii. Create awareness at the community level, by developing and implementing innovative informational campaigns to heighten awareness of:***

- existence and details of the new Family Law and Penal Code
- risks and negative health consequences of early marriage, FGC, and the feasibility of alternative options
- benefits associated with girls schooling
- laws protecting and promoting women's rights

##### ***iv. Target messages to high-risk groups***

- Develop special IEC and advocacy campaigns for Somali, Afar, and possibly other regions that specifically address the risks associated with Type III FGC and the health services available to address them.
- Develop special IEC and advocacy campaigns that enlist as agents of change: women who have refused to be cut; FGC practitioners; young married couples, etc.
- Enlist religious and other community leaders to institute and apply cultural sanctions or disincentives that discourage FGC, (especially Type III).

### **Strategic area #2 - Fertility and family planning**

#### **II. Priority Issues – @ Community Level**

- iv. Traditional values, high infant mortality, the desire for large family size, and early marriage fuel high fertility and represent serious constraints to birth spacing and/or limiting.
- v. Social and economic status of women undermines their desire and ability to regulate fertility.
- vi. The agricultural basis of the majority of Ethiopian society enhances the value of children as a

<sup>9</sup> Federal Ministry of Health, National RH Strategy (2006-2015), Addis Ababa, March 2006.

labor force and source of support in the old age.

**Goal**

**To reduce unwanted pregnancies and enable individuals to achieve their desired family size.**

**IV. Strategies**

- iv. Create acceptance and demand for FP, with special emphasis on populations rendered vulnerable by geographic dispersion, gender, and wealth.
- v. Increase access and utilization of quality FP services, particularly for married and unmarried young people and those who have reached desired family size.
- vi. Delegate to the lowest service delivery level possible, the provision of all FP methods, especially long-term and permanent methods, without compromising safety or quality of care.

**V. Key Actions @ Community Level**

- iv. Develop and implement innovative informational campaigns to heighten community awareness about the relationship between STIs, abortion, and infertility *Enlisting religious leaders to promote FP:*
- v. Seek the support and collaboration of religious institutions in creating awareness of the importance of FP; the RH needs of young people, especially those who are married; and the negative health and social consequences associated with early marriage.
- vi. Use the authority of religious leaders to institute and apply cultural sanctions or disincentives to early marriage, such as discouraging the blessings of such marriages by priests.

**Strategic area #4 - HIV/AIDS**

**IV. Priority Issues – @ Community Level**

- iv. Despite widespread knowledge of HIV/AIDS, personal perceptions of risk are low. This is substantiated in research carried out among both adults engaged in unprotected sex, and sexually active youth (MOH 2004c: 14).
- v. While women and girls are more susceptible to HIV infection, lower educational levels, poverty, higher workloads, and social isolation limit knowledge of their risk and their ability to seek relevant services.
- vi. The lifestyles of certain special populations enhance vulnerability to HIV/AIDS. These populations include commercial sex workers (CSWs), truckers, migrant workers, street children, internally displaced people (IDP) and soldiers.

**Goal**

To reduce HIV infection and improve the quality of life of those living with the disease by optimizing the synergies between RH and HIV/AIDS initiatives.

**V. Strategies:**

- iii. Exploit opportunities within current RH and HIV/AIDS programs to access populations whose needs would not otherwise be met under existing service delivery arrangements.
- iv. Maximize opportunities to transfer knowledge and best practices across RH and HIV/AIDS fields.

**VI. Key Actions @ Community Level**

- v. Encourage the transfer of knowledge and best practices from urban-based HIV/AIDS programs to rural initiates and associations.
- vi. Target messages to high-risk groups, by developing new, innovative approaches to HIV/AIDS awareness that appeal more effectively to different categories of young people, especially those in rural areas, and marginalized groups such as street children and CSWs
- vii. Secure the support and collaboration of religious institutions in creating awareness of HIV risks, prevention and testing services
- viii. *Creating awareness at the community level*
  - o Develop and implement innovative informational campaigns to heighten community awareness of:
  - o Risk of HIV transmission within couples, with special emphasis on male transmission to their wives
  - o Gender disparities in the utilization of services for detection and management of HIV/AIDS
  - o High infection rates in the 15 to 24 age group, especially among married girls and young women
  - o Utilization of condoms and observance of dual protection
  - o Relationship between STIs, abortion, and infertility

**Strategic area #5 - RH OF YOUNG PEOPLE**

**- Priority Issues Community Level**

- iv. While the risks associated with HIV/AIDS and early marriage tend to be widely recognized by communities, other health and psychosocial risks facing young people are not well understood.
- v. Poverty, limited educational opportunities, and threats of early marriage encourage rural-to-urban migration that often brings with it new sets of RH risks such as commercial sex and sexual violence.
- vi. Addiction to substances like chat and alcohol alters economic and social priorities. Among young men, such addiction is believed by the community to increase the likelihood of unsafe sexual behavior, while at the same time diverting scarce household resources away from basic social, material, and health needs.

**Goal**

To enhance the reproductive health and well-being of the country's diverse populations of young people.

**- Strategies**

- iv. Segment the design and delivery of all youth RH-related interventions and policies by gender, age cohort, marital status, and rural/urban residence.
- v. Address the immediate and long-term RH needs of young people, with priority given to married women between the ages of 15-19 and their partners, and young people generally between the ages of 10-14.
- vi. Strengthen multisectoral partnerships to respond to young women's heightened vulnerability to sexual violence and non-consensual sex.



- **Key Actions @ Community Level**

*Creating awareness of RH:*

- Develop and implement informational campaigns to heighten community awareness of:
- vi. Risks and negative health consequences of early marriage/early intercourse
  - vii. Utilization of condoms and observance of dual protection
  - viii. High HIV infection rates in the 15 to 24 age group, especially among married girls and young women.
  - ix. Support community initiatives to promote youth RH, by encouraging the transfer of knowledge and best practices from urban-based HIV/AIDS programs to rural areas.
  - x. Develop new, innovative approaches to HIV/AIDS awareness that appeal more effectively to different categories of young people, especially those in rural areas, and marginalized groups such as street children and CSWs.

3. The National Adolescent and Youth Reproductive Health Strategy (2007-2015)<sup>10</sup>

**Section IV: Strategies for the Reproductive Health of Young People**

**Vision**

To enhance reproductive health and well-being among young people in Ethiopia ages 10-24 so that they may be productive and empowered to fully access and utilize quality reproductive health information and services, to make voluntary informed choices over their RH lives, and to participate fully in the development of the country.

**Goal\_1: To meet the immediate and long-term RH needs of young people through increased access and quality of reproductive health services for adolescents and young people in Ethiopia.**

**Priority Issues:**

- vii. The health sector has limited capacity to provide youth friendly services. Inconvenient hours or location, unfriendly staff, and lack of privacy are among the main reasons many adolescents and young adults give for not using RH and HIV services. (MOH, 2005)
- viii. Guidelines need to reflect the current realities of youth and the new legal framework on family laws.
- ix. Teen pregnancy among rural youth is high, half of the pregnancies are unintended, and existing health services do not reach youth adequately.
- x. Contraceptive use among married adolescents is low, and the unmet needs for contraception are high.
- xi. Rural adolescent girls are vulnerable to unintended pregnancies due to early marriage, abduction, rape, and intergenerational and transactional sex.
- xii. Youth migrating to urban areas are at increased risks of trafficking, sexual violence, and transactional sex.

<sup>10</sup> Federal Ministry of Health, National Adolescent and Youth RH Strategy, 2007-2015, Addis Ababa.

**Objective 1.1: To improve access to quality reproductive health and STI/HIV services.**

**Strategies:**

- vii. Build the capacity of health services at all levels to deliver youth friendly services
- viii. Develop and revise national guidelines and standards
- ix. Develop outreach programs
- x. Review ANC, delivery procedures, and post-partum care in health facilities and strengthen training of HEWs to focus on the first time mothers
- xi. Enlist participation of boys/men, gatekeepers such as mothers-in-law or other family members
- xii. Develop a cadre of health workers at the community level (health center) to provide emergency obstetric care services

**Goal\_2: To increase awareness and knowledge about reproductive health issues, which lead to healthy attitudes and practices in support of young people's reproductive health.**

**Priority issues:**

- vii. Parents, care givers, and community members have limited knowledge to discuss RH with adolescents.
- viii. Despite the reduction in HTP, some communities still need to address these issues. Community members are unaware of the negative reproductive health outcomes associated with HTP including early marriage.
- ix. The low status of young girls and women is one of the main factors for perpetuating some of the harmful practices negatively associated with reproductive health outcomes.
- x. Though there is a high awareness of HIV/AIDS, there is still limited knowledge among youth to protect themselves.
- xi. Young people have limited knowledge of their human rights and legal structures.
- xii. Young people have limited access to sexual and reproductive health information.

**Objective 2.1: To influence community norms and attitudes to support adolescent reproductive health.**

**Strategies:**

- iv. Community sensitization and dialogue with community members to promote social change
- v. Engage parents, family members to enhance family dialogue on reproductive health
- vi. Establish channels of communication between adolescents and adults

**Objective 2.2: To increase knowledge and information about reproductive health to empower youth in making healthy choices.**

**Strategies:**

- v. Promote targeted messages to reach different segments of the youth population
- vi. Harmonize and strengthen peer promoters and educators programs
- vii. Integrate SRH within the formal and non formal education sectors
- viii. Strengthen the role of media and edu-tainment for youth

**Goal 3: To strengthen multi-sectoral partnerships and create an enabling positive environment at all levels, with line ministries, research institutions, professional organizations, and partners, including communities and young people regarding the reproductive health needs of young adolescents and youth.**

**Priority Issues:**

- vi. There is limited implementation of the new legal framework that protects and enhances the role of youth and young women in society.
- vii. Unemployment and poverty in the rural areas are driving youth urban migration. Youth migrating to urban areas are at increased risks of sexual violence and have no recourse to reenter the formal education system.
- viii. Gender inequities across all sectors limit young girls and young women's empowerment.
- ix. Despite the increased numbers of youth associations, the active participation of youth in designing policies, programs, and interventions in the field of RH is limited.
- x. There is limited harmonization among all FMOH partners in designing and implementing AYRH interventions.

**Objective 3.1: Increase the knowledge and awareness and change the attitudes of policy makers on sexual reproductive health issues of adolescents:**

**Strategies:**

- ii. Continue advocacy and social mobilization for improving community and political support towards AYRH issues

**Objective 3.2: Decrease risks and vulnerability of adolescents and empower them to make healthy transitions to adulthood**

**Strategies:**

- Provide information and skills to strengthen what young women can do to protect themselves from HIV infection and unwanted pregnancy
- Strengthen linkages to referral facilities that provide services for abused youth
- Multi-sectoral strategies

**Objective 3.3: Increase coordination and collaboration among all partners**

Collaboration, partnership, coordination among line ministries, research and training

institutions, technical organizations, implementing partners, professional organizations, CBOs, religious organizations, and donors

**Goal 4: To design and implement innovative and evidence-based AYRH programs that are segmented and tailored to meet diverse needs of youth by marital status, age, school status, residence, and sex including younger adolescents and marginalized and most vulnerable young people in the context of Ethiopian priorities and culture.**

**Priority issues:**

- v. There is limited information on the reasons that continue to drive the cultural norms that are associated with negative reproductive health outcomes, such as early marriage, rape, coerced sex, and other forms of sexual violence.
- vi. There is limited research on the most vulnerable and at risk groups of adolescents: young married girls, adolescents who migrated to urban centers, and young unemployed boys.
- vii. Data collection from existing youth interventions is often not disaggregated by age (10-14, 15-19, 20-24), socio-economic status, living arrangement, migration, education, and marital status.
- viii. There is very limited sharing and dissemination of research findings from international and national reproductive health partners.

**Objective 4.1: Conduct program research and evaluation to design, implement, and monitor effective programs addressing the diversity of the young people in Ethiopia.**

**Strategies**

- v. Dissemination and utilization of tools, materials, and best practices
- vi. Sharing of information among youth-serving organizations
- vii. Conduct socio-anthropological research
- viii. Collect disaggregated data for all youth programs

## 10.2 List of study participants

### 1. Interview respondents

No.	Participants	Gender	Age	Category	Remark
1.	Tsega	M	23	Beneficiary	Civil servant
2.	Gashaw	M	23	”	“
3.	Biniam	M	23	“	Student/12 <sup>th</sup> g.
4.	Sr. Deraro	F		Partner – Gov’t	Yirgalem Health Center, Clinical Service Officer
5.	Ato Bekele	M		Partner – CBO	Head of Iddirs’ Union
6.	Wro Kebebbush	F		Partner – Govt	Women and Children Affairs
7.	Wro Ayelech	F		“	“
8.	Addisu	M	18	Beneficiary	In school youth, grade 12
9.	Belainesh	F	15	“	In school youth, grade 8
10.	Ato Tsegaye	M		Partner - Govt	Head Yirgalem Hapco
11.	Kassahun	M	19	Benefi.	In school, grade 12
12.	Yubita	M	18	OVC benef.	In school, g.2
13.	Wogayehu	M	18	“	Grade 5
14.	Michael	M	17	“	Grade 6
15.	Ato Letefe	M		Partner-Govt	Municipality
16.	Ato Sintayehu	M		“	Head, Youth and Sports Office
17.	Wro Zewditu	F		Partner – village facilitator	
18.	Wt. Woinishet	F		“	
19.	Ato Endale	M		Partner-Govt	Youth and Sports Office, Sports Devt Coordinator
20.	Ato Ashagre	M		”	Women’s and Social Affairs, Officer for Devt Plan, Monitoring and Evaluation

21.	Ato getachew	M		“	Coordinator of Education Quality Assurance, Education Office
22.	Ato Getachew	M		Partner - CSO	Chair person, Tensae PLHIV Association

## 2. FGD participants

Participants	Gender	Age	Category	Remark
Elleni	F	17	Volunteer members	Mix of in-school youth and out of school
Mery	F	17		
Biruk	M	20		
Anteneh	M	18		
Kassahun	M	19		
Nahom	M	17		
Tarekegn	M	19		
Tigist	F	18		
Wondwossen	M	18		
Solomon	M	26		
18 children	F=8, M=10	12-15	Child beneficiaries	In-school adolescents
Abiyot	M		Club Leader	Fikir Leselam Youth club – Urban
Tamirat	M		“	Yichalal Youth club – Rural
Belay	M		“	Beza Girls Football – Urban
Kassahun	M		“	Yebirhan Tiri Youth club – Rural
Awoke	M		“	Moto Light Youth club – Rural
Shimelis	M		“	Addis Tesfa Boys Football - Urban