



Tamira Reproductive Health and Development Organization
(TRHaDO)

Review of Six Years Performance Against Relevant National
Strategic Frameworks
(2004-2009)

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Acronyms

ART	Antiretroviral Therapy
AYRHS	National Adolescent and Youth Reproductive Health Strategy
BCC	Behavioral Change Communication
BLS	Base Line Survey
CBO	Community Based Organization
CC	Community conversation
CSA	Central Statistical Agency
CSWs	Commercial Sex Workers
DHS	Demographic and Health Survey
DSW	The German Foundation for World Population
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
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
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
NCA	Norwegian Church Aid
NCTPE	National Committee on Traditional Practices of Ethiopia
NGO	Non-Governmental Organization
NORAD	Norwegian Agency for International Development
OSSA	Organization for Social Services for AIDS)

PASDEP	Plan for Accelerated and Sustainable Development to End Poverty
PLHIV	People Living With HIV
PMTCT	Prevention of Mother to Child Transmission
PSI	Population Services International
RH	Reproductive health
RHS	National Reproductive Health Strategy
SIDA	Swedish Agency for International Development
SNNPR	Southern Nations, Nationalities and Peoples Region
STIs	Sexually Transmitted Infections
TRHaDO	Tamira Reproductive health and Development Organization
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

Tamira Reproductive Health and Development Organization /TRHaDO/ was established as “Tamira Youth Reproductive Health anti-AIDS Club” in September 21, 1997 in Oromiya region, East Showa City Administration, Shashemene town, by merely six male & four female youths who were highly concerned about the rapid expansion of HIV/AIDS. As they kept on working and mobilizing the youth, their activities started to be recognized by the local government, for which they got support letters to expand their work in Oromia region and got registered by the Regional Bureau of Justice. Later on, in February 2006, Tamira is registered by the Federal Ministry of Justice (MOJ) as a formal community based non-governmental organization. Since October 2009, TRHaDO is registered by the MOJ, fulfilling the requirements of the new national Societies and Charities Legislation with wider scope of community development agenda envisioning “to see healthier & poverty free generation”. In the past 12 years, the organization has been implementing community development programs, with focus on the youth, and with an effort to align with national development frameworks, particularly the 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 TRHaDO 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.

TRHaDO is currently organized in five programmatic areas and multiple activities, implemented through core staff, volunteers, clubs and partner organizations sharing common goals. Interestingly, many of the review participants feel that Tamira is theirs!

When we look at the findings of the review, among the Youth centre services provided under **program area I** [library, games, information service, educational films and TV programs], despite the limited number of seats, Tamira library seems to be the most popular one, with the highest number of attendances registered in the six years, followed by in and outdoor games. The services provided under program area I 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, whereby one of the strategies identified is by developing “youth centers and entertainment resorts” like those in Tamira.

Educating the community and mobilizing them for action, which is **program area II**, is addressed through edutainment programs and is found to be among the most effective programs of Tamira. In addition, by using coffee ceremonies and community conversation platforms, Tamira’s volunteers penetrate both the urban and the suburb semi-urban 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, etc. Tamira broadcasted programs, including “the voice of the Females”, reach most of the urban community with the latest

news and information. Production and distribution of IEC/BCC materials, including those printed by other partners, has been part of the activities implemented. The relevance of activities under program area II for 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 (see the annex) is a very interesting one.

In program area III, we see a continued training for members of Tamira, in-school and out-of school youth, for community members, etc. 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, at times, hall rent are covered by voluntary services of partners and the organization, benefiting from the strong networking and collaboration established and maintained. In most of the trainings, female participants accounted for over half of all the attendants, with the highest (74.2%) in the area of HIV/AIDS. Tamira has also initiated the establishment of at least four currently functional youth RH clubs, which are operating with full autonomy. Their total membership surpassed 4800 youths, of which about 45% are females. With regard to building the capacities of the youth, as Tamira strongly believes in education of its members, particularly those in leadership position, one of the criteria to stay in management is to be on one form of continued education. It has also been striving to support regular members who had the academic capacity to join universities/colleges, yet constrained by financial resources, either by directly covering their educational costs or by seeking sponsors from private business owners. With regard to joining higher education, in the review period only, Tamira managed to support about 92 youth, in one form of higher level education or training, of which over 50% are females. The youth are also benefiting from employment opportunities facilitated by Tamira as well as generating their own income by IGA and the related training supports provided.

Tamira youth are well known for their meaningful participation in community development initiatives, i.e. **program area IV**, such as cleaning, re-forestation of barren lands and key spots identified by the city administration, as well as in catalyzing the efforts for youth talent development programs.

Under **program area V**, Tamira showed tremendous progress in mobilizing the community for HIV counseling and testing/HCT, which included the creative way of self-modeling of the voluntary community workers/counselors in testing before the groups of their clients, which made the willingness to test easier and increased VCT uptake.

The combination of all the above activities covers most of the priorities, goals/objectives, strategies and key community level activities mentioned in all the three strategy documents, making Tamira 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, but with a need to fine-tune 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 Tamira, as all do have their own contribution in the progress of the young organization. Tamira believes that had it not been for the supports of all these organizations, the picture of Tamira would have been totally different from what it is today. Yet, of all the supports provided, the organization highly values the consistent mentoring and capacity building service provided. 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 Tamira as the most critical one, not only for the progress of the organization but also for its very existence. The contribution of OSSA and that of DSW is also a paramount one. From government institutions, material, technical and financial supports, despite the amount, are among the types of support, of which the grant of over 1000m² plot of land by the Municipality, free of lease cost, is among the most important ones.

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

Moreover, partnership and networking are found to be among the key strengths of Tamira, 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 75% vs. 25% 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 Tamira's effective and efficient resource utilization.

When we look at the overall gender sensitivity of the organization, it is also very interesting to see the consistency of data disaggregated by male/female throughout all the years and across all types of services provided. In addition, it can be concluded that, in the majority of the activities, in which Tamira has a control over, the gender balance of participants (e.g. in training, staff composition, content of show programs, etc), is a well thought one.

For the further progress of the organization as well as to have a clear direction of the future, Tamira 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.”¹

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.”²

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 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 Policy³ 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.”

Tamira Reproductive Health and Development Organization (TRHADO), an active 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 TRHADO is, thus, to show the alignment of the Tamira’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

¹ MOH, National Reproductive Health Strategy (2006-2015)

² MOH, National Adolescent and Youth RH Strategy (2007-2015)

³ Ministry of Youth, Sports and Culture, pp. 50, March 2004, Addis Ababa.

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 performance of Tamira RH and Development organization 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 Tamira 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 Tamira, OVC, club leaders, school community consisting of teachers and students, girls groups and government officials. In most cases, the focus group discussions included an average of 7 participants at a time. There were a total of five FGDs conducted, composed of 14 females and 19 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 discussions were held with 19 key informants (F=4, M=15) selected among OVC, in school and out of school youth, members and non-members of Tamira, community and religious leaders, health-service providers, teachers, beneficiaries, representatives of seven different government line offices, CBOs leaders, club members and leaders as well as volunteer workers. The interviews were conducted predominantly on individual basis, and as found necessary, in pairs.

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

5. Overview of Tamira Reproductive Health and Development Organization – evolvement to current role

Tamira Reproductive Health and Development Organization /TRHaDO/ was established as “Tamira Youth Reproductive Health Anti AIDS Club” in September 21, 1997 in Oromiya region, East Showa City Administration, Shashemene town, by merely six male & four female youths who were highly concerned about the rapid expansion of HIV/AIDS, and hence determined to contribute their part through edutainment. As they kept on working and mobilizing the youth, their activities started to be acknowledged by the local government, for which they got support letters to expand their work in Oromia region and got registered by the Regional Bureau of Justice. Later on, in February 2006, Tamira is registered by the Federal Ministry of Justice (MOJ) as a formal community based non-governmental organization. Since October 2009, TRHaDO is registered by the MOJ, fulfilling the requirements of the new national Societies and Charities Legislation.

The initiative of those zealous youth to address a multi-dimensional social problem like HIV/AIDS, particularly at a time in which it was not given the attention it deserved, was a courageous measure, particularly given the financial, material, skill, technical support, etc Tamira had at the time. On top of this, addressing such a social problem in a big city like Shashemene, which is a cross road commercial area connecting over five towns of two big regions, makes it a very challenging task. Shashamane is located about 250kms to south of Addis with 8 urban and 37 rural kebeles, with total population of over 150,000 people. According to the estimates of the city council, the youth consist of 29,416; of which 14,845 (50.5%) are females.

In spite of all the challenges, the Club, which started with specific HIV/AIDS focused activities, has now grown into an organization with five major programmatic areas, with a membership surpassing 400 people, including adults leading government offices, private business and other organizations as honorable members.

In appreciation of their noble performance, Tamira youth are bestowed the /City administration, Regional and Federal level awards prepared for best performing Youth Initiatives in different times.

The Vision of Tamira is “to see healthier & poverty free generation” with a mission of banning “the transmission of HIV/ADIS, which was spreading in the last two decades, by creating a healthier youth community, who are self-confident, well-aware of reproductive health and free-from ASRH problems”. The major objectives include the following:

- To enhance understanding collective learning & trainings among the communities & disseminate information, that enables them to prevent the spread of HIV/ADIS.
- To develop Adolescence Sexual Reproductive Health & Life skill, in order to protect themselves from Health, Social & Psychological Problems.

- To contribute toward the effort being carried out to the alleviation of youth unemployment and address socio economic problems.
- To create linkage to youth friendly health services and provide community based youth centers in order to protect young people from spending time in an unwanted places & develop their talents.
- To support & encourage young people to participate in the environmental protection & developmental activates of the country.

6. An Overview of National Strategic Frameworks applicable to TRHaDO

As Tamira 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, 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 unnecessary 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. Details of the 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)⁴**

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.

Thematic area_5 - Coordination and networking

⁴ 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 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)⁵

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.

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).

⁵ Federal Ministry of Health, National RH Strategy (2006-2015), Addis Ababa, March 2006.

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 initiatives 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)⁶

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 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

⁶ Federal Ministry of Health, National Adolescent and Youth RH Strategy, 2007-2015, Addis Ababa.

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.

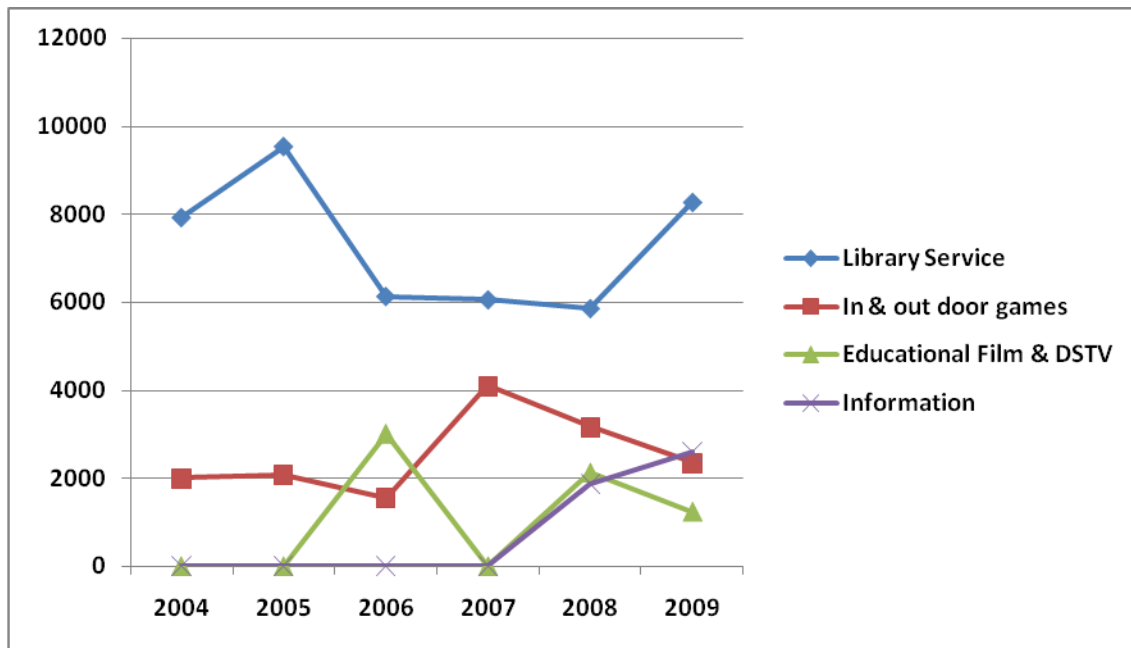
Strategies

- 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

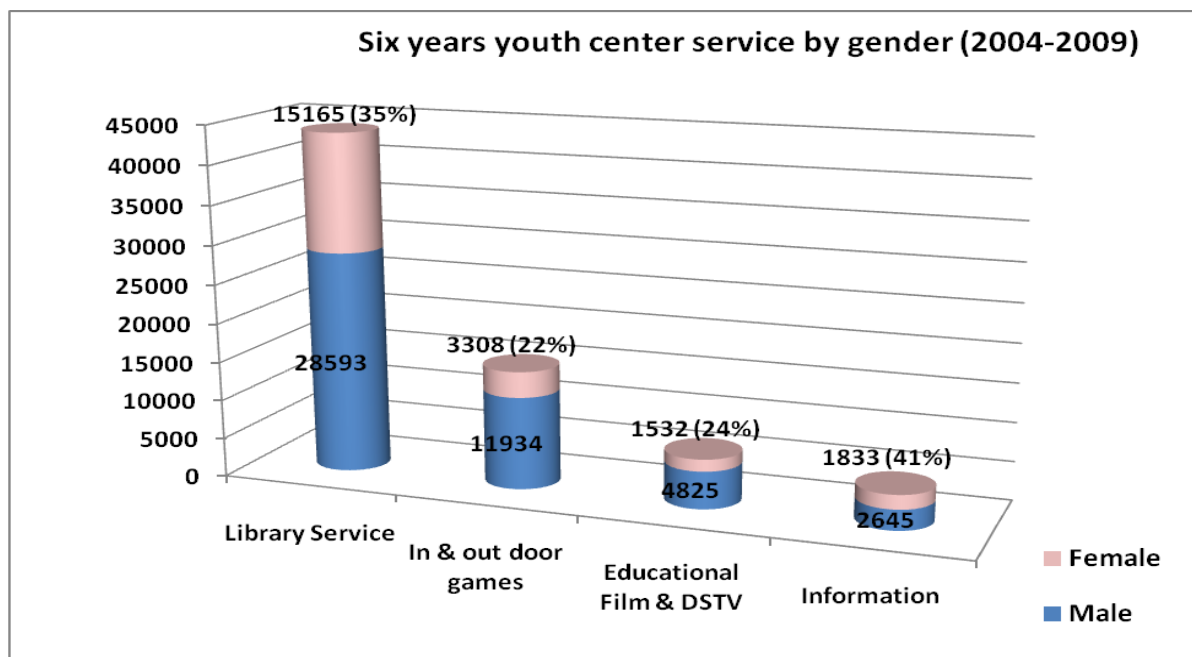
7. Findings of the Review

7.1 (a) Program area 1 - Youth Center Services

Among the Youth centre services, Tamira library seems to be the most popular one, with the highest number of **attendances** registered in the six years period of service, followed by in and outdoor games. Given the limited number of seats in the library, the attendance is relatively very high, indicating the lack of similar services in the town other than those in schools. As information service is started very recently, i.e. in 2008, the number of attendances is an encouraging one.



The graph indicates fluctuation of users 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:

The highest share of female users is registered with regard to information service (41%), while their participation in the library, games and electronic media is relatively lower with 35%, 22% and 24% utilization respectively.

7.1 (b) Applicable Strategic Frameworks

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

The services provided under program area 1 of Tamira, i.e. the Youth Center Services, including library, information and indoor games, safe electronic entertainment media; 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, whereby one of the strategies identified is by developing “youth centers and entertainment resorts” like those in Tamira. 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”.

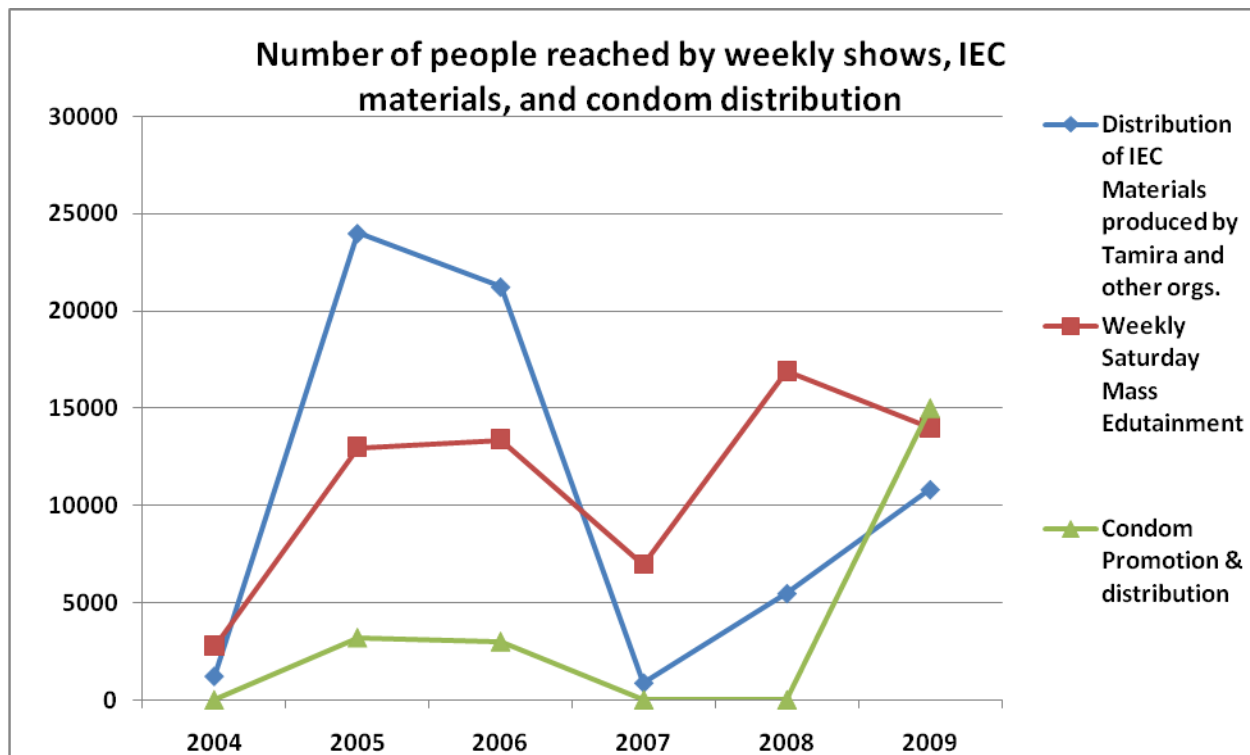
7.2 (a) Program area 2 – Prevention [Mass IEC/BCC]

Mass Education and Mobilization for Action:

Educating the community and mobilizing them for action is addressed through Edutainment Programs, which is among the most effective programs of Tamira, by means of presenting the regular weekly Saturday Mass Edutainment program (including music, dramas, creative plays, presentations, etc), debates on various pressing issues of the youth, question and answer sessions, sport activities, as well as the bi-annual creative art nights. In addition, Celebrating regional, national & International holydays and Road show & candle night are among the popular programs.

Coffee ceremonies, started since 2008, created the opportunity to closely meet diverse groups of the community for social action. Using coffee ceremonies and community conversation platforms, Tamira’s volunteers penetrate both the urban and the suburb semi-urban 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, on the social dangers of ‘tolerance’ to rape and any forms of violence against girls and women, such as FGM; on the need for smooth family communication with adolescents, particularly open discussion on RH issues, etc.

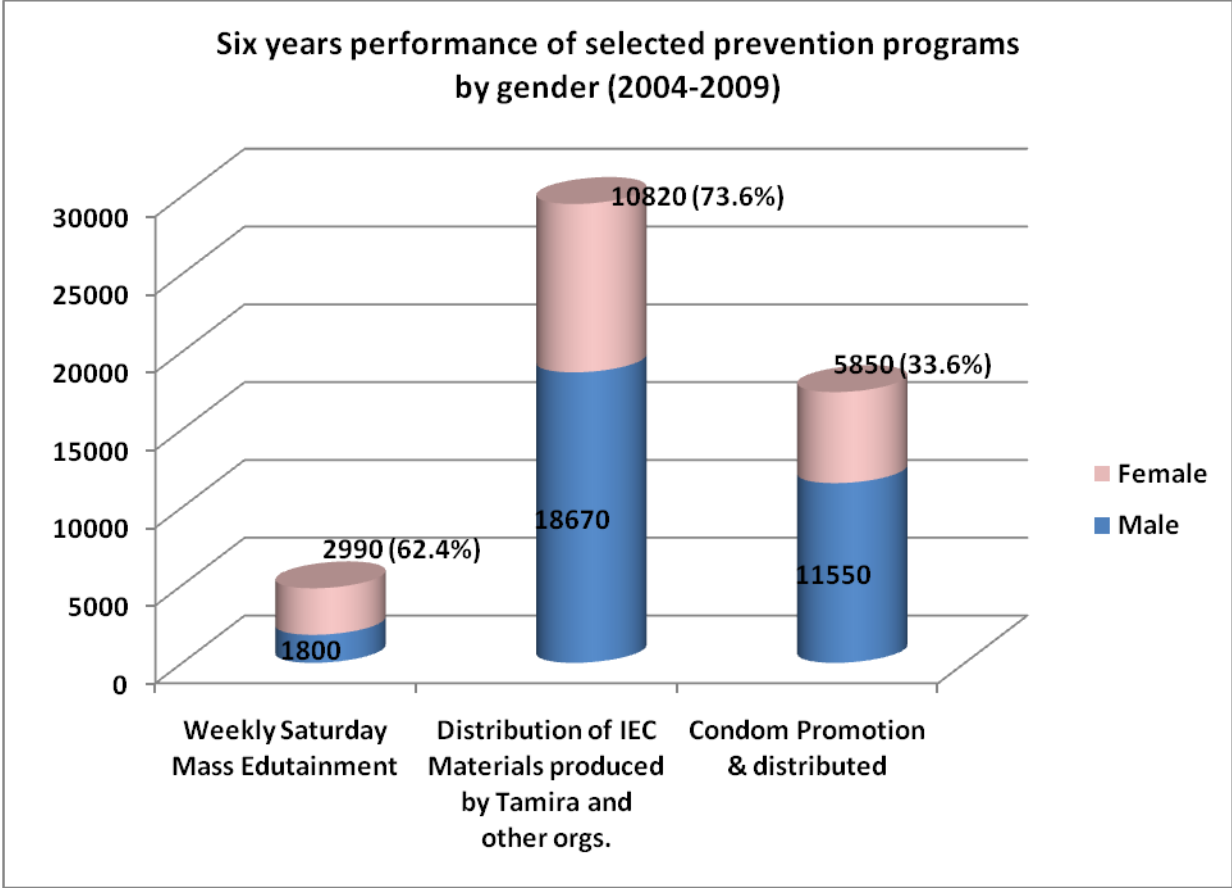
Prevention - Mass IEC/BCC	Program Area 2						Six years Total			
	2004	2005	2006	2007	2008	2009	M	F	T	%F
Coffee Ceremonies	0	0	0	0	960	3830	34465	29649	64114	46.2
Sport Activity	1350	1200	6550	0	0	0	1280	950	2230	42.6
Youth Creative arts night	0	750	1250	1500	2150	1330	41440	25635	67075	38.2
Question & answer Competition on ASRH & Life skill	0	1900	0	330	0	0	30477	15861	46338	34.2
Celebrating regional, national & International holydays	20350	10077	11770	13615		7437	6550	2550	9100	28.0
Road show & candle night	16000	0	0	0	0	6510	15424	5775	21199	27.2



Tamira broadcasted programs, including “the voice of the Females”, reach most of the urban community with the latest news on RH, global issues and other topics current and relevant to the community. Production and distribution of IEC/BCC materials, including those printed by other partners, has been part of the activities implemented.

Gender dimension:

The services provided to the community indicate that females account for nearly three quarters of those reached by distribution of IEC/BCC materials, in addition to comprising of the majority of the audience reached by the Saturday regular programs. Though the data flow is erratic across years, condom distribution is also among the important activities, with a third of the total beneficiaries being females. On the other hand, the participation of girls and women seems to be lower in the case of programs organized to celebrate national and international events and in the area of road show and candle nights, where females participation found to be less than a third in both cases.



7.2 (b) Applicable Strategic Frameworks

Strategic Framework	Specific strategy
1. Multi-sectoral HIV/AIDS Strategic Plan	<p>Thematic area 2 - Social Mobilization and Community Empowerment</p> <p>Objective 8: Ensure community ownership and sustainable social mobilization</p> <p>Strategies: recommended under objective #8</p> <ul style="list-style-type: none"> • Ensure community ownership of HIV/AIDS programs. • Reinforce relevant community bylaws and resolutions.
2. National RH Strategy	<p>Strategic area #1 - The social and institutional parameters of women's health</p> <p>Strategies: recommended under strategic area #1</p> <p>Strategic area #2 - Fertility and family planning</p> <p>Goal</p> <p>To reduce unwanted pregnancies and enable individuals to achieve</p>

	<p>their desired family size.</p> <p>Strategies: recommended under strategic area #1</p> <p>Strategic area #5 – RH of Young People</p> <p>Goal</p> <p>To enhance the reproductive health and well-being ...</p> <p>Key actions @ Community level: selected among those recommended under strategic area #1, 2 & 5</p>
3. National Adolescent and Youth RH Strategy	<p>Goal_2: To increase awareness and knowledge ...</p> <p>Objective 2.1: To influence community norms and attitudes ...</p> <p>Strategies: among those recommended under objective #2.1</p> <p>Objective 2.2: To increase knowledge and information about ...</p> <p>Strategies: among those recommended under objective #2.2</p>

The relevance of activities under program area #2 (above) of Tamira 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), debates on various pressing issues of the youth, question and answer sessions, sport activities, bi-annual Art Day contests, coffee ceremonies and community conversation platforms, Tamira's and the Voice of the Female broadcast programs, distribution of IEC/BCC materials, focus on VCT/HCT, 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 Tamira a strategically positioned and an ideal institution to implement and achieve the national targets.

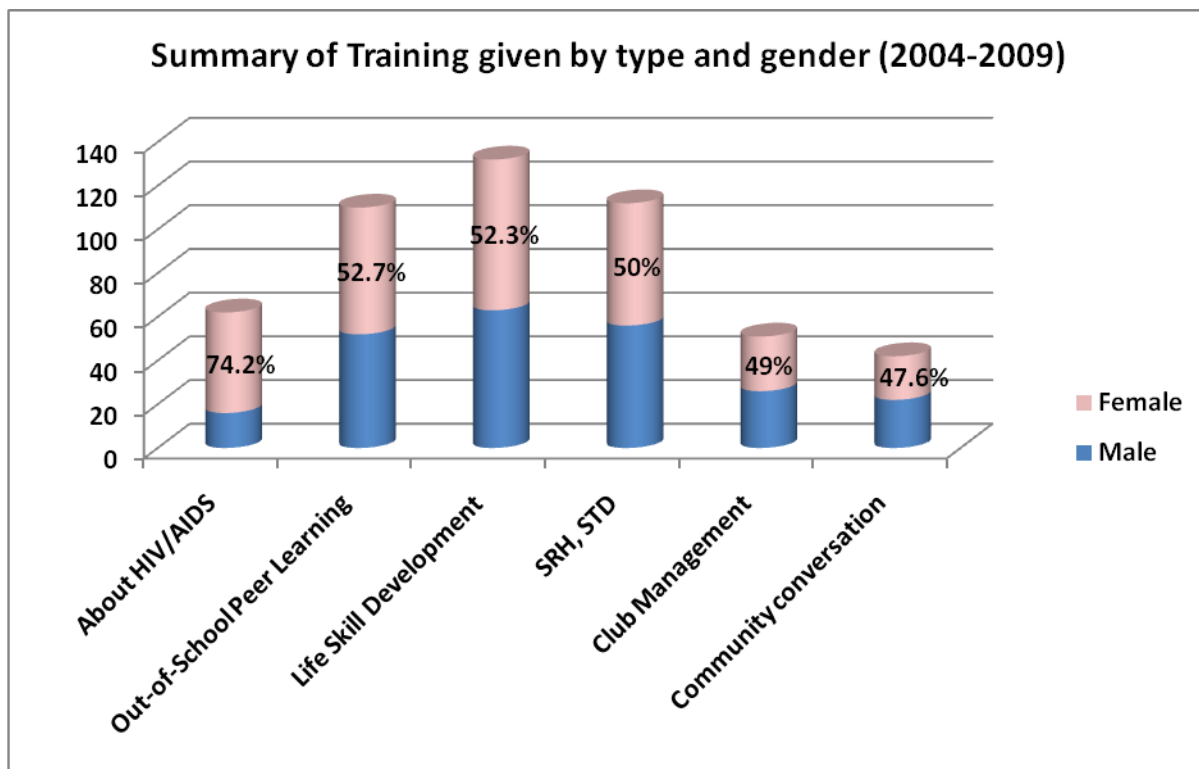
7.3 (a) Program area 3 – Capacity Building

(i) Capacity Building through Training

The graph below shows support provided for own members and emerging clubs in the form of training. There has been a continued training for members of Tamira, in-school and out-of school youth, for community members, etc. 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 at times hall rent are covered by voluntary services of partners and the organization, benefiting from the strong networking and collaboration established and maintained.

Gender dimension:

In most of the trainings, female participants accounted for over half of all the attendants, with the highest (74.2%) being in the area of HIV/AIDS.



(ii) Capacity Building – Clubs

Tamira has initiated the establishment of at least four currently functional youth RH clubs, namely Burka Gudina RH Club; Heber Youth RH Club (in-school); the Voice of the Females Girls Club and Biftu Bira Youth anti HIV/AIDS Club (rural based). The clubs appreciated and witnessed the material, financial, technical and experience sharing support rendered by Tamira, which is in addition to the continuous training and mentoring provided, both to club leaders and regular members.

When asked about the autonomy they have over their club, all said that they make the decision over important matters, such as the priorities of their club by themselves and still they share common goals, learn from and closely follow the footsteps of Tamira for their progress. One of the discussants said “as we annually celebrate “Clubs day”, facilitated by Tamira, we share experiences from other clubs and set common objectives, to avoid duplication of efforts and sense of unnecessary competition.” In fact they don’t have a formal relationship with youth clubs working outside of Tamira, but as all are under a network, some bigger issues get addressed through that.

The rural based Biftu Bira Youth anti HIV/AIDS Club are struggling to deal with the issue of female genital cutting (FGM/C), which relatively is higher in their locality than the main town, assisted by the training and material supports from Tamira. At an exclusive discussion with the

club members, they said, “despite the stiff resistance from the community, even to discuss FGM as an issue, we have currently managed to break the silence to some extent by using the well known traditional birth attendants to clarify the effects of FGM on mothers during birth, by comparing with those who are not circumcised. In addition, we are planning to approach Sheiks, religious leaders and traditional elders to support our effort against FGM and HIV/AIDS, but feel highly constrained by finance, even to serve tea/coffee for our guests.” Currently they have started to present weekly shows and drama to the community, at which they charge 50cents per person, as a source of income. Though they are happy to serve for free in their labor, they strongly recommended for financial support to help them cover little costs.

Gender dimension:

The total membership of the supported clubs surpassed 4800 youths, of which about 45% are females.

Activity	Male	Female	Total	% of Female
Organize & support youth clubs	2680	2150	4830	44.5

(iii) Capacity Building – Youth

As an organization built by the youth with an ambition of “the sky is the limit”, Tamira strongly believes in education of its members leading the organization, to the extent of setting a criteria of ‘being in one form of continued education’ to stay in a position of leadership/management. It has also been striving to support regular members who had the academic capacity to join universities/colleges, yet constrained by financial resources, either by directly covering their educational costs or by seeking sponsors from private business owners, organizations and even by lobbying the educational institutions for free scholarship (see the table below). In addition, youth are benefiting from employment opportunities facilitated by Tamira as well as generating their own income by IGA and the related training supports provided.

Henoch, a grade 7 student and 16, is currently working in Tamira musical band in his spare time. He said “when I lost the two of my parents in Negele Borena, I fled to Shashamene town and ended up on the streets. Later I started to be supported by the soldiers living in camp. But later on when they left the camp, I was left alone without a support. In the mean time, I found a family which is willing to provide me with accommodation, in exchange for my labor, and in the mean time I joined Tamira. Now, I cater for my living, do well in my education (as a rank student) and am developing my talent in music with Tamira, for which I’m grateful. In the future, I want to be a good musician and also wish to support helpless children like me.”

A youth, 18, who moved from Harar to Shashamane upon the death of his both parents, was on the street and quitted education, until he joined Tamira. Then he was provided support for his shelter, food, clothing and education. Since he scored very high in his eighth grade national exam, a free scholarship was facilitated to him by Tamira to one of the highly paid private schools in the town. He wants to be successful in his education and start to support and live with his sole younger sister, who is left in Harar.

Gender dimension:

With regard to joining higher education, in the review period only, Tamira managed to support about 92 youth, in one form of higher level education or training, of which over 50% are females. Similarly, females are among the significant beneficiaries of employment opportunities created and IGA supports.

Support for youth capacity enhancement	Male	Female	Total	% of Female
Higher level education and Long term vocational trainings	45	47	92	51.1
Who got employment opportunities facilitated by Tamira or using the skill/training at Tamira	11	14	25	56.0
Self sustained by IGA support from Tamira	11	6	17	35.6

7.3 (b) Applicable Strategic Framework

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

7.4 (a) Program area 4 – Community Development Works

Tamira youth are well known for their meaningful participation in community development initiatives, such as cleaning, re-forestation of barren lands and key spots identified by the city administration, as well as in catalyzing the efforts for youth talent development programs.

Gender dimension:

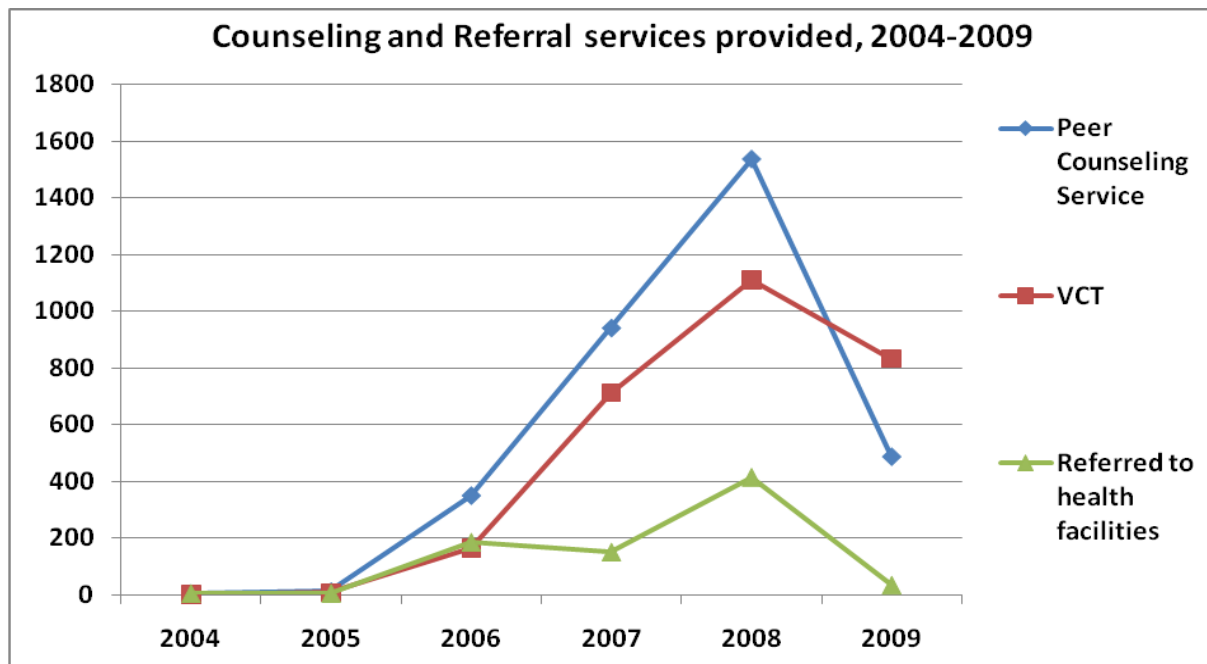
During the review period of year 2004-2009, Tamira managed to mobilize over 14,000 youth for voluntary community work, of which females accounted for nearly four out of ten participants.

Activity	Male	Female	Total	% of Female
Youth talent development	110	88	198	44.4
Urban sanitation & forestation	8718	5434	14152	38.4

7.5 (a) Program area 5 – Counseling and Referral Services

As an organization initiated as anti-AIDS club and proceeded with the broader RH issues of the youth, Tamira showed tremendous progress (see the graph below) in counseling and referring people for HIV tests. Though the services were there from the outset, the number of people

served leaped beginning 2006, with a climax in 2008. Despite the decline in trend, Tamira performed well in the year 2009 too. It is also worth mentioning the key strategy of Tamira in the uptake of VCT in the town, which included self-modeling of the voluntary community workers in testing before the groups of their clients, which made the willingness to test easier and increased VCT uptake.



Gender dimension:

Women participants, in general, accounted for about half of the access created for counseling and referral.

Counseling & Referral Services	Six years Total (2004-2009)			
	M	F	T	%F
Program Area 5				
Peer Counseling Service	1532	1797	3329	54
VCT	1222	1606	2828	56.8
Referred to health facilities	432	358	790	45.3

7.5 (b) Applicable Strategic Frameworks,

Same as those mentioned under Program area 2 – Prevention.

7.6 Other Issues

(a) Partnership and Networking

(i) Government:

Wro Fantaye, **Speaker of the Shashamane City Council and ex-Head of Women’s affairs Office**, acknowledges the positive contribution of Tamira in implementing the government’s

development policy and highly appreciates their effort to collaborate with other relevant development actors, including the government. She said that Tamira/TRHaDO has been the best partner of the Women’s Office through its different empowering activities, promotion of reproductive health, in celebration of March 8, commemoration the week of “Stop Violence Against Women and Girls”, etc. On top of this, they have established a special club known as “The Voice of the Females – ‘Yehewan Dimits’”, which primarily focuses on promoting and educating about the rights of women and girls. Moreover, given the special vulnerability of the Shashamane youth to drug abuse and the accompanying exposure to STIs, HIV/AIDS, unintended pregnancy, etc. the role Tamira is playing is an immense one. In her view, the benefits of Tamira’s service is not only limited to the youth in the town, rather extends to all sectors of the government as well as to the community at large.

Their leadership style is also highly appreciated by many of the government officials, among which acknowledging the contributions of different parties in development is mentioned as exemplary to all.

Wro Fantaye said “though Tamira leaders are merely youths, who apparently should learn from senior leaders like us, they conversely gave us a lesson on how to honor/acknowledge the contributions of individuals and organization leaders in community development works. We all were amazed when they invited and gave us [government officials, organization leaders, CBO leaders, business men, etc.] a Certificate of acknowledgement and a status of Honorable Membership to Tamira. We all felt that we should also follow their example.” She added that “they are very bold, strategic, wise and tolerant to attain their goals. They have got such an amazing courage and commitment.”

Internal management harmony and their ability to resolve conflicts, which at once challenged the very existence of the organization, in a matured and peaceful way is also mentioned as another exemplary quality of Tamira. This internal strength and commitment, she commented, must be the reason why their association sustained and grown up in all these years, while many youth initiatives, for which we even rendered support for the establishment, failed in a very short period of time.

“This internal strength and commitment must be the reason why their association sustained and grown up”

very existence of the organization, in a matured and peaceful way is also mentioned as another exemplary quality of Tamira. This internal strength and commitment, she commented, must be the reason why their association sustained and grown up in all these years, while many youth

Ato Teshale, **Chairperson of the City Youth Associations Union**, witnessed having contact with Tamira for over five years, since the time he has been working as a member of government initiated youth associations. He says “Tamira is serving our Union as a means to reach the youth, who willingly gather to attend their shows. Thus, we use their platforms to transmit our messages to some extent. Whenever we have a program with the youth, Tamira’s support is always there, including facilitation of entertaining band. Due to the lead they are playing in all the development initiatives of the city, we called them as ‘Overseers of our Union’. That is why they won, which we strongly believe that they deserve, the City Administration’s, Oromiya Region’s and Federal level awards prepared for the best performing Youth Associations.” The Chairperson also appreciated Tamira’s effort to regularly inform their Office, both about its plan and regular submission of performance reports.

“That is why they won the City Administration’s, Oromiya Region’s and Federal level awards prepared for the best performing Youth Associations.”

Sr. Genet, **Coordinator of Health Department**, said *“given the vulnerability of the youth in Shashamane town, due to the town’s location as a connection center for people coming from different directions, low income of the majority of families, very limited access to life skill trainings, easy availability of drug, etc. the role of Tamira in educating and shaping the lives of the youth is a matchless one. She said, their contribution for the sector even goes beyond addressing RH and HIV/AIDS, as they actively engage in Vaccination campaigns, cleaning, forestation, leading the coordination of World AIDS Days, etc. In our part we support them technically and by allocating resource persons for their training and at panel discussions.”* Their regular submission of plan and reports to the City Administration’s Health Office is also appreciated, though they haven’t yet established a formal joint planning structure so far.

Ato Beleke, **Head of the City Administration Youth and Sports Office**, says their Office works with many other youth associations in the town. As a responsible body for coordination of youth focused activities of the City Administration, their Office has been supporting Tamira in different ways, such as donating books to their library, facilitating access to the plot of land they are provided by the municipality, helping them in dealing with emergencies like the time of over flooding, which hit their office very hard, etc. Tamira in its part is serving as an active actor in implementing government policy and city development programs, not only by creatively educating the youth but also by supporting government offices with all their capacity, including free service of their musical band for mass campaigns. *“With consideration of their remarkable and model job, two of their leaders are made to be represented in the Youth Federation, where one even elected as Vice President of the Federation. When we also have capacity building programs like training, they are given the priority among others.”* The Office has good relationship with Tamira, which is also manifested in the regular submission of plan and reports as well as in joint review of performances.

“With consideration of their remarkable and model job, two of their leaders are made to be represented in the City Administration Youth Federation, where one even elected as Vice President of the Federation.”

Head of the **City Administration and Security Office**, Ato Amare, one of the higher level Officials of the City Administration, expresses Tamira as “models to the youth in the City Administration and the region, with regard to their discipline, dynamism, balanced view, boldness, purposefulness and their zeal to serve their community with all their capacity; in his words ‘Liyu nachew!’ He added that wherever there is a community work that benefits the society, though not invited, Tamira youth are there not only to work but to immediately take over the responsibility to coordinate the activity.” He cited on few of such incidences as an evidence: for instance at the

“they are models to the youth in the City Administration and the region, with regard to their discipline, dynamism, balanced view, boldness, purposefulness and their zeal to serve their community with all their capacity. He said ‘Liyu nachew!’ to say very special !”

construction of the city stadium, Tamira youth were there day and night doing all the laborious work, entertaining and coordinating, which later on attracted voluntary youths from other clubs.

When there is a wide range cleaning work; where there is forestation, or any government lead community work, etc. they are always there at the forefront participating and leading, with their motto of “being the first and the best!!”.

Ato Abule, **Head Information and Public Relations of the City Administration**, also expressed his amazement in the indiscriminate service and balanced views reflected at their shows and presentations, even at their regular programs. For instance, at a time of celebration of ‘Chambalala’ of Sidama Ethnic group in SNNPR, or ‘Ashenda’ of Tigray, ‘Cheffe’ of Ormiya, be it Muslim or Christian holiday, etc. their programs are adjusted and presented to the audience. “Their impartiality and sensitivity to religious, ethnic, political and other differences increased their credibility among different segments of the community. We see them as model multi-ethnic and multi-cultural groups in the town, working beyond regional boundaries. Even when supporters of our political party join their Club, their outlook broadens and become more concerned about agendas that go beyond the City’s Administration or regional interests. We want Tamira’s model to be replicated in all the 14 youth centers established in each of the seven kebeles of Shashamane. Thus,” he said, “they are one of the best instruments in building the image of Shashamane town by serving as PRs. A message transmitted by Tamira reaches across all corners of the town than a message sent through the formal PR channel” he added.

“A message transmitted by Tamira reaches across all corners of the town than a message sent through the formal PR channel”

With regard to the support provided to Tamira, the two officials said that their activities are recorded, acknowledged and rewarded in different ways, among which a plot of land granted with free of lease, material support for the construction of their office building, donation of containers, direct financial support, mobilizing civil servants to contribute from own salary, selecting them as candidates for the regional and federal level awards, in which they won, giving advice and mediating to helping them to resolve bigger internal conflicts. We do so because, we believe that, at times, what they are doing is what we should have done. One of them acknowledged, at this stage, they have all the potential to take over the City Administration leadership. The head of the City Administration and Security Office, Ato Amare, underlined on their high degree of reliability, ‘not just in fulfilling their promises, but also doing it on time’!

Sajin Eshetu, the **HIV/AIDS focal person in Eastern Shoa Prisons Administration**, appreciates the importance of Tamira’s service in their compound. He reported that Tamira has a regular monthly show for prisoners, gives training for peer educators, works for awareness raising and behavioral change among prisoners, most of which are addicted to some kind of drug. He recommended for more intensive training on peer education [on RH, HIV/AIDS, drug abuse, etc] as there is high turnover of trained members, when they complete their term. Prisoners named Abraham, Haimanot, Ashenafi and Birhane, appreciating the importance of Tamira’s activities, called for strengthening the anti-AIDS club in the compound and for continued training to the newly coming ones. They also recommended to increase the frequency of Tamira’s show in their compound.

Ato Feyisa, **Head of the City Council**, affirming to all said above, sent a message that “*the agencies supporting and working with Tamira are lucky ones, because, by doing so, they are supporting a model work that can be replicated at a national level. Please keep on strengthening their capacities, as they are very precious resources!*” He recommended Tamira to focus on organizing works, like in schools, as

“ ... they are very precious resources ”

well as not to waste their energy by attempting to work with all those who offer funding without weighing its worth.

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

Iddirs jointly work with Tamira, where by the former facilitate platforms to access community members for transmitting messages and to easily reach households/families that critically need support, such as bed-ridden patients and orphans. On the other hand Tamira supports Iddirs to revise their internal memorandum of association to respond to the issues of households affected by HIV/AIDS and extend services to families before death, by covering medical expenses, loans for initiation of IGA, etc.

A priest, representing the Orthodox Church, witnessed that Tamira has been educating the youth organized under the church about RH, HIVAIDS and other topics, without violating the principles and basic teachings of the Church.

Tamira also cooperates when the Church occasionally needs musical instruments or loudspeakers. On the other hand the Church facilitates access to different materials needed for drama performances and presentations by Tamira.

“the Church facilitates access to different materials needed for drama performances and presentations by Tamira ”

A Teacher of Techwando sport appreciated the contributions of Tamira youth in educating and training adolescents and youths, coming to his training center, on RH and other life skills, which greatly added value to the quality of life of his graduates.

Leader of **Muslim Youths Association** mentioned the critical supports rendered by Tamira in the establishment as well as in strengthening of their Association, including training on the topics of club management, RH, life skills, etc.

Representative of a PLHIV Association, having mentioned the good relationship between the two and the support provided by Tamira, said that “we feel that Tamira is the other Tesfa Goh (their PLHIV Association) for us”.

“we feel that Tamira is the other Tesfa-Goh for us””

An **Iddir member**, who had been renting house to Tamira in the initial days, expressed her passion and appreciation to their efforts as: “I know these youths since when they were mere adolescents, some 8-10 years ago. They really had a dream to reach somewhere, with all the diligent work, which they proved it now with time. I have all the confidence that they will still be somewhere else for the years to come. I love them. They are like my children.”

At an interview in a **School, the Director** Ato Masresha commented that “the contribution of Tamira in training and technically supporting the youth clubs in their school is a paramount one. Club leaders trained by Tamira are ‘super-stars’ in the school mini-media, in their skill in peer education, presentation skills, etc.”

“Thus, because of their good work, with special consideration, an office space is provided to Tamira only in the school compound”

Thus, because of their good work, with special consideration, an office space is provided to Tamira exclusively in the school compound, despite the constraint the school has in this regard. The school clubs and Tamira align their plans and

monitor jointly. The Director said “Tamira leaders not only work with real zeal, but they also are ‘Bilt’ (to say strategic/wise)”.

At a **group discussion of school community**, a Teacher from a private school mentioned about the collaboration of Tamira with his school library in sharing periodicals and Tamira supporting the clubs in the school by training on RH topics, management of mini-media, performance of drama, etc. Another teacher, from Catholic school, appreciated the initiative of Tamira in requesting to use the lunch time to educate their students on RH and related adolescent focused topics, which they accepted and continued with the program.

Another member of a school administration witnessed that school club leaders trained by Tamira are found to be smarter than those trained by others, expressing his appreciation of the quality service they render to different segments of the community. One of the administrators in a private college expressed his gratefulness for Tamira, for they put interest in their school, which is

“ ... our experience was full of program discontinuity ... thanks to their capacity building and systematic skill transfer, now our club programs are in a position to continue without Tamira ”

apparently ‘neglected’ by the government. Then he commented “the leaders in Tamira are matured than their actual age”. One of the teachers, involved in leading RH clubs, said “previously we really had a difficulty in sustaining RH or HIV/AIDS programs in the school, for we lacked the skill to keep on the momentum. As a result, our experience was full of program discontinuity. But after we met Tamira, we shared their experiences and skills on how to smoothly take forward regular programs in our clubs. Now, thanks to their capacity building and systematic skill transfer, our club programs are in a position to continue without Tamira.”

At a group discussion with youth groups, which benefited from Tamira, a youth in his late 20’s currently employed to a construction company, said “I was attracted by the weekly performance of Tamira, which later on helped me to reconsider my life style and watch out my moves cautiously. I can say that it saved my life, and that is why I’m sticked to a membership of Tamira, even at this age.”

“ ... I can say that the influence of Tamira in shaping my life, particularly in my adolescent age, was much stronger than that of my parents ”

One of the currently out of school youths reflects back to his in-school days, where he used to tease Tamira RH club members. He said “despite my continuous attack against them, the club leaders were so patient with me and were

very helpful. I used to be one of the rebellious students in the compound. But once I started to attend their sessions, got exposed to the life skill training and their mentorship, to the amazement of many, I turned up into a completely different person. Now, I’m cool and share my experiences

with others facing similar challenges. Thus, I can say that the influence of Tamira in shaping my life, particularly in my adolescent age, is much stronger than that of my parents.”

“We the youths see Tamira not just as one NGO working on youth issues, rather as representative of Shashamane youth”, said one of the youth group discussants.

(iii) Funding Agencies

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

No.	Name of donor/supporting organization	2004	2005	2006	2007	2008	2009	Type of support rendered
1	NCA – Norwegian Church Aid	x	x	x	x	x	x	Financial, material, technical*, capacity building**, mentoring***
2	OSSA – Awassa Branch (Organization for Social Services for AIDS)	x	x	x	x	x	x	A founding mother institution, with financial, material, capacity building, mentoring supports.
3	DSW – The German Foundation for World Population	-	-	-	x	x	x	Financial, material, capacity building
4	PSI – Population Services International	-	-	-	-	-	x	Financial
5	Shashamane Municipality	x	x	x	x	x	x	Financial, material, land, moral, facilitation

* 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, coaching 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 Tamira, as all do have their own contribution in the progress of the young organization. Tamira believes that had it not been for the supports of all these organization, the picture of Tamira 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 Tamira as the most critical one, not only for the progress⁷ of the organization but also for its very existence. With regard to the financial sources as well, the contribution of NCA is found to be the highest over the six years period, followed by own income generation and DSW.

⁷ Evolved from a mere anti-AIDS club to a Youth Association and then to the current status of an independent, legally registered NGO.

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 Tamira'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, continued from day one and that of DSW which began in 2007 and continued to date is also recognized as very important, with all the diversified type of supports. The support of different government offices, in many aspects, including land, office, finance, encouragement, materials, books for the library, cash contributions even from own pocket, etc were highly appreciated by Tamira.

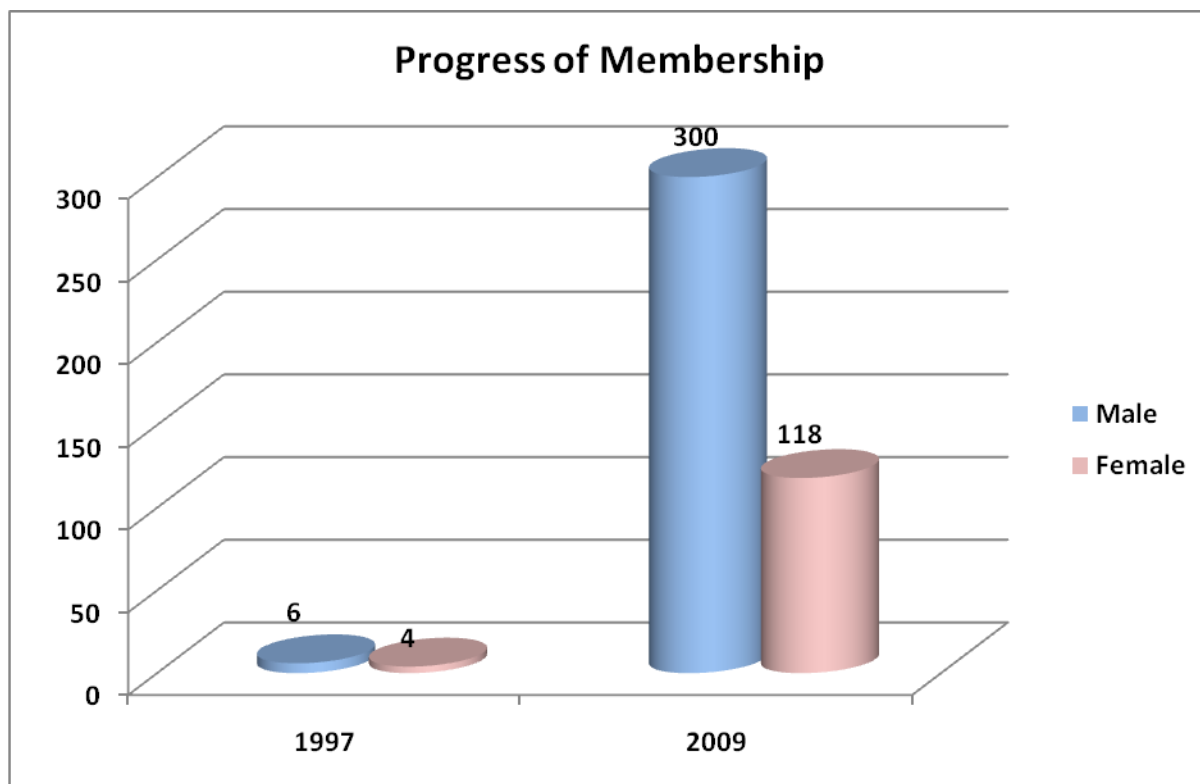
(b) Integration of HIV/AIDS with SRH

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 3rd and the 4th prongs, 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 Tamira, 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 Tamira. Their systematic approach and rich experience in addressing the issues of harmful traditional practices, particularly in the area of fighting female genital mutilation/cutting (FGM), can also be cited among their commendable integration works.

(c) Membership and Ownership of Tamira

Tamira, which is an initiative of zealous young people in response to the then “neglected” issue of HIV/AIDS, was established in 1997 by mere four young girls and six male youth, who had the interest to serve their community and save the lives of fellow youth by means of performing artistic works: music, drama, road shows, literature, etc. After 12 years of service to the community, the current membership has reached over 40 folds (i.e. 418 core members), without considering the ins and outs during the course of the years, as well as the wider membership of over 4800, contained under the Clubs, initiated and being supported by Tamira.



Gender dimension:

In the overall membership, the gender composition is about 28% for women, which is in fact higher for the category of the general assembly (37.5%). Among honorable members, females consist one out of five, which can be attributed to the lower number of women in organizational leadership positions and among the well doing business entrepreneurs.

Type of Membership	2001		2009			
	Male	Female	Male	Female	M+F	% of F
General Assembly - Founders & Regular	6	4	25	15	40	37.5
Assistant Members - Supporting Members	-	-	239	94	333	28.2
Honorable Members – Senior persons from government, private business, organizations, etc.	-	-	36	9	45	20.0
Total	6	4	300	118	418	28.2

Representatives of government offices interviewed, the club leaders, Tamira members, CBO leaders, school community, audience members, etc. have a **strong sense of ownership** to TRHaDO. All of them expressed their opinion that it is a grass root level organization, working for the community, with a strong support from all segments of the community. Many of the respondents feel that Tamira is theirs!

(d) Linkage with Relevant National Strategic Frameworks

It is interesting to know that Tamira's plan and implementation is well known by staff, volunteers and partner organizations. 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 Tamira's activities to relevant national strategic frameworks, knowledge of the technical staff as well as the leaders found to be very much limited.

As well described in the program section above, there is no question that whether what Tamira is doing is directly related to the National Multi-Sectoral HIV/AIDS Strategic Plan, the National RH Strategy and the National Adolescent and Youth RH Strategies or not. Even in the wider context they are contributing to the implementation of the Health Policy, the Health Sector Development Program/HSDP, the HIV/AIDS Policy, the Youth Policy, the Youth Development Packages, etc. However, a good knowledge of the most important and directly relevant frameworks [at least the National Multi-sectoral HIV/AIDS Strategic Plan, the National RH Strategy and the National Adolescent and Youth RH Strategies] as well as a 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 Tamira 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, Tamira found to be not only exerting very 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, though not tuned systematically and with full awareness of the national documents, what Tamira has been implementing was in full 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.

(e) Local Resource Mobilization

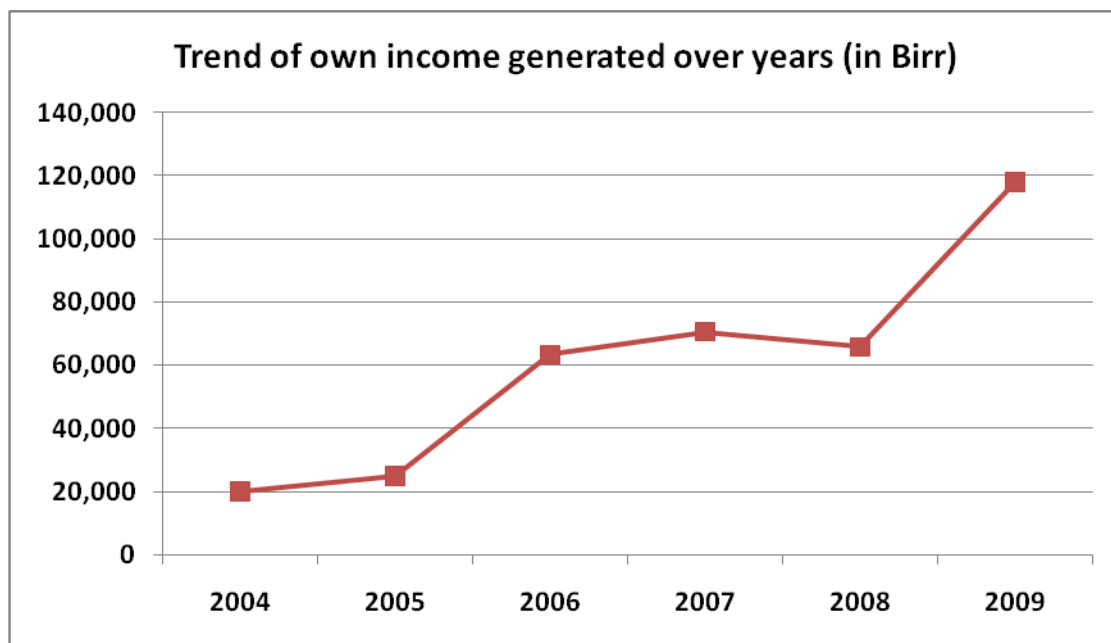
The table below indicates the efforts of Tamira and the support of different governmental and non-governmental institutions, in various ways. Material, technical and financial supports, despite the amount, are among the most frequently solicited types of support, particularly from government institutions. The grant of over 1000m² plot of land by the Municipality is among the most visible support rendered, for which other sectoral offices helped in lobbying. The regular

contribution of members, though the amount is as little as Birr 1.00, accompanied with the material and financial support from private entrepreneurs are indicators of the local resource mobilization efforts of TRHaDO.

No.	Type of org.	Type of resource obtained					
		Material	Land	Technical	Human resource	Financial	Other
1	Government –						
	Youth and Sports	x		x			
	Health	x		x		x	
	Women’s Affairs			x			
	Municipality	x	x	x		x	
	HAPCO					x	
2	Contribution of Tamira members	x		x	x	x	x
3	Community contribution	x		x	x	x	x
4	Private Business	x		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 Tamira is its continually increasing capacity to generate its own income through provision of services to the local and surrounding community. As can be depicted from the table and graph below, the amount of Tamira’s internal IGA is not only increasing over time [e.g. from Birr 20,000 in year 2004 to nearly Birr 118,000 in the year 2009, i.e. about six fold increment], but also its share in the total budget is rising [with the minimum and maximum being 26% and 46% respectively] in the last four years performance.

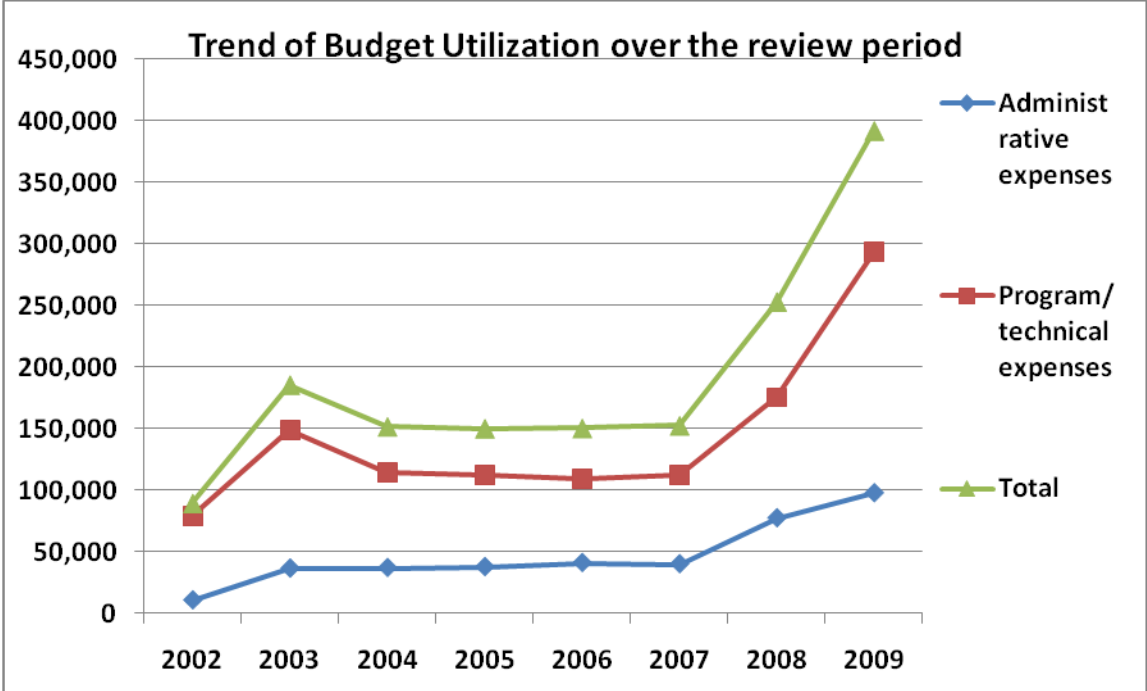
	2002	2003	2004	2005	2006	2007	2008	2009
Total annual Budget	89,672	185,799	151,933	150,386	150,621	152,795	253,379	392,226
Own income generation (from tickets at shows, rental of band for occasions, contribution of membership)	-	-	20,000	25,000	63,305	70,521	65,745	117,851
% of own income generated vs. total financial budget raised	-	-	13.2	16.6	42.0	46.2	25.9	30.0



(f) Financial Resource Utilization

Budget category	2002 (in Birr)	2003	2004	2005	2006	2007	2008	2009	Sum
Administrative expenses	10,683	36,659	37,171	37,918	41,242	40,261	77,815	98,229	379,978
Program/technical expenses	78,989	149,140	114,762	112,468	109,379	112,534	175,564	293,997	1,146,833
Total	89,672	185,799	151,933	150,386	150,621	152,795	253,379	392,226	1,526,811
% of program costs	88.1	80.3	75.5	74.8	72.6	73.7	69.3	75.0	75.1

It is also interesting to see the balance between the program and administrative costs, where the overall average reads as 75% vs. 25% 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 Tamira'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.
- Availing **package** of services to the youth [HIV and RH education accompanied with counseling, life skill training, creating a friendly environment through edutainment, library, indoor and outdoor games, information services; instilling vision, addressing the very basic needs of needy ones, linkage to other health and counseling services, protecting the youth from harmful habits, such as chat, alcohol, gambling, etc] which all together created a different environment from mere RH education.
- Supporting the establishment and strengthening of Clubs, without considering them as competitors
- Created an enabling environment for youth empowerment, nurturing their skills and talents, and provided youth friendly services.
- Showing interest to serve the relatively difficult areas of the rural community and penetration into isolated groups like prisoners
- Sustainability/consistency of programs for years, even those presented on weekly basis
- Efficient utilization of human and financial resources, which made it possible to provide lots of services with limited funding
- 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 the vision and the ability to win the commitment of and working through dedicated volunteers who are willing to serve free of any financial incentive. The commitment of some even extended to the extent of missing employment opportunities in other organizations with better pay
- Work in close partnership with the government and being well accepted by officials, i.e. recognized by government officials as “good partners and implementers of government’s poverty reduction program”
- Collaboration with different actors, including other Clubs, Youth Associations, FBOs, CBOs, Prisons, the community, etc which increased their acceptance by the wider community

- 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 situation of the new comers
- 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, and utilizing same 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
- Setting a role model for other organization and clubs in discipline, strategy, diligence, etc. Praised by many as “Models, Pro-active, Pragmatic, Creative! Dynamically adjusting to the changing situations”
- Association leaders said to be ‘bold, wise, strategic and endure challenges’ to attain their goals
- Very good and exemplary communications skill and “ability to listen well, including tones!”
- Team work! Cross reading and respecting each other.
- Sense of ownership - being in the heart and minds of the community.

8.3 Areas for Improvement/Limitations:

- Lack of 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
- Limited knowledge and lack of deliberate alignment of implementation programs to national strategic plans and frameworks
- 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.
- Keep a systematic track of records regarding the services rendered to the community, the effect of which is manifested in the erratic distribution of data about some services
- Conduct impact assessment of the activities of Tamira’s services on the community
- Start focusing on primary schools, to catch them before they reach adolescent stage
- Try to link activities with government’s IGA support initiative to the youth

Constraints:

- Limited space, finance and lack of well skilled professionals in the working team.

9 Conclusions, Lessons learnt and Recommendations

9.1 Conclusions and Lessons:

Service provision and acknowledgement

The diverse, yet complementary, services of Tamira 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 Tamira, 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 of FMOH, launched in January 2009 saying “Comprehensive, Integrated and Accelerated Scaled-up of PMTCT/MNCH/SRH Programs”, the integration of the two programs in Tamira 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.

Leadership, Membership and ownership

The young leaders are found to be setting a role model for other organizations and clubs in discipline, strategy, diligence, etc, which is praised by many as “Models, Pro-active, Pragmatic, Creative! Dynamically adjusting to the changing situations”. The core membership of Tamira has raised from mere 10 youths in 1997 to over 400 in 2009. There are also over 4800 membership created through clubs working supported by Tamira. 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 appears today. With regard to the sense of ownership to Tamira, 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 Tamira is “theirs!”. It is also interesting to know that Tamira’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 Tamira started to provide those key services to its primary focus group (the youth and adolescents) prior to the formulation 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 Tamira 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 and even doesn’t seem to be well discussed and shared among members. In this regard, as Tamira has now 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; 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, thereby further nurturing the growth of clubs and associations that can take over the regular activities.

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. In addition, it can be concluded that, in the majority of the activities, in which Tamira has a control over, the gender balance of participants (e.g. in training, staff composition, content of show programs, etc), the composition appears much sensitive. On the other hand, with regard to compositions like audience of shows, demand for counseling services, etc. the gender balance varies, which could be a reflection of the overall gender related situation in the community. However, it is worth noting that despite all the effort to be gender responsive in many aspects, Tamira still needs to work a lot in improving the composition of its membership, in which it has relatively a good control over, by applying some affirmative measures workable in the local context.

Local resource mobilization and utilization

The experience of Tamira in mobilizing local resources and generation of own income using creative ways is a remarkable one, which needs to be encouraged and built on 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 Tamira, which still need to be enhanced for the future.

Constraining factors

Finance - Though Tamira 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

- Tamira 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.
- Tamira needs to build on its good practice of regularly sharing plans and performance reports with sector offices. However, it needs to elevate this practice to one-level-up by involving all the relevant offices and other stakeholders from the very beginning of preparing the plans as well as by participating in the plans and review of other partner organizations, which is a key for avoiding duplication of efforts and proper utilization of resources.
- Tamira'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 institutions, transfer skills, etc.
- 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 gender sensitivity, 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 the community members and officials:

- For Tamira - Remain models and disciplined, for this can keep on positively influencing the youth outside Tamira.
- For funding organizations - As Tamira 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 Tamira.

Annexes

Annex (i) Summary of National strategic frameworks

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

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.

⁸ 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)⁹

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

⁹ 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)¹⁰

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.

¹⁰ 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

Annex (ii) List of study participants

1. Interview respondents

No.	Participants	Gender	Category	Remark
1.	Wro. Fantaye	F	Gov't	Speaker of the City Council, and ex-Head of the Women's and Social Affairs Office
1.	Ato teshale	M	Gov't	Chair, Union of City Youth Associations
2.	Sr. Genet	F	Govt	Coordinator - Health Dept.
3.	Wro. Medina	F	Govt	Coordinator HIV/AIDS Programs
4.	Ato Masresha	M	Govt	Director – High School
5.	Ato Bekele	M	Govt	Head, Youth and Sport Office
6.	Henock	M	OVC	Beneficiary
7.	Tariku	M	OVC	“
8.	Sajin Eshetu	M	Govt	Prison Dept.
9.	Abraham,	M	Prisoners	
10.	Ashenafi	M	“	
11.	Birhane	F	“	
12.	Haimanot,	M	“	
13.	Obo Masho	M	Biftu Bira Club	
14.	Obo Tekle	M	“	
15.	Ato Feyisa	M	Govt	Head Municipality
16.	Tsegalem	M	Staff	Director of Tamira
17.	Ato Amare W/Semayat	M	Zonal Council	Head, City Administration and Security Office
18.	Ato Abule Abegaz	M	“	Head Information and Public Relations
19.	Ato Tsegalem	M	Staff	Director of Tamira

2. FGD participants

No.	Participants	Gender	Age	Category	Remark
I	Community and CBO representatives				
	Wro Sadiya	F	>50	CBO	Women's Iddir
	Wro Fitret	F	30's	PLHIV Asso.	Counselor
	Ato Abdulmelik	M	20's	Muslim Youths Asso	PR
	Ato Fantayeneh	M	30s	CBO	Tequwando trainer
	Kesis Mesfin	M	30's	FBO	Chair Sunday School
	Yematawork	M	20's	PLHIV Asso.	Counselor
	Meskerem	F	20's	CBO	Chair Network of Women's Club
	Yenework	F	20's	PLHIV Asso.	Counselor
II	School Community				
	Ato Abinet	M		Teacher	Private School
	Bizuayehu	M		Studnet	Pvt. College
	Sisay	M		Student	Pvt. College
	Takele	M		Director	NGO School
	Yohannes	M		Teacher	Pvt. School
	Dawud	M		Student	Government School
	Hagere	F		Student	Pvt. School
III	Youth Groups				
	Hagere	F		Student	In-school youth club
	Woinshet	F		Out of school	Member of a club
	Tsegaye	M	Youth Association		Employee in public sector
	Yodit	F	Out of school		employed
	Jambo	M	Out of school		
	Adugna	M	In school		
IV	Club Leaders				
	Helen	F			Burqa-Gudina RH Club
	Daniel	M			"
	Leul	M			"
	Asalifew	M			Heber Youth RH
	Medhanit	F			Hewan Dimits Girls Club
	Addisalem	F			"
	Nega	M			Biftu Bira Youth RH

					(rural focused)
	Ayantu	F			“
V	Staff				
	Biruk	M			Tamira
	Yodit	F			“
	Genet	F			“
	Bisrat	M			“
	Barudin	M			“