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Ethiopia's PHE *Spotlight*

Integrated Practical Success Stories
and Challenges from the Field

Guraghe Peoples Self-Help Development Organization
(GPSDO)



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Sponsored by:

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Introduction

The Guraghe are one of Ethiopia's ethnic groups which come from the Southern Nations, Nationalities and People's Region (SNNPR). The Guraghe are well known for their industriousness. This work ethic was employed by the Guraghe community to establish one of the first community based self-help organizations in the country, the Guraghe Road Construction Organization (GRCO), in 1961. The organization was established with the intent of connecting the rural areas of Sebat-bet Guraghe to the main highway system to enable better access and linkages with urban areas in order to improve the socio-economic situation of Guraghes living in rural areas. GRCO became the "Guraghe People's Self-Help Development Organization (GPSDO)" in 1988 in order to reflect the wider range of development services the organization was providing to meet the needs of the Guraghe community. GPSDO currently implements projects in nine woredas (districts) and one town administration in collaboration with local communities, government, local NGOs and various international donors.

GPSDO is one of the 47 member organizations of PHE Ethiopia Consortium and has integrated the PHE approach into its development projects, including environmental protection, livelihood improvement, health and education since the PHE approach was introduced in Ethiopia in 2007.

What is PHE?

The Population, Health and Environment approach acknowledges that people do not live their lives in single sectors, instead, every day they make decisions and face challenges across health, livelihoods, education and the environment. PHE integrates different sectoral approaches in order to address these challenges at the same time through developing partnerships and relationships with government offices, organizations from other sectors and the community. The intervention is a holistic, participatory and proactive development approach whereby these issues are addressed in an integrated manner for improved livelihoods and sustainable well-being of people and ecosystems.

Overview of the Guraghe Zone

The Guraghe zone is densely populated and the majority of residents practice traditional subsistence farming. The average population density is 281 persons per square kilometer with a maximum density of 441 persons per square kilometer in some of the highland woredas of the zone. These figures are significantly higher than the estimated national and regional values of 183 and 106 persons per square kilometer respectively. The unmet need for family planning in the region was reduced to 12.7% in 2011 from 37.4% in 2005 (DHS).

The combined effect of high population density with the traditional farming system, where most families do not own livestock for agricultural farming purpose, the zone is one of high food insecure area. According to the zonal agricultural department, only ten percent of households can afford one decent meal a day, even in a good production season. GPSDO is actively working to address these challenges.



Enset Ventracosum, dominant crop

Why is PHE integration so important in Guraghe Zone?

Most of the people in the Guraghe community realize that many of the challenges they face are a result of the mismatch between the rapidly growing population and existing resources. As a result, GPSDO and the community have recognized the power of the PHE approach to address the multifaceted issues the community is facing such as high population pressure, youth unemployment and severe environmental degradation. In order to implement integrated approaches, GPSDO coordinates closely with local communities and government offices and has a strong relationship with the PHE Ethiopia Consortium.

GPSDO's integrated PHE interventions

Population issues

From 2005 to 2010, GPSDO recruited 49,784 new family planning clients using 310 Community Based Reproductive Health Agents (CBRHAs). Starting in 2011, GPSDO is providing Family Planning services at the community level through 100 Volunteer Community Health Workers (VCHWs) to compliment the Health Extension Worker program. These VCHWs were the highest performing CBRHAs and received additional training. The increase in family planning users contributed to an increase in, the contraceptive prevalence rate (CPR) in the Guraghe zone from 8.1% in 2005 to 33.46% in 2010. These improvements are contributing to meeting the Millennium Development Goals and the Growth and Transformation Plan (Ethiopia's poverty reduction plan), which has a target of achieving a CPR of 65% by 2014/5.

GPSDO's family planning outreach through VCHWs focuses on newly married couples in order to encourage them to delay the birth of their first child. The VCHWs work closely with PHE peer promoters, who work within schools, to raise awareness about RH/FP issues and services as well as the importance of PHE integration to more than 897,317 community members, including youth, through house-to-house discussions, coffee ceremonies, peer education, community events, music and drama concerts. Couples using family planning are able to plan and space the birth of their children and many choose to have smaller families which allows them to provide more for each of their children and to maintain their own health. Since the start of this intervention in 2005, CBRHAs and now VCHWs provide their family planning clients

with pills and condoms and refer them to Health Extension Workers for other methods. The Health Extension Workers are being trained on the insertion of injectable contraceptives which will help met the demand for long acting methods.

Youth Peer education on RH/FP among school students through the school clubs has created a forum for discussion that allows youth to openly discuss issues and have their questions answered. To help facilitate these discussions, GPSDO provided media equipment to schools so that teachers can show informational videos on FP and RH themes. These activities are connected to environmental conservation activities such as planting seedlings in areas affected by soil erosion around the school.



HEW & CBRHAs providing integrated RH/FP information to women

In addition, a group of 250 disadvantaged young girls; who are working as house-maids in the Guraghe zone; are participating in a night school program implemented by the government and GPSDO. This program allows the girls to continue their education and integrates RH/FP information into the standard curriculum to empower the young girls with the knowledge they need to control their reproductive health and increase their possibilities for securing other employment opportunities to improve their economic status.



Pic. A



Pic. B



Pic. C

*Pic. A,B and C:
Awareness on
ARH/FP through
coffee ceremony,
drama and
musical concert*



School boys and girls discussing RH/FP issues



Anti-AIDS Awareness creation program by Anti AIDS Clubs

Health interventions

The Health Extension Worker (HEW) program has decentralized the provision of basic health care to the community level and has achieved impressive results in Ethiopia. The HEWs are supported by Volunteer Community Health Workers (VCHWs) who are trained by GPSDO. Both groups provide services through home to home visits and the HEWs also work in community health posts. The HEWs offer sixteen different packages that range from maternal and child health and family planning to nutrition to sanitation and environmental health. Bringing these services directly to the community minimizes the cost and time families need to spend to access health services. GPSDO works closely with the HEWs as well as the government Development Agents (DAs) which focus on agriculture, livestock and natural resource management. Together with GPSDO the HEWs and DAs trained school teachers and club members on personal hygiene and sanitation. The trainees are now expected to train others in their community on what they learned in the training.

The CBRHAs and VCHWs have referred 246,600 mothers and children for maternal and child health (MCH) services and provided information to 441,000 people on HIV/AIDS and harmful traditional practices (HTPs). CBRHAs and VCHWs have referred 19,319 people for Voluntary Counselling and Testing for HIV services.



School club members performing drama for students



House level FP teaching and service delivery at health post



W/ro Fikirte Nibikane in her home garden

Environmental Interventions

GPSDO, in collaboration with local leaders, trained 520 VCHWs, HEWs and DAs on the importance and applicability of the PHE integration approach in order to enable them to practice the principles in their community extension programs. The trainees were gathered from all nine woredas where the project operates. Using what they learned in the training, the extension workers are now educating the community during other trainings and events.



Awareness creation on PHE integration for government staff

As a result of the training, the HEWs and DAs are now working closely together in order to implement their packages in an integrated way. This reduces the time demanded from the community to attend trainings and the expenses paid for transportation and trainings because activities are now implemented at the same time.

Moreover, 90 PHE Clubs have been established in 50 elementary and secondary schools and 40 clubs were established for out of school youth. These clubs have been effective in raising the awareness of youth on environmental, reproductive health and other issues and to shape the attitudes of club members. The clubs have started nursery sites and have implemented physical and biological soil and water conservation measures on the school grounds. The club members are now teaching their parents, family members and neighbors about the PHE approach. The parents are being convinced to change their behaviors and have gained new respect for their children. As one parent said, *“We send our children to school to learn. They are learning well and now they are teaching us. If we don’t rely on them why should we send them? We have to put our trust on them and on what they teach us”*.

Physical and biological conservation measures

Physical conservation structures such as check-dams, cutoff drains and trenches have been constructed in the project woredas to reduce the severity of soil erosion. The undulating topography combined with high population density and demand for agricultural lands and firewood have exposed the land to high levels of erosion. The check dams in the gullies and in the valley-bottoms constructed by GPSDO with community partners have trapped loose soil, which prevents the soil from reaching the Gibe River. It is also resulting in the filling in of previously degraded trenches. In addition, 206.5 hectares of land are protected from the direct interference of people and animals. The closed areas are being restored to their original states while being used for income generating activities that do not degrade the land, such as bee keeping and planting fruit producing trees which provide an income while also attracting bees. The youth are responsible for looking after the beehives within the enclosed areas through youth associations. Other members of the community also participate in bee keeping activities within their compounds.

Production of indigenous and multi-purpose tree seedlings

To support physical conservation measures and maintain vegetation cover and the local ecosystems, the communities have established twenty group nurseries which have a combined capacity of producing two million indigenous tree seedlings per year.



Combination of check dam and grass strip planting on a highly degraded hill



Partial view of the closed areas

The seedlings are used for planting in communal, homestead and forest land areas. Some of these plants also have medicinal value and income generating benefits. Among these seedlings, *Olea africana* (Weyira- produces cooking oil), *Hagynia abyssinica* (Kosso- used as a tapeworm remedy) and *Podocarpus gracillior* (Zigba- used to make furniture) are the most important.



Seedlings in the nursery ready for planting

Introducing energy saving stove technology

One of the contributing factors to the massive deforestation in the Guraghe zone and resulting soil erosion is the high demand for fuel wood. To address this issue, GPSDO has introduced energy saving stoves at the household level. In addition to the environmental and health benefits that come from using the more efficient stoves, they are also used as an income generation project for women's groups. There are a total of 183 women who participate in this project who come from Abeshigie, Cheha, and Mehurena Aklil woredas. They were trained on how to make stoves using locally available materials. This activity not only helps the women to generate income by selling the energy saving stoves to local



communities but also reduces the environmental impact as the stoves use about one third of the firewood used by traditional stoves.

Energy saving stoves

There are also a few women who use the energy saving stoves to make enjera for sale to local hotels and restaurants. The women's groups also are part of the PHE approach. In addition to making the stoves, the women also invite the HEWs and DAs to their meetings to discuss family planning and other issues.

Livelihood (income generating) activities

In order to increase food security for families by increasing incomes, GPSDO has trained 2,822 young men and women in sewing and tailoring, embroidery, handcrafts/sisal work, computer literacy, modern apiculture and vegetable production.



Women during embroidery and sisal work training

GPSDO also partners with the DAs and HEWs to provide training on vegetable production for both income generation and to diversify the diets of participating families. Vegetable production is one component of the 16 health packages of the health extension services, so it is a natural area for HEWs, DAs and GPSDO to work together to increase the efficiency and effectiveness of extension education.

The DAs provide practical training on vegetable production while HEWs provide training on the nutritional benefits of vegetables as well as on how to prepare meals incorporating vegetables. Many women trainees

have established vegetable plots in their homes and are now benefiting from increased income and food availability. So many women have adopted vegetable gardening that it is now rare to see a home without a vegetable plot.



DAs demonstrating practical seed bed preparation for vegetable gardening

Training male and female farmers in improved bee-keeping is another income generation activity used by GPSDO. Apple fruit trees have also been introduced and farmers are expecting their first harvest in the coming year.



Ato Birhanu G/ Tsadik - (CBRHA) looking after his vegetable garden



Bee-keeping trainees and a farmer using a transition bee-hives



A beneficiary farmer looking after his vegetable garden

The role of local institutions in development at the community and project level

The Guraghe community has strong traditional practices and decision making bodies that encourage collaboration and practices that support the development of the community. The traditional customary law, kicha, is overseen by the Shengo, a decision making body made up of influential elders. The Shengo has been empowered to control and influence community development activities such as approving projects, mobilizing resources and encouraging community members to support efforts such as school enrollment and water development.

GPSDO works closely with the Shengos to gain their support for projects and educating the community to support behavior change and reduce harmful traditional practices. For example, early marriage has effectively ended in the Guraghe zone as a result of the joint efforts of the Shengos and GPSDO and couples are now required to be tested for HIV before they are married.



Shengo holding its regular development meetings

As previously described, GPSDO has worked closely with the Guraghe community and government staff to implement integrated PHE activities through intensive awareness creation activities, trainings, and introduction of appropriate technologies. The results of these efforts have made a positive impact in the project communities.

PHE results

Population

As a result of education in schools, community events and house to house conversations, the knowledge and acceptability of family planning in the community, especially among youth, has increased. Families are now more open to discuss reproductive health issues together and youth have several forums available to them to access information and services. Pre-marital sex, unwanted pregnancy, and unsafe abortion have decreased through enhancing the ability of women to make decisions regarding their reproductive health. Through the concerted efforts of local decision makers, communities and project staff, the CPR in the Guraghe zone has significantly increased from 18% to 33.46% between 2007 when the PHE project started and 2010.

Education

Including RH/FP education in school activities has been a powerful strategy for bringing about rapid changes in the acceptability and use of RH/FP services. Establishing 50 PHE school clubs and 40 out of school clubs that are supported by IEC materials has resulted in greater involvement of youth in PHE activities. Focusing on girls' education has increased the attendance, continuation and performance of girls. 280 girls received awards from GPSDO for their high academic performance. Females, housemaids and People living with HIV and AIDS drop-out rates have decreased greatly due to educational support. The dropout rate for girls was reduced by 85% from 2005 to 2010. Moreover, young illiterate women have been supported through classes in reading and writing. Parents are relying on their school children to provide them with valuable knowledge on FP/RH and other health and environmental issues that they are learning about at school. This attitude of parents leads to greater acceptance for RH/FP, health, water sanitation, environmental conservation and income generating activities.

Health

Intensive maternal and child health (MCH) care services and education have been provided, resulting in improved health for mothers and children. More than 246,000 mothers and children were referred for MCH services, contributing to a decrease in the maternal mortality from

871 to 600 per 100,000 and infant mortality from 77 to 45 per 1,000 from 2005 to 2010. Girls' knowledge on hygiene and sanitation, reproductive health, HTPs and HIV/AIDS has increased. Voluntarily testing on HIV increased and the incidence of HIV/AIDS and STIs has been reduced. Harmful traditional practices, especially female genital cutting, have decreased and early marriage has ended. Women, as a result of home gardening, have increased access to vegetables, which increases food security and provides a balanced diet for families.

Environment

Large tracts of degraded lands have been protected by the different conservation groups and a huge amount of soil and water have been conserved. Protected areas have become sources for additional income as a result of bee-keeping and planting high value fruit trees. The Peasant Associations, which manage community lands, have established by-laws which mandate the conservation of degraded areas. They also tasked the youth and the schools with undertaking soil and water conservation activities. The GPSDO project has also been taken as a model project in the region.

Livelihoods

Diversified income generating activities have increased job opportunities for 2,822 men and women. Vegetable production, bee-keeping, embroidery/sisal work, producing energy saving stoves and waste management are some of the activities being used by beneficiaries to diversify and increase their incomes. More than 60% of the women and girls participating in the women's groups have improved their health and livelihood status.

Partnership

Good working relationships among decision makers, government sector offices, HEWs, DAs, local institutions, schools, VCHWs and the staff of GPSDO have been the foundation for all project activities. This partnership has resulted in increased efficiency and acceptance of the project by the government, community leaders and members. It also ensured that resources were effectively utilized because GPSDO worked through existing government programs.

Challenges

The sector based development approach is the dominant strategy used in our country and the zone where GPSDO works, including the NGO's in the area. It was a challenge for GPSDO to overcome this bias and to bring the different sectors together. However, community demand and tangible results from the project enabled GPSDO to convince local government offices and decision makers on the benefits of the integrated PHE approach.

Family planning users are increasing and there is a growing demand for long-term contraceptives, especially implants. However, the availability of implants was limited because until recently, HEWs were not able to provide this service.

Scant availability of research based evidence and baseline data in the project area has limited the ability of GPSDO to document their results. GPSDO is addressing this by conducting an evaluation of their PHE program through the PHE Ethiopia Consortium supported by MEASURE Evaluation through Addis Ababa University and strengthening the organizations, monitoring and evaluation system. In addition, the Consortium is developing a web based M&E system that supports, implementing member organizations, including GPSDO.

Lessons learned

The PHE approach has proven to be an effective method for advancing sustainable development by achieving results in a way that encourages collaboration which increases efficiency and effectiveness. The PHE approach is readily accepted by the community because it addresses the interconnected challenges they are facing.

The PHE approach encourages collaboration across government sectors. This has been facilitated by the existence of HEWs and DAs which have a mandate to implement integrated development projects through their extension packages.

Educating school children on RH/FP and environmental issues leads to not only shaping the behaviors of the next generation of adults and leaders but also influences the behaviors of their parents. As a result, the whole community can be reached by focusing on the schools.

The PHE approach as implemented by GPSDO has been so successful, especially the natural resource areas, that the government has recognized the program as a model for future interventions. The government has also started replicating the project in other areas in the Guraghe zone where GPSDO is not currently working.

INTERVIEW

PHE Ethiopia: Can you please introduce yourself (your name, position, family, education)?

Bedru Jemal (BJ): My name is Bedru Jemal, the Executive Director of Guraghe People's Self-help Development Organization (GPSDO). I have a master's of science degree in natural resource management. I am married and a father of two daughters.



PHE Ethiopia: Can you briefly tell us about your projects?

Bedru Jemal(BJ): GPSDO addresses several aspects of integrated socio-economic development programs such as health, environmental protection, education, livelihood improvement, women and child development and reducing population pressure in order to meet the needs of the Guraghe community. Most of the projects we implement follow an integrated approach where we include livelihood improvement, educational support and capacity building of the local government and CBOs. These projects emphasize enabling the community to find its own solutions to its multi-dimensional problems and bring sustainable change. Our projects are designed, implemented, monitored and evaluated in a participatory way with an active engagement of the local government and the community. Currently, GPSDO is implementing seven projects which focus on RH/FP, environmental protection, women and child development and education. We have successfully implemented the PHE approach through our integrated RH/FP and environmental protection project. We have also implemented one of the first child friendly environment projects in Ethiopia. These two projects account for more than half of our current budget.

PHE Ethiopia: What, in your opinion, are GPSDO's major achievements since its establishment?

Bedru Jemal(BJ): Over its 49 years of work, GPSDO has constructed more than 550 kilometers of allweather roads that connected all of the

intervention woredas and provided an affordable transportation service for more than 25 years. GPSDO has contributed to increased awareness and improved delivery of RH/FP services, played an active role in reducing the incidence of HIV/AIDS and HTPs and increased access to mother and child health care. GPSDO was the first organization in Ethiopia to promote and implement the Community Based Reproductive Health approach. Our work has also improved access to non-formal and adult education to children and young girls, empowered women and girls to exercise their basic rights, and provided training and inputs to diversify agricultural outputs and income for the poor young people, especially girls. We have improved sanitation and pure water supply, reduced environmental degradation and contributed to the greening of schools. We have also promoted child development and supported orphans and vulnerable children. All of these achievements were made in partnership with various development partners. GPSDO was one of the first organizations in Ethiopia to pilot the PHE approach and now is sharing its experience in PHE with other organizations locally and internationally. GPSDO has received different acknowledgments and recognitions for its community development work. For example, we were invited to participate in the United Nations World Summit for Social Development in Copenhagen in 1995 in recognition of our struggle to change the life of the rural community and to eradicate poverty in the Guraghe areas.

PHE Ethiopia: Why did GPSDO adopt the PHE approach?

Bedru Jemal(BJ): It is well known that most of our community problems are entirely interlinked to each other. It is difficult to bring change to a community by addressing only one issue while ignoring the other factors that are contributing to this problem. For example, if there is rapid population growth, it contributes to environmental degradation and also impacts the health sector as well as families' livelihoods. Therefore, an integrated approach is required. GPSDO had been working in FP/RH and after some time, we began to understand the connection between rapid population growth and the very high expansion rate of environmental degradation and its impact in every development matters. We have been implementing integrated activities that include population, health and environment (PHE) since January 2008. The project involved schools in establishing ARH, HIV/AIDS and environmental protection clubs. We also worked with the government executing bodies i.e., health extension workers (HEWs), development agents (DAs), environment conservationists, and volunteer community health workers (VCHWs) to

integrate their work, so that now everyone is talking about issues such as family planning and nutrition. As a member of the PHE Ethiopia Consortium, we have continued to learn how we can improve our PHE programs.

PHE Ethiopia: Do you plan to scale up the PHE approach?

Bedru Jemal(BJ): Yes! As I mentioned, these three intervening areas are very much interlinked. In order to have a great impact with limited resources, we need to implement our projects in the most effective and efficient way. Integrated approaches help us to be more cost-effective and save time for our staff and the community when we talk about multiple issues at the same time. GPSDO developed its own PHE model in the context of our intervention areas to scale up the approach in further development interventions. The organization is also trying to promote and mainstream the approach in various government offices that work on health, environment and population. At this stage, I want to thank and appreciate the David & Lucille Packard Foundation's valuable support for the integration development approach.

PHE Ethiopia: How many beneficiaries do you reach?

Bedru Jemal(BJ): Over the last 49 years of our work, all the peoples in the western Guraghe zone have benefited directly or indirectly, which is more than a million people. Among these 188,270 (96,018 females and 92,252 males) people have benefited directly and around 453,080 people (231,071 females and 222,009 males) have benefited indirectly from our PHE work.

PHE Ethiopia: Please describe your relationship with the government.

Bedru Jemal(BJ): GPSDO believes that beyond the design of the project, participatory and integrated implementation has to be promoted because it recognizes that, ultimately, it is the collective efforts of government and the community that determine the success of development rather than external projects. Therefore, GPSDO actively involves pertinent government offices and structures in its development program interventions. As a result of our partnership with government, there is strong collaboration and unity with the government line offices especially in our PHE intervention. Government health officers, health extension workers (HEWs), Agriculture Development Agents (ADAs), Natural Resource Conservationists and other pertinent officers closely work with

GPSDO supervisors. This also helps to improve our resource utilization, because we are working to the same end together, rather than duplicating efforts. The policy and legal environment of the government is also favorable and encouraging. Generally, GPSDO's partnerships with government at various levels are very strong.

PHE Ethiopia: How many staff members do you have?

Bedru Jemal(BJ): Currently, we have a total of 39 staff members (30 male and 9 female). Among these, there are 16 program staff and the others are support staff.

PHE Ethiopia: Who are your donors?

Bedru Jemal(BJ): The key donors that support our development interventions include the David and Lucille Packard Foundation, Save the Children Denmark (SCD), DVV International/IWEP, SIDA/PACT, UNDP/SGP, Japan Embassy and others. Our PHE interventions are funded by the Packard Foundation.

PHE Ethiopia: What are your organizations major challenges in implementing the PHE approach?

Bedru Jemal(BJ): The main challenge regarding PHE integration is that it is difficult to find donors that work on all these three programs in an integrated way. Instead, most donors focus on single sector programs. This creates a big challenge to find funding to integrate the programs and achieve a comprehensive outcome.

PHE Ethiopia: Describe your relationship with PHE Ethiopia Consortium.

Bedru Jemal(BJ): Our relationship with PHE Ethiopia Consortium is very close and good. The Consortium closely follows and guides our PHE intervention. The Consortium has helped GPSDO to establish indicators and make sure our approaches add value. It has also helped to promote the results of our PHE project. However, the Consortium should work more on soliciting funds for PHE integration activities that could help us to achieve remarkable results.

