Ethiopia’s PHE Spotlight

Integrated Practical Success Stories and Challenges from the Field

Wolaitta Development Association (WODA)
Introduction to WODA

Wolaitta Development Association (WODA), also known as Wolma in Amharic, is a local non-government, non-profit, membership-based organization located in the Wolayta zone of the Southern Nations, Nationalities and Peoples Region (SNNPR) of Ethiopia. The head office is in Soddo and there are branch offices located in all 12 woredas and 3 towns in the Wolayta Zone.

Overview of the Wolaitta Zone

The Wolaitta Zone is one of the thirteen zones of SNNPR, covering an area of 4,471.3 square kilometers. Topographically, the zone ranges from 1,200 to 2,950 meters above sea level. The total population of the zone is estimated to be 1,721,339 with a density of 385 inhabitants per square kilometer by the year 2009. The zone has three agro-ecological zones: Dega (3%), Weyna dega (57.96%) and Kolla (40%). The annual average temperature of the zone is 15.1°C and the mean annual rainfall ranges from 1,200 to 1,300 millimeters. Regarding the land utilization data, 261,000 hectares (ha) is used for cultivation, 5,318 ha for grazing, 8,261 ha is bush-land and the remaining 35,382.5 ha is cultivable land.

WODA and PHE

WODA is a member of the Population Health Environment Ethiopia Consortium (PHE EC). It is one of over fifteen members who are implementing integrated population, health and environment (IPHE) projects. IPHE interventions in Ethiopia are part of a holistic, participatory and proactive development approach whereby issues of environment, health and population are addressed in an integrated manner for improved livelihoods and sustainable well-being of people and ecosystems. The PHE integrated approach promotes collaboration between different sectors such as health, agriculture and education that have traditionally worked separately. This approach stems from the awareness of the interconnections between the environment where people live, their population size and their health status. Thus, to address health issues effectively, population and environmental issues need to be simultaneously addressed in an integrated manner.

WODA has been implementing its IPHE project since 2009 in three woredas (districts): SodoZurya, Ofa and DamotWoyde.
WODA’s PHE work is funded by the Consortium for Christian Relief and Development Association (CCRDA) through a grant from the David and Lucile Packard Foundation. This Spotlight focuses on WODA’s work in the SodoZurya Woreda.

**WODA’s interventions**

WODA implements a range of activities within its IPHE project in SodoZuria Woreda. These activities are designed to address the diverse needs of the community and engage all levels of the community—from school children to community leaders.

**Community Conversations**

The foundation of WODA’s IPHE program is the Community Conversation (CC) program, which provides community members with the opportunity to learn about and discuss issues of critical importance to the community. The main goal of the CC is for the community to learn about the interconnectedness of PHE issues as presented by the PHE facilitator, so they can practically apply the integration approach in their day-to-day lives. WODA trained Health Extension Workers (HEWs), Agriculture Development Agents (DAs), school teachers and other community members to facilitate the CC sessions. Facilitators learn about IPHE, family planning acceptance and use, health issues like sexual and reproductive health, malaria and HIV/AIDS, environmental protection, harmful traditional practices, income generating activities and the importance of education in their trainings. Through a cascading training model, 40 men and 40 women have become CC facilitators. They are regularly leading conversations on these issues within their kebeles (collections of villages). A total of 360 CC sessions were held over the last two years in five kebeles in SodoZuria Woreda and 750 individuals (375 female and 375 male) participated.

“....Wolma has been with us since the last three, four years. I remember our first training was on HIV/AIDS. I was one of the 50 participants. After we got trained, we in turn trained our fellow community members on the various topics that were discussed, such as: prevention, transmission and control of HIV/AIDS and gender issues. We were taught about harmful traditional practices like female genital cutting and other customs like the unnecessary extravagant funeral and birth customs. I take the opportunity to train others community members during social gatherings like our
coffee ceremonies, etc. There was a recent case where perpetrators got arrested for performing female genital cutting.”

Model Farmer from Buge Wanche Kebele, SodoZuria Woreda

During these conversations, the group makes decisions about how to improve their lives. These decisions have led to major changes in the communities. The philosophy of the participants in the CC is that before we can change others, we have to change ourselves. For example, community conversation groups have decided that all their members should be tested for HIV/AIDS and they should not practice female genital cutting. They have also decided to abolish traditions around funerals that required families to supply large amounts of food for the mourners. Similar traditions were in place for the birth of children. These practices left many people destitute, as they had to use all of their resources to meet their social requirements. Those who try to continue the practices face a fine.

“.....the community has decided to penalize the responsible family [who continues the traditional funeral or birth practices] up to 350-500 birr, some may face lawsuits. This issue was raised during a WODA led CC meeting wherein a consensus was reached to ban such harmful traditions. Consequently, the kebele enforced a new by-law which penalizes carriers by fining them Birr 200 if caught in the act of carrying items to funerals and Birr 20 for callers of newborns. Recently 20 callers to a birth were fined 20 Birr each.”

Chief Administrator from Buge Wanche Kebele

The CC members also educate their neighbors and families about what they learned in the CC. They spend 15 days of each month doing outreach in their communities on family planning through house to house visits and social gatherings. The HEWs have reported that there has been an increase in the number of family planning users and children who are fully vaccinated as a result of the CC program.

“.....We work very closely with WODA. WODA helped us understand that our problems- environmental and health- are connected to overpopulation. They support us and give us training on those issues. As soon as Community Conversation meetings and coffee ceremonies are over, people come for FP services. Unlike before it is not just the women that come to us for FP services but
men and boys as young as 15 come for these services. Several of these men have even opted for vasectomy. Men these days are not afraid or embarrassed to ask us for condoms. They learn about how to use a condom from the CC trainings they received. In addition, religious leaders are now participating in these meetings.”

Health Extension Worker in BugeWanche Kebele, SodoZurya Woreda

The other 15 days in the month are dedicated to environmental rehabilitation activities, like planting trees and grasses in an area that has become severely degraded. WODA supported these activities by providing 200 “Zabia,” 175 sickles, 388 axes, and refreshments for coffee ceremonies. Previously, there was significant soil erosion in the area. During hard rains, the water would rush to low areas, causing flooding. As a result of the rehabilitation activities, this flooding has declined. WODA has plans to use the area under closure for sustainable livelihood activities such as beekeeping.

Rehabilitation activities performed by the community members

The CC is also used to educate participants about how to improve agricultural yields by increasing soil fertility through enhancing compost production. WODA helps farmers to select seeds and use fertilizer and to protect the environment and the soil through watershed management, terracing and planting trees. It also creates awareness about deforestation, soil erosion, burning wood and other threats.
Awareness raising /information dissemination

Woreda and Kebele Leader Sensitization

A one day awareness raising session was held for influential community members and relevant stakeholders. Participants were 40 community leaders including: kebele leaders, religious leaders, male and female elders, Bureau of Women Affairs representatives, school directors, health extension workers and agricultural development agents.

“....after we got trained by Wolma, we went down to the community to train them. They were taught about FP in almost every social gathering- idirs [community based savings group], markets, funerals etc. Ever since, the number of community members who use FP services, which were always available at the health center but rarely used, has increased.”

Ato Milkias Falaha, Chief Administrator of Buge Wanche Kebele

PHE School Clubs

Twenty student leaders (10 female and 10 male) from PHE clubs in the BugaleWalelu, LigabaBeyene, Soddo General Preparatory, WolaytaLiqa and Gilobisare schools were involved in a one day training on the ČCRDA IPHE manual at the Wolayta Gutara training center.
Twenty girls from the five intervention schools were trained for five days on the issues of integrating the issues of population, health and environment protection as well as club formation and leadership. After the training, all the club representatives designed their own action plan and were supplied with 15,000 ETB to implement their plans.
Youth center based youth dialogue on PHE issues in peer education work

Youth center based youth peer education discussions were organized in five project kebeles: Bugewanche, Zigaborkoshe, ShellaBorkoshe, Gilobisare and Wadu. The discussions were organized in collaboration with relevant stakeholders from the Wolayta Zone Finance and Economic Development Department, the SoddoZuria Health Office, the kebele administrations and five schools. At the end of the training, more than 2,000 youth underwent VCT.

Income Generating Activity (IGA) Trainings

20 youth from the five aforementioned PHE intervention kebeles participated in a basic IGA training at the Wolayta Gutara. At the end of the training they developed business plans, which they are now
implementing. The trainees included people living with HIV, retailers and youth who were selected by the project kebeles.

“I am 32 years old. I have six children. I had to leave school to look after my children but now my children as well as I go to school. I am in grade 8 now. Regarding work, I was one of the 20 trainees who were trained by Wolma on entrepreneurship, business and marketing. I make money from selling coffee and butter and products from our garden like mango. We also breed sheep and sell some. Each of us from the training started businesses. We also took classes on how to make woven cotton blankets called ‘gabis’ to practice self-sufficiency and independence.”

W/ro Demekech Acha, trained on entrepreneurship

Environmental protection

Establishing farm nurseries

WODA provided 10% of the CC participants with mango, avocado, gravillia, acacia selegina, moringaolifera, shiferaw, wanza and coffee seedlings for their gardens so they could establish nurseries. Seedlings were also distributed to the residents in the surrounding kebeles.
“...We also learned about environmental conservation, protecting our forests, planting trees, soil conservation and environmental sanitation. We have also learned a great deal about FP. Although I came across FP after having five children, we have somehow managed to space our children naturally. I encourage and train my community on FP based on the trainings as well as my family members - where we openly discuss issues like FP, HIV/AIDS prevention, environmental protection and the rest.”

Model farmer

**Strengthening government nurseries**

Three government nurseries (BugeWanche, ShellaBorkoshe and ZigaBorkoshe) were strengthened by WODA, which provided them with 50 kilograms of improved gravillia seeds. CC participants planted the seedlings in the degraded and hilly areas of BugeWanche, ShellaBorkoshe, ZigaBorkoshe, and Gilobisare. WODA also funded the employment of five nursery caretakers. The income which is expected from the nursery will be invested in the further improvements to the nursery. CC participants and communities benefited from the 213,000 seedlings that have been planted through as part of the rehabilitation of 55 hectares of land.
Results from the WODA IPHE Project

Before the year 2009

Out of 1,283 people who were targeted to use modern family planning method, only 822 women used FP.

Religious leaders did not attend any of SRH/FP meetings, including the CC meetings.

There was very minimal male involvement in family planning

Households in the past had only one source of income or none at all. As a result the number of people living in poverty was very high. Food was scarce and children weren’t sent to school

Girls in the past could not complete secondary school due to early marriage or excess chores

After the year 2009

After the year 2012, the target population for family planning service is 1,890 and 1,559 people are using FP

Community and religious leaders are involved in FP programs, they are members of CCs and disseminate information on SRH/FP in different religious gathering

Male users have not only increased but also are now opting more for permanent methods (vasectomy).

In conjunction with Catholic Mission and the government’s Productive Safety Net Program, WODA provided start-up capital for IGAs. So far 208 households are no longer living in poverty. All 1,054 households now have a second source of income or more. 304 households have regular food supply.

Food aid dependence has been reduced by 10% since WODA began its intervention.

Presently 85% of the girls complete secondary school; some mothers have returned to school
Extravagant funerals were very common in Wolayta, where the relatives of a diseased person had to offer quintals of cereals and feed the more than 60 people who attended.

A communal by-law was developed and approved by 75 CC participants to stop this practice. Currently if someone dies, the national flag is flown to symbolize a large number of ceremony attendants and seeking accommodation is forbidden.

Only 100-150 households had quality toilet facilities. Open defecation was common.

All 1,054 households have improved toilet facilities. Open defecation is no longer a problem.

There was great dependence on natural resources. Land was not conserved and there were low agricultural yields. There were not enough laws enacted or enforced to protect the environment. There was little community involvement in conservation efforts.

The CC groups developed their own by-laws to protect their own as well communal lands. So far, 55.7 hectares of land have been conserved. Agricultural yields have increased six fold. Three local by-laws were enacted to protect the environment through stopping overgrazing in closure areas, illegal cutting of trees and charcoal production.
INTERVIEW

with Ato Altaye Ayele
WODA’s EXECUTIVE DIRECTOR

PHE Ethiopia: Can you please introduce yourself?

Altaye Ayele: My name is Altaye Ayele. I am the Executive Director of Wolayta Development Association. I have two boys and two girls. I am 42 years old.

PHE Ethiopia: Can you tell us briefly about WODA?

Altaye Ayele: Wolayta Development Association (WODA) is an indigenous, not-for-profit, and local nongovernmental membership-based organization, established in the 1950s. It has been actively implementing development activities in the Wolayta zone since December 2000 G.C. WODA has worked for the socio-economic development of Wolayta by soliciting resources from the community, government and non-government organizations, supporters and other sources and enhancing active community participation to initiate and sufficiently work on demand-driven development programs in the areas of ecologically sound agriculture; water, sanitation and hygiene (WASH); education; entrepreneurship development; socio-cultural development and integrated population health and environment (IPHE). WODA currently employs 267 staff.

PHE Ethiopia: How do you describe the progress made by your organization since its establishment?

Altaye Ayele: WODA was re-established in December 2000 G.C. Over the years, the number of members has increased from a few to more than 470,000 members. Our resource mobilization has been increasing
over time, increasing our ability to implement programs of greater size and scope.

**PHE Ethiopia:** Why did you start using the IPHE approach?

**Altaye Ayele:** Before the year 2009 WODA used to focus on health and environment interventions separately. We originally started the IPHE project in collaboration with CCRDA/Packard Foundation and successfully implemented pilot interventions in five kebeles (BugeWanche, Zigaborkoshe, ShellaBorkoshe, GiloBisare and Wadu) of SoddoZuria Woreda from May 2009 to August 2012. As a result of this pilot, WODA decided to use the IPHE approach in all of its intervention woredas and areas. Population, HIV/AIDS, disabilities, climate change and youth related issues are now cross-cutting in every activity and the mission of the organization keeps this in mind. We do this because first of all, things are naturally interconnected. Environmental protection is directly linked to population issues. More people means more resources are needed, whether man-made or natural such as trees, which results in things like deforestation and environmental degradation. Eventually, when the population size and natural resources are balanced, these problems will not occur. Both of these components can in fact complement each other. So because of these strong connections that exist by default, an intervention effort that focuses on just one component without dealing with the other almost always results in failure in the long run. For instance, to embark on a tree planting intervention would be impractical if high population density is not addressed since deforestation is inevitable. These interconnected issues call for an intervention approach that integrates these issues of population, health and the environment for sustainable development.

**PHE Ethiopia:** What have you learned from implementing the IPHE approach?

**Altaye Ayele:** The PHE integrated approach promotes collaboration between the different sectors such as health, agriculture and education that have traditionally worked separately. This approach stemmed from the awareness of the interconnections between the environment where people live, their population size and their health status. Just as the problems associated with each of these components are interlinked with each other, so are the solutions. Thus, to address health issues effectively, population and environmental issues need to be simultaneously addressed in an integrated manner. The issue of population as a cross-cutting issue...
has been mainstreamed in both NGO & GO development plans. As a result we saw that after implementing the IPHE approach, SRH/FP utilization among the target woredas increased rapidly compared with other woredas in the zone.

Through the various discussions that take place in these gatherings, i.e. youth dialogues and community conversations, we are working for a change in the mindset of the community. The discussions sometimes result in solutions either suggested by the community itself or recommended by WODA. Once they fully understand how their problems are interlinked, ultimately, we want to create citizens who will translate this new way of thinking into action by applying the integration approach in their day-to-day lives which is supporting us to be effective.

We have learned that a multi-sectoral approach like IPHE can address the problem of duplication of efforts, which result from a lack of collaboration between the different sectors. We now know that this integration approach helps save labor and money, as well as time. For instance, during community meetings, we teach community members about the disadvantages of overpopulation, environmental degradation and poor environmental sanitation, and how it all affects their health. Therefore, by addressing all of these complex issues in just one meeting we have managed to save that extra energy, money and time that would be required to address each component on separate meetings.

**PHE Ethiopia:** What challenges have you faced in your IPHE project?

**Altaye Ayele:** I believe the PHE approach in some areas is still in its initiation stage and it is completely new or unknown to others. To get the results we all seek it should not have to fall on Wolma CCRDA or PHE EC alone. Instead every government office as well as the private sector must strive to implement the PHE integration approach. The health bureau must work in collaboration with their counterparts in the environment and population sectors. In other words, to achieve the best results in water, hygiene and sanitation interventions, the health bureaus, when constructing latrines, must first consult the population and environment bureaus. This way not only is money, time and energy is saved but results are obtained faster and more efficiently.

We found that this collaboration can be challenging. To overcome it, we carried out different awareness creation activities from the kebele to the zonal level. We are continuing to strengthen the GO- NGO forum at the
zonal level and to establish meaningful multi-sectoral forums at woreda levels to educate decision makers so they are aware of the benefits of integrated approaches.

**PHE Ethiopia:** Thank you very much!
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➢ Second issue, August –September, 2010
➢ Third issue, September- December, 2010
➢ Fourth issue, January –June ,2011
➢ Fifth issue, September- December, 2011
➢ Sixth issue, January- June, 2012
➢ Seventh issue July- December, 2012

PHE Ethiopia Consortium brochure 1&2

Research report on effectiveness of the approach for achieving family planning and fertility outcomes in Ethiopia.

Three years strategic plan of PHE Ethiopia consortium(2011-2013)