# Interviews with wereda officials re Adele Keke, East Harerghe – Stage 2 questions

## Kersa wereda

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## About the wereda

### Comparison of wereda with others in the Zone

In this comparison, Kersa wereda is compared with Haramaya wereda with which it shares a border and close relations. As the officials replied, they do not have much information except for Haramaya wereda, the neighbouring wereda to Kersa wereda. However, they believe that Kersa wereda surpasses Kurfa Challe wereda In many things.

 Haramaya surpasses Kersa in relative wealth. For example, Haramaya wereda has 14,000 PSNP beneficiaries while Kersa wereda has 21,000 PSNP beneficiaries. Haramaya surpasses in development achievements to date. It also surpasses Kersa in development potential, especially in participating in cooperatives and using more innovative technologies than Kersa. For example, there are different vegetables growing in Haramaya wereda but not in Kersa.

There are also development challenges in Kersa wereda. These may include problems of roads (internal roads), remoteness from markets, lack of information on markets and poor infrastructure, while the Haramaya community has access information to markets as there are no problems of roads in Haramaya wereda. There are NGOs in both weredas like Catholic, CISP, FFW/PSNP but no CISP in Haramaya.

Regarding peace, security and good governance, both weredas are equal and in some aspects of these areas, Kersa is better.

### Wereda structure - NA

## Kebele organisation and Adele Keke

### Kebele organisation

NA

### Boundary changes

NA

### Comparison with other kebeles

Under this question Adele Keke PA is compared with other PAs in Kersa wereda.

 Adele Keke PA Bala Lange PA Bulbula Nagaya PA Mata Koma PA Sodu PA

1. Population FHH 170 194 157 60 211

 (Average) (Min.) (Max.)

2. Wealth in the community: Sodu PA (1st); Dolo Selama PA (2nd); Bala Lange PA (3rd); Adele Keke PA (4th); Handura Kosu PA (5th). Therefore, Adele Keke has average wealth

3. Remoteness/closeness to wereda towns: Adele Keke is closer to wereda towns and markets.

4. Climate: Adele Keke has temperate climate. Of course, of 35 PAs in the wereda, 26 of them including Adele Keke have temperate climate.

5. Roads and bridges: better

6. Electricity: better

7. Mobile network: average

8. Access to health services: average

9. Access to schools and performance in education: worse

10. Availability of water for drinking and for irrigation: better

11. Landlessness: average

12. Better in FFW/PSNP participation

13. Better in food security as there are other kebeles who have a lower level of food security than Adele Keke and even Adele Keke kebele does not need FFW/PSNP in the future.

14. Average in development potential

15. Average in development challenges

16. Average in development partners – NGOs and donors

17. Levels of co-operations with wereda: As wereda officials described, Adele Keke has a poor level of participation with the wereda and has a weak kebele administration and council.

###  Development potential

Livelihood development: Adele Keke has average potential. But the current constraints/challenges according to the wereda officials are that there have been disputes and conflicts driven by clans in the PA. These clan conflicts resulted in destruction of individuals’ property, and the like. The source of these conflicts is presenting false charges and evidence to the courts. Therefore, regulation of such false evidence should be done in courts to stop conflicts in the PA. There have been very few employment opportunities in the PA as the kebele does not educate children. As they described again, Adele Keke is poor in educating or sending children to school, and following them up in school and helping them to be successful.

Adele Keke also has better food security; average health services and poor education services. It also has average micro-credit services. Water in the PA is somewhat better as there are many manual, piped water installations, well water for irrigation and lake water. Regarding infrastructure, Adele is on an average level. In terms of drinking water, the PA is better. However, in terms of governance, peace and security, the Adele Keke kebele is worse.

## Plans for new interventions affecting the kebele

Wereda officials have mentioned plans for new interventions affecting the kebele as follows:

1. Roads to the kebele: The wereda want qualified road and water machineries together with qualified technicians and engineers provided to them. They want to plan these interventions.

2. Justice: They also want to see the courts give fair and realistic decisions which are in balance with the crimes.

3. Internal roads and bridges: internal roads can be worked on by community labour and there is no problem on this intervention

4. Irrigation: There are water resources in the wereda, but there are problems of budget and qualified professionals. So the wereda want to plan to get enough budget and qualified professionals in this area.

5. Kebele buildings: The wereda wants to get budget assistance to construct FTC, Health Post, and schools. There has been community participation but there is a budget problem.

6. Schools: schools are being constructed by community participation like labour, provision of construction materials and government budget.

7. Electricity: no plan for electricity with the wereda but independently worked on with Federal Government.

8. Erosion: The activities include community participation with great percentage, and by FFW/PSNP, activities like constructing bunds and planting trees.

9. Tree protection/planting: This is done by FFW/PSNP and government budget. For purchasing tree seeds, from 10,000 to 20,000 *birr* budget is allocated by the wereda; different tree seeds are also sowed; and there is community participation.

10. Grazing land management: No emphasis on this as there are no grazing land areas.

11. Watershed management: In Kersa wereda, there are six major watershed areas. These are: (1) Kosum sheet (2) Gola sheet (3) Adele sheet (4) Kersa sheet (5) Bululo sheet and (6) Dire Dawa sheet

There are also small watersheds which can generate income for the wereda and the communities. The wereda and the kebeles together conduct different reforestation activities around these watershed areas. For instance, currently the government interventions are being undertaken through development groups, networks and unit extension and this structure, according to the officials, has helped them to manage the watershed activities on the above watershed areas.

As the wereda Agricultural officials explained, there are three sub-watershed management areas in Adele Keke PA:

1. Forest management - protecting forest from deforestation and area closure.

2. Giving training to the community to increase awareness on forest protection and feelings of ownership

3. Conducting income generation activities (IG) - This is through community group formation in which they contribute milk and then they sell the milk turn by turn and use the money for different businesses.

## Public services outside the kebele which kebele members use

 Q*uality of external public services in the wereda*

There are Health centre/Clinics in Haramaya; hospitals in Dire Dawa and Haramaya; secondary schools in Haramaya; no TVET colleges except one in Chiro Town (West Hararghe), Dire Dawa University and Haramaya University nearby. A recent change is that the kebele members (i.e. Adele Keke) use these public services for instance, the health centres when they get sick. The community in Adele Keke uses Haramaya Secondary School and Adele Primary School. There are no problems with these public services as the community uses them voluntarily. People use the above two universities as well as other universities on the basis of assignment. There is a zonal prison house in Harar town and a wereda prison in Kersa town.

## Land-related interventions

### Land re-allocation - NA

### Land registration

The land registration process has been started in the wereda. As we were informed, in 2010/11, issuance of 19,000 land ownership certificates was planned and 30% were issued to individual farmers. On the other hand, for communal land of around 600 hectares, 55 certificates were issued. In addition to the farm and communal lands, previously owned lands like schools, churches, mosques have been registered and certificates issued.

### Rights to land

The new land inheritance law says that women have the right to inherit land. In former times, women were forced to leave their farm lands when their husbands died. But, now the new law has given full rights to women. For detailed information related to this issue, see section on *Promoting equity for women* in Module 3. For example, as the wereda officials stated, recently, in 'Gola Wachu' PA in Kersa wereda, the woman who did not give *[a child*?] to her deceased husband was forced to leave her farm. She accused those families of her husband and the wereda 'Land and Environmental Protection Office' has helped the woman by giving her a land ownership certificate together with wereda court and police. Even when owners of land want to rent their land, we make them come to the wereda 'Land and Environmental Protection Office' and fill in the contract form of which copies will be given to the land owner and the person renting the land.

### Inward investment

There has been no inward investment in the wereda.

### Zero-grazing

In Kersa wereda, farmers use zero-grazing. As there is not enough grazing land, they feed their livestock indoors. This practice is not from the point of view of environmental protection, but from the shortage of land. The community even fattens bulls using this zero-grazing method and the community is being assisted to use zero-grazing methods along with other scientific methods.

### Community forests

There was formerly a community, individual and communal forest policy. But now, it has been changed to the wereda Land Use and Environmental Protection office. This office works with the Natural Resource Department to get the seedling production by taking individual and communal areas. The follow up is by both offices.

Currently, the following is the community land policy including forest in Kersa wereda:

1. Farm lands are land with from 0-30% slope

2. Forest land: > 60% slope

3. Grazing land is from 30-60% slope

However, this policy has been implemented but is not as intended as there is land shortage and population growth. There are some problems related to the forest in the wereda. For example, recently, in Adele Keke, forest covering 18.1 hectare was cleared illegally by some members of the community. The main reason associated with this problem is the shortage of land and they intended to use the land by removing the forest from the area.

The benefits of the forest in the wereda as stated by the officials is:

* it protects against air pollution
* to protect soil and water conservation
* he community uses it for firewood and house construction.
* social services like health extension, DA houses, schools are constructed using these forests
* It also used for profit.

 However, there are some problems in connection with the forest policy in Kersa wereda:

* Shortage of land and increase in population have caused the cutting of forests
* The budgets that come with projects are not satisfactory and do not come on time. This problem has created great impact on the implementation of forest management policy.
* Human power shortage at wereda and PA level (site level).

Regarding land use policy in the wereda, in general, water and soil conservation is carried out on the lands with above 10% slopes whereas farming is recommended on any gently sloping lands.

### Communal grazing areas

In Kersa wereda, there is only one delineated communal grazing land known as 'Rare'. (‘Rare’ in Oromiffa means the marshy area). 6 PAs use this area for communal grazing. However, due to shortage of farm land, even this communal grazing area is now being changed to farm land. On the other hand, in Adele Keke PA, during the winter season, the area covered by the lake (Lake Adele) is used for communal grazing and it is also turning in to farming.

### Other land policies

There are no other land policies except the above described.

### Re-settlement since 2005 in the wereda

There has been no resettlement policy in Kersa wereda but there is migration of people to other areas. In 2006 people from Kersa wereda were taken to Jimma, Wollega, Bale and Gola Oda (East Hararghe) and re-settled. However, this was interrupted for the last three years. This was voluntary re-settlement of the farmers as a result of shortage of land. Many people, even today want to re-settle to other areas as they have shortage of land. For example, people living in the PAs like 'Jaba Water', 'Burak Janeta', 'Gola Welensu', and 'Gola Blina' in Kersa wereda have chronic land shortages and many people from these PAs raise questions of re-settlement from the wereda.

The shortage of land is high in the mountainous areas as there is shortage of rain. Also, it does not rain on time or enough and the amount of rain varies. The third reason for the possibility of re-settlement policy is landslides. These happen during the summer season. Related to this is that there is flooding especially in mountainous areas. This flooding washes and clears sowed seeds. The last reason is because of water logging in the farms.

These problems have created the difficulty of getting enough production to could feed the households.

As the officials responded, farmers living in the mountainous areas move or migrate to other areas as there is a high population added to the problems mentioned above. However, the government and Catholic NGO study and take actions or make interventions when problems arise in these areas.

### Villagisation since 2005 in the wereda

There is no villagisation policy in the wereda as the community is already settled. The Drought and Disaster Prevention Office has been doing early warning activities in the wereda. In these two PAs namely, 'Bereka' and 'Baha Kosum', there is chronic problem of rain, and drinking water as the area there is dry land. Only a few harvests like maize and sorghum are expected from the area. As the officials said, this problem is existed for 10 years. People in these two kebeles live with food assistance. However, the assistance is only for 6 months. The rest of the time they work on non-farm activities like labour work. As they stated, the wereda Drought and Disaster Prevention Office has reported the problem and on the long run solutions for these areas to the government.

These areas are covered by FFW/PSNP, normal food aid by the government, but they could not thrive with this aid. There is also a drinking water problem as there is no river in the area. They use only summer floods. An attempt was made to construct water/flood harvesting wells?? ('Kure Wuha' in Amharic) but they soon dry up. Irrigation was also tried but the land does not retain water.

The officials also commented on the PA under study. Adele Keke has FFW/PSNP; there is a lake, However, there is water logging especially around the lake. In this PA, some villages were even using biogas. Everything has been done by the government; nothing was left aside. NGOs like CISP are also doing various work. However, farmers are not able to put interventions into practice. They also have a problem of full commitment. The office of Drought & Disaster discusses with NGOs and they buy seeds and distribute them to the FFW/PSNP beneficiaries in the wereda including Adele Keke PA. From 1997 EC, the 'Holstein Friesian' breeds of livestock have been used by the households in Adele Keke PA. There is a livestock professional in the PA to inseminate local breeds with semen of foreign breeds. The farmers also use beehives.

Regarding the FFW/PSNP beneficiaries in Adele Keke, there are those farmers who were covered by the FFW/PSNP and graduated as a result of their life being changed. There are criteria for graduation.

## Farming interventions

### Water for farming - irrigation and water harvesting

As a policy, there are different activities under way to increase production. These activities include the former schemes that the society developed and uses in their farm lands. In 'Bereka' PA, recently an irrigation scheme is being undertaken and the construction of irrigation systems is by the water office but the irrigation agronomy is done by the agriculture office.

Also in 'Handura Kosu' PA, by the government budget, recently, the Haji Feji irrigation scheme is being undertaken in the wereda. Also, in 'Bala Lange' PA, recently the 'Burka Wuchale' irrigation scheme and in 'Burka Janeta' PA, the irrigation scheme known as 'Gotu Sarmale' have been undertaken by the NGO -Catholic.

In 1998 EC the following irrigation schemes were constructed by the IFAD Project.

1. In ‘Handura Kosu' PA, the irrigation schemes known as 'Arara' 1, 2 ; 'Jetti' 1, 2, 3.

2. In 'Burak Janeta' PA, 'Dugda Kella' scheme was built by the Catholic NGO.

The society has been benefiting from these irrigation schemes and getting production twice or three times annually. As a result, they are producing potatoes, onions, and tomatoes. They also produce chat using these schemes. However, there are some problems related to these irrigation schemes. For example, there is a problem on 'Arara' & 'Jetti' schemes because of flooding from the river 'Warabeli' and the river 'Garajaba'.

The plan for improvement that the officials raised is that the office of irrigation has planned to maintain these irrigation schemes, however, the water development bureau claimed that the responsibility for maintenance is theirs (water development office’s) and the irrigation office has terminated the plan.

### Other farming and environmental interventions that should be found in the kebele

There is crop extension and packages that DAs provide. Crop extension and packages have been provided by the government, different unions, and donors like EU. For instance, Haramaya university provides in collaboration with EU, vegetable seeds like potato seeds, fertilisers, chemicals, and improved Boloke and wheat seeds. Haramaya University conducts research on seeds, and multiplies and distributes improved seeds to farmers. Also, "Afran Kallo" union has provided improved seeds, fertiliser and pesticides. The government has provided a 'striga' resistant seed known as 'Abshir' variety. Formerly, improved seeds and fertiliser used to be provided by the government but recently the government has transferred this to unions.

There is a DA agent working on crop extension packages in Adele Keke. As we were informed by the wereda, they (DAs) have been providing three technologies on the basis of farmers' potential and interest. These include:

1. Providing farmers improved seeds with fertilisers on the basis of request of households.

2. Selecting best local seeds - these have been given to those households who could not use the improved seeds with fertiliser technology. The PA DAs identify the best local seeds and advise the households to use them together with fertiliser.

3. Using compost from different waste products, e.g. animal waste.

There are three types of activity:

1. Training – there are two types of training: (1) FTC training; (2) Practical training on the farms and fields - for example training for group formation of model famers;

2. Visiting - field visiting; the DAs the production, and harvests;

3. Extension services - DAs provide professional assistance and technical follow-up to individual farmers by going to their farms

The Crop extension package inputs include, fertilisers, improved seeds, and different chemicals for plant disease prevention. Regarding credits for crop extension packages, there is credit given to farmers involved in FFW/PSNP, for example, to buy oxen, seeds, and the like.

Basically there is credit for these farmers covered by PSNP to facilitate graduation.

There are women’s crop extension package projects in the wereda. These projects are the ones that help them to increase their income. These projects include: garden vegetables and poultry.

An example is the IFAD project which works with Agricultural Office and is partly donor funded. The plan, activity and implementation are carried out by the wereda extension office.

There are some youth packages which gives youth credit to buy oxen and other livestock and fatten them for sale.

The only problem mentioned here by the officials is that there are cereal crop weeds in the wereda. For instance, the weed known as 'Haramla/Azab' affects sorghum and wheat. It exists in Kersa wereda in abundance and some attempts have been made by the government and NGOs to destroy it but they have been unable to destroy this weed. Therefore, it is very important that the government should think of how to prevent the weed.

There is also a DA working on livestock extension packages in the PA. The duties of this DA are giving training and professional assistance to farmers on how to fatten livestock, reproduction, especially how to use AI (Artificial Insemination) with the help of professionals when they need it. There has been a fund from NGO-CISP starting from 2003 EC. Credit was given to 600 PSNP beneficiaries in the wereda including Adele Keke PA, and individual households received 1340 birr. They also provided forage seeds like lusinia, pigeon beans, vegetables, and elephant grass.

There is a Milk/Dairy Cooperative known as "Amessa Milk/Dairy Cooperative" in Adele Keke and 120 households received 4,300 birr for livestock fund. In addition they received cereal grains like maize. Amessa also received an initial fund of 30,000 birr from CISP. This is a revolving fund as the returned money goes to the Amessa cooperative itself which provides different services to its members and non-members.

The other work is the artificial insemination (AI). The wereda livestock department brings highly productive breeds from Borena breeds. It also receives semen from the Federal Government and they conduct breeding at wereda level and distribute to farmers.

Animal fattening is also conducted at wereda level like goat and sheep production. There is also AI and milk production which is closely related to the purpose of AI and the impact is to get high milk production. There are also modern beehives and traditional hives and there is good honey production in Adele. There is also fishing in Adele Keke in Lake Adele. There is a fishing resource but the problem is of budget to work effectively. In general, the modes of implementing livestock packages include training given to farmers, DAs, governmental officials, and workers. Also, distribution of manuals is also one mode of working.

The inputs in livestock extension packages include cash - an NGO known as HAP has given some cash for PSNP beneficiaries to facilitate graduation. NGO-Catholic has also bought and distributed goats and sheep to some PSNP beneficiary farmers. The government has also provided resources like improved seeds, and poultry, and livestock like Borena cattle and modern hives were distributed to farmers and Oromia Development Association (ODA) has also given credit and poultry to the farmers in the wereda in 2001 and 2002 EC, including Adele Keke. In all the PAs in the wereda, more women are participating in sheep and goat fattening and also on poultry and milk. Youths are also included and are participating in livestock packages in some PAs.

N.B. For details of NRM refer to sections on *Plans for improvements in the kebele’s public goods in the wereda* and *Community forests*.

## Non-farming interventions

There is no information regarding non-farming interventions as the officials only focused on farming interventions and provided responses on these.

## Credit and debt

### Micro-credit and savings organisations

The Government-affiliated MFIs include Oromia Credit and Saving Institution (OCSI) which gives credit to the rural community and it collects repayments back from the clients. If farmers repay debt in a good way, then the institution gives them good credit. It also provides savings in such a way that it is teaching the community about savings. In addition, since 2003 EC, this MFI has given 500 birr per month credit to 50 employees with the debt is to be repaid within two years and the loan is at the interest rate of 10.5%. The problem is that it only covered 50 employees because of the rule from the Oromia Credit and Saving Association (OCA) and the [the amount of money available.

The second form of credit is long term credit which is given to employees for four months. The interest is 4.50%. This is facilitated by the wereda finance bureau and the interest rate is low and it is good for employees. There are private MFIs in our wereda. These include RUSSACOs which are cooperatives not unions. These RUSSACOs work in credit and saving. RUSSACOs also do additional things. RUSSACOs in rural areas provide fertiliser and improved seeds to farmers.

There are 18 RUSSACOs in Kersa wereda, but only 7 of them are well established, strong enough and functioning in a good way. The others are not strong enough. Of the 18 RUSSACOs in the wereda, four are operating in towns while 14 are functioning in rural areas. Of the 14 RUSSACOs in the rural areas, 6 of them are completely dormant and have not yet started their duties. The well-functioning RUSSACOs do banking duties. In general, these RUSSACOs in addition to their main duties of credit and saving have been providing some goods for the community and in this they are stabilizing the market.

There is no bank in Kersa wereda but the Oromia Credit and Saving Association (OCSA) MFI has been giving the banking services. There is a bank in Awoday and Haramaya towns where the cooperatives save their money.

Regarding NGO credit, an NGO-Catholic and EU-CISP has given around 2 million six hundred four thousand [2,604,000] birr to 600 people on an individual basis. This was a revolving fund as the money goes back to the cooperatives. The cooperatives take the money from these NGOs and distribute it to the people with responsibility. The other credit given was to 100 women who were members of five different cooperatives and a credit 500 birr was given to each member. They received the money for two years in a contractual agreement and it is the wereda office of the cooperative which gives instructions about the process of this credit.

###  Debt

The farmers received credits for two years starting from 2010. As the officials said, all the credits that the farmers were given so far have not been returned. They will be expected to return the debt towards the end of 2012. The credit was given by the NGO-EU-CISP Project. The money which was given as credit to the farmers was free from loans for now but the money is a revolving fund which is expected to return the debt to the cooperatives' bank account. The cooperatives then will give the money again to other farmers in the form of credit with loan.

## Food/cash for work (PSNP and Emergency Food Aid)

The FFW/PSNP lasts for 6 months and it is organised by the wereda agriculture office, office of food security, and Office of Drought and Disaster Prevention and Control (DDPC). In Kersa wereda, FFW/PSNP has been running in 20 PAs. To assist this programme, there is a technical committee at the wereda level. DDPC is the organiser and offices like Agricultural Extension, Natural Resources, Animal Agency, Education Bureau, Health Bureau, Rural Roads Authority and Water Office and Irrigation Office are also involved.

All these offices came together and designed the programme in such a way that it is participatory, watershed centred and discussed with the community on the basis of priorities set. The farmers also participate with their development groups in each PA through DAs in those PAs. The selection of beneficiaries is that first priority is given to those who have nothing, then to those farmers who have one chicken, and then those who are better off. First, profiles of each household are prepared and then they participate in the programme.

From 2001-2003 EC of the people covered by FFW/PSNP in the wereda, around 100 people graduated based on their wealth profiles. Accordingly, the total FFW/PSNP beneficiaries were reduced from 27,368 to 21,284 in Kersa wereda. 6,084 beneficiaries have so far graduated and they have been given close monitoring by offices working on PSNP and they were graduated as their livelihoods have been changed. However, as the officials responded, close monitoring is being carried out for 2 years on those people graduated from FFW/PSNP.

Emergency food aid, however, covers all people in all the 35 kebeles except those covered by the FFW/PSNP.

Regarding the appeal system, if there is any appeal concerning FFW/PSNP, DAs receive them and bring them to the wereda and the committee at wereda level goes to the kebeles where the appeal has come from. The work has been done before the harvesting time and accordingly, FFW/PSNP activities have been carried out for 6 months from January to June and the beneficiary households receive food from January to March and they receive cash from April to June. Contingency food aid is mostly for 5 months and given in September, January, February, July and August whereas Emergency food aid will be given based on the drought time in the area.

The DAs in the PAs will conduct the FFW/PSNP activities any time with participating farmers and they (DAs) take attendance and send work reports to the wereda. Recent work activities of FFW/PSNP include stone and soil bunds on sloping and mountainous areas, and road construction. Currently, however, half a month ago, FFW/PSNP has stopped in the wereda. In summer last year, i.e. in July and August 2003 EC, 100 households were graduated from the FFW/PSNP.

Recently there have been changes in farmers' livelihoods as a result of FFW/PSNP. These changes include:

* During the time that the harvest is not ready, the farmers were given food security and saved from hunger disaster as a result of FFW/PSNP.
* FFW/PSNP has encouraged the households to carry out better work activities and eventually learn the benefits of the FFW/PSNP

The FFW/PSNP food aid comes from USAID and there has been no problem in food aid. Also, the food aid is given to the farmers on the basis of the set programme and there are no problems so far, as the officials explained.

## Co-operatives

### Producer Co-operatives

There are a number of Producer cooperatives in the wereda. These are

 (1) There are 5 irrigation cooperatives and their members are Male: 266, female: 21, Total: 287

"Haqan Gudina" Cooperative: is an irrigation cooperative and it is a producer cooperative which works collaboratively with Haramaya University and it has been multiplying improved seeds on the land of the cooperative to then distribute them to the farmers. So far potato, wheat, and onion seeds have been multiplied and distributed to farmers.

(2) "Amessa Anani: This is the only women's producer cooperative in the wereda and it contributes milk and sells milk and milk products for profit. Its members: Male: 3; Female: 49; Total: 52.

### Service and other Co-operatives

There are different types of cooperatives in the wereda. These cooperatives include:

* Multi-purpose cooperatives
* Forestry cooperatives
* Saving and Credit cooperatives (RUSSACOs)
* Mining cooperatives
* Consumer cooperatives

For example,

1. There are 23 multi-purpose cooperatives and their members are Male: 1562, female: 229, Total: 1791

## Interventions against HTPs affecting livelihoods – NA

## Food aid – NA

## Nutrition

Since 2009/10 the Community Based Nutrition (CBN) Programme has been implemented in different kebeles found in the wereda. The programme is run by government through the support of UNICEF. This programme has been implemented with the use of volunteers from each kebele. In every village of each kebele there is one volunteer. Under each volunteer there are 50 households. These volunteers first screened children aged less than 2 years old. The programme is focused in informing mothers on how to feed and follow up the health of their children less than 2 years old. Nutritional education is given to mothers on what kind of food to feed their children, and on the importance of sanitation by explaining if they do not keep their personal hygiene and environmental sanitation their children will encounter diarrhoea , which later exposes children to malnutrition. The volunteers have weighing scales. The nutritional status of these children is measured monthly. Those found in medium and severe malnourishment levels are sent to HEWs. Then the HEWs treat the medium malnourished children by giving plumpynut (treatment food) and refer severely malnourished children to the health centre and get outpatient treatment (POD). In addition, in Kersa and Weter HC there is a Stabilisation Centre (SC) and for about 5-10 days such children stay in the centre and get treatment.

In addition to nutrition education there are supplements of some nutritional foods such as white flour (fafa) for pregnant (above 6 months) and breast feeding mothers (whose child is less than 6 months).

The problem while implementing this programme is that the fund is not given on time. Moreover, the fund does not cover all the households screened in the wereda. There is a communication gap. Due to these problems there are severe shortages of plumpynut (treatment food). Volunteers are not updated. This is because as they are farmers they sometimes forget what they are supposed to do. To solve this needs supervision. In addition, it will be good if there would be a motor cycle to observe each and every household at grass root level. Moreover, the wereda health bureau is ordered to provide receipts sooner of how funds assigned were used. Due to this they give training, arrange review meetings and do various activities at one time. This also needs to be improved by giving a certain time for the funds received to be used so as to make it possible to use funds properly, efficiently and effectively.

Before this programme started a lot children were suffering from malnutrition. Due to lack of knowledge/awareness and negligence parents focus on their own work like trading and except buying drugs they do not feed children properly. Due to this some children were dying. But since this programme has started the problem has been reduced as volunteers serve by going house to house.

There is also a supplementary food programme run by Hararghe Catholic Secretariat (HCS), a branch of Catholic Relief Service (CRS). In the last 2 years three times supplementary food (white flour and oil) has been provided by screening pregnant women, breast feeding mothers and children under 5. HCS also arrange a programme on "child health day", whereby education about child feeding and child health is provided.

In the wereda there was/is no feeding centre or school feeding programme.

## Safe water

In the wereda there are 6 types of water source:

1. Deep Well

 This well has a depth of 80-300 metres. After the well is done like pond the water drawn up/taken out by motor. In the wereda there are 12 functioning deep wells and 14 deep wells under construction

2. Shallow Well

This is a well that has a depth of 60 metres and the water is drawn up by hand pump. In the wereda there are 106 functioning shallow wells.

3. Hand Dug Well

This well is dug by human beings, it has a depth of 10-15 metres, and the water is drawn up by hand pump. In areas where there is excess water this kind of well has been dug by community participation in most villages. This kind of water source is not safe or the quality of the water is the lowest. In the wereda there are 41 functional hand dug wells.

4. Spring with Distribution

In some kebeles there were protected springs. From these kebeles sample water was taken and a laboratory test was done. After its safeness was approved such springs were made to flow through pipes for distribution purposes. The water is treated by adding chlorine at a fixed time. People benefiting from such water sources are organised to keep the water source free of animals and contribute money for use in case it requires repairs. In the wereda there are 6 springs with distribution systems.

5. Spring on Spot

This spring is just like the above spring. The difference from the above spring is that the pipe of this spring is closed during night time and opened in the day time. Thus, people fetch the water stored during the night time. The water is treated by adding chlorine at a fixed time. In the wereda there are 7 springs on spot.

6. Expansion with motorised scheme

This is a kind of water point available only in two towns.

The wereda water office has ranked these water sources in terms of the safeness in the following order:

1st: Expansion with motorised scheme

2nd: Deep Well

3rd: Shallow Well

4th: Spring with distribution

5th: Spring on Spot

6th: Hand Dug Well.

Most of these water sources have been constructed in the last 4 years, mainly it has been the water bureau who implement such construction. Hararghe Catholic Secretariat (HCS) sometimes supports by providing machines for digging. By assigning machines Shallow Wells are constructed at zonal level whereas Deep Wells are constructed at regional level. In 2010/2011 the plan was to dig 5 Deep Wells but only 1 was constructed. The others may be constructed in the near future. Springs are constructed at wereda level and Hand Dug Wells are also constructed at wereda and kebele level by community participation.

At community level there are 7-9 committee members who control the water source that specific community members use. The wereda water office has a manual for the water use committee. They give training on how to protect the water source, make it free from animals, and raise money for later use (in rural areas every household contributes 1 or 2 birr per month whereas in urban centres the water is sold based on jerry-can/water container). They use this money for repair purposes if the water source is broken or faces technical problems. The wereda water office also provides some materials for repairs. Whenever the water has some smell they report to the wereda water office and the office puts in chlorine. Except for hand dug wells the water sources have reservoirs and the chlorine is put in the reservoir. In addition, as its depth is high the probability of water pollution is less. Over time the sources of water have been increasing. So, the community has good access to water. For instance, there is a village where up to 3 water points are available. Only in some lowland areas is there lack of water. For instance, in Lange area the availability of water is sometimes irregular. Due to this there was a season when there was lack of water for 6 months. In these areas people use natural springs but it is not safe. In some highland areas rather than waiting their turn (at communal water points) to fetch water from communal water sources some people use water from a river, which is not safe, but mostly they use a spring with distribution.

In terms of managing the water source there is the problem of controlling materials properly. Most individuals do not use water treating drugs like waha agar as they do not like its smell. Due to this mostly people use waha agar, which is sometimes given to treat water, for chat believing that it kills pests. Most individuals also do not keep materials used to make water clean. Thus, irrespective of the expansion of water sources some community members do not keep water clean. For instance, now in 7 kebeles, due to sanitation problems acute watery diarrhoea (AWD) is affecting the community. The participant mentioned that one of the causes might be drinking unclean water.

## Hygiene and environmental sanitation

Starting from the time when HEWs started working in the community (2005), awareness-raising education about the importance of having toilet has been provided for the community by different means. Recently about 64-70 % of the wereda population has a latrine made of local resources (which has no roof and is made of wood). From this it is estimated about 40 % are using it through the enforcement of HEWs. Until now in order to increase utilisation home-to-home education has been provided but most rural people are resisting using it. Some community members even dig wells for latrines only not be asked again why he/she still did not prepare a latrine or just because they want to look as if they dig the well because they have accepted the information or education they acquired. However, in practice they do not like to use latrines as they prefer to defecate in open places or farm areas. Thus, some community members have still not given due value to the benefit obtained from use of latrines. The head of the wereda health office strongly emphasised that if the coverage and utilisation of latrine is 90-100 % the community may not be affected by Acute Watery Diarrhoea(AWD), which has become an epidemic in 7 kebeles now (at the time of our field work). He explained the AWD was started in rural areas around Dire Dawa. When residents from such areas came to market centres for the feast (end of the last big fasting/Ramadan season) the disease was transmitted to residents of the wereda. In addition, there are some people from some kebeles that use water from rivers, which is also one cause for the disease. Moreover, at the beginning of September there was rain, which has facilitated the transmission. The respondent said that the rain made the virus (available when somebody vomited on the ground) stronger. Thus, it affects other individuals. Thus, AWD first prevailed in one kebele and now it is prevalent in 7 kebeles. This shows that there is poor sanitation, a problem related to personal hygiene and drinking water. To overcome this requires doing more and strengthening already started activities; especially utilisation of latrines is the top priority.

Regarding hand-washing as compared to the time before HEWs had been assigned (before 2005) now it is a bit improved. Formerly people were complaining about shortage of water to use for hand washing. But now shortage of water is no longer problematic as sources of water have been increasing over time. Continuously, awareness raising education has been provided to the community. But still the practice of hand-washing is at infant stage. Due to this the proportion of those who have graduated is not known. But it is estimated that about 20 - 30 % of the wereda people are practicing hand-washing. As almost all of residents of the wereda are Muslim, before praying they wash their hands with water only. So, it is necessary to strengthen what has been started. Usage of kitchen boards is also less. Only some better-off households have a separate room to put kitchen materials in, others do not do it properly. To make drinking water safe every 6 months chlorine is used in the water well. People have been advised to boil and cool water for drinking or to use water cleaning/weha agar. But it is about 5 % who practice this. Now because of the cute Watery Diarrhoea/AWD epidemic the Zone water bureau is distributing weha agar for every household in the affected kebeles. Some rural people have a large home, partly used for livestock. But they do not build a separate home for livestock due to fear of theft. Thus, livestock are living in the home, which has some flimsy material to separate where people sleep. However, rich people have another house for livestock, which may be about 15 %. About 80 % have a separate kitchen, for cooking though the quality of most kitchen houses is less. But such a kitchen is not smoke free as they have not arranged a pipe where smoke goes out. Under environmental sanitisation awareness-raising, education on how to keep home and environment clean has been provided. Due to this there has been better achievement in terms of controlling mosquitoes, rats, and tsetse flies. Regarding waste deposal HEWs have been strongly teaching the community to dispose of solid and liquid wastes separately. Due to this effort some households (about 60 %) have been utilizing it properly by burning unnecessary solid wastes and using other solid wastes for preparation of compost (artificial fertiliser). DA workers also have a great role in teaching the farmers to prepare artificial fertiliser by disposing of wastes properly. It still requires great effort to implement hygiene and environmental sanitation more than mentioned above.

## Disease prevention and control

In order to implement the disease prevention and control programme, since 2004 a lot of HEWs have been trained. At first in each kebele one HEW was assigned. Over time other HEWs were also trained and in each kebele one additional HEW was assigned. Now there are 70 HEWs working in 35 rural kebeles (2 HEWs per kebele). In the three urban kebeles HEWs have not yet been assigned. On average about 4 or 5 health points have been constructed per year. Up until now 28 HPs have been completed and become functional (in 28 kebeles) while 7 HPs are under construction. Meaning in 7 kebeles, including Adele Keke kebele, the service is given in the home of the HEWs or the room given by kebele officials. This has affected the quality of the service provided making it lower. At the end of this year some of the HPs under construction will be completed.

Currently a total of 944 (507 male and 437 female) community volunteer health workers (VCHWs) have been working with HEWs in mobilizing the community on various disease prevention activities that are described below.

In former times people were not accepting vaccinations as they perceived it creates illness as they saw some side effects of the immunisations such as injuries and some symptoms like fever. Since Health Extension Workers /HEWs have started functioning in 2005 the disease prevention and control programme has been strengthened, mainly through the cooperation of community volunteers. Continuously refreshment training has been given to Health Extension Workers/HEWs, who later train volunteers. Health Extension Workers/HEWs with volunteers have been moving home to home and on group bases awareness raising education has been provided for the community, as a result most of the community members have now accepted immunisations: about 80 % of the people completely value it but still about 10/15% are resistant.

Unlike this year (current time) the prevalence of malaria was severe. A lot of activities have been done to prevent and control malaria. These include:

1. Environmental management - under these activities areas having stagnant water, which can facilitate spread of mosquitoes, have been removed in different ways through community participation.

2. Endue-residual Spray - in every house the spraying activities are done once per year. This has resulted in a great result by reducing the epidemic by 60 -70%

3. Bed nets

Every three years bed nets are distributed for every household. The bed net is provided by the support of Global Fund through the coordination of the Zonal health bureau. The distribution is based on family size. For instance, a household having 3 members gets 1, a household having 7 members gets 4, etc. Last year a total of 30,751 bed nets were distributed. The bed nets have higher chemical as they are treated mosquito nets. Thus, they are good in preventing malaria. But, some individuals do not use them properly as some use only during malaria prone seasons, others expose them to sun, etc.

 Even though malaria is a major killing disease the budget assigned is minimal as bed nets are distributed once in three months and DDT spraying is done twice per year, though the district is a highly malaria prone area since from the total of 38 kebeles found in the district 35 are partly malaria prone areas. Among these kebeles, Adele Keke is a severe malaria prone area due to the presence of the lake. Only 3 kebeles are malaria free areas. Considering the severe epidemic status since 2005 village malaria workerswere organised, 2 per kebele. Such workers have been mobilizing the community for prevention and eradication of malaria by giving anti malaria drugs, and by advising people to get medical treatment if they fall sick and report any vital information. Due to these activities the prevalence of the malaria epidemic at the present time is very minimal. To see the great achievement over time it is vital to see the first top diseases of the district, which shows malaria was the third top disease in 2008/9 and 2009/10. But in 2010/11 malaria is not included in the first 10 top diseases.

Despite this great success as the malaria epidemic has been reduced, the village malaria workers are not functional now. But, such works have to continue as usual as the achievement was excellent; if they continue serving the result would be more than the last achievement. Thus, the head of the district health office emphasised that asking for aid or support only when the epidemic starts is a wrong practice that needs correction. To correct such a practice he suggested not overlooking past effective programme-based activities. This is because unlike external interventions environmental protection which partly can be done through community participation may serve longer. Thus, it will be good to strengthen village malaria workers to be involved in the prevention of other diseases as well.

TB prevention activities started in 2006 as it is one of the health packages. HEWs screen those who have coughs for 2 weeks and refer them to Health Centre/HC. Overtime the awareness of the community of TB and their health care seeking behaviour have increased.

In general, to strengthen and follow up such preventive activities by the wereda health officers it will be good if means of transportation to rural areas is improved, e.g. by buying motorcycles.

In the capital of the district there are 50 Persons Living with HIV/AIDS. Unlike the past there is no one who remains home or untreated. Thus, they seek available service. However, unlike other big towns these persons living with HIV/AIDS (PLWHAs) have not disclosed their status to the community. This may arise due to fear of stigma. The head of the district health office suggested the need to provide more or better psychosocial support so that PLWHAs strongly accept living with the virus and feel free to disclose their status so as to teach others by explaining their own experience like in other areas.

ART service has started in HCs found in the district. Since last year 2 % of the budget of every district sectoral office has started to be used to support PLWHAs and to mainstream HIV/AIDS. By organizing people in groups they started income-generating activities. PROPRIDE also has established an information centre for youth in the capital of the district (Kersa town) to educate youth about HIV and associated consequences. They have bought a DSTV and income has been obtained while individuals watch football. A shower or bathroom is also under construction. After its completion shower service provision will be started and income will be obtained, which has planned to use for supporting PLWHAs. In the other two towns found in the district there is also an information centre.

Due to such beginning activities the need of getting an HIV test has been increasing. In all HCs found in the district HIV a testing service is available. Due to this even as a prerequisite for marriage some youths have started getting HIV tests. At different times also mobile VCT is arranged to give a testing service in rural areas. But due to shortage of kits mobile VCT is not arranged as much as desired.

Provision of first aid services at HP is the 16th health package. There is a first aid kit provided by UNICEF in some HPs. But this service is not available in each HP. The reasons for such absences are first lack of first aid kit that arises due to lack of budget/money. The second and major reason is that if such service is available in HP rather than prevention it leads the service provided at HP to be curative/treatment, while the major service intended to provide at HP is preventive. However, the head of the district health office still stated that first aid is vital if provided at HP since until reaching health care centres like HC it is good if somebody facing injuries get first aid in his/her community as the aid may help to reduce bleeding and may reduce the injuries becoming infected.

## Interventions against HTPs affecting health

Until now male circumcision has been fully practiced by traditional birth attendants at home. Mostly they circumcise when the boy becomes 7 or 8 years old. Some also circumcise when the boy becomes 3 or 2 months old. There is no practice at all of circumcising boys at health care institutes. Even now there has not been any effort to make the community aware of the consequences of circumcising boys at home and the importance of institutional male circumcision. Thus, the head of the district health office suggested it would be good if awareness-raising education is also provided so that people start to circumcise boys at health care institutions.

Even though great efforts have been made to stop the practice of FGM still some community members, including in towns, are practicing it secretly. But it has been highly reduced as compared to past times. Girls are mostly circumcised at age of 8 - 12 when they are ready to start sexual intercourse. Mostly it is mothers who want their daughters to be circumcised. People perceive uncircumcised girls will not control their feelings, as a result of this they would start premarital sex and would be aggressive. Locally to express such behaviour they say 'Nibilbilit'. The women’s affairs office has been working strongly against FGM by educating the community that circumcising girls means cutting parts of their body so that the community stop practicing it. HEWs and community volunteers have also a vital role in fighting FGM by teaching the community members about its consequence on the future life of girls.

Other HTPs like cutting the uvula are also practiced secretly when the child is about 3 years old. There are well known traditional medical practitioners in Dire Dawa area (Alhabesh traditional healer), in Langea area, and in Wetera area. People go to these centres for some illnesses like haemorrhoids and skill related problems. Some people also go to bone setters around Haramaya.

Three years ago the practice of *Huduu four* was practiced by some community members when their children became physically thinner. *Huduu four* implies putting a little stick on the oral part of a child, which exposes for bleeding. Mothers believe that this practice (bleeding) increases the weight of their children to a normal state. As babies take anything they get to their mouths, which may expose them to be ill, so, mothers believe that the practice of *Huduu four* prevents the child from suffering such associated illnesses. But now this practice is greatly reduced by the efforts made by HEWs and community volunteers. Respondents stated that there may be very few mothers and Traditional Birth Attendants who still practice Huduu four secretly. While observing this practice no one reports it to responsible bodies. So, in general more promotional work is needed to make the community aware to report cases of HTPs to responsible bodies such as HEWs or community volunteer workers.

##  Curative health services

### Health Post drugs

Since the establishment of HPs there have been anti-malaria drugs such as quartem, and anti-headache drugs such as paracetamol. Sometimes there is a shortage of these drugs due to limited supply.

Recently also HEWs received training in Rapid Diagnostic Treatment (RDT) and they started testing for malaria. One year ago anti-malaria drugs were provided based on symptoms only. But now the drug is provided based on the test result.

This year IFHP has given training to HEWs about pneumonia treatment. When children aged below 2 years old suffer from pneumonia, rather than travelling a long way to get treatment in HCs, IFHP make the treatment service available in HPs, which are closer to the community. IFHP also assigned a supervisor who follows the treatment service provided by HEWs.

Since recently TB drug has been available in HPs so that patients take the drug there rather than travelling to HCs, which take longer for rural people.

In general, in most HPs there is shortage of basic equipment.

As the primary objective of HPs is preventive there is no other curative health care service provided there.

### Health Centres

Formerly only one HC was available, in the capital of the wereda. After 2004 to expand provision of curative health care services 5 new HCs have been constructed and become functional and another HC is under construction. On average 1 HC has been constructed and completed per year. Similarly, since 2004 a lot of additional health professionals have been employed. Every HC serves each day for 24 hours as out of working days and hours there is a duty for emergency cases. Community volunteers and HEWs have been working by informing the community about the need for seeking curative health care services and referring patients to HCs. Due to this people have frequently been visiting HCs when they fall sick from certain illnesses.

Health Care Financing Strategy (HFCS) started in 2007/8 in Weter HC, in 2008/9 in Kersa HC, and in 2010 in the other 4 HCs. The HCFS has its own administrative board composed of HC administration and finance officer, head of HC, and other selected staff. Since HCFS started the HCs do not wait for the budget assigned by government to buy drugs, rather the HCs open a bank account and use the money obtained from sales of drugs to buy drugs needed in the HC. When selling the drugs an additionalmark up of 30 % (to the buying cost of the drug) is added. The HC uses this mark up or profit for transportation and per diem when going to buy the drug, stationery and other administrative purposes. Before the HCFS started there was a shortage of drugs due to budget limitations, delay of budget and small amount of budget given once (inadequate budget) since the annual budget was released 4 times per year (on a quarterly basis). Moreover, the drugs were not bought based on need. Because of this patients were buying drugs from private pharmacies at a higher cost. But since HCFS started drugs are bought based on demand (by considering the first 10 top diseases prevalent in the district) and when needed as there is no influence from any organisation. Thus, unlike the past time HCFS make every curative drug available in the HC as there is no problem of getting drugs, as a result of this patients get drugs needed in the HC.

Within 3 years HCFS has become effective. As the money obtained from sale of drugs is a rotating fund the capital of the HCs has been increasing, which will make the HCs self-sufficient. In general, HCFS has increased the quality of the service provided at HCs. When rendering HCFS they have their own cashier, and finance and administrative personnel. But due to budget limitations in 4 HCs these personnel have not yet been provided.

In providing free medication, in the longer past patients were served based on the letter obtained from their kebele. More recently such free medication was not practical. Last year a new system was created whereby first a patient brings a letter from his/her respective kebele to the wereda administration. Then the wereda administration together with the social affairs and disaster prevention office assesses and screens such patients and finally they are provided with a card. With such a card the patient, including his/her family members gets free health care service. For this service the wereda administration assigns a budget and makes payment to the HC on a quarterly basis, meaning the HCs provide this free medication on credit in the sense that later (at the end of every quarter) the HCs will receive the cost of such medication from the wereda administration. As this system is new only a few patients have benefited until now.

Unlike before the last 5 years now 6 HCs are functional in different areas of the wereda. Thus, people use the HC closer to their residence area, including HCs located in the neighbouring weredas. Due to this the number of patients is not higher in each HC. So, the HCs are not busy.

UNICEF supplies medical equipment for HCs. Now in each HC they are counting equipment so as to transfer excess equipment from one HC to the other that lack such equipment. There is a lack of computers in HCs.

The other problem lies in staffing. Regarding health care work the standard is 30 staff per HC. The number of staff is better in Kersa, Lange and Weter HCs since they are pioneer HCs but it is problematic in the remaining HCs due to budget shortages. For instance, in Dolu and Gola HCs the number of staff, including guard and cleaner is 10 and 9 respectively. Based on these the head of the district health office suggested the assignment of enough budget so as to employ adequate staff. This is because unless required human resources are provided it is not possible to provide quality service. In addition, participants suggested the provision of capacity building training so as to update staff with recent information and technologies. Sometimes NGOs are providing training on certain issues but it is not adequate. He also mentioned that only very few got further educational opportunities. E.g. last year only 1 staff member got MA study. Due to this he suggested giving more educational up grading opportunities so that staff are encouraged and serve effectively.

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### Non-government health services

NGOs

In coordination with the district health office different NGOs are working on health related issues, which include:

Integrated Family Health Programme/ IFHP have been working in coordination with the women’s affairs office. They have been providing family planning services, information educationin fighting HTPs, and fistula repair services. In order to get women with fistula they inform the HEWs that if they get a woman suffering from leakage of urine to refer such women to the fistula repair centre found in Harar town.

Over the last 5 years Oromia Development Association/ODAalso has been working on family planning and outreach services by mobilizing the community for disease prevention activities and on other development aspects.

Harerghe Catholic Secretariat/HCS also have been providing some logistics support, for instance they provide care for outreach services. They sponsor stationery materials for review meetings.

Essential Health Service in Ethiopia/ESHE also has been working in the wereda on FP and nutrition for the last 2 years. Now their programme has been phased out.

The activities that are implemented by these NGOs have been regulated by the zonal health bureau by contacting the district health office based on their performance report and earlier submitted proposal.

Propride also has been working in the capital of the district on youth and HIV/AIDS for the last 3 years. They have established a youth information centre, where youth can get information related to HIV/AIDS. They have bought TV and Dish so that youth can watch football and the income obtained from it will be used to strengthen youth livelihoods by starting Income Generating Activities/IGAs.

PRIVATE CLINCS

In the wereda there are 9 smaller private clinics, all are found in the towns (3 in Kersa town, 3 in Weter town and 3 in Lange town). Mostly people have been using these clinics as they can get service whenever they need. But these clinics are not well equipped in terms of staff and equipment. Moreover, as they are business-oriented they render services which they are not allowed to. There is an established committee from the district health office that regulates the services provided in these clinics. In order to resolve this kind of problem and to make service delivered better there is a plan to establish an inspection team comprised from different sectors such as district heath, administration, police and security, trade, and revenue offices. But due to continual meetings this inspection team has not been established yet. Upon establishment the team will follow up these clinics and other health care giving institutions and check whether they have fulfilled criteria set and so forth. For instance, in small clinics 2 health professionals have to be available and medium level clinics need to have a health officer and laboratory testing service.

 PRIVATE PHARMACIES

There are 2 private pharmacies, which have been working over the last 5 years but until now it have not been regulated

TRADITIONAL PRACTITIONERS

There are some traditional practitioners in Dire Dawa, Weter, and Langea area who have licences but they are not certified. They produce drugs from different leaves. People mostly go to these healers for some illnesses like haemorrhoids and skill related problems. In Weter also there is holy water which people suffering from cold use but it is not quality. Until now these traditional medications/healers have not been regulated.

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## Reproductive health services

For the last 6 years reproductive health services have been provided at HP as well as at HC. At HP the HEWs together with other district health professionals (through outreach programme) have been providing education about how to get family planning services so as to avoid unwanted pregnancy, get a healthier baby, etc. Special counselling and care related to reproduction and sexually transmitted diseases and other technical services, which are not provided at HPs, are also provided at HCs. Over time RH related services are being strengthened. Due to this the community's knowledge about RH has increased.

Since 2001 a special service for adolescents /youth friendly service has started in 2 HCs whereby bi-weekly students are mobilised to come to HCs and to get RH education. Oromia Development Association supports this programme by providing refreshment training for nurses. In this programme youths are advised on how to protect their physical, mental and social well-being by avoiding risky activities such as unsafe sex, which may expose them to HIV and OSTIs and unwanted pregnancy.

### Contraception

In the longer past people were travelling longer to get contraceptive services. Moreover, while observing some symptoms after using contraceptives people were assuming the contraceptive created illness. They also perceived their culture and religion does not allow them to use it. Due to these reasons people were resistant to using contraceptives. However, since 2007 the coverage of FP services has increased as more awareness raising education has been provided by HEWs and contraceptive service has started to be delivered by HEWs and community volunteers. Due to these people's knowledge about the importance of contraception has increased. As a result, more individuals have been benefiting. Since children are seen as an asset a few men still do not like contraceptives as they need to have more children. In addition, there is a problem of using contraceptives in proper sequence.

There has been provision of contraceptives that last for different time frames such as for 3 months, 3 years, 5 years, etc, which are described below:

***Pills*** are available at HC, HP and from community volunteers. Pills last for a month. They need follow up. About 15 % of women are using them. Women fear that it results in illness. Males also do not like it as its side effect a bit changes women's behaviour, as a result of this women do not feel comfortable to use it.

***Injection*** lasts for 3 months. After 3 months it may last for 2 years. More women know injection but some of them, including men, believe that it may last for longer. Due to this use of injection seems less, about 12 %.

***Implanol*** was introduced in 2008 and it lasts for 3 years. As this is the latest type of contraceptive it is preferable. Until now few women, about 5 %, have used it. IFHP has given training to HEWs. Thus, people get implanted at HPs. But whenever they want to take it out they have to go to HC. IFHP follow up the progress of implanol service utilisation continuously.

***Norplant*** lasts for 7 years. But it has not been utilised for the last 2 years as its side effect is severe, most people, mainly men do not like it. Implanol has been introduced to substitute Norplant.

***Condom:*** Using condoms is very minimal, about 2% (only people living in towns use them). This is because people do not use them for cultural and religious reasons. Abstinence is not as such practiced or known by the community members.

All these contraceptives services are provided free of charge.

Nurses from HCs and HEWs provide health education about contraceptives services at preparatory, general secondary and primary schools (for 26 schools). Both male and female students get this education but the number of female students attending the awareness raising education is less. There is also condom promotion and distribution at these schools.

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### Abortion

As there is no trained professional that can provide abortion care service, the provision of this service has not yet started in the wereda. But, there is abortion care service in other HCs (out of the wereda). There is abortion care service in Dire Dawa at Marie Stopes International, private clinic and hospital. Needy people from the wereda use these available services.

In general, it seems that the demand for abortion care services in the wereda is lesser but it is not clear. There were circumstances when women leave a child, which is delivered early, in the road. These cases indirectly show that rather than aborting some women prefer to deliver and abandon the children so that others or a responsible body can take them. Through the cooperation of women and children affairs office, and social affairs office such children were given to orphanages. As there are circumstances when woman want to abort due to various reasons respondents suggested the need to provide abortion care service in HCs. Since in the wereda there is no abortion care service the respondents do not know about deaths following abortion and problems caused by abortions.

### Infertility

Infertility check-up service is provided at hospital (in Harar and Dire Dawa). Some people living in the town use it but rural people do not use it. There is male infertility but most men resist admitting this. Generally, mostly it seems that it is women who are infertile (but still the proportion is less). However, infertility is not a problem in the wereda. This is because there are only few circumstances when a couple do not get a child the husband marries another woman (through the consent of his first wife) and gets a child from the second wife. Moreover, infertility sometimes creates disagreement between wife and husband; family interference that may end up in divorce. Thus, mostly infertility affects women.

For infertility at different hospitals in nearby major towns (Harar and Dire Dawa) there is medical treatment by gynaecologists if the infertility is caused by a genetic problem. There is also psychosocial treatment there. However, in the wereda there is no plan to introduce it.

### HIV/AIDS and STDs

Since 2003 there has been a great change in terms of getting HIV tests, both in urban and rural areas. For instance, in 2003 testing was available only in one HC as there was only one HC in the wereda. However, in 2007 testing was available in 4 HCs and now it is available in all the 6 HCs. Thus, there is HIV/AIDS related advice in all these HCs. As the awareness of the community has increased, before marriage most couple get tested. But the problem is people do not consider the window period as mostly they come for testing when they are left with few days to get married. Since 2005 there has been a community conversation to educate the communities at sub kebele level. This is a good means for community members share their own experience and get lessons from each other. However, the activities of the conversation have been reduced due to budget limitations as government does not assign budgets for this conversation, rather it has been covered by Global Fund which is not found sometimes. Due to this there is a financial/material problem in arranging conversation programmes, providing adequate training for facilitators, and monitoring and evaluating the progress of the conversation.

As most of the community members are Muslim men used to have more than one wife. But this practice has been greatly reduced due to the awareness raising activities done on how having more partners expands the transmission of the virus. Furthermore, since 2007 there have been great efforts in implementing the property ownership of women, be it from parents or be it from divorced husbands. To avoid being inherited most widowed women have been avoiding getting married to men who already have another wife. To prevent HIV transmission there is distribution of condoms in both urban and rural areas. Religious leaders also have been providing education in using condoms. As a result, people have been using them but there still seems to be a problem in how to use them properly. Starting from 2010 a minimum of about 20,000 persons have got tested. There are two associations of Persons Living with HIV/AIDS (PLWHAs) ('Biftu Genema' 1 and 2) that organised and got credit through the microfinance institute, by which they started to engage in income generating activities so as to support their lives. Both of these associations were established in the two towns found in the wereda, namely Kersa and Lange town. The association members of Lange town also have been teaching other people by explaining their own experience so as to protect themselves from the infection, they try to link other suspected persons to get tested, and they encourage couples to get tested. Through the support of Propride there is home based care for PLWHAs by volunteers. A bathroom is also under construction. When it will be completed bath service will be provided for the public and the money earned will be used to support Persons Living with HIV/AIDS (PLWHAs).

Currently the prevalence rate of HIV/AIDS is about 0.09% while the prevalence rate of Other Sexual Transmitted Infections (OSTIs) is 0.02 %. Despite the big change in terms of the above facts, bringing about behavioural change is still difficult, especially for rural people. There is also the problem of monitoring and evaluation of the progress of HIV and Other Sexual Transmitted Infection/OSTI prevention and control activities from concerned bodies due to budget limitations and other factors.

Until five years ago ART was available only in Dire Dawa and Harar towns. At this time Persons Living with HIV/AIDS (PLWHAs) were a bit resistant to seeking ART. But recently the service has also started in the HC found in the wereda capital and the HC of the neighbouring wereda capital, Haramiya town, and most of Persons Living with HIV/AIDS (PLWHAs) have been using it. Due to this the death rate of persons from HIV is very low. But still due to fear of stigma some Persons Living with HIV/AIDS (PLWHAs) try to get Anti-Retroviral Treatment/ART service from far off health facilities, for instance Adama town. The treatment for other OSTIs is also available in all 6 Health Centres. Like HIV Other Sexual Transmitted Infections/OSTIs also require testing but the test-seeking behaviour of the community in this regard is low.

In 2007 or Ethiopian millennium there was campaign that targeted preventing and controlling HIV/AIDs and OSTIs. At this time a lot of activities were done, as a result of which the awareness of the communities has improved. Pathfinder International has been supporting the awareness raising education by providing educational materials, stationery and technical support. Due to this, unlike the longer past, recently people have become more willing to admit to being HIV positive. Regarding treatment since 2009 there has been Prevention of Mother-to-Child Transmission/PMTCT service in all the 6 Health Centres.

The district HIV/AIDS specialist suggested that in order to bring behavioural change still needs to work more. Especially as the area is trade focused it is risky as people are travelling to and from Jijiga, Aweday and Dire Dawa mostly for trading purposes, it will be good if NGOs work on this as until now the involvement of NGOs in these activities in the wereda is minimal.

### Fistula

Though there is early marriage starting from age of 13 in the area there is no pre-teenage pregnancy like Somali region and Amhara region, where early marriage is a severe problem as girls get married at much earlier age. Due to this the prevalence of fistula is low in the wereda. As a result, the demand for fistula services seems less.

There is no fistula repair service in the wereda. But, out of the wereda (Harar town) there is a branch of Addis Ababa fistula hospital that provides fistula repair services, which are free of charge including food. This service is provided by the support of IFHP. However, the availability of this service is not well known by rural people. So, it will be good to introduce this service for people at large and to strengthen identifying women suffering from fistula as in other areas.

##  Mother and child services

There has been prenatal advice and monitoring for pregnant women on a monthly basis. Most women had used this service. But some women did not follow this service sequentially. Some women were even interrupting the service. To overcome these problems in 2008 there was integrated refresher training about prenatal care for health professionals. By considering the prevalent problem a new system of ***Focused Antenatal care*** was created, whereby throughout pregnancy a woman gets antenatal care 4 times. Accordingly, a new reporting format was designed. In this system activities or services provided formerly on monthly bases were merged. As the visit time for pregnant women is reduced, now the proportion of women using prenatal services has increased. Prenatal services, which include HIV and OSTIs testing, psychological advice and medication, maternal vaccination, education about nutrition and breast feeding etc, that enable mothers to be psychologically ready for delivery have been provided.

Almost all mothers (95 %) deliver through the help of TTBA at home. From the total 70 HEWs working in the wereda 9 of them have got training on delivery. In 2 HPs there is a delivery kit. But HEWs have not started to provide delivery service yet. Participants suggested that in order to increase institutional delivery more trainings have to be provided for HEWs and it requires making people aware to value institutional delivery and benefit accordingly. Children also get required vaccinations. For less than 3 year old children there is gross monitoring so as to identify malnourished children. For these children there are 2 programmes:

1, Community Based Nutrition ***(CBN).*** In this programme malnourished children get supplementary food (plumpynut) at health centres and health posts.

2, Out Patient Treatment (***OPT***). In this programme severely malnourished children get treatment at health centres.

After delivery education and advice is provided for mothers about exclusive breast feeding and mothers nutrition so as to get a balanced diet by mobilizing the resources they have. Starting from last year for children less than 2 years old iodised salt in the form of oil at HPs and HCs is provided. This iodine supplementation programme has started since the problem of iodine deficiency or goitre has become more prevalent in school age children. The reason to target children less than 2 years old is that brain/mental development occurs within the first 2 years. Thus, taking iodised salt at this age makes children active by enhancing brain development. This programme has started with the support of UNICEF.

Respondents emphasised more has to be done on children's feeding practices so that mothers can feed quality/nutritious food to their children as well as themselves

## Education

### Pre-school education

In 2003 one private kindergarten/KG was opened in the wereda capital (Kersa town). Since then it has been working and a lot of children have achieved knowledge and skills required to join primary school. Children who got KG lessons, also performed better in primary school as compared to those who did not get KG lessons. As it is a private KG the number of students is small. As a result, they give good care to children. The school compound is also a safe healthy environment. All children aged 4 up to 6 are eligible to attend. The problem is that there is no formal text book prepared to provide KG education. So, this needs consideration so as to improve the quality of education.

In 2009 zero grade education started in 35 primary schools found in the wereda. Then in 2010 it was given in 65 schools and in 2011 (in the current academic year) it is on process to be given in 70 primary schools. All children aged 4 up to 6 are eligible to attend. As there is no kindergarten in 33 rural kebeles and 2 small towns found in the wereda (only one KG is available in one small town, the wereda capital) children attending zero grade lessons have been obtaining basic education as a preparation to join grade 1. However, there is a severe lack of teachers teaching in this grade as a separate teacher has not been assigned rather it is the available teacher who cover/teach this grade when they are free. Due to this when teachers are not free the students remain without a teacher. In addition, there is no textbook prepared to provide zero grade lessons. So, to improve the lesson these two problems need solutions. In addition, in every kebele on average there is one primary school and it is only children from near the school that attend such lessons. However, as the kebeles are vast in terms of size other children far from the school area do not attend due to the distance problem. So, the wereda head of education office suggested it will be good if such lessons are provided at sub kebele/village levels.

### Primary education

Over time there has been improvement of existing primary schools in terms of facilities and construction of new schools. For instance, last year 5 more schools were constructed. Thus, in 2010 there were some kebeles, where there was no school. But now in each and every kebele there are one or more primary schools. More importantly the start of providing school grant caused schools to be improved in various aspects. In 2009 schools were expected to receive the grant but it was not given on time. As a result of this all the schools received it in 2010 (in addition to the grant of 2009). The grant is given based on enrolment. In 2010 it was 10 birr per student and in 2003 it increased to 15 birr per student. The grant was used based on the School Improvement Programme (SIP) plan and the felt needs of the schools through the decision of established committee comprised of teachers, parents, and students. Accordingly, it was used to buy stationery materials, chairs, and repair the classrooms and buy books for school libraries. The delay in receiving the grant is the major problem.

Enrolment has also has been increasing. At different times also there has been change/improvement of textbooks by considering local conditions. Such modifications enabled students to understand the lessons in a better way and it attracted students.

Though the problem of shortage of teachers that arises due to shortage of budget, and shortage of Mathematics, English, and Civics education textbooks has been improving, these problems still exist and need solutions. In addition, the quality of the available textbook material is not good. It serves only for a year then it gets broken. This also needs consideration when preparing the textbook.

Recently UNICEF has built latrines and provided chairs and repaired the classrooms of some schools. The community members also have been supporting schools with labour as well as by contributing money so the school facilities have been improving over time. However, there is still a problem of facilities such as shortage and lack of well-prepared latrines, shortage of desks and chairs, and lack of access to water.

In principle the teacher-student ratio has to be 1:50 (at maximum). But, due to shortages of teachers, in practice one teacher teaches 80 up to 100 students per class (in practice the ratio become 1:80/100). As the classroom size is small putting in a large number of students creates problems or difficulties to follow up each and every student properly.

Since 2010 from grade 1-4 the teaching system has been self-contained, a system whereby a single teacher teaches all subjects to the same students from grade 1 up to 4. There is no change in this regard. The achievement by using this system is as one teacher teaches from grade 1 up to grade 4 students better know the behaviour of the teacher. Due to this they do not fear rather they attend lessons properly. As this system uses the continuous assessment method students get different support continuously. However, if a student fails to learn required skills or knowledge he or she will repeat a grade. This means there are instances when the principle of automatic or free promotion (promotion to the next grade from grade 1 up to grade 4) may not be practical. Students who have an excellent teacher get better knowledge and skills and they become better performing students. Using this system makes teachers teach as much as they can since the system indirectly becomes a better means to evaluate the performance of teachers by considering the performance of the students. Similarly there is a problem or disadvantage of using the system in the sense that as one teacher teaches all subjects if the teacher is absent there is no teacher who covers his/her part as there is a shortage of teachers. If the teacher is not teaching well students do not acquire knowledge and skills they need to acquire. As a result of this they would remain poor performing students after joining grade 5 and above, especially in subjects the teacher did not teach them properly. If the teacher has bad behaviour and addiction students also may develop such bad behaviour.

Since 2008 3 Alternative Basic Education/ABE centres have been opened in areas where most parents do not send children to formal school as they need their labour. In these areas the established Alternative Basic Education/ABE centres has been serving by arranging time based on the time the community preferred, mostly in non-working hours. However, the education office has not encouraged students to attend Alternative Basic Education/ABE as there is no qualified teacher since the teacher is assigned from the community. As student drop out is high the Alternative Basic Education/ABE system has not been successful since until now it remains at grade 1.

There is religious (Koranic) education. As this education is given at school time it becomes one factor for some children not to join formal school. Last year discussions took place between the wereda education office and religious teachers to solve this hindrance. Resulting from this a system whereby a teacher from a formal school goes to a religious school and teaches students for certain time was created. But this effort has not made good progress.

### Secondary education

In 2003 there was only one secondary school, which is found in the wereda capital (Kersa town). In 2005 one additional school was built in Watere area by the contribution of the community. It has been built entirely by the resources of the community. Government only covered some costs of cement so as to strengthen the classroom built and by hiring teachers.

Access to secondary school is also one challenge for students since students from 38 different kebeles are learning in the 2 secondary schools located in two different kebeles. Those who can afford to, rent a house and stay in the nearby school; some come to and from school using public transport and others walk to and from school. Thus, due to distance problems there may be some (maybe 5 %) who do not join secondary school.

Before 2010 text books were distributed by regions but since 2010 the distribution comes directly from the federal level. In the federal system of distribution there have been some gaps in getting required textbooks. For instance, excess textbooks in some subjects were given to some schools while other schools lack such textbooks. Due to the distribution problem there is a shortage of certain textbooks. This also applies in primary schools. However, the quality of textbooks in terms of content has improved. Teachers also have been upgrading their qualifications. Since 2008 98% of secondary school teachers are degree holders. Thus, the quality of education given is improving.

Since 2008 there have been plasma lessons. But the plasma training given to teachers was not adequate. In addition, as all most all secondary school students of this wereda are from rural areas it is difficult for them to catch the lesson as the plasma lesson is delivered very fast. However, as plasma lessons are provided throughout the country it is excellent that every student (be it in large urban area or small town) gets the same standard lessons. As the areas where the secondary schools exist in the wereda are very small towns students have the advantage in getting the plasma lesson as there is no adequate material and technology (teaching aid) to teach them like other areas. Irrespective of this in the last academic year there was no plasma lesson due to technical problems. For improvements to make the education given standard it would be good to restart plasma lessons.

With regard to receiving grants for school improvement programmes as stated under the above section on *Primary education in the wereda,* secondary schools also have been receiving grants like primary schools.

### Post-secondary education

Up to 2008 students of the wereda had been getting TVET lessons from other towns such as Harar, Haramaya, Dire Dawa, and Chelenko. In 2009 one TVET was opened in the wereda town (Kersa town) inside the Secondary School. Due to economic problems and distance some students do not attend TVET. In addition, upon completing TVET most of the graduates do not get a job. This is also a hindrance factor/barrier.

Since 2010 the grade of TVET has changed from 10 +1, 10+2 and 10 +3 to Level 1 up to 5. This may be good to make the education provided better. However, TVET teachers are not qualified and there is a shortage of materials. The job opportunities for TVET completers are less as they do not acquire adequate skills. Thus, it will be useful if qualified teachers are hired as in Japan so as to make students/trainers fruitful and contribute to the development of the country in general.

Since 1993 there have been many students from the wereda that have joined different Universities and graduated. Until now they have not directly contributed to the development of the wereda. But they have interest in supporting the schools. Thus, through the follow up of the wereda education office they may support the schools which they had attended.

The availability of Haramaya University in the neighbouring wereda has benefited most civil servants, public officials, and other interested persons as they upgrade their educational qualifications in the evening programme. To make the education comfortable for workers the class is not provided in evening time, rather it is provided on weekends in Harar and Dire Dawa town. Formerly there was a Diploma and Degree programme in the evening programme. But now there is no Diploma programme. As those who are learning in this programme are sponsoring themselves they face a shortage of money to cover educational fees and transport expenses. Thus, it would be good if government sponsored such trainers like what has been arranged in the summer programme for teachers.

Furthermore, when teachers upgrade their qualifications in the evening programme by their own efforts (sponsoring themselves) their upgrade is not considered for salary increment. This is because those who upgraded might not have learnt in the field of education that teachers lack and the skills/knowledge they acquire may not be utilised as there can be other professionals in such fields of study. Thus, unlike the availability of extension programmes in the nearby wereda area, teachers have not benefited due to such negligence. So, it will be good if government has considered these situations.

There are private colleges in Harar and Dire Dawa town. Interested individuals are benefiting from these colleges. However, since 2007 government has formulated a policy that teachers, lawyers and health practitioners cannot upgrade in private colleges. The reason is that as private colleges are business-oriented or profit-making they do not give due emphasis to the quality of education provided.

Starting from 2009 getting a Certificate of Competence (CoC) for teachers and health practitioners is required to be employed. Once every three months there is an exam for the CoC. The process of giving a CoC is not transparent. Due to this from those who take the exam only very few (about 2%) pass. Thus, the difficulty of getting a CoC also impoverishes access to jobs or exacerbates the problem of unemployment. For the future there is a concern that in order to upgrade education getting a CoC would be a prerequisite. This worries some teachers and health professionals.

### Other training

In 2010 the Adult Literacy programme was introduced by changing its approach to focus on the community's livelihood. It targets 14-64 year-old people, who can attend voluntarily. In the programme education about the living condition of the community has been provided so as to give insight for them to improve their living condition/livelihood. Adults and more youths have been attending this programme. Most of the attenders of this programme are male. The participation of females is much less, about 2 %. The programme is provided by different government hired officials such as DAs, HEWs, teachers and kebele managers. Each of these officials teaches the community on respective aspects in which they have been serving the community. For instance, the HEWs teach them about health, environmental sanitation and personal hygiene, and how to prevent diseases in general, the DA teaches them agricultural related activities and the teachers teach them about alphabets, mathematical rules (how to add, subtract, multiply, divide) etc . These officials are being involved in this programme in addition to their main responsibilities. Due to the work burden sometimes they are absent from the programme. Thus, it will be good if they get some incentive so as to work better and develop interest in contributing to the success of the programme. This programme has been provided for 3 days per week, mostly around 5pm based on the preference of the attenders. Unlike the education sector other sectors do not give due emphasis to such a programme. Thus, other sectors have to cooperate and work as much as they can since the success of the programme needs the efforts of all sectors.

Training for kebele chairs and managers is given once annually regarding tax collection processes by the district revenue office. Then, the chair and manager tell what they were informed in the district revenue office to village representatives so as to make the community aware and collect taxes at the proper time. Urban dwellers are also called and informed about the recent change of status of tax payments which have 3 levels and about the selling price of goods, which needs to be uniform. Upon change of their tax payment status to higher level it seems that they are not happy as the amount of tax they are going to pay has increased. Due to this the revenue officer expects that there would be problems when paying the tax.

## Marriage practices

In the past there was abduction and different measures have been taken to punish the abductor. For instance, in 2009 in Sodu kebele upon abduction the abductor and a person supporting him were caught by police and they stayed 3 years in jail. Due to this punishment the girl has re-joined school. As over time the law in place has become serious, abduction is not prevalent now.

Parentally arranged marriage was prevalent in the longer past. Due to this at that time both men and women had no right or very little right in choosing their own partner. Then in the immediate past men have started to exercise their right in choosing wives whereas women's right to choose marriage partners was low. In this case marriage by abduction can be an example. However, recently the practice of going together with the consent of both boys and girls has becoming very common. Thus, unlike the past a woman has full right to choose her marriage partner.

Girls as well as other community members know the law of the minimum age of marriage (i.e. 18). However, in most cases girls voluntarily get married at age of 15-17 in different kebeles of the district. Since over time people better understand the consequences of polygamy it is not prevalent. It exists in rare cases when the couple do not get a child and through the consent of a wife the husband marries another wife to get a child. When the husband gets married to another wife seeking a younger girl there are instances where the first wife takes the case to district court. The women’s affairs officer and head of women’s association also support her while taking the case to court. In this case the husband is forced to leave the second wife. If he does not accept to leave his second wife he is ordered to leave more assets for the first wife. Due to this nowadays a man has stopped marrying another wife without the consent of his first wife.

The practice of widow inheritance also has been reduced by the continuous efforts made by women’s affairs officers. As in most cases the inheritor mainly wastes the assets women become alert and resistant to be inherited. The relatives of the deceased do not force the women to be inherited. However, they do not allow her to marry another man (who is not the brother of the deceased) to prevent the new husband sharing or inheriting the assets of the deceased. Thus, without getting married to another man she has full right to use and manage the property. Similarly, unlike the past marriage to dead wife's sister is not prevalent.

The law for protecting a divorcee's right to property has become serious, mainly by the efforts made by women’s affairs officers. Due to this a divorcee’s right to get her share on the properties that the couple earned has improved. Even if she has more children she gets a higher share. To promote peoples’, mainly women's right since 2006 a mobile court has started in major towns so that rural people can make use of it from the centre near to their village.

Recently also married women have started to share the property of their parent when their parent died. But in the past it was only her brothers who shared the property of their deceased parents

Harerghe Catholic Secretariat also has been working closely with HEWs and women’s affairs office in order to

inform the community about the importance of eradicating HTPs associated with marriage. An Italian-based NGO called CISP has also provided credit for women capable and interested to be involved in Income Generating Activities/ IGAs so as to avoid economic dependency and to prevent gender-based violence and save themselves from associated consequences.

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## Using customary organisations to help implement interventions

Until now through religious leaders at religious institutions awareness raising education to eradicate HTPs has been provided for community members. Recently this system has been strengthened as it becomes an important information dissemination centre since the society mostly accepts the ideas offered by religious persons.

Clan leaders also were solving the problems created as a result of disputes created among clan members and were working to prevent possible means of conflicts. But now as government is not encouraging clan based work as clans may make activities ethnic-based, the implementation of interventions by clan leader has been minimizing over time.

Since the longer past elders have a vital role in creating peace in the community by solving conflicts. They have a great participation in protecting the community from entering into conflicts with each other. With religious leaders, elders also provide education on HTPs.

Except strengthening the already started activities, which are noted above, there is no new plan to involve customary organisations in the implementation of interventions

## Women’s organisations

### Women’s Association

In each kebele there is a women’s association since the longer past. Members also have been making an contribution of 3.25 birr per month. From this contribution they have been saving some amounts of money. When their saving reaches a certain level they would get credit and may start IGAs. For the future it is decided to increase the contribution to 6 birr. But it has not yet started.

According to the head of woman and children affairs the association has been serving the members in 2 ways, which are *protecting their rights and strengthening their economic condition.*

*Safeguarding the rights of the members.*Through the association meetings awareness raising education has been provided for members so as to protect themselves from gender based violence. Whenever members face some problem such as a dispute with their husband and gender based violence the association leader takes the initiative and takes the case, even up to wereda cohort level for solution. Recently some associations have also started to buy sugar, salt, oil and other consumer goods from major urban areas and resell them to the community. After joining the association some members resist coming to meetings and they even leave the association as there are no well-established activities done by the association. So, it is necessary to strengthen the association so as to avoid reduction of members and make the association strong.

The association was *facilitating strengthening the economic condition of the members*. This has been practical so as to avoid women being dependent on their husbands. For instance, in 2009 some members in 5 rural kebeles were organised in small group and got credit access through the help of CISP and HCS. These women were selected by considering their commitment so that they will benefit from the credit, improve their life and become models for other women. The number of members of this group is about 20. The group members get credit (such as 5,000 birr or as to their capacity) individually. These women have been using the credit they get for income generating activities such as cattle fattening, trading chat, trading milk etc. They have a monthly saving. They also establish a local means of saving, "equb", whereby members get money turn by turn. Being involved in such activities and earning their own income has made women independent and exercising their rights.

The Women’s Association does not have an office at district level. The participant stated that the office of the women’s association during the Derg regime that became a bakery later is now idle. Due to this they suggested giving this home to the association so that the association will strengthen its activities and benefit members in better ways.

### Women’s League

 According to the women’s league officer, the women’s league was established in 2007. The women’s league is working at the office of women’s affairs. Now the league has a total of 4,609 members (3,362 rural women, 535 urban women, 88 civil servants, 4 DAs, 70 HEWs and 36 women organised under Microfinance Institute /IMX in urban areas). Women’s league is comprised of a group of women who become members of the political party. These women are exemplary in terms of their economic, social and political activities. The effort of the league is to make most women become members of the party and involved in promotion of political and developmental activities such as good governance.

The problem with regard to the league is a severe budget and manpower shortage: only one women’s league is working at wereda level. She explained the difficulty of covering all the 38 kebeles found in the district. Moreover, the budget is too small. For instance, she stated that the annual budget assigned for this year is 4,000 birr (1000 birr per quarter). Due to this she could not attend training and experience sharing arranged in other far areas. Now she has been invited to attend an experience sharing programme in Adama town but as the budget they have is small she would not attend this programme.

## Youth organisations

### Youth Association

Unlike the youth league, the youth association does not have an office. Due to this most members do not come when they are called for meetings. There are no achievements obtained from youth association as nothing has been done so far, most members even failed to pay the annual contributions as the receipts for the contributions collected so far were lost due to unknown reasons.

*Youth League*

Youth League was established in 2007. Youth league is working at the office of youth and sport affairs. Now the League has 6, 450 members (5,294 male and 1,136 female). The wereda cabinet members have been travelling to rural areas to make the members aware about the Oromo Political Democratic Party (OPDO), to whom the league belongs and about GTPs. Recently these members started to be involved in NRM. For instance, in rural areas they have planted a total of 185,000 trees, built school fences, and in urban areas they were involved in reconstruction of broken bridges. They also help people in need of support in labour. Now there is a plan to organise youth league members in groups at each kebele so as to control natural resources as local people have been illegally cutting eucalyptus trees or forests.

In Kersa town unemployed youth members have got credit and started metal work in a group. But after working a year some members left the group work when they got jobs. Because of this now only one man is working in the metal working centre. Now there is a plan to organise youth league members in groups and start IGAs such as buying consumer goods from the town to sell in rural areas. To do these activities they are seeking credit now.

A bi-weekly newsletter is sent to youth league members. The kebele chairs take the newsletter and make the members aware of what is written in it, mainly about development and related to political activities done so far. But the chair does not report on how the awareness is going on in right time.

## Planning and consultation - NA

## Rights and duties of community members - NA

## Community contributions - NA

## Accountability

The work report from different sectors is presented to the wereda council. It is the wereda council house speaker who prepares the report which is being presented to the wereda council. In principle, the report to the wereda council is prepared four times a year. However, it has not been conducted more than two times currently.

The decisions over crimes which affect the public like theft, rape, cutting of forests, and the like will be posted for the community as they will be assumed to teach the public.

In addition, these public interest cases have been communicated to the public through the media. For example, they mostly use Haramaya FM radio to disseminate court decisions over cases on the public interest. From 2000 EC all the works have been done according to the Business Process Review and customers' opinions have been collected in three ways. These include: 1. Suggestion box; 2. Citizen's report card; and 3. Questionnaire format

There is also a customer's satisfaction survey in which customers express their level of satisfaction on the services delivery by the wereda offices. This is an accountability from which the BPR has recently recommended to be used in all the governmental offices.

## Security and policing - NA

## Justice - NA

## Learning about government policies and programmes

### Growth and Transformation Plan

GTP was introduced to the wereda officials in the form of trainings and orientations. For example, it was given to wereda cabinets, employees, and poverty reducing sectors like agriculture, water, health, education and roads through short trainings and orientations. It was also given to the kebele officials in the same way it was given to the wereda officials. This means that it was give to kebele officials using repeated trainings. In addition, in the presence of wereda officials, and kebele officials, training was given to the community.

Since the GTP has been introduced to the officials and the community, it has been changing the various development activities in the PAs in the wereda. For example, as the officials explained to the researchers, there are core development targets set by the government. These development targets need to be given priorities. For instance, health services like health post, schools, drinking water, roads(internal roads) and the like are constructed by the government with the community's participation. In 2003 E.C. around 1 million birr was contributed by the community for construction of additional classrooms in the schools. On roads also, in 2002 EC 4km were constructed by the community. In 2003 EC 17 km of roads was planned to be constructed, but only 14 km was constructed by community participation. In general, community participation in the form of labour and cash contributions has increased over time in the wereda.

Regarding agricultural development, there is a set target to double agricultural outputs in the GTP. Accordingly, from 2002-2003 E.C, the community received practical trainings and understandings from different professionals like DAs and other officials, and the community is using this knowledge and skills and producing agricultural outputs. They understood and believed from the GTP trainings about using compost and other agricultural inputs to double their outputs and they have planned their work accordingly for 2004 EC.

However, there have been some problems as the officials mentioned. These include, natural disasters, e.g. in Adele Keke there was a frost, 'Wag' in Amharic, erosion/floods, mostly in 'Jaba Water' PA. Also, there have been market problems. The harvests and other products have increased over time but there is a market problem. There is also a transport problem. There is a high potential for irrigation in the wereda, but there is a problem of machinery even for construction of roads. There is also a budget problem especially to construct internal roads and to maintain the standards of those internal roads. Suggestion for improvement is that all the stakeholders, namely, the government, the community, professionals and NGOs, should work together to solve the above mentioned problems.

### Delivering development messages to communities - NA

## Social equity interventions

### Insurance - NA

### Promoting equity for women

There have been various works on promoting equity for women in the wereda. From the wereda budget, 2% is allocated to women's affairs and HIV/AIDS.

The social and economic violence against females by males has been reduced over time. However, in the remote areas, there have been practices of early marriage as the traditional attitudes of couples and the community have not been changed. On the other hand, there has been good improvement in ensuring access to government services. For instance, there have been improvements in women's participation. However, there are still gaps on women's land ownership as it still is dependent on the good will of the husbands who may give a small share of land to women. There is a gap in sharing or giving land to women according to the law. So far, when wife and husband divorce, the practice has been only sharing the house and other properties other than land. So, women are not fully having their land ownership guaranteed though the law gives them full rights to land ownership.

In promoting the equality of women a lot of activities have been done. Recently women have been organised in a group and got credit access. The members of the group individually have been using the credit they get for income generating activities such as cattle fattening, trading chat etc. Being involved in such activities and earning their own income has made women independent and protect themselves from male violence. Males also are cooperative to avoid gender based violence as over time they better understand the consequences of violence since lot of awareness raising education has been given.

Over time the practice of FGM has been reduced. This is because awareness raising education by respected community members such as elders and religious leaders has been done continuously, though there are still some who still practice it secretly when girls reach age of 9 or 10. Mostly they are mothers who resist the avoidance of circumcising girls since still they perceive uncircumcised women would need to have extra-marital affairs and their married life will be affected.

The practice of abduction has stopped. However, there is voluntary abduction, whereby a male takes the girl somewhere and when the girl’s parents try to take the case to responsible bodies like with formal abduction the girl resists and argues that she went with the male with her consent. There are instances where the girl is taken without her consent but later on she will be convinced to argue that she went with her consent. In addition, if she is less than 18 years old she lies and argues that she is 18 or above years old so that her decision will be accepted. In case of such arrangements the girls parent strongly resist accepting it as they do not want their daughter to be married to the person whom they do not like or know properly. But, mostly girl's decision is accepted.

In contrast, the abductor and his parents strongly cooperate to make the arranged abduction effective as they try to avoid their son facing the associated punishment decided by responsible bodies. Through continuous efforts people's awareness has improved, unlike the former time there is no rape. However, there are a very few cases. For instance, recently a teacher raped a mentally retarded girl in the wereda capital. As a result, he is now imprisoned. Whenever a rape case is identified the rule has become very serious in getting and punishing the perpetrator but the problem is that the case is not reported soon, as a result sometimes reporting late creates difficulties for medical check-up.

### Youth policies and programmes

*Youth livelihoods*: As there is severe shortage of land in the wereda there is no intervention related to youth livelihoods that involves provision of land individually or on a group basis. The youth package recently implemented by government and nongovernmental organisations in towns to improve youth livelihoods is provision of training (on work creation and saving) and credit for unemployed youth to start IGAs. Accordingly, in 3 towns 30 youths were organised in 6 groups and have got credit and started IGAs such as poultry, barber’s shops, mini cafeteria, etc. The credit they obtained is a revolving fund. Thus, when this loan is settled the money will be given to another group as a credit.

Since last year the social affairs office has been providing ID cards to educated unemployed youth, who have certificate, diploma or degree, in the district so that upon a job opportunity priority would be given to them.

In connection with the youth information centre established by Propride, youths started working in a small mini cafe so as to generate income. This income will be used to start further well organised IGAs for youth.

In rural areas there is no intervention to improve youth livelihoods. Thus, participants suggested that it will be good to start it in rural areas too.

*Youth recreation*: The intervention to provide recreational facilities for youth has started recently. Now in the wereda capital a youth centre is under construction. Propride also bought 38' TV and Dish, where youth come to watch football. Whenever there is champions league every day about 300 or more birr is collected from the viewers. This income will be used to strengthen youth and HIV related activities in the area. In this centre also sometimes awareness raising education is provided. Peer or mass education for youth has also started by the initiation of Propride in the centre. Both male and female youth attend these programmes.

There is a plan to open a public library and buy a computer. Now as the Sharia court (Muslim faith based court) has constructed a new office, when the court leaves the old office they plan to make it a library. A man who was studying his masters in Haramaya University and is now employed in Addis Ababa University after graduation has donated 22 books and youth members have contributed money and bought 10 books. Until the library is opened, these books will remain idle.

*Youth and HIV/AIDS*: 2% of the wereda budget is allocated to HIV/AIDS protection. There are centres of Information on HIV/AIDS in the wereda like DSTV and recreational centres. It is the wereda Health office and HIV/AIDS committee who have been primarily running the HIV/AIDS programmes. Also, the women's and youth affairs office, finance and development office and wereda administration office are members of the wereda HIV/AIDS committee.

The achievements include recreational centres that have been constructed for youths and HIV/AIDS vulnerable people. Also, using the 15,000 birr fund from WASH/UNICEF, HIV/AIDS positive people have opened shops. In addition to this, a shower house which has 6 rooms was constructed for them in Kersa town using the 2% budget from the wereda. The problems are, there have been problems to publicise the HIV/AIDS positives and no work has been done on HIV/AIDS in rural PAs, especially with women and youths.

Up to 2004 before the establishment of the youth and sport bureau, the wereda HIV/AIDS prevention and control office was giving training to teachers about basic means of HIV transmission and life skills. Then the teachers gave the training to the club members and the club members in turn provided awareness raising education to other students of same gender (peer education). They report the activities done for monitoring purposes. Volunteers also have been providing awareness education for out of school youth. Since 2005 there have been community conversations to educate youth to prevent themselves from HIV infection. ODA also cover the cost of coffee and tea in the conversation. Since 2010 Propride (NGO) has been working in the district on youth and HIV/AIDS. Propride has established an HIV/AIDS committee in the kebele of Kersa town, which comprised vice head of district health office, women’s affairs officer, and other civil servants. Propride arranged a DSL centre, where youth come to watch football. In this centre also awareness raising and peer education is provided. Due to this unlike former times now many youths are seeking and getting information about HIV and other issues from the information centre. Propride is working in this programme through volunteers. But except in the capital of the wereda Propride have not start working in other areas. Participants suggested it would be good if these activities are also accomplished in rural areas where the awareness about HIV seems less as compared to urban areas.

Youths mostly travel to Djibouti and Jijiga area to search for paid work. As they get better payment, for instance a servant can earn up to 900 birr per month, they prefer to go there. However, their vulnerability to HIV/AIDS is high. To encourage youth to be involved in IGAs in the locality a group of 6 youth groups have been organised, through the cooperation of MFI they got loans, and started to engage in some IGAs such as barber’s shop, poultry, mini cafe, etc so as to support their lives. MFI also gave then skill trainings on how to start businesses and save money.

Haramaya University has been doing some surveys on HIV/AIDS and other health related issues. But the university does not give feedback to the responsible wereda office about the findings of the studies and does not make any intervention such as capacity building training for health officers. Hence, it will be useful if the University tries to disseminate the findings and do other relevant practice based activities. The participant stated that the mini study conducted by wereda health office at secondary school shows about .005% of girls included in the study were found to be HIV positive. In general, until now as compared with other age groups the prevalence of HIV infection among youth is higher in the area. Thus, it will be good to enhance the already started activities so to equip youth better to protect themselves from HIV infection, other risks and associated consequences.

### Getting government services to poor people

There is direct support for poor people. For example, the FFW/PSNP has been directly supporting about 6,000 beneficiaries in the wereda. The second service to poor people is that they are getting free medication from the health sector with the help of the wereda finance office. There is no exemption for education costs. There are also customary community contributions of labour to exempt the poor from labour works or development activities.

People having less than .5 hectare of farming land and traders whose annual selling amounts to less than 10,000 birr are exempted from tax. In community contributions the poor are exempted from financial and material contributions. But if they are capable they can contribute in labour. Landless rural people are exempted from all financial contributions that others are obliged to pay.

Pregnant women, old people, and persons with disabilities are exempted from public work undertakings in the PSNP programme. Thus, these groups of people are direct PSNP beneficiaries.

With regards to exemption from health costs see what is stated under the section on Health Centres.

### Interventions to help vulnerable people

There is no separate programme for disabled adults and children in the wereda. There is no programme for mentally ill people and their families, or old people. There is some funding by NGOs to help orphans but there is no continuity in the programme. There are 4,318 female-headed households in the wereda but there is no programme to help them. There have been no programmes for craftsmen, slaves, child herders, domestic servants, sex workers, or migrants as there have been no such vulnerable people in the wereda. But there are some agricultural labourers and migrants but there is no programme to help them except that the community itself helps them.

District health office organises data on orphans and vulnerable children found and provides this information to organisations for the needy. In consultation with court they have given some children (mainly small kids found on roads) in the form of adoption to 2 NGOs working in Dire Dawa (Propride and Mission). 4 children were taken to other countries. Social affairs also has been linking these children with very difficult conditions with public officials/civil servants (one child with one sponsor) so as to cover school uniforms, educational materials and other necessities. In 2009 UN Global Fund provided some funds. This fund was given to some OVCs and they used it based on their needs. Some have bought sheep for rearing others bought shoe shining materials etc. Participants stated that currently there are 400 OVCs who need support in the district.

Through the cooperation of the district Social affairs office and health office, persons with disabilities, including persons with leprosy, have been getting free medical support. Moreover, *Project Harar* has been providing free medical treatment for persons with a serious facial disfigurement, which includes noma, animal attack, bilateral lip, etc. Through medical surgery such persons are cured and now they can speak and smile. There are still some patients registered so as to get medical surgery in the near future.

The number of Commercial Sex Workers available in the district was 20. These CSW have organised in 2 groups and got training on IGAs and saving, and they got credit from Propride. Accordingly, now they have started IGAs. They also got advice and information about HIV and other issues from the youth information centre.

Old people have been supported by neighbours or relatives in labour in rural areas. They have been also a direct beneficiary of PSNP by exempting them from public work programme. To help old people needing support public officials/civil servants have started contributing money but it has stopped due to cooperation problems.

For the last 10 years the Cheshire Foundation has been supporting persons with disability, mainly persons with physical impairment with materials and by providing personal items such as shoes. UNICEF also arranged a special class for students with a hearing impairment.

Social Affairs office have explained that in major urban areas a lot of NGOs have been working to help vulnerable people and they suggested these organisations also need to cover smaller towns as well as rural areas.