# Interviews with wereda officials re Harresaw, East Tigray – Stage 2 questions

## Atsbi Wenberta wereda

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## About the wereda

### Comparison of wereda with others in the Zone

Atsbi Womberta is one of the weredas in Eastern zone of Tigray. Eastern zone is divided into 9 administrative weredas of which 2 are towns and 7 are rural weredas.

Atsbi Womberta wereda has better status in Eastern zone in terms of natural resource. There are forests covering a wide area. There is a well-known forest called Des-a. The wereda is also better in terms of water resources. The wereda also has better status in terms of livestock resources. In some tabias of the wereda the economy depends on livestock. The meat from the wereda is very popular in the capital of the region. Kelisha and Era do more livestock rearing. The wereda is better in terms of using rehabilitated land and honey production. The wereda has a better climate for the growth of olive trees so an American investor has got engaged in the growing of olive trees. There is also a plan to grow flowers in Atsbi Womberta wereda.

In Eastern zone Atsbi Womberta and Kilteawlalo weredas are spot areas with recurrent drought. There is more need for PSNP in Atsbi Womberta wereda. In Atsbi Womberta wereda there is a food gap for more than 6 months. There is more support because of recurrent drought and many people in the wereda depend on farming and they are easily affected by drought. In 2011 there were 69,933 PSNP beneficiaries. In 2011 the number of people on emergency support was 31,340.The beneficiaries of emergency support vary annually based on the assessments made. The emergency support mostly comes whenever there is drought.

The wereda has better status in terms of development achievements. Previously the wereda was ranked first but recurrent drought sometimes makes the wereda lag in terms of its development achievements. Now the position of the wereda in terms of development achievements is second. The reasons that the wereda is better in development achievement is rehabilitation of natural resources, irrigation and potable water coverage. In the past the wereda was a model in health interventions. At this time the position of the wereda is average in terms of accomplishment of health interventions. The wereda is also better in terms of livestock rearing. In implementing the policy of zero grazing there are tabias in the wereda which have implemented the zero grazing land policy 100%.

The development potential is better in the zone because there are forests suitable for honey production. There is good potential in the area for irrigation and livestock rearing.

In terms of development challenges, the wereda faces worse challenges than other weredas in the Eastern Zone because of the recurrent drought and persistent conflict with Afar region. When drought happens the people and livestock lack anything to eat at that time. The cause of conflict between the Afar and the Tigrayans is grazing land and forests found in the border. The Afar destroy forests that are protected but the Tigrayans are told not to cut them so this creates challenge in development. Attention is taken towards conflicts and development and it becomes an obstacle to development. In terms of development partners like NGOs and donor programmes the wereda has worse position. There are not many NGOs operating in the wereda when compared with other weredas in Eastern Zone. World Vision was operating in the wereda in many intervention areas but it has phased out. World Vision was intervening in health, education, road and health post construction. The World Vision left two cars and its office to the wereda.

###  Wereda structure

The good thing about this structure is that it is appropriate for monitoring whether the annual plans which are approved by the council are implemented correctly by the executive bodies or not. Meanwhile, the court is an independent entity making decisions without any pressure from any government structure. In addition to this, the membership of the sector heads and their deputies at the cabinet helps to enhance their leadership capacity in the administrative replacement process. The only problem occurring with this structure is that there are overloads in some sectors; for example in the agriculture and rural development office.

## Kebele organisation and Harresaw

### Kebele organisation

The current kebele council was elected in 2010 The number of women who were candidates during the election and are represented at the kebele council is equal to the number of men. The problem here is that the participation of women in meetings is limited.

Kebele Chair: there is a change in that the one who should be kebele chairman should be a model man and rich farmer. So the kebele chairmen have been trying to play a role model by getting graduated from the safety net programme voluntarily and by paying their debts on time.

Kebele cabinet: the number of cabinet members has increased. For example, in 2010, the youth affairs and the social affairs offices were represented by one person. In 2011, both have separate representation in the kebele cabinet. This has helped to increase the number of people in the executive body and to facilitate activities in best way.

Kebele committees: there are different committees in each village. In addition, to make development interventions practical, the development groups and networks have been introduced in 2011. As these committees are led by model farmers, they have a great contribution to bringing the needed change in the villages. However, there has been unfair distribution of irrigation water by the irrigation committees.

The kebele managers have started work in 2008. This has helped the community to get kebele services throughout the working days of the week and the kebele chairmen have got time to do their own works. The challenges, here, in some kebeles include there are some disagreements among the kebele chairman and kebele manager in coordinating tasks.

Sub-Kebele officials: the previous structure called kushet/sub-kebele administration was dissolved in 2011 and this has helped activities to be directed to the development groups and Networks.

### Boundary changes

There is no change in the boundary of the wereda.

### Comparison with other kebeles

There are fewer female household heads in Tabia Harresaw when compared with other tabias in the wereda. Its population is 6003 which is 4th from last in the wereda. Tabia Harresaw has average wealth when compared to other tabias in the wereda. The community produce grains, livestock, honey and vegetables using irrigation. In some households remittance from Arab countries is also a source of wealth. Tabia Harresaw is one of the tabias which are average distance from the wereda centre. The climate of Tabia Harresaw is average. It is cold which is categorised under Degua (highland). Places adjacent to the Afar region are highly affected by recurrent drought. There is also frost that makes life inconvenient when a season with frost comes. There is no bridge in Harresaw. The roads found in Harresaw are average when compared to other tabias found in Atsbi Womberta wereda. Out of the 16 rural tabias 11 have electricity including Tabia Harresaw. The electricity coverage is usually only at the centre of the tabias. So the tabia's status in terms of access to electricity is average. The presence of mobile network coverage of tabia Harresaw is average because some the kushets (administrative unit lower than tabia) are not under the coverage of mobile network. There is also interruption of network even in the places where there is mobile network. In having access to health services Harresaw tabia is better.

There is one health post and one health centre at the tabia. This makes the tabia to be categorised under those tabias which get better health service. Compared with the availability of water for drinking and irrigation tabia Harresaw is average. There are kushets with plenty of water for drinking and irrigation, on the other hand there are places with a critical shortage of water even for drinking. There is a dam to be used for irrigation. Access to school and performance on education in worse. On the number of people who are landless the tabia is rated to be average. In the wereda shortage of land is more common in highland areas than low lands. Tabia Harresaw is average in terms of food security and PSNP; it is average because there is irrigation even though there is drought. The development potential of tabia Harresaw is average because the area has potential for irrigation and honey production. In terms of development challenges tabia Harresaw is one of those that are worse because there is drought and frost which hinders development of the community. With regard to development partners, tabia Harresaw is average when compared to other tabias in the wereda. There are not many NGOs in the wereda. Until recently World vision and Adonay projects were operating in tabia Harresaw. The other donors are included in some government sector offices without having their offices in the tabia. The level of cooperation with the wereda is better when compared with other tabias. There is better cooperation in implementing government activities. Barka Adisebha is the best in many aspects, mainly in the cooperation to implement the zero grazing land policy. The strength of the tabia administration and council is good because there are youths in leadership positions. They have strong political commitment.

### Development potential

The current potentials in livelihood development of tabia Harresaw are rainfed farming, livestock rearing, irrigation and honey production. Widely used livelihood means are a mix of farming and livestock rearing. These livelihood development potentials are not equally distributed across the tabia. There is a dam used for dry seasons. There are many rehabilitated places which generate water after the rehabilitation activities. The main problem in livelihood development is the presence of recurrent drought in the area. Rain stops after a short period of time or there is no rain at all. This negatively affects farming and rearing of livestock. The agro ecology of tabia Harresaw is not suitable for tomatoes and other vegetables because it is affected by frost so the farmers delay planting tomatoes. For this reason the people of tabia Harresaw mostly grow grains. The current challenge in irrigation is the presence of frost in the tabia. Tomatoes are damaged by frost so the people refuse to plant tomatoes. There was also resistance faced in introducing modern beehives but has been solved now. For the interventions to work better the agriculture office should give training on improved seeds and use of fertiliser and compost. Improved beehives should be distributed to the community. In the area of livestock, hybrid animals should be widely introduced to the community. Afforestation and rehabilitation activities should be done in eroded places so that there will be enough surface water.

For the future irrigation and use of improved beehives for honey production will be successful. At the wereda there is an expert on irrigation. At the tabia there are three DAs for natural resources, livestock and crops. One DA does all the three by going to one kushet and others go to the other one. They share based on the kushets. For the future there is a plan to employ an irrigation DA at least on a contract basis for those areas with potential irrigation. Tabia Harresaw is one of them. If they have good performance those employed on a contract basis will continue.

There are not many employment opportunities in tabia Harresaw. People work on PSNP and on their own land. There are a few people who work on others' land. Due to lack of employment opportunities many youths illegally migrate to Arab countries. Things that should be done to make better employment opportunities is to make youths get involved in income generating activities. For the future involvement of people in income generating activities and micro and small enterprises will mitigate this migration.

The current potentials of Harresaw in food security are farming, livestock rearing, irrigation and honey production. The current constraints are scarcity of land, recurrent drought and presence of frost. What should be done to increase the food security level in the tabia is to continue giving improved seeds, fertiliser and efficient use of irrigation. The intervention in food security is the presence of PSNP and emergency supports because the effect of drought is huge in many cases.

There is good potential for health services in tabia Harresaw because of presence of health posts and health centre. The presence of development groups creates good potential for health interventions to the grassroots level. The current challenge in the area is the awareness of the community in making pregnant women deliver at health centres. There is also a budget constraint for getting enough drugs. A current constraint on the environmental hygiene and sanitation intervention is resistance from the community. Verbally people accept the different teaching but there is a big problem in practicing what they know. An intervention that should be done to solve the shortage of drug supply is establishing a board and solving the budget problem. The solution to increase the number of pregnant women who deliver at health centre is to work closely with women's development groups and make them take pregnant women in their group to deliver at health centres. They are making traditional ambulance (calling on young people in the neighbourhood to carry the women who will deliver) and they will reduce the delay in taking pregnant mothers to health centres.

For the intervention to happen close follow up is needed to the health extension workers and health volunteers. The sanitation intervention will be successful if it is done effectively. Nutritional screening and support will also be done in a successful way.

There are two schools in Tabia Harresaw. Even though there are two schools in tabia Harresaw one of the schools is nearer to the adjacent tabia called Gebre Kidan, not to Harresaw There is also a school which is outside of tabia Harresaw but is used by many students from tabia Harresaw. The problem in education is that there are many students who travel a long way to go to school. There are people who travel up to 7 kilometres to get to their school. The problem is worse in Kushet Harresaw. There are children who drop out of school because of the long distance. For the future the current schools should be expanded and new schools should be constructed and better success will be registered.

There are credit services to the community from Dedebit microfinance and cooperative credit from the agriculture office. The cooperative is in tabia Harresaw and Dedebit microfinance is found in another tabia. The current challenge in the tabia is that people take credit and migrate to Arab countries. There is a problem of paying debts on time. For the future success in paying debts, exhaustive awareness-raising activities in using money appropriately should be done.

The roads found in tabia Harresaw are not good and all gots are not easily accessible. The forests in kushet Harresaw are not accessible by car. There are modern beehives in the forest and the experts have difficulty when they take machines to take out the honey from the modern beehives. For the future the community should pave more roads through their labour. There is electricity used by people in one Kushet called Ma-ekel. There is also a phone at the tabia. The mobile network is accessible in some parts of tabia Harresaw. For the future the electricity and mobile network coverage should be expanded to all kushets.

 The current potentials of water in tabia Harresaw are underground water, streams and dams. Roof catchment is also one alternative in very rare cases. The big challenge in the tabia is that there are places which are adjacent to Afar region where there is great difficulty in getting underground water. For the future the regional water resource bureau has to come and make another way of getting water. Got Equnta and Kushet Harresaw are those places with serious water scarcity. Rehabilitating eroded land can lead to increased underground water and springs. The regional water resource office should come and take water through pipes from those places with plenty of water resources, this can be successful.

 The status of governance in the tabia is good. People freely discuss their interests. They make appeals on complaints and get justice. For the future community members will need to attend meetings and trainings to know about their rights and this will be successful for the future.

 There is good peace and security in the area except that there are sometimes conflicts with Afar. There are militias and one policeman in tabia Harresaw and they work hard to maintain peace and security in the tabia. The constraint in the tabia is the conflict with Afar and this happen rarely. The way the peace and security is going on in tabia Harresaw is good and successful.

### Plans for new interventions affecting the kebele

There is no plan to construct a health post because there is already one health post at tabia Harresaw. There is also no plan to construct a health centre because there is one in the tabia. There are tabia offices which are not completed so they will be completed with the tabia budget. The community will also contribute labour for the construction of office rooms. TVET college is in a cluster and found in Wukro, there is no plan to construct in tabia Harresaw or even in the wereda. There is no plan for new electricity installation to the tabia because it already exists, more expansion will be done. There is no intervention in the tabia with regard to mobile phone or network coverage. There is no plan to construct a university in the tabia or in the wereda. There is no plan for new FTC in the tabia. There is already an FTC at the tabia. There is a road that goes near to the tabia. There is no plan by the wereda to construct a road to the tabia, internal roads or bridges in tabia Harresaw.

 In most parts of tabia Harresaw people are using the zero grazing land system. The wereda is one of the models in the region in implementing zero grazing land policy. After 2007 discussion was made in tabias and farmers asked for experience sharing and the experience sharing was done in Habess tabia. Harresaw and other tabias were made to participate in the experience sharing programme with support from the region. In the wereda, of the 16 rural tabias 7 have started a full zero grazing land system. In Harresaw one got has not started implementing the zero grazing land system. There are some people who strongly resist the zero grazing land system. There are about 20 people who were imprisoned at the wereda for transgressing agreed upon rules in zero grazing land. This does not include tabia Harresaw. Six of the tabias started zero grazing land system in part of their kushets. Those tabias of the wereda that have not started to implement the zero grazing land system at all are 3 tabias. From these three, two have high livestock rearing activities. These tabias are Era and Kelisha. The other tabia is Hayelom. For this year it is planned to implement zero grazing land in those that have started and in those which have started it partially. Tabia Harresaw is one of the tabias of the wereda which started the zero grazing land system partially and there is a plan to make the whole community use the zero grazing land system. The source of funds to implement the zero grazing land system all over the wereda is the wereda agriculture office. There is no need either for food for work labour or for voluntary community labour.

There is irrigation and grass. Animals should not go to the irrigation land. Protecting irrigation land started in 2006 but was done with strong measures after 2009. There is no plan for the irrigation management it is just working with the current way of doing it. There is no need for funds or labour in the irrigation management.

 In tabia Harresaw 900,000 trees and 400,000 plants used as animal fodder are planted. Elephant grass is planted in many places. In Harresaw forest land has guards. In protecting trees there is a problem in Kelisha because the Afar cut trees. At Felegeselam more than 100,000 olive trees has been planted by an American investor and he has plans to go and work in the same way in Harresaw. The person has a plan to attract other investors in the growing of olive trees. Most of the activities of tree protection and planting are done with free public works. What was done about forests was to convince the community about the ownership and care for the forest. The funds for these activities are from the wereda agriculture office. Community food for work and voluntary community labour are required to make the tree protecting and planting successful.

In 2008 more than 95% of eroded land was rehabilitated and water points have recovered. The remaining work is to use the recovered areas. There are grasses when they rehabilitated water, and springs come out of ground and are used for irrigation. One watershed created by rehabilitated land is Zehararo watershed. It has its own management including how to use grass and water. There is a plan to give rehabilitated land to the youths individually and in cooperatives. The watershed was done in 2010. There are also small watersheds managed in small groups in the community. There is no new plan regarding watershed management but there is a plan is to rear livestock in the areas that have been rehabilitated by creating watershed areas. It is related with giving rehabilitated hills and eroded lands to the youth. When the youths are given it they will be involved in animal rearing and growing fruit trees. Study on rehabilitated land will be done and given to the youths. Various experts will work on the different interventions. The fund for the above mentioned activities on watershed management will be from the wereda agriculture office. There is a need for FFW labour and voluntary community labour. Actions to prevent erosion are done with PSNP and free labour contributions. This work to prevent erosion will continue with the wereda support. PSNP and free labour contributions will be done by the community.

### Public services outside the kebele which kebele members use

 There is a health centre in Harresaw kebele. Those patients that are referred to hospital should go either to Wukro or Mekelle. Ayder Hospital in Mekelle has started service during the last five years. The hospital is newly built under the administration of Mekelle University and has sufficient staff. It has helped that those patients that were referred to this hospital have got remarkable treatment. But the problem is that it is far from the wereda and the patients have to spend much money and time along the way to and from the hospital.

There is a secondary school in Dera where grade 9-10 students from Harresaw learn. The school was opened in 2010; but its construction is not finished and there are not enough staff in the school. The construction of this high school at a nearby place has helped to reduce school dropouts. The problem is that the construction has not been completed and staff of the school have not yet been fully provided.

As there is no TVET in the wereda, students go to Wukro or Mekelle. Students who join university are assigned by the government to all universities in the country including Mekelle University.

Prisoners are detained in Adigrat, Wukro or Mekelle prisons. It was decided, in 2009, that prisoners that have been sentenced to less than 6 months should be at the wereda; but it has not yet been implemented. So, as the prisoners go to far places, it becomes difficult for their families to visit and supply them food.

## Land-related interventions

### Land re-allocation

Land administration was under the natural resource department until the year 2008. After 2008, however, the new proclamation has enabled land to be administered separately. Before the office that is in charge of land administration was separated, land had been redistributed in 1976 and 1983EC. The office was established to administer the land ownership system. In addition, it assessed the land that has been under the control of the government but has been unused, and identified holdings of deceased and migrated people. After the land assessment was done, the land was reallocated to those who were registered as landless in different tabias. Based on the land law, the standard size for an individual to own is 0.25 hectare and it has been started to reallocate land. This was started in 2008 and the process is continuing. In addition to this, since 2000EC, the communal grazing land that couldn’t have grass is being reallocated to those who don’t have land. This is done after an assessment is done by experts and is discussed by the community. The final decision is approved by the wereda council. Thus, the community requires that unused communal land should be given to landless youth and there is not much complaint or conflict concerning the land reallocated. The problem is that when the land is reallocated, there is a disproportional number of landless and limited amount of land. So, those who could not get land should wait for the next round of land reallocation. A quota is given to the landless people in each village as the land size should not be less than the standard. In this case, the common complaint is that underage individuals want to own land and they say that they are already 18 years old and they are liable to own land. This, in fact, is resolved by the social court. It is not allowed to make changes in the land management system individually. Land for farming is used only for farming and land for grazing is used only for grazing. The law allows that people can use farm land that has been affected (unfertile) by rehabilitating it, but based on the original purpose of the land.

### Land registration

There are people who are not given a land ownership certificate while they own land. This is if they went away to another place for 2 years and above. If there is legal evidence that these people have not lived for 2 or more years in the village, their land is taken and is reallocated to another landless individual. From 2000EC-2002EC, there was a rule that individuals who are employed and have less than 1000birr monthly salary and own land should choose one: either their salary or the land. However, in 2002EC, there was a new policy that these kinds of people who are already employed and have a salary should not own any kind of land in the village/kebele. So their land is reallocated to other people. Therefore, those who are government employees and those deceased people who have no one to inherit their ownership are not given a land ownership certificate. The land ownership certificate has been given since 1996 EC - this time, in the name of the male household head only. It had no photograph. Now, it has been initiated in model weredas at regional level to follow modern land ownership processes. Among the model weredas is Atsbi Wemberta wereda. When this new plan is implemented, there will be photographs of both of the couple and other important information on the certificate. For implementation of this plan, three modern types of GPSs, GPS downloads and information storing desk tops have been sent from the regional government in 2011. What remains is to hire qualified experts on contract basis, train them and start the work.

There are duties and rights for the community regarding the land administration. It has been specified in the law that any person, who owns land should protect the land, should treat it by using inputs and should properly keep it to inherit from generation to generation. If there is land owner who doesn’t respect the rules and regulation of the land policy, it is tolerated for two years and if there is no improvement, the land is taken by the government. The community is sensitised by various events that they should keep and use their land properly.

### Rights to land

With regard to land inheritance, the first persons that have legal right to inherit land of deceased parents are their children. If the children already have land or if they live outside the village, the land is transferred to grandchildren. In addition, adopted children of the dead parents have the right to inherit land. This is possible only of the adopted children had lived for 5 years and above with the dead parents at the place where the land is and only if they had helped their care givers by doing some work. If the land is large enough, the children divide it among themselves at the standard 0.25 hectare per individual. But if the land size is below that, they should use the land together and should share the crop. This has been widely implemented since 2000EC when the land policy was declared. The previous policy when the land was inherited by parents and siblings is not acceptable in the new policy. If there is no one to inherit land, based on the new policy, the land is taken by the government.

Rights of widows: if one of the married couple dies, the one who is living cannot own the share of the dead spouse. The one who is alive is given half of the land and the remaining land is given to the dead person’s children. So, the land ownership certificate should be changed as to the new ownerships. This system was not implemented previously and has been creating problems. Just like the previous policy, siblings and parents were claiming ownership rights. And these complaints are still raised by the community.

Rights of Divorced women: Both of the couple divide their land holdings equally when they are divorced. Although the land ownership certificate was in the name of only one person, they have to divide the land equally in times of divorce. But the land can be divided equally only if it is greater than 0.25 hectare. If the land size is less than 0.25 hectare, one of the two can own it and the other one is registered as landless so that he/she can receive when there is land reallocation. Previously, before 2000EC, although the size of the land could be less than 0.25 hectare, it was divided between the divorced couple. Now, people who own land which is less than 0.25 hectare are not given a certificate; they rather have to wait until they own 0.25 or above hectare. If they cannot agree to the above alternatives, the land is taken by the government and they are registered as landless to get a chance in the next reallocation.

### Inward investment

There were three requests for investment: one to the municipality trade and industry office and the other two to the agriculture and rural development office. One of the investment requests to the agriculture and rural development office failed while the other one has already started work. The one that failed had been given 4 hectares of land to produce olive tree, he has changed to another wereda with unknown reason. The investor that has started work is in production of olive trees and was given 60 hectares of land in 2009. It is owned by one Ethiopian and a foreigner. These two investors have capital of 5 million birr. They planted 400 seedlings of olive trees first and then they added 7000 seedlings after they planted the previous seedlings survived and start giving fruits. This investment is found in a place called Felege Genet where it created permanent as well as temporary job opportunities to 30 members of the local community. In addition, as they have brought the machine that is used to prepare crude olive oil, it is expected that there will be more job opportunities. In addition to this, they have planned to introduce the olive tree to the local farmers so that the farmers can produce and sell to the organisation. Thus, the investors have conducted a 5 day training for representatives of the community, experts from the wereda and employees in 2011. It is expected that the community will get a better source of income in the near future. The respondent said that as the land that has been reallocated to the investment had been under the administration of the government and the community used it for grazing, there was fear that the community might not accept to reallocate it to private investors. However, as many community awareness raising activities had been conducted by the regional as well as wereda experts, there has been no opposition from the community.

The Dera Spring Water Bottling investment intervention was started in 2001EC in 7687.50 square metres. The investors are from Mekelle. The investment has created job opportunities for 98 youth in the wereda who completed grade 10 and diploma holders. The investors also participate in the local development activities; for example, they provide spring water during meetings for free, paying tax from the employees is an additional source of income to the wereda.

Challenge: the local community complains that as the water is taken by the factory, there is shortage of clean water service.

### Zero-grazing

There has been a policy implemented for zero grazing and this will recover damaged communal grazing land. This is to determine the land that should be protected communally as well as individually so that people can use grass for their livestock. The law emphasises that the community should keep their livestock at home and collect/harvest the grass at the communal grazing land three times a year. They shouldn’t send their livestock to the protected area. In addition, it is not allowed to change grazing places to farm land. To implement the law, the community has formed a committee of land administration in each village that controls the land use through its rules and regulations. The officials sensitise the community that everybody should protect the place and shouldn’t violate the rules of the land management committee. Otherwise, there will be punishment. In addition to this, information is provided by the persons at tabia/kebele administration and responsible individuals to know which places are reserved. This zero grazing policy has been implemented in the 14 tabias of the total 16 tabias in the wereda. Among the 14 tabias, 6 have reserved it fully.

Zero grazing land policy has benefited in that the land that has been badly affected is rehabilitated. The community also have started to focus on the quality of their livestock rather than on the quantity and have raised their awareness about the benefit of the zero grazing policy. As a result, the community has been able to get double animals’ product compared with the past. For example, if a cow was giving 0.5 litre daily, it has increased to be 2 litres daily. This means that the amount of energy wasted has been reduced through feeding at home and is changed to be milk and meat. In addition to this, as the grassland areas have been rehabilitated, new water streams are coming out and those which are there already have increased their flow. This has created an opportunity to expand irrigation activities. Meanwhile, as the grass is divide among the community, even those who don’t have animals are benefiting by selling the grass that they share.

Some of the challenges that occurred when the Zero Grazing Policy is implemented include:

* Lack of sufficient grass land for grazing in some sub-kebeles and hamlets
* Low awareness of the community about the benefit of zero grazing and unwillingness to feed animals at home.

### Community forests

Those forest areas that are not under the government’s forest area are considered as communal forests and protected grass land only for oxen which are used for farming activities. The community is benefiting from the communal grazing areas based on the rules and regulations of the land committee which works together with the DAs. The activity of protecting community forest land is one way of implementing the zero grazing policy.

The protection of community forest land has been implemented in most of the villages in the wereda. They sell the grass from the forest and use it as a source of income for the community. Or else, they let it open for limited days so that their livestock eat there.

One of the benefits of protecting community forests is that the land is rehabilitated just like the government forest land. In addition, the community calls bids to sell the grass and use it as income. It is important to individuals too who couldn’t get enough grass from their private holdings because they can take some from the forest. It also benefits that landless youth can take some part of the land and can grow fruits. In some villages, they already have started to produce and sell fruits such as apples, and vegetables.

Challenges:

* the community is not willing to reallocate the land to youth
* the land reallocation activity has been limited. The youth are not willing to work with the available plot of land; instead they migrate to Saudi Arabia. For example, there were some youth who had land and who borrowed money from Dedebit Credit and Saving Institution (DECSI). But they used the money to go to Arab countries

### Communal grazing areas

There are many efforts that are focused on protecting non-farming land and on ensuring the grazing areas are well protected and the community benefits from that policy. In addition to protecting government forests and communal forests, the people at got (hamlet) level are trying to benefit from the locally protected areas called sa’eri bieray (protected grass land only for oxen that plough).

In addition to this, in those places where the land is not able to grow grass, land conservation activities are part of the policy so that the damaged land space is recovered and is used as protected grazing area for oxen only.

Some of the benefits of protecting grazing land for oxen include: oxen that plough the farm get additional food so that they are not affected by shortage of food. As the oxen eat their once or twice a year, the grazing land will not be affected. It is also important for landless youth as they can produce in the land.

Challenges: at the beginning there was a misconception in the community that when the government protected the land, they thought that there is some other reason that may not benefit for the community that the government wants to do on the protected land.

### Other land policies

The other policy of land administration that has been implemented in the wereda is to leave some part of the land for private investors. However, this has been practical only in one tabia/kebele. It has benefited because it has created job opportunities for some people in the community and is expected to have more job opportunities for the future. Otherwise, there is no other problem.

### Re-settlement since 2005 in the wereda

There is no resettlement in the wereda since 2005.

### Villagisation since 2005 in the wereda

There is no villagisation in the wereda since 2005 except the land that is reallocated for landless youth to build their houses on the holdings of their families.

## Farming interventions

### Water for farming - irrigation and water harvesting

As the irrigation schemes have been given special focus by the government as well as the community, they are developing in better way than in the previous years. Especially since the year 2000EC, the awareness of the community about irrigation has been improved and as different alternatives of irrigation are introduced to the community, there has been considerable change in expansion of irrigation activities in the wereda.

Previously the type of irrigation was the traditional way and was only from dams, now there are canal irrigation, motorised irrigation and human labour irrigating systems. As a result, the land size that was irrigated in 1991 EC was 200 hectares; it has increased in 2011 to be 3230.25

Challenges:

* as the wereda has highland climate, most of the community members fear the crops and vegetables will be destroyed by frost. So the community couldn’t benefit as much as expected. It would be possible to produce twice and above a year.
* there is disproportional use of the water resource for irrigation by some individuals, and unwillingness to collaborate when one needs to make a canal crossing someone’s farm land

To solve such problems some mobilisation activities to raise the awareness of the community that it is possible to produce 2-3 times a year are done by the wereda and kebele agriculture experts.

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

There are at least three DAs in each kebele. In kebeles where there are many irrigation activities, one additional irrigation DA has been assigned; so far, they are assigned in five kebeles. There are three DAs in Harresaw: natural resources expert, livestock expert, and crop expert, an expert who facilitates the irrigation interventions, too. The DA for irrigation and plants controls whether the land in the kebele has been ploughed on time, mobilises the community to prepare their land on time, to buy improved seeds, and helps the community to benefit from the farm inputs, teaches the community about modern farming systems, about reserving wetness, introduced cash crops. The DECSI (Dedebit Credit and Saving Institution) and credit and saving cooperatives provide credit to the farmers so they can buy seed and crops.

Livestock: this expert introduces the types and quantity of livestock in the kebele, provides technical support to the community so that they participate in fattening, keeping livestock and beehives, supervises preparation of animal forage and grass land and provides support on how to keep cows and other livestock.

NRM: The natural resource DA is responsible about the natural resources in the kebele. He is responsible for work on the protection of forests, plans the water and soil conservation activities by the FFW programme or free labour contribution, supervises different activities, demonstrates protection of natural resources at the FTC and ensures that the necessary materials are supplied.

Veterinary Officer: there is no veterinary service for Harresaw only. But there is an expert in Dera who serves for four neighbouring kebeles. He provides hybriding for livestock and vaccination of animals.

Modes of Working: When there were no FTCs in the kebeles, the DAs have had difficulties in demonstrating and educating the communities about the crop extension and packages, livestock extension and other farming inputs. They were providing theoretical sessions only. Now, as the FTCs have been constructed, they are providing theoretical as well as practical demonstrations about the farming inputs and extension packages. This has brought better understanding of the communities about the extension packages. However, there still is a problem in implementing correctly as to how the DAs teach some members of the communities.

## Non-farming interventions

The non-farm interventions include keeping beehives, fattening as well as production of milk and milk products. There is a household package that helps to implement this programme which supports people to have the resources that are need to start the work. There are supplies of modern beehives, livestock (sheep, goats, chickens, and cows) for those who want to participate in this package and credit service is provided by Dedebit Credit and Saving Institution. To do this, most of the farmers that are included in this package have farm land; those who don’t have land use land at the hills. As the grid extension has not been completed, there is no electricity supply for these activities specifically. The youth use water from the water places which the community uses. There are packages used by women and youth for the non-farm activities. Thus, the women are engaged in production of milk and poultry, and cafeterias and drink houses; while the youth are engaged in video houses, fattening, beehives and petty trades.

## Credit and debt

### Micro-credit and savings organisations

The government affiliated microfinance in Atsbi Womberta wereda is a cooperative revolving loan given within the agriculture and rural development office. The credit service is donated by the World Bank. It started in 1996 EC. It is used by farmers who can work and pay back. The credit is given at an individual level. The loan is paid within 4 years and the interest rate is 9%. The maximum loan given to farmers is 1500 birr. There is about 10,000,000 birr allocated to the wereda to be used for the revolving loan. Dedebit micro credit enterprise is owned privately. It is available in the wereda and gives services to the rural and urban part of the wereda. There is a saving service with an interest rate of 5%. There is a credit package which is given at up to 10,000 birr individually. Dedebit microfinance gets a guarantee from the government for this package. They also give customers up to 20,000 birr. The Commercial Bank of Ethiopia is found at Atsbi wereda, it does not give microcredit services. Currently there is no NGO credit in the wereda. There are newly established saving and credit groups in tabias. They were established 3 years ago. There is no savings only group, currently there are only savings but they will start credit when they collect enough money.

### Debt

The debt taken by government employees from the Dedebit microfinance has been 99% repaid. From the farmers it depends upon the production year. Harresaw is 8th of the 18 tabias in repayment status. There is no insurance taken. They accuse those not paying but they are very rare. In Dedebit microfinance there is no insurance taken from those who take loans and there is no plan to take insurance.

In the cooperatives in the agriculture and rural development office there is a problem in paying the debt back. At the beginning of the revolving loan programme the community did not have good knowledge about paying debt back. Most do not pay back in the time period given to them. In tabias there are boards of the cooperative. This board consists of 5 persons. There is a chairperson, vice, secretary, cashier and treasurer. These people collect payments in the tabia. The wereda cabinet and others in the community mobilise the community to pay their debt. There is change over time and the payment is becoming better. The majority which are more than 65% have paid their debt. But the persisting problem is delay in paying debts. They quit repaying after they have paid some amount. People sell what they have and pay their debt. There is no insurance asked from the people who take loans and there is also no plan for insurance.

There is no kind of insurance in the wereda. There is a plan for crop insurance by REST but has not started so far. This insurance will be started in some tabias of the wereda.

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

The first round of PSNP was started in 2005 and ended in 2009; the second round was started in 2010. Production assessment is done by the food security task force at the wereda before the number of beneficiaries is decided. That means, the task force assesses the amount of total annual production of the wereda and compares it with how long the production can feed how many people. Thus, the gap is identified and the number of beneficiaries at the C/FFW, emergency aid and number of direct support people is determined.

There was no clear process of appeal system during the first phase of the programme. But in the second phase of the programme, there is a neutral appeal hearing committee and it is hosting complaints from the community about the programme. The members of this committee are six: natural resource expert is the secretary, one is from the tabia/kebele council, one is representative from women’s affairs, one from community elders, two are from the tabia food security task force (they are three women and three men). Capacity building training has been provided to the members of the committee. The reason that brought this change was that during the first phase of the programme, the community members had to go to the wereda office to appeal and they were exposed to extra costs. So, this is aimed to save the extra expense to the community and to enable the community get the benefit of the good governance in their tabia. This has helped to resolve simple appeals at tabia level. As the members of the appeal committee are representatives from the community, they know personally who is better than whom and who should get included or excluded from the programme. Previously, when the case was taken to the wereda, there was an information gap that it was taking a long time to clear the information. Despite this, still the community members who think that they have not got fair justice at their tabia can appeal to wereda office.

Before the C/FFW activity is started, the DAs together with the tabia administration decide about the watershed and other activities that need priority and this is presented to the tabia cabinet to be approved. Then, the work begins in January. In addition to this, it is decided to prioritise urgent activities that might also be orders from a higher level of administration like irrigation schemes and development of water resources. It is important that the activities are decided with the participation of the community and approval of the kebele council. The activities that are performed by the C/FFW programme include soil and water conservation, road construction, FTC, construction of village administration offices and halls, ponds, shallow wells, schools, and health posts/centres. Recently, the activities are focusing more on strengthening and expansion of irrigation interventions.

The challenge that occurs in this case is that as the main focus at this time has been on irrigation activities, the other activities such as soil and water conservation have been forgotten.

The other change regarding the C/FFW programme is that previously the activities were divided in to kushets where the community participated in different activities. Now all the participants of the programme perform the same work at village level, focusing on a single activity at a specific place. This has helped the technical persons to supervise and control the activity at a time in one place so that he/she can perform the duty properly. In addition, it has helped to decrease the feeling of narrowness and to protect the activities that are done together. But the community from all directions is challenged by the far distance and lack of means of transportation to and from the work place.

The payment of C/FFW programme is done in kind and in cash. It is reported that the 2011 payment was accomplished in kind for four months and has been paid in cash for seven months of the work. This was said to be due to the shortage of food that occurred when the government shifted the grain to be sent to Somali region to support those community members affected by famine.

There is no change regarding the amount of grain but there is a change in cash which was 8 birr and has been changed to be 10 birr, and now to 15 birr/day as the value of the birr has decreased. As the amount of money given is not sufficient when compared to the amount and value of the grain, the community demands the payment to be in kind.

Graduation was not implemented during the first phase of the programme; but it has been started for the second round of the programme. A participant in the programme can be graduated only after the total wealth (livestock, grain, property, house, etc), amount of money in debt, (it is subtracted) is equal to the benchmark, 5,600 birr or above. For those who have children, it is multiplied by the number of family members. Those who couldn’t fulfil this criterion continue to participate in the programme. So far, there were 5% graduated in 2010, 15% graduated in 2011 and it has been planned to graduate 25% of the participants in 2012. The graduation is needed because it has been believed that if the participants could accumulate wealth equal to the bench marks, they should be graduated.

Achievements: there are some people who are willing to be graduated

Challenges:

* the majority of the participants are not willing to be excluded from the programme through graduation
* some of the participants sell their property so that they will not be graduated.
* some of the participants think that the cash paid in the C/FFW programme is too little when they compare it with other daily labour work. So they don’t participate in the development programme actively. Meanwhile, they don’t want to be excluded from the programme as they come seasonally. When there is shortage of food or drought in the community, they come back and ask to be re-included in the programme.

## Co-operatives

### Producer Co-operatives

The cooperatives are organised by the cooperatives department under the agriculture and rural development office. Basically, cooperatives are formed by members who are aged 14 and above. There is no distinction of gender, religion or political affiliation. Recently, there are cooperatives of landless youth that are engaged in production of fruit and trees at the hills (non-farm land). There are producers’ cooperatives in the wereda that are engaged in irrigation, keeping beehives, poultry and fattening. There are six cooperatives that were organised since 2008-2011 and five of them have legal entity and one is processing its legal entity. The two are engaged in production of improved seeds; and the other one is working to keep the indigenous types of crops that are been extinct such as garlic, barley and wheat. In addition to this they produce vegetables such as tomatoes and onions. The number of members of these five cooperatives is 247 of which 195 are men and 52 are female. Those which received improved seeds of potatoes have already started to supply improved potatoes to the community. The improved seeds are first provided by the agricultural research. One of the cooperatives has prepared an exhibition to introduce its products in which experts from Mekelle university and Holeta Wondo Agricultural research participated and could share their experiences. The production of improved seeds is increasing the quality of production. By and large, the livelihood of the members has been improved over time. The cooperative that is working on production of local crops has planned to distribute the local crops to the local farmers, although it has not yet started.

There has been a challenge in organising the cooperatives that are now participating in irrigation schemes. The other problem was that those cooperatives that were successful were unwilling to have additional members. Lack of market for their products has also been a challenge. The office is working to improve the market opportunity for the cooperatives in neighbouring towns and weredas.

The second producer cooperative is keeping beehives and producing honey. There are three cooperatives in this firm and they have total members of 30. 19 of them are men and 11 are females. There are another four cooperatives that have not finalised the legal processes. In 2008, there were four cooperatives that were formed with the help of World Vision and ILRI; however, they failed before they started production. There were two basic reasons for the failure of these cooperatives: One is that the members of the cooperatives wanted to keep the beehives at home and not at the separate communal place. Second, the members of the cooperatives were very few. The members of one of these cooperatives went to Saudi and other places before they paid back the debt.

Those cooperatives which were established in 2011 have started to sell honey in the local markets. Members of these cooperatives have organised a coffee ceremony called ‘nay ma’ar wa’ela’ (Honey day) in which they promoted their honey production to the community. Those four cooperatives that are on the process are making efforts to produce organic honey. These cooperatives are working hard to get international acknowledgement and be certified internationally. People from international institutions that offer certificates from Kenya and other countries have visited the place where the organic honey could best be produced in the wereda. Thus, the cooperatives are on their way to start the work.

There is one association that was formed in 2011 for poultry production. It has 11 members (6 men and 5 women). Although they started the work by buying 100 chickens in 2011, they all were sold because they got fat after laying eggs for some time. This was created because the chickens were for meat and not for egg types. As those chickens were bought by regional experts without sufficient care to make sure that they could lay eggs, the members of the cooperative and the cooperatives office are assessing to buy chickens that can lay eggs so that the previous failure will not be repeated.

There is another association that was formed to fatten sheep and goats in 2011. It has 20 members (19 men and 1 woman). This association was formed with the support of an NGO called Mekane Tsin’at which provided 35,280 birr. As it was formed recently, it has not yet supplied its production to the market. Hence, the good thing is that the NGO wanted the remaining money from the water construction project in the wereda to be used by the community instead of getting it back to the donors. It is found through the cooperatives office.

### Service Co-operatives

The saving and credit, grinding mill and construction cooperatives are categorised under the service cooperatives. The construction includes: metal work, wood work, cobblestone, loading and unloading and cement supply. There are 13 cooperatives that are formed under the construction (skill associations). All of them were formed in 2011. There are total members of 157 and 12 are women. These cooperatives sell their products with discount to the local community. This is because they are established to provide best service to the community. As most of them are formed recently, none of them have done profit sharing and they have not yet formed a union.

The grinding mill machine cooperative was formed in 2005 with total members of 341 (males 132 and females are 209). This cooperative has helped communities that live in far villages where there is no grinding mill machine to get service in a nearby place. Although this cooperative has had profit sharing, the amount of each share is not known. It is preparing to do profit sharing for the second time.

There are 17 cooperatives that are organised for saving and credit services. They were organised since 2007-2011. They have total members of 2261 (986 are women and 1275 are men). These cooperatives provide credit and saving services. Each member of the cooperatives saves 14 and above birr every month. The benefits of these cooperatives are that, one they are providing service in a nearby place to the community. Second, the community will not face cases of collateral as the members of the cooperatives give guarantees to each other so that the community gets easy credit services. In addition, the community pays lower interest rates than to the DECSI. The members of the cooperatives share the profit that is collected in the form of interest. The previous profit dividend was 2 birr-116 birr for one member.

### Other Co-operatives

There are multipurpose cooperatives, in addition to service cooperatives, one in each tabia/kebele. There are a total of 16 multipurpose cooperatives and most of them were formed in 1989 EC and were restructured in 1996 EC. These cooperatives work in multipurpose activities such as providing grain to the market when there is shortage of grain, buying grain from the community when the price gets low, selling consumable items by bringing them from Mekelle, selling fertiliser at a fair price, providing credit service through the revolving fund which is found from food security and World Bank, providing machine mill services, supplying seasonal crops, seeds and school materials at the local market.

Recent Changes:

The credit and saving activities of the former seven cooperatives which have been operating with the support of the food security office have expanded to other all cooperatives with additional fund from World Bank. On 19/11/2000 EC (2008) 9 cooperatives formed a union and their number has increased to be 12 cooperatives.

Achievements:

In addition to the provision of consumable items at a fair price to the community locally, the cooperatives have been able to expand their business to open new additional shops. And six cooperatives have started to provide grinding mill services. The other thing is that the cooperatives have saved their labour and time going to Mekelle and bring items individually by forming a union in which all of them purchase their items at once through the union. This has saved the cost that was paid for transport and per diem of the individuals that were sent to Mekelle to purchase the items.

Problems:

* The members of the cooperative don’t actively participate in the annual meetings and there is lack of ownership feeling
* Community members think that it is better to buy from individually owned shops than the cooperative shops.
* As the members of the board of the cooperatives do not have any incentive, they are not available in time of need.
* Those individuals who are hired to keep the shops do not work strictly and they go to some other place by closing the shops.

Suggestions: if there would be budget, the training which is given only to the five members of the board could be given to all members of the cooperatives so that their participation would be improved

The other type of cooperative is the secondary multipurpose cooperative which holds a union of the 12 primary multipurpose cooperatives.

## Interventions against HTPs affecting livelihoods

There are community sensitisation activities at every public meeting to minimise the number of religious holidays. Accordingly, in 2007, during the discussions made at wereda as well as regional level an agreement was reached to limit the number of religious holidays to be only 5 days. These are St. Michael, St. Mary, Be'ale Ezgiher, Saturday and Sunday. At that time, even those religious leaders who were resisting the idea did accept the decision. The problem is that these religious leaders violated the decision after they came back to the communities. Thus, at this time, the problem is almost relapsing. In addition, education is provided to the communities to reduce the extra expenses during wedding ceremonies and commemorations. However, as the communities discriminate against people who don’t celebrate the weddings and commemorations, most of the people don’t accept the idea. Previously, it was decided that those who spend many resources for weddings and other celebrations should be excluded from PSNP and as it was implemented, the action did decrease to some extent. However, it was said that the decision was not democratic that people shouldn’t be forced to do what they don’t want to do and the practices started to occur again.

With regard to harmful agricultural practices, burning land is not so common in the wereda; the rare occurrence of burning land has been avoided after education was given to the communities about the importance of the materials that are burned (which can be used as fertiliser) on the land. The communities didn’t have any resistance.

Not planting in rows: planting in rows is not a habitual practice in the communities because the communities have low understanding of its benefits; but is seen in some irrigation farms such as tomatoes and maize.

As chat is not known and it is not planted in the wereda, there is no problem associated with it. Regarding, eucalyptus, it is prohibited to be planted around stream water, but it is allowed to be planted in the back yards and hilly places as it is main cash crop in the wereda. Accordingly, it has been planned for a farmer to plant at least 150-200 eucalyptus trees.

## Food aid

The participants in the PSNP food aid (direct support) were not participating in public works before 2011. In the year 2011, however, those people who have better capacity were going to the work place and looking after the children and they prepared coffee for the participants in the public works. This was started because it was thought that it is good for these people to play their role in the community development activities. The other reason was that there was a child who died in Wokro, when a stone fell down to harm him during the public works. Now children are protected in a separate place where the elders look after them so that their parents concentrate on the work. Besides, the coffee prepared by the elders for the participants of the public work encourages the participants to work hard.

There is no problem regarding the supply of food aid as the aid comes together with the beneficiaries of the PSNP. The beneficiaries of the aid who are close to the wereda town (Atsbi) take the aid from the town. Whereas those beneficiaries who are in far villages pay money for transportation and they take it to their villages and distribute it in the villages. So, there are no challenges occurring during food distribution.

The emergency food aid has supported the beneficiaries as there are times when the crop is lost due to snow [hail?] storms and frost. By and large, the beneficiaries participate in development activities just like the FFW beneficiaries; they have created additional labour to do the environmental protection and other development activities. Although these beneficiaries do not get aid regularly like the beneficiaries of the PSNP, there has been no problem of aid provision. The aid is distributed to the beneficiaries in similar way to the PSNP.

- In general, the problems that are observed in relation to the food aid of the PSNP and emergency food aid, like the reduction of payments for reasons of local, regional and national development projects, have been causing complaints in the community. There are community members who request auditing of how much the grain reduced from each beneficiary has been sold in the market.

Thus, it is suggested that although the decisions are made by the vote of the majority at the council and the community, the complaints from some members of the community should be recognised and it is better to leave the contributions as individual responsibilities so that people contribute what they need instead of taxing collectively from the aid.

## Nutrition

There is a vitamin A supplement programme and it is given biannually. Iodine supplement is also given. UNICEF together with the wereda health office provides Vitamin A and Albendazol. There is no problem regarding the programme.

Lactating mothers with children below six months and pregnant mothers are targeted under nutritional screening. The nutritional screening process is done quarterly together with that of children under 5 years. Those pregnant and lactating mothers found to be malnourished are provided with supplementary food. They are given FAFA and oil for three months. WFP and DPPC in collaboration with the wereda health office implement this programme on nutrition. Because of frequent screening of pregnant and lactating mothers for malnutrition the number of malnourished lactating and pregnant mothers is decreasing from time to time but it does not show a dramatic fall like that of children.

There is an awareness problem among the community. The problem in this programme is that when the pregnant and lactating mothers are given supplementary food they share the food given to them with the rest of the family. This makes the programme fail to achieve its target which is improving the health of the mothers.

In each development group there are health volunteers. Their role in nutritional screening is measuring the height and weight of children and comparing the weight for age of the children. There are three categories for male and female children. If children are underweight based on the weight-for-age measurement the community health workers counsel them at home and make follow ups and refer them to the health extension workers. If the condition of the children is very severe the health volunteers directly refer the case to the health extension workers. The health extension workers measure the malnourished child with their own measurements and they send it to OTP if it is less than 11mm with MUAC (middle upper arm circumference). There is mass and individual counselling on nutrition. Children are provided with oil, sugar and balanced food. Mothers are also given lessons on how to prepare the food given to them. WFP provides supplementary food items to malnourished children under five, and lactating and pregnant mothers. It provides oil and balanced food.

Recent changes in nutritional screening are that previously in 2010 the nutritional screening used to be done in an approach called EOS (extended outreach service) and it used to be carried out every six months. Currently this has changed and the screening is being done quarterly. There is also pilot work to do the nutritional screening every month. It helps to do follow up screening for moderate and severe malnourishment.

The other change in nutrition is that the OTP (outpatient therapeutic programme) service used to be given only in health centres in the past but it is now it is given in the 16 health posts. This reduced the workload at health centres, it is like the number of OTP beneficiaries at health centres decreased from about 100 to 10. This is because people get the service in their nearest places. In the past TFUs (therapeutic feeding unit) were only at Sinkata, Adigrat and Mekelle which are all far from the wereda. Recently a TFU was opened in Atsbi wereda. The current TFU at the wereda was opened in 2009.

Achievements in nutritional screening that are the number of children affected by malnourishment is decreasing over time. Reasons for this achievement are health education on nutrition, opening of OTPs in health posts, PSNP and increase in production. Due to close follow ups and services closer to the community there is no death of children due to malnourishment even among those who were severely malnourished, because OTP opened in health posts. The nutritional screening coverage in Atsbi wereda has become the highest (90%) compared to other weredas.

There is an awareness problem among the community which hinders them from feeding children appropriately. The mothers share the food given to malnourished children with other family members in the house. The problem in this programme is that the pregnant and lactating mother share the food given to them with the rest of the family so that it makes the programme fail to achieve its target which is improving the health of the mothers.

 As a way of improvement, health education should be given so that community members should eat what is given to them without sharing with other family members. Accidental monitoring should be done by making house visits to make sure that the food given is used appropriately because they finish what is given for three months in a week's time.

Out of the 48 schools that are found in the wereda 16 have school feeding programmes. There were many other schools that had school feeding but their number has decreased over time. The food prepared for the students is FAFA porridge. Sometimes students are provided with temir (palm). The school feeding programme is run by WFP. It provides training to the teachers and workers in the schools about the feeding programme.

The achievements of the school feeding programme are that it has helped to reduce the number of school dropouts during drought. It has enhanced the interest of the children to come to school.

The problem with the school feeding programme is some students have dropped out right after the school feeding programme stopped in some schools. It has developed a sort of dependency among the community. Some students have dropped out right after the school feeding programme stopped in some schools.

The suggestion for the future is that the community has to understand that no aid has a sustainable solution. So they should make efforts to improve their economic life. The school feeding programme should continue until the community’s economic capacity is developed and as long as drought persists.

## Safe water

The proportion of people who get potable water in the wereda is different in urban and rural areas. The proportion of people who get potable water in urban areas is 67.5%.The proportion of people using potable water in rural areas is 55.65%.

Currently there are various interventions in the wereda to give the wereda people better access to potable water. These interventions are digging wells, digging boreholes, protecting water sources and establishing water committees to be managed by the community members as their own. The activities are done with the wereda and regional budget. The regional water resource office dig shallow wells. The wereda carries out the digging of hand dug wells. There are 6 tabias under the WASH programme. Harresaw is one of these. It is implemented by the region, it used to be done by UNICEF in the past. The WASH programme is funded by UNICEF, World Bank and African Development Bank. The formerly mentioned NGOs also participate in digging water points. There is also a plan for the future to work with NGOs. The agreement with NGOs is done at regional level. They come to the wereda for the supervisions, but the financial issues are run by the region. Money for shallow wells is from the region.

The role of the wereda is maintenance, giving training to WASH committee, following up the implementation, technical support from the health office and education office also for schools. Water is treated with chlorine every six months. The health office makes tests on it. Before a water point is made various physical, chemical and biological tests are done. A well must generate 3 litres of water per second if it is going to give service to the community. On the water committee there are six members and one guard. The water committee are three women and three men. Someone who do simple maintenance are also included on the tabia water committee. The committee are given training at the wereda. They are given training on how to manage money, on maintenance and how to work with the community. A key for the water points is kept with the guard.

In WASH 10% of the total cost to make a borehole is covered by the community. Community participation is a must in WASH implementation. If they cannot contribute in cash their contribution can be in kind and in labour. They can contribute stone or sand.

There is good achievement, and many more people in wereda are having better access to potable water.

The big challenge that happens in the intervention to give people better access to potable water is delay in activities. This is because there are not enough contractors. At the wereda level work contracts are given to those who are organised by the small and micro enterprises and they do not have good capacity. Other problems observed are shallow wells becoming dry after they start to give water for the community, some of them are very deep to get water. There is an awareness problem among the community. There is problem in hygiene and sanitation. There may be latrines near water points.

In Atsbi town there is a shortage of piped water. Dera water bottling company is suspected to be the cause of the shortage of water because the company and the town use the same water source. The increase in population of the wereda town is also believed to contribute to the shortage of water in the wereda centre.

For the future there is a plan to increase coverage of potable water in the wereda to from 67.5% to 78% in urban places and from 55.65% to 60% in rural places. Trainings will also be given to community members to increase their awareness.

## Hygiene and environmental sanitation

The percentage of households having latrines is 98%.The total number of households is 25,787 and out of these those who have latrines are 25293. From the households that have constructed latrines those utilising the latrines are 24305 which is 96%. Teachings are given by health extension workers and there is a dramatic change in the construction and utilisation coverage. Teachings are given in all government structures. It is a measurement of performance for tabia administrators. There is a network established which has five households as a member and they know each other and who has constructed a latrine and who has not. More focus is given to sanitation. There is a problem with old people and female headed households because latrine construction needs some labour and they do not come to meetings which makes it difficult to bring change among these groups of the community. Other people construct latrines for female headed households and the old persons. The recent change in latrine construction is that community members are making latrines closer to their house. In the past it was like 100 metres from their house because it smells. In the past they were only using it in the day time now they use it day and night. There is good achievement in latrine utilisation. There is a gap in the awareness of community members. There is a gap in using hand washing materials in latrines. For the future sensitisation activities should be done. The health volunteers should also have enough knowledge on the benefits of latrine utilisation. So awareness raising activities should be done with the health volunteers and the community in general. So training should be given to the development groups. The development groups should have enough material.

Those who have built solid waste disposal systems are 13940 which means 54% of the total households. The number does not include those that have collapsed from the effects of rain. All of the households who have waste disposal systems utilise them appropriately. In the solid waste disposal system wastes that do not decay are burnt. There is no recent change in solid waste disposal. There is good change in the community in disposing of solid waste. There is a gap in the awareness of community members. There is a problem in solid waste disposal, it does not need much resource. The problem in the community is they use their own way to dispose of waste which is throwing it where ever they like. The solid waste disposal means is constructed with clay and this makes it collapse during the raining season. For the future more teaching and follow-ups should be done to improve the situation. The percentage of households that have constructed and use liquid waste disposal systems are 40.8%. The data does not include those who have built them and had them collapse. There is no problem in utilisation. There are similar problems with the solid waste disposal system. The problem when it comes to the rainy season is that it collapses, otherwise it is going well. There is no recent change. For the future continuous teachings should be given to the community.

Hand washing is usually measured in terms of putting and using water containers outside of the latrine. The coverage is less than the latrine coverage and it is 89.4%.This coverage is only those utilising it. The number does not include those who prepared water containers but stopped using them fearing theft of the containers. There is no recent change in hand washing. More people are using hand washing after the use of latrine. For the future latrines should be constructed closer to house and awareness raising activities should be done in the community.

The percentage of households with kitchen cupboards is 87.98%. All of the households with kitchen cupboards utilise them properly. The teaching on kitchen cupboards were given for a long time in the past by agriculture development representatives. The teachings are given in home economics teachings so there is good practice with no problem in utilisation. There is no recent change regarding kitchen cupboards. There is a problem in newly formed households, they do not easily construct kitchen cupboards. The improvement is that they are covering the kitchen cupboards with plastic sheets to protect goods from dust. For the future teachings should be given to the community to make them construct and utilise kitchen cupboards.

The coverage of households that have chimneys to let smoke out is 87.9%. All people who have chimneys use them. The remaining do not have chimneys but they have separate kitchens from their house. There is good achievement in letting smoke out of kitchens, many people are using it and they are preventing themselves from the harms caused by smoke. There is no problem in making people use chimneys. The recent change is that there are improved stoves that are being given to the community and these ovens protect people from smoke and save fuel. People can cook stew and bake injera at the same time. For the future more teachings should be given to the community to increase its awareness.

Provision of water purification is not continuous. It was given by World Vision in 2003EC.There is no graduation in water purification like in other packages of the health extension programme. Education is given to the community to boil water before using it for drinking. Recently in 2004EC there was no water purification substance. There is a shortage of budget to provide water purification to the community but there is no problem in the community in using it. There is a budget constraint in the wereda: 99% of the wereda health office budget is used for salaries, and 300,000birr is allocated to buy drugs. For the future NGOs should participate in filling the budget gap.

In the wereda people and livestock live in separate houses but the teaching of the health office is to make the community separate their entrance and compound from that of livestock. People should not pass by the place livestock lives and for the livestock vice versa. The percentage of households that have separated the entrance from that of their livestock is 13.9%.This is low coverage. The good achievement is the community members have understood the benefit of separating entrance and compound for livestock. There is no recent change. The problem is even when the community members accept its benefit theoretically it is expensive and it requires more resources. There is also a tradition of keeping animals in the same compound to protect from thieves. For the future high awareness raising activities should be done.

In the pest and insect control the main intervention is to teach the community to maintain their personal hygiene and environmental sanitation. Stagnant water is avoided by the community to prevent breeding of mosquitoes. House spraying is sometimes done to prevent mosquitoes and bed nets are given as part of the malaria prevention programme. It was using DDT in the past but last year it was replaced by Deltametrine. The current chemical is very effective. Deltametrine is colourless, it is preferred by the community. All kushets were addressed by the house spraying. Bed nets were given to people living in swamp areas susceptible to mosquito breeding. The problem there is a budget constraint in wereda, it did not allocate a budget for 2004EC (this year). Globally there is climate change and there is an increase in temperature, it means there will be more areas to be malaria prone. For the future communication should be done with concerned bodies to work on the prevention of malaria.

Generally in environmental and personal hygiene there is a problem in awareness and even though there is awareness the community do not easily practice what they know.

## Disease prevention and control

There is EPI (extended programme on immunisation) programme. In addition to the provision of vaccination to those who come to health centres there is also an outreach service. This monthly outreach service is intended to make sure that people who do not go to health centres will get access to immunisation. The immunisation programme includes

1.DPT-HEP ( DPT-HEP1,DPT-HEP2, DPT-HEP3)

2.BCG

3.Measles

4.TT

5.polio

During the outreach service the role of HEWs in the outreach vaccination is calling the people to come for the vaccination. There is a group of 30 households and one of these women is responsible to bring women and children in their group. There are groups of 30 households with five women leading

1. Chair woman

2. Secretary (works in health)

3. Works on agriculture

4. Education

5. Women’s affairs.

During immunisation the role of these five women is to tell women in their group to come. These five women also attend the vaccination and monitor those who come and did not come to the vaccination. If there are women who did not come they go to their house and bring the children to vaccination during the vaccination day, these representative women and also health professionals from the wereda come and give the vaccination. The places where the monthly vaccinations are given are health posts and other fixed places which are assumed to be centres for community members. Mothers are given appointments when to come for the next vaccination. During the vaccination 5 key messages are given to mothers: the benefits of vaccination, simple side effects of the vaccination, giving an appointment card and advice to keep it safe, giving an appointment for the next time and telling them to bring the card with them for the next time.

The community respond well to immunisation activities. The community knows well about the benefits of vaccination. All children are vaccinated, the coverage is 100%, but in calculations based on population it is lower. The number became low because the expected 2.5 growth rate is not practical. The real growth rate is below that. There is no change in the immunisation programme. There is good achievement in immunisation programme and there is no child dying with measles or other diseases prevented by immunisation.

There is a transport problem in the immunisation programme. There are motor bikes that served for about 11 years. Sometimes the supplies for the immunisation are transported to tabias on donkeys and with human labour. There is a full supply of vaccines by UNICEF. The problem of transport can be improved by getting NGOs to supply with motor bikes.

There are 18 tabias in the wereda and out of these 10 are malaria endemic places. Within the 10 malaria endemic tabias there are some kushets that are not prone to malaria. As part of malaria prevention activities bed nets are distributed to the communities in malaria endemic areas once or twice in a year. Community members are very interested to take the bed net but the problem is in using it appropriately. They do not cover their beds with it all the time. There is no change recently with regard to bed nets.

Because of the distribution of bed nets and other activities like spraying houses the incidence of malaria has decreased. The problem is that not all people living in malaria endemic areas get access to bed nets because the number of bed nets given to the wereda is less than the demand in the community. The wereda does not get enough bed nets because there is an assumption that the wereda is not affected by malaria. Even though bed nets are effective spraying houses is much better so it is better if exhaustive work is done on spraying houses. There was spraying of houses last year. There was a change in the type of chemical sprayed. In the past the chemical used in the spray was DDT and this was replaced by deltametrine. When the chemical was changed some community members were suspicious about it. They had a fear that it might kill bees. Later on when they saw on their neighbours they started to ask health workers to spray their houses. Deltametrine is preferred by the community for two main reasons, one that the chemical is colourless when it is sprayed on walls which means it does not affect the paint of their houses, another reason is that it kills all insects in their houses, DDT is not strong enough to kill insects but it irritates them. This irritation makes the insects get out of the place they stay hidden. This characteristic of DDT makes the community think that DDT aggravates the breeding of insects other than mosquitoes.

There are problems in spraying houses to prevent malaria. The wereda does not have the material to spray chemicals. Last year the office brought spraying material by borrowing from other places. This makes the spraying late. There is also a budget constraint in the wereda so the spraying is not carried out this year. The time for spraying has already passed, it should have been done before the breeding of mosquitoes took place.

Stagnant water is drained during the times mosquitoes breed. Health extension workers sometimes with health workers from the wereda organise the community and stagnant water points get drained. It is usually done in the form of campaigns but individuals also dry up stagnant water if they have in their compound. The community members participate in campaigns and on an individual basis to dry up stagnant water. There is no change in the way it is done. The problem that exists in removing stagnant water is that there is a shortage of transport for health workers to go to tabias. The transport problem should be solved so that health workers in the wereda can go and facilitate the community activities to dry up stagnant water.

Interventions to prevent the spread of HIV/AIDS are PICT (provider initiated counselling and testing), VCT (voluntary counselling and testing), PMTCT (prevention of mother to child transmission of HIV), ART(antiretroviral treatment), income generating activities for people living with HIV/AIDS and awareness raising activities; posters are also posted in areas where they can be seen by many people.

PICT is HIV counselling and testing that is given when people visit health centres for other health services. People who are positive for STIs and TB must be tested for HIV based on their willingness. This is because TB and HIV are co infection diseases and STIs show the presence of risky sexual exposure. The problem in relation to STIs is that people do not bring their sexual partners to get tested.

Challenges that are faced in PICT are there are not enough staff to do the HIV counselling and testing. Health workers do not have time to do PICT along with other health services. Health workers also go to trainings so there is a gap in activities being done in health centres. There is also staff turnover, this has much effect, especially when the staff are with special trainings.

VCT is HIV counselling and testing service which is provided for people who come voluntarily to health providers. This reduces the spread of HIV through its counselling method. Awareness and practice of the wereda community on VCT is improving. All couples get the VCT service before their wedding. The recent change in VCT is that HEWs have started HIV testing. They started the HIV testing after getting trained by The Clinton Foundation. Participation of HEWs in VCT has become very effective and it raised the number of people who use VCT service. In 200EC there were a total of 27,804 VCT beneficiaries and out of these 10,000 were tested by HEWs. In the past the role of HEWs in VCT was just to convince and send people to VCT service. The other change is that previously VCT used to be carried out in outreach services in the form of campaigns because the concern was to get a higher number of people tested. Now this has totally stopped. The reason for this is that it is costly and the community should take VCT by their own decisions, not with campaigns. In awareness raising activities on HIV there is a change in the approach: instead of teaching about HIV theoretically PLWHA are being made to teach the community by telling the factors that exposed them to HIV. There are good changes in VCT and many people are getting tested.

A problem in VCT is that people come alone leaving their sexual partner behind and they are not willing to bring them.

VCT

|  |  |  |  |
| --- | --- | --- | --- |
| Year | 2001 | 2002 | 2003 |
| Positive rate | 2.4 | 1.9 | 1.4 |

PMTCT is the provision of a series of prophylaxis for the mother and the child to protect the new born infant from HIV. PMTCT service is given to pregnant mothers when they come to health centres to get antenatal care (ANC). The number of pregnant mothers who come for ANC is not known but is similar to PMTCT because all who come take an HIV test. Pregnant mothers are also sent by HEWs for follow-ups. Almost all the pregnant mothers are willing to take HIV tests once they visit health centres for ANC. The problem in PMTCT is couples do not come and get tested together and those who become HIV positive do not want to reveal themselves to their family, even to their husbands. The pregnant mothers who are positive have a fear that they might break up with their husbands. Recently there is a change in PMTCT service in one of the health centres found in Atsbi. The change is that HEWs are involved in testing for HIV in PMTCT. This is being done as a pilot. Health extension workers do not do HIV tests in PMTCT in the remaining three health centres. In the three health centres HEWs only collect pregnant mothers and call health workers from health centres.

 PICT, VCT and PMTCT are given in the four health centres found in the wereda, whereas provision of ART is limited to only two health centres. Health education on HIV/AIDS is given in all of the four health centres. Awareness raising activities among community members are also done using a method called community conversation. It is teaching methodology which includes various community groups. This awareness raising programme incorporates religious leaders, community elders, youths and others. When people are found positive in any of the testing means they are referred for ART. Those who are in a severe stage of HIV are linked to support programmes. When World Vision was operating in the wereda PLWHIV used to be linked with the World Vision food support programme. This was done in collaboration with the wereda health office and association of people living with HIV.

There are many people living with HIV/AIDS but the support that sometimes is given to them is not enough. There are about 250 PLWHA who are organised in an association. Currently there are also no NGOs assisting the intervention on HIV/AIDS. Previously World Vision was intervening in different areas of HIV/AIDS, now it has phased out and there is no other organisation working on HIV.

There is a problem with posters that come to the wereda. There are not enough posters required for the wereda; in addition most of the posters that come to the wereda are outdated so there is a problem in passing on current information and current issues of concern to the community. The suggestion to solve the problem in the shortage and quality of posters is by bringing in NGOs to work in the wereda.

IGA with an NGO called Peace Corps using volunteers was involved in supporting people living with HIV. There was an income generating activity programme for PLWHA. The allocated budget for the IGA programme was 80,000 Birr. The programme had acceptance from the community because the programme was implemented by participating beneficiaries. The beneficiaries' interest as to what kind of IGA could participate was assessed then implemented based on that. Most of the beneficiaries' interest was in sheep and poultry production. There was a problem for those who were not addressed by the community because everybody wants to get support. Even those people who can work and support themselves without any external assistance also want to be supported whereas the beneficiary selection process was done by setting priorities.

ART is provided for PLWHA and it has good acceptance but some people refuse to take it, saying that they do not have food to eat. The other reason not to take the ART is the fear of being seen by other people they know.

The case of STIs and HIV is not included in the HMIS (health management information system). The case of couple testing is not included but they should be kept in HMIS because health workers work only by focusing on those indicators included in HMIS.

Generally NGOs should not concentrate in the same place by following road side towns by their interest. There are more NGOs working in Wukro the same area because Wukro is located near to Mekelle following a good asphalt road. It was suggested that the government should disperse NGOs in by identifying places that do not have NGO operations.

In other weredas the PLWHA association is assisted by the wereda. The weredas pay house rent for PLWHA but in Atsbi the wereda does not assist the PLWHA association. In Atsbi wereda PLWHAs make a 3 birr monthly contribution for house rent and other expenditures.

Health education is given to prevent the spread of tuberculosis. Community members are advised to take a TB test if they have a cough for more than two weeks. Last year there was TB testing in the form of a campaign. Health extension workers sent people to take a TB test. There is a DOT (directly observed treatment) programme which is expanded to community level. For the first two months TB drugs should be taken with the direct supervision of a health worker. There are community members who monitor if the TB patient is taking the TB drugs appropriately. Enough TB drugs for a week are kept with community members who are trained in DOTs. The community members respond well to the teachings on TB and they come to get tested. If a TB patient is closer to the health extension worker than the one in the community he takes a daily drug by going to the health extension worker. There is good achievement on TB, there are much fewer deaths due to TB. There is no problem with the programme on TB. The programme on TB is going well but it would have been better if outreach testing of TB was done. This would help those who do not have good awareness on TB to be tested.

There is a first aid service at health posts. The service intends to treat those who have bleedings by accident or for other reasons, giving treatment to those with malaria, and they have plumpynut for malnourishment. The community members go to health posts to get first aid services. Problems in the first aid service include a critical shortage of some drugs. They do not have TTC ointment or ORS. This shortage is happening due to the new health care financing system. The health workers do not easily get drugs for free. The health extension workers should be provided with first aid materials because they are closer to the community.

## Interventions against HTPs affecting health

Male circumcision is done on the 8th day after the birth of an infant. Almost all people in the wereda practice male circumcision at home. What makes male circumcision at home harmful is its risk of HIV transmission. Teachings are given to the community to take their male children to health providers for circumcision. The health extension workers, wereda health office, health volunteers and five in one networks do awareness raising activities to avoid male circumcisions at home and use the modern way. The interventions are successful in terms of making people use safe and sterilised tools but there is not much achievement in having male circumcision done by modern health service providers. This status may be improved by doing continuous teachings to increase the awareness of the community. Female circumcision is very rare in the Atsbi Womberta wereda. Teachings are done to stop female circumcision in those rare areas and it is successful. Communities who have very close relation with the Afar practice female circumcision. Cutting of the uvula is common in the wereda. With regard to milk teeth the community heat the milk teeth with a hot iron. There is a traditional treatment called mahigoma. People who practice this traditional medicine take blood out of a patient using a horn and this exposes them to HIV. Currently the prevalence of mahigoma in the community is very small and it is decreasing from over time. The health extension workers, wereda health office, and health volunteers do awareness raising activities. There are some achievements in cutting uvula but it is not successful. There is good success in mahigoma. The prevalence of mahigoma has decreased a lot. There is also some success in reducing heating of milk teeth by hot iron. Teaching those people who practice harmful traditional practices will solve the problem. Body scarring and branding is known in the wereda: children are made to have a scar on their eyes when they get eye illness. Nowadays this is not common in the wereda. There is also a tattoo made which takes place at a young age. Teachings are given to inform the community about the harms that these traditional practices result in. Health extension workers and health professionals are involved in these activities to avoid harmful practices. The interventions are very successful and these harmful traditional practices are not common nowadays. Continuing the same teaching approach will help to abolish the above mentioned harmful traditional practices.

## Curative health services

### Health Post drugs

Curative drugs that should be available at health post are painkillers (paracetamol), Bacterium, amoxasline, Quartem, chloroquine and TTC (tetracycline) eye ointment. Paracetamol is given to treat fevers related to malaria. The TTC eye ointment is used during delivery for the eyes of new-borns so that they will not be harmed by the effects of STI from their mothers. Quartem and chloroquine are available at health posts to be provided by the health extension workers to malaria patients. Since recently health extension workers are trained in ICCM to treat pneumonia. They were given training by an NGO called Pathfinder. The health extension workers are allowed to treat mild pneumonia but they are not allowed to treat complicated pneumonia. Bacterium is used in the first line treatment of Pneumonia and amoxasline in given in the second line.

In health posts there is no problem with the supply of drugs to treat malaria because the budget for this is allocated by the regional health bureau. But there is a shortage of supply of ORS, TTC and paracetamol. The shortage of these curative drugs happens because they are purchased through the wereda budget and the wereda has very big budget constraints. The supply of ORS got worse this year because it is not available on the market.

There is DOTS programme to treat TB so when TB patients are given drugs to be used for one months it is given to the health extension workers to keep it at the health post. The TB drugs that are kept in health post when given to a particular TB patient are a combination of four drugs (ethamptol, izonised, repeamsive, parsmizd) called ERHZ. The combination of the four drugs is given in one tablet. This makes sure that the taking of the drugs is directly observed by the health extension workers. This drug is taken daily by the TB patients. There is no problem in the supply of TB drugs because the budget is from regional health bureau.

Previously DOTs was only at health centres, it started to function in the health posts as well since in 2009. This strategy was used in order to increase the number of TB patients who complete their drugs as desired. The treatment requires direct observation by health workers, and the TB patients were supposed to come to the health service to take it. TB patients were interrupting their treatment because the health centres were very far from them. Use of health extension workers to make direct observations in taking of drugs brought a good change in making the TB patients complete their prescribed drugs.

Health extension workers were also giving deworming every six months when community members were organised through campaigns but these drugs are not kept with them at the health post any time.

### Health Centres

Achievements in health centres are reduced deaths due to TB by making DOTs go to health posts. This helped continuous taking of TB drugs which resulted in a high reduction of deaths due to TB. This at the same time also reduced the resistance of drugs that comes from a low TB drug completion rate. There was no death in the TFU this year, this is because of the opening of OTPs in health posts and follow up in nutritional screening. There was success in making more community members use VCT services.

Recent changes in health centres include the opening of TFU in one health centre in the wereda. Health centres have started to work with the new health care financing system by establishing a board to run their financial management but they are not strong, The number of health centres which are currently functional in Atsbi wereda is four. A fifth one is already constructed but it has not started to function and it will be functional this year.

There is big problem in fulfilling the number of health workers in health centres according to the staffing standard set by the federal ministry of health. There is a very high staff turnover. Health workers are being attracted by the benefits and salary of NGOs. The wereda has the mandate to recruit staff but there is a high budget constraint in the wereda. There is no problem in fulfilling 2 health extension workers per tabia.

Curative drugs that should be available in health centres are all antibiotics, anti-hypertension drugs, all anti-malarial drugs including quinine, TB drugs including EH or RH, and advanced treatment of pneumonia including crystalline penicillin. In the past TB drugs used to be taken for 8 months now this has been reduced in to 6 months. In the past it was EH now RH is replacing it. Drugs to treat opportunistic infections among HIV patients should also be available in health centres.

There is the same problem in the condition of drug supplies in the health posts, health centres do not have a problem in the supply of anti-malaria and TB drugs. The shortage appears in the supply of antibiotics and other drugs. Generally there is a shortage in supply of drugs that are being purchased by the budget allocated by the wereda. There is no shortage of those drugs that come directly from the regional health bureau

Health care financing:

Previously cash from the sale of drugs and other services in health centres used to be given to the wereda finance office and the wereda allocated budget for the health centre together with other sector offices. Recently this financing system is being replaced by another system in which health centres establish boards and they open their own bank account and manage the income they get on their own. Now they do not give their income to the wereda finance. The board of the health centres consists of the health centre director, wereda administrator, administrator of the tabia in which the health centre is located, youth association, women's association and farmers' association where the health centre is located. Currently the established boards are not strong and the wereda is also giving the budget to the health centres with boards. The obstacles to the health centre boards functioning well is the presence of the high number of people getting health services with exemptions. The wereda administration gives about 30,000birr as a fund for those people getting services with exemptions. There are two types of exemptions

1.Ex-fighters who have a board card from the national defence office.

2.Civilians who are poor and cannot afford the treatment fee. These people get approved by the tabia and get exemption papers from the wereda.

3.PLWHA are also exempted from treatment fees for opportunistic infections and pneumonia drugs.

There are also drugs given free to everybody regardless of economic status. This includes TB and leprosy drugs, anti-malaria drugs, ART and delivery services.

The establishment of boards is good but what should be improved in health care financing is that there must be a budget for those people who get health services with exemptions.

The number of health centres which are currently functional in Atsbi wereda is four. A fifth one is already constructed but it has not start to function. All the four health centres are busy in giving health services to the community. Two health centres out of the four are busier than the other two. The busy health centres provide health services for about 80 people per day. The health centres do not admit patients but they give services to them as out patients. They admit for two days but in most cases they refer them to higher health institutions. There are beds for delivery and for severely malnourished children.

Health centres in Atsbi Womberta wereda.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.N. | Name of health centre | Catchment population | Catchment tabias | location |
| 1 | Mulu health centre | 53825 | 7 | Atsbi |
| 2 | Dera health centre | 30921 | 4 (includes Harresaw) | Dera |
| 3 | Haiki Mes-hal | 29383 | 5 | Haiki Mes-hal |
| 4 | Kelisha health centre | 12852 | 2 | Kelisha |

### Non-government health services

There are no NGOs giving health services. NGOs that work on health do not function independently, rather they support government health structures in various ways. The NGOs support government by giving training to health staff and they make drug supplies. They give financial support. There is no private clinic in the whole wereda.

There are three vendor shops that sell drugs. There was also one drug shop in the wereda but it quitted this year. There is a regulatory case team in the health office and it regulates these vendor shops. The regulation became well established from 2001EC. Previously the regulation used to be done by wereda treatment and pharmacist. Now it has its own regulatory team. In the past it was not established independently.

Traditional practitioners that have got approval from the wereda health office are also regulated; the inspection is done quarterly. So far there are six traditional practitioners in the wereda. This figure does not include those traditional practitioners whose work is not acceptable to the wereda health office. Traditional practitioners who got approval of the wereda health office are those involved in the treatment of herpes simplex which is locally known as ‘almaz bale chira’, and bone setting, and others who use herbal medicine to treat various diseases. Those traditional practitioners whose practices are not approved and are rather banned by the wereda health office include those working on burning milk teeth, removing uvula and mahigoma (traditional healing that involves taking out blood of the patient using glass or horn). Abortion is not practiced by traditional practitioners.

Those who cure herpes simplex have got approval because of the positive feedback from the community. One of the traditional healers who treats with herbs got his own licence so he is legal. He has plants with medicinal value in his garden. He heals those who cannot get cured with scientific medicine. This includes epilepsy and possession by evil spirits. The community members use traditional practitioners to treat illness that cannot be treated by modern medicine.

The traditional practitioners are regulated by the wereda health office and it mainly focus on inspecting the usage of sharp and blade tools. They advise the traditional practitioners to boil sharp and blade materials or to use different materials for different people when giving the traditional medicine. The regulatory team also makes inspections whenever there is a report from the community. There has been regulation of the traditional practitioners for a long time. Previously trainings used to be given to them. Now they are complaining about not getting training and attention as in the previous times.

For those who did not get the approval of the wereda health office they are told to quit doing the traditional practices. Those condemned traditional practitioners usually carry out their practice in the evenings to prevent themselves from being watched by others.

The health extension workers also inspect the activities of traditional practitioners in their respective tabias. The health extension workers report to the wereda health office whenever there is deviation by traditional practitioners from the right regulations.

The problem in the inspection of traditional practitioners is that the health workers at the health office do not know well about the herbs and other practices. This makes them limit themselves in the inspection to issues of blood contamination because they do not know what the contents of the traditional drugs are and they do not know the right dose. There is no clear guideline about the inspection.

## Reproductive health services

The reproductive health services given in the wereda are advice on reproductive health, abortion and provision of contraceptives. There is no special service given to adolescents. Abortion service is given in health centres. There is better service in abortion. Contraceptive services are given in health posts and health centres. Advice on reproductive health is also given in health posts and health centres. There is no recent change in these services. There are good achievements in reproductive health services. For the future the current reproductive health service should continue.

### Contraception

There are different contraceptive methods provided to communities in the wereda. There are pills, condoms, injection for 3 months, implant for 3 and 5 years and morning-after pill. There is no segregated data for each type of contraceptive because the current HMIS does not require the specific but the general report of those using contraceptives. In 2003EC the plan was to increase the proportion of women using contraceptives to 67% but the achievement was 21.8%. Contraceptives are available in all health centres and at health posts. They are also given during immunisation outreach services. Health extension workers are given training on how to insert implants in the arm. The training was given by Intra health. They can implant contraceptives but they are not allowed to remove them. When women want to remove implanted contraceptives they have to go to health centres. Advice on the use of contraceptives is given to community members by health extension workers and other health workers in the wereda. The provision of contraceptive is free of charge. Male and female community members have a good attitude towards the use of contraceptives. In the past there was a perception among the community that the use of contraceptives leads to infertility. In most of the cases men and women couples go to the health services to get the contraceptives. They discuss between themselves and decide which one to take. Men usually choose the five years implantation for their wives. Women usually prefer the three months contraceptive given by injection.

There are teachings about contraceptives in schools. The teachings are given together with anti AIDS clubs. In high schools there were nurses assigned to schools. Now they are not there anymore because they are assigned to urban health extension work. In rural areas the health extension workers give teachings on family planning and other health topics. In high schools there are girls that use contraceptives.

### Abortion

There is very small demand for abortion in the wereda. There is no use of customary methods for abortion. There is no death due to abortion because there is a simple medical service. The abortion service given in health institutions is done under three conditions. The conditions are: if the woman is raped, if she is under age; and if she conceived from her relative. The law says to trust the mother so if she is smart enough to lie she can get the abortion service. The current abortion service is simple with no complications and started in 1999EC.

### Infertility

Even though it is difficult to get the accurate percentage of infertile women in the wereda there are extremely rare cases of infertility. Both female and male infertility exists but the number of infertile female exceeds the number of infertile males. There is no treatment given for male or female infertility. People use traditional means to solve their problem. There is no plan to introduce treatment for infertility.

### HIV/AIDS and STDs

The number of people dying from HIV has decreased dramatically since the introduction of antiretroviral drugs. In Atsbi wereda ART was introduced in 2008.The number of deaths from 2008 to 2009 were 20.This number of deaths was registered because PLWHA come to health centres after reaching a critical stage of AIDS. In 2010only 1 person died from HIV/AIDS.

There is stigma towards people living with HIV but there is a big change. The stigma is decreasing over time. Increased awareness in the community contributed to the reduction in stigma but still it exists even among the community members who know the transmission modes of HIV appropriately. In the wereda town Atsbi there are many people who do not let their houses for people living with HIV. There are also a few who consider HIV like any other disease. Currently PLWHA are disclosing their HIV status to others.

Counselling services for PLWHA are available in every health centres and they are also given by health extension workers.

There is ART in 2 health centres in the wereda. One of the health centres (Mulu health centre) started giving ART service in 2000EC and the second health centre (Haiki mes-hal) started provision of ART in 2002EC. Treatment of opportunistic infections is available in the 4 health centres.

There were 473 cases of STI in 2011. There was no death registered due to STI. The people do not say that they have STI because they will be considered as having multiple sexual partners. There is advice at the health centre from the health worker who tested them. They are also asked to bring their partners for STI testing. Treatment for STI is available in the 4 health centres. There is no recent change in the area of STI. Suggestions for improvement is in STI is the work is done in integration with HIV should be indicated on HMIS. Updated posters on HIV should be sent to health centres and to the wereda.

### Fistula

In Atsbi Womberta wereda there are rare cases of fistula. Whenever there are such cases the patients are taken to Mekelle, Quha or Addis Ababa because there is no service in the wereda. REST (Relief Society of Tigray) takes the patients by covering transport costs for the patient and someone who takes care of her. REST makes quarterly assessments on Fistula. There is good care for those with fistula; it is good if the current service continues.

## Mother and child services

There are about 44.4% of the women in the wereda using ANC. At this time the pregnant women are given iron supplements, their blood pressure is measured, the infant's heart beat is also checked. HIV tests are also part of antenatal care service. HEWs and community health volunteers make pregnant women go to health centres for ANC so there is good achievement in improving maternal health. There is no recent change in ANC.

44.4% of the women go to ANC. The problem is that there are some pregnant women who do not complete the 4 ANC visits.

Vaccinations are given to pregnant women when they go to ANC. The vaccination given during pregnancy is TT. It protects the mother from tetanus and it is given in 5 rounds. From the planned figure 35.17% of pregnant women took TT vaccination. There is no change in vaccination to pregnant mothers. There is no recent change in TT vaccination.

21% of the pregnant women planned to get delivery service got delivery service. Currently the delivery service by TBA and health extension workers is not acceptable like in the previous times.

During the post-natal care advice is given to mothers including infant care; about 90% of mothers get this service, but when calculated based on the plan made with assumptions 48.6% got post-natal care including advice on infant care. There is no recent change in advice on infant care.

There a problem in reporting maternal and child care services. The annual plan is made based on the assumed number of women who are pregnant but this does not happen in reality. This makes the accomplishment seem lower even though there are good accomplishments. For the future plans should be made based on the actual population.

## Education

### Pre-school education

There is no separate public kindergarten in the wereda. Although there is one private kindergarten in Atsbi town, it has not been functional. The only classes that have started to accept children less than seven years old are the Child-to-child education and the 0 classes. The child-to-child education was started in 2010 and it is given in a nearby place to the children by clever students who are in grades 5 - 8 who in turn get support from teachers. The 0 class has been started in 2011 and it is provided to 6 year old children. The teachers of this class are grade 10 complete and above. It has been started in all elementary schools. The pre-school education is supporting the quality of education as the children are performing well. Before the pre-education was started in the wereda, children of priests, government employees and teachers were performing better than those children that came directly without knowing anything. As a result, many students were dropping out of school. Now, the pre-school education is expected to help students not to drop out because they all start school at the same time and there will be not much difference. The main challenge here is that there is very low awareness in the community. This is particular to the community that lives along the border with Afar region who are not willing to send their children to pre-school classes. The parents want the children to look after the livestock instead of sending them to school. So, even if they might start, they don’t stay till the end. To solve this problem, the education office of the wereda is working actively, in collaboration with the education stakeholders (students, parents, teachers, PTA, students' parliament and development groups) to raise the awareness of the community about education. In addition to this, the teachers of the 0 classes are sent to Adwa for second round capacity building training. It has also been planned to send the teachers to the training centre for a third round so that they will be graduated with certificate.

In 2011, there were a total of 5151 children in the child-to-child education; out of which males were 2498 and females were 2653. In 0 classes there were a total of 3682, males 1887 and females were 1795.

### Primary education

There were 21 schools in the wereda before 2003. The 14 were 1 to 4 schools and the remaining 7 were 1-8 schools. Now there are a total of 45 schools; 18 are 1-4 and 27 are 1-8.

Recently, there are great changes regarding elementary schools. Since 2006 the six school improvement programmes have been introduced and have been implemented. These six programmes are: -

1) School improvement programme

2) Teachers development programme

3) Civics and Ethics programme

4) Curriculum improvement programme

5) Improving school organisation and school management programme

6) ICT Improvement programme

Since the time when these programmes were implemented, there have been remarkable improvements from year to year. The programme of assigning full staff especially school directors has contributed to the improvement of the teaching-learning process and to improving the performance of students. For example, in 2010, there was only one school that had all grade 8 students (100%) passing the national examination in the wereda. But in 2011, there were three schools that had all grade 8 students (100%) passing the national examination and joining grade nine. Meanwhile, the number of students who cheat in examinations is decreasing. This is achieved because there is better understanding of the programmes.

Challenges:

* There is school dropout among the students along the Afar border because they have to herd cattle.
* In times of drought, the numbers of students that drop out of school and migrate increases.
* More students drop out in schools that do not have a school feeding programme than in those schools that have a school feeding programme.
* Students in grade 7 and 8 do drop out of school to migrate to Arab countries. This is also a challenge among the teachers and school directors. Previously, not less than 10 teachers from the wereda have migrated to Arab countries. The respondent remembered that there was a teacher in the wereda who made an assessment on the future aspiration of students. What she found out was that the response of the majority of students was to go to Arab countries. This might indicate the degree of the need to migrate to Arab countries in the mind of the young generation. It is taken as first choice for survival. To solve this problem, the wereda education office takes the alternative of collaborating with stakeholders and working to raise the awareness of the community about education. Moreover, the wereda administration has planned (for 2012) to show a documentary film about the challenges and tragedies of the people who try to cross to Arab countries.

### Secondary education

There was no single high school in the wereda before the year 2001. Now, there are three high schools. Atsbi Secondary School and Preparatory school (9-12) was constructed with the support of World Vision in 2003. It has provided all school facilities such as library, laboratory, offices, water service, toilet and playing field. The second high school is called as Hayki Mes’hal secondary school (9-10) which was opened in 2009 Although it does not have all the basic facilities, it is in a better situation at this time. The third one is Dera Secondary School (9-10) which was opened in 2010. This school has lacked facilities such as library, laboratory, toilet, water service, fence and playing field. The respondent suggested that to solve this problem, there should be quick action to discuss with the community and the contractor so that the remaining work could be finished to be ready for service.

In general, the opening of all these high schools has helped a lot for students, especially for female students who could drop out of the school due to distance and risks on the way to school. They have been able to continue their education without much tension. The number of school dropouts due to distance has decreased.

### Post-secondary education

There is one preparatory school (9-12) in the Atsbi town which was opened in 2003. This school has helped to increase the number of students in high school. The main challenge here is that as the school accepts many students and teachers, it becomes a bit challenging to manage. This is raised as a challenge to the school director. To solve this problem, it would be better to separate the high school and the preparatory school. But as there is a budget constraint, it cannot be done. So, in order to bring about a sustainable solution, there should be allocation of enough budgets.

With regard to TVET, the students that want to join TVET should go to Wukro or to Mekelle because there is no TVET Institution in the wereda. This is great challenge to students who are economically poor and couldn’t afford the cost.

Students who join university are assigned by the government. There are no private colleges in the wereda so that people who want to continue their education in private colleges have to go to Wukro or Mekelle. Despite the fact that there are no private colleges in the wereda, the easy access to these towns is considered as a good opportunity for government employees and others who want to upgrade themselves. So, this has helped to improve the capacity of the experts in the wereda and increase the number of experts. The main challenge about the private colleges is related to the lack of quality of the curriculum and lack of good management systems. So, in order to ensure quality of education in private colleges, the government has to continue supervising and taking measures to improve their services.

### Other training

Functional Adult Literacy was started in 2011. The manual of the education is provided based on the actual life of the community and includes information about agriculture, irrigation, raising animals, keeping beehives, protection of forests, etc. It is aimed to help participants improve their lives. This has helped the community to see different alternatives of education. In this way, it will make much contribution in reducing the number of illiterate community members and enhancing their capacity to be productive. When we see the coverage, there are 3397, out of which 1785 are females. The main challenge here is that there is irregular attendance. This can be solved by discussing the problem with wereda, tabia/kebele and kushet/sub-kebele administrations and then mobilising the community to actively participate in the programme.

## Marriage practices

The law does not allow marriage under the age of 18. Transgressing this law causes people to be punished before the law. When people are found preparing underage marriage their case is taken to court and if they are found guilty they are punished. Four years ago there were underage marriages in certain tabias of the wereda named Kelisha, Era, Felegewoini, Kelamin and Michaelemba. The worst are Kelisha and Kelekel because they are adjacent to Afar region. Harresaw was also included in this high number of underage marriages. Now there is a big improvement. Last year the number of underage marriages was zero.

There was a case whereby a girl was to marry underage, she was caught as an example. Police, women's association, league, propaganda and justice worked in integration to stop underage marriage. Those who were punished are the ones who brought the bride, parents from both sides, priest, friends. The person to marry was a deacon. The girl's mother was fined 800 birr because she refused even when she was told to stop the marriage and three years gedeb (it means if she commits a crime or the same thing again she will be imprisoned double of three years which means 6 years). The man's father got 3 years gedeb and a fine of 800 birr. The man's friend got 3 years gedeb but no fine. The one who brought the bride got 3 years gedeb and no fine because he said the parents said the girl's age was beyond 18.

The problem that happens in interventions is a wrong perception among parents. Parents believe that if their daughter gets older they will not get anyone to marry her. When women are alone they want protection and make their daughters get married.

Recently there were 72 suspected under age marriage preparations and 12 of them were found to be under age and they were sent to Mekelle hospital to know their correct age. The report from hospital at Mekelle indicated that there was only one underage child. One case was the parents of the girl said that she was 16 years old but the report from a doctor in Mekelle says that the age of the girl is 18 and 1/2 years. This year there was no one married underage even in Era and Kelisha.

For the future activities on awareness raising should be done. The medical check-ups from the region should also be accurate because that is the final evidence people go to.

Abduction is not common and there is no intervention.

There is no intervention in man's right to choose his marriage partner. This is not also a problem in the wereda. There is not also intervention in woman's right to choose her marriage partner. This is not also a problem in the wereda. Even though both have the right to choose their partner, in practice men choose who to marry. Nowadays there are also many women who choose their marriage partner. If women do not like the marriage arranged by the family they refuse. Having a concubine is common in the wereda. There is no polygyny, widow inheritance or marriage to dead wife's sister in the area and there is no intervention in these areas. Having a concubine is common in tabia Harresaw and more so in kushet Harresaw. There are 2200HH in tabia Harresaw, out of these 800 are FHH who get babies from different men.

A widow has the right to keep all property if she has children from deceased husband. If she does not have a child from the deceased husband she gives half of the property to her husband's relatives. Whenever there are children from outside other than the current wife the current wife has to pay the child's share.

There are problems in the community elders implementing the law in the right way.

A divorced woman has the right to share property equally with the husband. Children below the age of 5 are made to live with their mother and those above the age of 5 have the right to choose with whom to live.

There is a problem in making divorced women share equally with men because elders dealing with the divorce case sometimes favour men. They favour men because they meet in siwa house. The men invite them to siwa. The gap is created mainly because the women themselves have a big knowledge gap. There are also some women who are very strong who share every single material that they earned in the married life.

There is also a big capacity gap in those people working in the social court. For future improvement the mandate of the social court should be limited. It will be good if sharing property can be solved at wereda level.

## Using customary organisations to help implement interventions

There are some interventions made to establish iddirs within development groups. They are still in process. Iddir is not common in the wereda. There are elders who deal with solving conflicts in the community. They have a good role in resolving disputes. They do also have acceptance among the community. They have government recognition. The problem with the customary elders is that there are some who do not understand things in a good way. There is a capacity gap among elders working to solve different kinds of disputes. For the future even with the elders have good role in solving problems, the life of women should be improved, the elders should be given capacity building training. There are no clan leaders in the tabia.

Local elders and religious leaders are used to teach about harmful traditional practices. There is a teaching tool called community conversation; the elders and religious leaders are invited to the community conversation. There are community conversation sessions every three months. There is a committee for HTP (under age marriage, female circumcision) and reduction of maternal mortality. They are used to build awareness of community members. There is good collaboration in the Orthodox church but there are some who are reluctant among the Muslim religious leaders in Kelisha and Michael Amba. A Muslim mother died because they refused to take her to health centre. A suggestion for the future is that more extensive trainings should be given to the community leaders.

## Women’s organisation

### Women's Association

There are 18,881 members of the women's association in Atsbi Womberta wereda. A recent change that has affected the women's association and the women's league is the establishment of women's development groups in tabias. The development groups are under the women's association. Previously there were three leaders including chairwoman, vice and secretary. Now there are chairperson, vice, secretary, health and agriculture representatives. Previously agriculture was mixed with others. There is a meeting of the development group to discuss and monitor development groups. It is to make women become models in development intervention. Payment of women's association became so organised in the development groups. The development group is made up of people living close together so it is easier to discuss payment or any other issues. The development group is composed of 25-30 women. Below the development groups there are networks of five people. This network is very important for making women deliver in health centres, and to pass on information on health, and the elders are supported by the network.

Problems in some women's development groups are that they are not strong. There is absenteeism from meetings.

There is a problem with the policy of delivery by taking women to health centres. A suggestion that can lead to improvement for the future is that capacity building trainings should be given to women to make them actively participate in women's development groups.

### Women’s League

There are 1924 members of the women's league in Atsbi Womberta wereda. The women's league is the same as the women's association but the only difference is that the league is an association of women who support the TPLF. To say a cell there must be a minimum of 7 women party members. There is also law of TPLF which says the development groups should be led by the TPLF party member. There is an increase in the number of party members. The presence of development groups makes it possible to identify the number of those who are not involved in the party. They are identified early so that it is easier to organise them under the party. The development group is important to follow development activities.

The main objective of the women's league is to put women in political leadership. The women's league enables women to benefit from development activities. The women's league was established in 2008.They work with the women's association and women's affairs. The new thing that helped to facilitate the activities of the women's league is the establishment of women's development groups. It contributes to the league's efforts in doubling production. In the women's development group there is a representative of agriculture. There is also a representative of health to reduce maternal and infant mortality. There is only one ambulance in the wereda. Development groups are doing traditional ambulance to reduce maternal and infant mortality.

There is a league representative in the development group. The league makes women party members women's league members.

The achievement is that it is reducing maternal and infant mortality. They assist in taking pregnant mothers to delivery. They give labour support to the elderly in latrine construction.

The problem that happened at the being of the women's league was people were asking 'why league?' There was a problem of understanding and awareness. The suggestion given for the future is showing the benefits and convincing them of the benefits of the league and working in women's groups.

### Women’s federation

There is a federation of women at the wereda level. It was established in 2000EC.Its objective is to organise all kinds of women's associations and follow their activities. It has no individual membership is at association level. It does not specify party membership.

The federation was very strong and functional when Roman (name of a woman) was at the region now she is replaced by another woman. The replaced woman is not working very well. The wereda federation is working only with a previous year plan. In 2010 and 2011 the activities of the federation were very weak. The current head of the women's federation at the region did not send a plan. The women's league, federation, women's affairs and women's association work with integration in women's development groups.

At tabia level there is good work including the women's federation. They took orientation about the federation.

The achievement of the federation is successful as it was desired to be because there is not good support from the region. The good thing in the women's federation is those representatives of the women at tabia level who are working effectively based on the plans given to them. They follow the activities of women's development group equally with women's affairs and women's association at tabias.

The suggestion for the future is that the federation of women's organisations at the region should be very strong. The federation of women at the wereda is also not strong. They both should do planned activities based on plans. The federation should also be acknowledged. At the regional level there must be someone who works focusing on the federation of women's organisations.

## Youth organisations

### Youth Association

There is a youth association at wereda level. This youth association has a total of 6254 members. Out of these 6239 are male and 15 are female. A recent change in the youth association is that the number of female youth association members has decreased significantly because young female members shifted to the women's association. Previous to 2011 the number of female youth members was more than 200. In Harresaw there were about 86 female youth association members. They cannot contribute to both associations in respect of their age group and sex because they cannot afford to so. This was caused by the establishment of development groups in 2011. Women also have better resources and this made the young females to weigh up their benefits and choose one. Women's association members get loans and trainings. The youth association does not have many resources to make its members participate in meetings by paying a per diem. The women's association also complained to the youth association saying that the youth association is taking potential members for the youth association.

The youth association worked to improve the livelihoods of the youth by convincing the wereda to give unused land to the youth. Land was given to the youth in 2008, 2009and 2010.The youth association facilitated irrigation activities in 2001EC.They were getting technical support from DAs. This land case was a good achievement of the youth association.

There was good achievement in movements made by the youth association, land was given to the youth. And many youths have improved their lives. Another good achievement made by the youth association is that 100 youths from the wereda youth association got an education opportunity at Millennium College with half payment. Eight youths are female from the total of 100.The number of females is lower because they have lower grades during the selection. The college is found in Wukro town and the youths joined degree and diploma programme. Currently the youths have reached the third year in their college education. The students will graduate this year. The problem with this education opportunity is that 19 youths have quitted attending college education even though they got the opportunity with half school fee. The other general problem among the youths in the wereda is illegal migration to Saudi Arabia. At the end of 2011 there was an incidence in tabia Hadent by which the death of youth migrating to Saudi Arabia was announced in one day. A total of 49 youths died in June 2011.There are also many who become successful by going to Saudi Arabia. These people make their relatives follow them. These are what makes many youths attracted to migrating. Awareness raising activities are done by the tabia administration and the youth association but there is no change. The youths and their parents are very interested in migration because they want to get rich at once.

The youth association got a prise from the region for its good performance. They were given four computers and one photocopy machine. The youth association gives cheaper photocopy, secretarial and computer training services to the community. Photocopy at the youth association is 50 cents whereas it is 1birr in the town. Internet service will be started in 2012.

The suggestion given for the future is that the youth association should be strengthened financially and made increase their awareness. Awareness raising activities should be given to the youth by bringing those youth who experienced problems when trying to cross to Arab countries. Youths also face problems even after they arrive in Saudi Arabia. Some of them become drug dealers and get shot. Once awareness raising was given to the youth by the youth association with 4000birr. But this was not for enough youths at the grassroots level.

For the future the youth association has plan to increase female youth membership. The youth association believes that in the new development male and female youths should be in one development group.

The other suggestion is that those youths who live in urban places should be addressed with micro and small enterprises.

There is problem in giving loans to youths who are not married. The tabia sometimes refuses to give loans to unmarried youths. Once in Harresaw youths got organised and took training but the tabia refused to give them a loan. After a long discussion the tabia gave them a loan. For the future the youth association members should be given loans through the association. The region should allocate a budget to create awareness raising sessions.

### Youth league

There is a youth league at wereda level. The youth league has 1302 male and 848 female members. The youth association and the youth league have similar functions except for the difference in criteria. Anyone in the age group of 15-35 years can be a member of youth association regardless of their political party membership status. In the youth league members are those who are youth at the same time who support the ruling party. Both the youth association and the youth league work in integration. These three worked together in making youths get unused land. The youth affairs, the youth league and the youth association work together. The youth association and the youth league have shared the tabias and work there. For example, the one assigned to work in all youth related activities in tabia Harresaw is the youth league.

## Planning and consultation

Previously, the activities that have to be done by the FFW programme were determined at regional and wereda levels. Since 2008, however, the community decides about what kind of activities are to be done where and selects the activities that should be given priority. The community plans and the kebele councils approve. This has enabled the community to participate actively and to accomplish the work willingly.

Regarding the choice of HABP, there is money which was sent recently; however, there is not much information as it has not yet been implemented.

The watershed management is among the activities that are given priority focus by the wereda as well as by the regional bureaus. This kind of focus has been given since recent time. As a result, great changes in environmental rehabilitations are done. As there are remarkable changes in the wereda, representatives of different regions, Amhara, SNNP and Oromia, have visited and shared experiences.

Development of Community Plans: The community plans at kebele level, approves plans in the kebele council and discusses how best the plans can be implemented at the development group and at individual level.

Challenges: when determining the types of activities that have to be done is done by the community at kebele level, there is a kind of limitation in the profitability of the activities. Thus, it would be better if the case is discussed with the wereda

## Differences between taxpayers and non-taxpayers in the wereda

The community members, both taxpayers and non-taxpayers have the same right to access government services. The rights of community members are to elect, to express their ideas, and to get various services like health education, electricity ,telephone, water service, construction of schools and other infrastructure. The duties of community members are to pay tax and be loyal to the law of the country. An assessment was done of tax collection and many people were found to be not paying taxes. In urban places there are more than 2000 small and micro enterprises but only the 600 pay tax legally. Those people who are not supposed to pay tax do not pay tax. These people are landless and do not participate in business. Many people in the wereda pay land tax. Community members also construct schools and other things. For those who do not pay tax their licence is taken and they are forced to pay tax by selling their property but this is not done in many cases. There are also some people who do not pay land tax because their land holding is not well known. For the near future there is a plan to do land registration in three tabias of the wereda. Doing land registration is very expensive so only three tabias of the wereda are planned for this. In the Tigray region land registration is carried out in Hintalo Wejerat and it is considered as a pilot.

## Community contributions + taxes

Most of the money and human power that is used for implementing different projects is collected from the community. The policy indicates that local community development activities should be done by the local community. So, it is expected that each community member should contribute to those local programmes. The amount and kind of contribution is determined by the community itself. The money that is contributed by the community is collected by receipts through the development groups; so this doesn’t create any problem. If it is in kind (grain), it is reduced from the aid that they receive; so it is not needed to collect from each individual. Recently there was a contribution requested to the community for the Abay Dam Project. The region has given a quota to Atsbi wereda of 29 million birr to be contributed by the community which will be paid within four years. Hence, the amount of contribution has been divided in each village based on the number of population they have. So, they will discuss with the community on how to collect the money. In addition to this, there have been community contributions during the last four years for the construction of Tigray Stadium, for the construction of two high schools and others.

## Accountability

There is gimgema in the wereda cabinet and other wereda structures. It is a common way of making assessment of various government interventions. There are more than 12 gimgemas annually. There are also intensive gimgemas and meetings at the beginning of the year. The wereda also go to tabias to carry out gimgema. The sector offices also carry out gimgema in agriculture, education, water resources and health. Gimgema is very good for discussing how things are going on. It facilitates a better way for developmental interventions. Gimgema is also done with community members. It includes monitoring and evaluation of development interventions. This also works with party members. It has a great role for the improvement of performance in implementing developmental activities.

There are appeals against the decisions given by the wereda on civil code interpretation. People go to court at the zone, if they do not get a fair solution, they then go to the court at the region. There are also people who even go to Federal court in Addis Ababa. Most of such cases happen when someone betrays another's money, it means in the civil code.

The change in making appeals to the zone court against decisions of the wereda is that there is a mobile court from the zone that comes to the wereda to hear appeals against decisions of the wereda. This is well accepted and it started in 2010. The problem with this mobile court is there was an interruption in 2011.The suggestion given for improvement was that the mobile court should continue but the interruptions should be avoided.

There is also a court system by which people go to Wukro and is the case is judged from Mekelle through plasma (video). This court system through plasma started in 2002EC.This should continue in the future. Both of the above mentioned court systems are very important to the community because people can get justice from the higher body in the zone and region.

There is no use of citizens' report cards in the wereda.

There is no frequent use of suggestion boxes. Only a few write suggestions or any messages and put them in a suggestion box. There were many people coming to the administration for various reasons and many of the people were coming to the wereda even though their business was with some other sectors in the wereda. At this time the customers were complaining about not getting information from those working at the wereda administration. They put this complaint in the suggestion box so someone responsible for the information desk was employed and she gives information and directions by asking people to which office they want to go.

The use of a suggestion box was also started in sector offices in 2010 as part of BPR but it is not being used properly. The community members also do not use suggestion boxes in a continuous way.

After the budget for the wereda is prepared it is discussed with cabinet members and it is revised according to comment from the wereda cabinet members. And then it gets its final acceptance by the wereda council. The wereda budget is posted once a year. The community members are not supposed to give comments on the budget posted. Budget posting was started in the wereda in 2010.There is no change that came as the result of budget posting. Once a budget is posted it will not be changed even though revisions are made by the council. There is no problem that happens in budget posting. No suggestion for improvement was given on budget posting.

## Security and policing

There was a security problem in the wereda before 2008 because the current structure of the wereda has comprised areas which were in different weredas in the past. Moreover, the wereda has boundaries with different weredas in the zone and with Afar region. So, there were conflicts with adjacent villages during the boundary demarcations. This was to the level of shooting guns and deaths of people among the different communities of the adjacent conflicting villages. This problem was resolved when the boundary was clearly demarcated in 2008. Although there are some conflicts with Afar weredas in relation to the forest and grazing land, there was no serious conflict beyond beating with sticks and stones. When such conflicts arise, community leaders participate in resolving the conflicts. And if there are people harmed by the conflict, they are taken to get medical treatment. If a person from Atsbi is harmed, the Afar elders should take responsibility to treat the person and vice versa.

Currently, the source of conflict is Dese’a forest which is protected by the government. It has been deforested by both communities. To solve this problem, there are some activities to raise the awareness of both communities about the need to protect forest land, in addition to hiring guards.

The other problem was that 46 households at the wereda were robbed by organised groups who came from Adigrat, Wukro and Asti in 2009. Three of these people were arrested with the collaboration of the community and police and detained for up to 7 years. After that, the wereda has got peace and security.

In Tabia Harresaw, similar cases occurred to the problem in the wereda because the kebele is adjacent to the villages in Afar region. Some conflicts arise in relation to the forests and grazing land. In addition to this, most of the community members of the village have had the idea of going to Saudi Arabia since 1982. This migration was exacerbated by the drought in 2008 in the wereda, but particularly in the village. This has led to people who facilitate the process illegally by expanding their networks up to Addis Ababa. There were two individuals who were accused from the village and were punished for two years and 1000 birr and two years for the second person. The third person who was accused for his illegal collaboration has disappeared.

The sector that has better organisation to keep peace and order in the wereda is the security and administration office which consists of police, militias and appeal committee work processes.

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## Justice

The justice bodies at wereda level are the court and the law prosecutor. In addition, there are conflict resolving work processes and the work processes for hearing appeals of the community and providing decisions inside the wereda militia office. The duty and responsibility of these work processes is to prevent conflicts and actions against the law and to hear appeals of the community and take measures that resolve the security problem of the community.

There was a community forum that had 40 members but has not yet been functional due to budget constraints. When we consider the effectiveness of the court and the law prosecutor, the court performs better and passes strong decisions against criminal deeds, especially human trafficking (to Saudi Arabia). The law prosecutor, however, undermines the extent of criminality of actions/behaviours. There are times when offences associated with robbery are not seriously seen in front of the law and when there are weak efforts to enforce law and punish offenders.

When we see the interaction between the bodies of justice and security, there are interface meetings and evaluation meetings (gimgema). This has helped to narrow the interaction gap among the police and the law prosecutor and has created a better place where the suspended ones get quick decisions.

There is gimgema that is done when the court indicates that there is some kind of weakness in calling the staff for timely gimgema because the chairperson is from the lawyers in the court. So, unless he calls for the meeting, the other bodies of justice don’t dare to call for an evaluative meeting because they don’t want to violate the independent right of the court.

With regard to recent changes concerning the justice and security of the wereda, the investigation department was shifted in 2009 from the police department to be under the prosecutor's department; and the police traffic was shifted to be under the roads and transport authority at wereda as well as regional level. Now, they have gone back to the previous positions. The change was needed because certain problems occurred. There were problems in investigating police cases when the investigation and justice were together. After the investigation and traffic police departments went back to the police department, the justice process has been facilitated better. In fact, there are some limitations in providing fair and legal decisions to correct offenders in the wereda. It is suspected that the problem might be associated with cases of corruption among the staff; indeed, it needs further investigation.

To solve such problems, the interaction among the security office, police and justice bodies (court, law prosecutor) should be strengthened through discussions that would help to share experiences and to raise the awareness of the security and justice staffs to learn more about the personal responsibilities and professional duties of their job. This will also have a positive input into the performance of the justice bodies and to keep the peace and order of the wereda. It is important to provide fair and facilitated justice to the community which has great role to ensure good governance.

## Learning about government policies and programmes

### Growth and Transformation Plan

The wereda officials were trained about the GTP at regional level. Then, the kebele officials were called to the wereda town and received the training. After that, the wereda cabinet members went to each kebele and discussed the GTP with the community.

### Delivering development messages to the community

In order to disseminate development messages, all possible mechanisms are used. The most effective communication channel is radio because almost every farmer listens to radio. In addition, general meetings are called if the information is not very specific. But the most effective mechanism to achieve change in specific groups of the community is training of responsible individuals. Meanwhile, the activities done through model farmers and champions are effective. It is suggested that to arrange public meetings in times when they don’t clash with the community’s work time, making the meeting time short and focused to the point and making sure that the information disseminated is appropriate to the community.

## Social equity interventions

### Insurance

Although it was officially announced in 2011 that the crop insurance will be started, there is no information when it will start.

### Promoting equity for women

Marriage of females under the age of 18 years is legally forbidden. So whenever there are deviations from the law they prevent them before the marriage takes place. Girls know their rights and they tell their teachers. Women's affairs, women's association, and women's league work on integration and accuse those who participate in underage marriage. The intervention is very effective and the number of underage marriages has fallen significantly since the interventions were done intensively. Most of the male and female community members cooperate in abolishing underage marriage because they want to send their female children to school. There are some community members who resist for religious reasons, Muslims prefer marriage of girls at an early age. Deacons in the Orthodox church also prefer marriage of girls at an early age but this is not prevalent. Those female headed households who do not have male support also want marriage of their female children because they think that they will get protection in the family.

There is no exemption of women from food for work activities for being women. In PSNP women are exempted from work whenever they are pregnant. Women are exempted from work after six months of pregnancy. After delivery women are given eight months of rest. They are exempted from work for a total of 11 months.

Women are supposed to participate in tabia structures as equal with men. 50% of positions in the tabia structure are supposed to be occupied by women. But there is a problem in participation because there is a capacity gap among women. The fact that more men have better educational status makes the tabia structures to be taken by men. In PSNP foremen are supposed to be 50% each from women and men but this is not practised because men are preferred for the job in addition to men's ability to read and write. The law says that participation of women should be 50%; this rule came in 2009.

The issue of women in different interventions is mainstreamed in all sectors; there is no specific intervention aimed at giving women access to government services. In land distribution women were given a 20% quota and they again were given the chance to take lots equally with men. In PSNP the foremen are supposed to be half women half men. In the water committee they are supposed to be 50% women.

 In the wereda 50% of positions of vice head positions in all sector offices are supposed to be occupied by women and this is achieved at this time. Women are having better decision making power. Women should have a first degree to take the position of vice. At wereda level 35% of positions for the head of offices should be women. This rule came in 2011, before that it was 30%.The rule for the 30% came in 2009. This percent has not been achieved so far because women have a capacity gap. To be the head of an office education does not matter much. A woman can be educated to 10th grade if she has good political leadership and other capacities. Political ability is also is also a basic criterion to get the position of head of certain offices. The post for the position of office head is made by the appointment of the wereda administrator.

In the wereda there is no special support given to women other than as community members. The social affairs office gives support to vulnerable community members but it is limited. Vulnerable women are targeted in PSNP and emergency support. In rural areas vulnerable women are given loans. Vulnerable women and girls get informal social protection from the community. In schools there are girls' clubs and they contribute school materials. In rural areas community members contribute grain and cash for vulnerable women living in their area.

There are activities to increase awareness and increase the capacity of those involved in dealing with HTP. There are community mobilisation activities to prevent HTP. There was a case in which a policeman cut an uvula and was accused but he was set free because no part was harmed.

There are some harmful traditional practices that are done to girls. The practice of female circumcision is limited to some kushets of the wereda. In tabia Hayelom Deguabur there is high practice of female circumcision, they are a Muslim community and they resist very much. Since their reason to avoid female circumcision is related to religion people came from regional Muslim affairs to convince the community to avoid female circumcision. There is limited change in these communities.

Women's affairs and women's association participate in making girls go to school. And there is good improvement as a result. Teachers and the administration are also making a lot of efforts to make male and female school age children go to school. In schools there are girls' clubs established in 2001EC in schools. They get training on violence. There is a women's association and women's affairs in each school. In the women's affairs there is a problem in making stronger activities in sending girls to school and doing follow up. In the previous time parents were afraid to send their children from rural areas to towns like Dera and Atsbi because girls were getting pregnant, now there is better change. Parents are sending female to children to school.

## Youth policies and programmes

### Youth livelihoods

There are many landless youths in the wereda. Farm land was given to 845 youths (489 female and 356 male) in 2007-8 (from September to May). From the male 356 there are 6 cooperatives organised. The farm land given was on an individual basis. The land that the youths were given was from deceased persons and from those who left the wereda for other places. There are also 555 others (189 females and 366 males) given land in May and June 2011. Youths were given land which used to be protected; most of these youths were given it in a group in the form of a cooperative. The land they were given was rehabilitated land, land that was not used by the community. Some of these youths are going through the process of becoming a legal entity as a cooperative. Protected forests were given to the youths so that they will work on beehives, fattening and planting eucalyptus. From the 845, there are 6 cooperatives to work on irrigation. The cooperatives contain 12 or 13 youths. There are irrigation groups who have harvested for the first time. These youths are not from Harresaw. Those from Harresaw are in beehives. The guideline says 20% of the land should be given to women. Then the lot is made equally with male and female. In the rehabilitated land most of them are male. The land given is 50m by 50m.

At this time there is a lot of money which is not returned so credit was not given. The youth migrate to Saudi Arabia so the government does not trust the youth enough to give them credit service.

In urban areas there are 5000-10,000 birr loans and it is called urban package, this package started in 2003EC. 426 urban packages were done with the support of small and micro enterprises. The screening was done with the youth and sport office and REST. There is what is called HAVE and it gave credit to 210 youths. The project did not communicate with youth affairs.

The agriculture and rural development office gave irrigation motors, drip irrigation, and animals to the youths. This is given to youths and any other farmers of any age.

There are successful youths in irrigation. In urban areas there are youths in small and micro enterprises. Better success was registered with irrigation. Training was given to 400 youths. The training given was on poultry, irrigation (vegetable), goats and sheep and beehives. They got technical training for ten days in Atsbi. There were other trainings given by small and micro enterprises by coming to Atsbi and by taking the youths to Agbe, Mekelle and Adigrat. The training was for two months and it was in cobble stones and masonry. There was also training in Adigrat college for three months.

There is a budget constraint so the youth office cannot train many youths for the longer term.

There are four employees at the youth office, they are communicating to give land to the youth.

Giving rehabilitated land by focusing on the youth is a recent change.

A suggestion for improvement is that the project should be designed for the youth because the wereda budget is not enough to tackle the problem of the youths in the wereda.

The problem in the wereda is that many youths want to do government jobs or they migrate to Arab countries.

### Youth recreation

There are two youth recreation centres in the wereda. One of them is in Atsbi town and another is in Haikimeshal town. Some tabias gave land for youth recreation centre but nothing has been done on the land given land due to budget constraints. There are two recreation centres to be done in the wereda. One of the youth recreation centres has been recently changed into library. In the youth centre at Atsbi there is DSTV, tape player and indoor games like chase, checkers and table tennis. There is tea, coffee and soft drink service with payment. Those who use the two youth centres are between the ages of 10-17 years. And the majority of the users are male. This is the same across the wereda, after all there are only two youth centres. There are not many users of the youth centres because the youth centres do not provide fulfilled services. There is no other recreation centre at the wereda. Youths use private tea rooms and TV rooms as a recreational areas. They also play snooker.

It is difficult to say that there are achievements in the area of youth recreation centres as most of the activities are just beginning.

There is a problem of budget in the wereda for establishing youth recreation centres at the wereda, even those that exist are not completed.

Recently one of the youth recreation centres has been changed into a public library because there were not many customers. The library has 260 books. A replacement for the youth centre that was changed into a public library is opened in another area and it will start soon. But the place is very far and is not accessible by all youths.

For the future improved materials should be provided in the youth recreation centres. Tea is made with kettles but tea machines should be provided. There is no refrigerator to cool soft drinks.

### Youth and HIV/AIDS

There are trainings on reproductive health and HIV/AIDS teachings for the youth in the wereda. Youths were given ten days' training by Relief Society of Tigray on peer education. More than 2000 people had HIV tests through community mobilisation. For about four months payment was given to the youths facilitating the peer education. REST was implementing this together with Mulu health centre. There is good awareness among the youths. The office does awareness raising activities in tabias. They go and teach in meetings and make the youths get tested. The change is that there is better awareness among the youth. The suggestion for future improvement is that the peer to peer education is good it should be made continuous. There is youths' music band and they got training. They entertain people on holidays by presenting poems, drama and music. These youths participate in HIV and other teachings and community gatherings. As a result of the teachings many youths have better knowledge on HIV/AIDS. They are also protecting themselves from HIV. The problem with the youths is there are variations in what they know and what they do in their real life. In some cases they involve themselves in things that are risky for HIV. Changes do not come in a short time so teachings using various methods should continue. The offices which run various interventions on HIV are youth and sports office, REST and Mulu health centre. The achievement as the result of the above mentioned interventions on HIV is that there is a large number of youths taking HIV test. There is also better awareness among the youth. In the past youths were afraid to take HIV tests and they were going to other places to take HIV tests. Now youths get tested even within their tabias. There are many problems in interventions on HIV/AIDS, the youths has no interest in attending meetings and awareness raising activities. The other problem is that even though there is good knowledge among the youth, there is a problem in their practice.

### Getting government services to poor people

There is exemption of health service fees for poor people in the wereda. Poor people who cannot afford to pay health costs and war veterans and their family are exempted from paying health service fees. Education is given freely to the whole community so there is no kind of exemption in the community. Poor people are not forced to pay whenever there are community contributions. There is no problem with regard to exemptions for poor people, it is going well.

### Interventions to help vulnerable people

There were interventions to make the persons with disabilities participate in economic activities and support themselves. Adults with disabilities were made to engage in craft works and production of milk in groups. Those in milk production were given support through their association. They were given land, 30,000 birr, fodder and shelter for the cattle. The wereda administration gave cement and the education office gave iron sheets for roofs. Those who are engaged income generating activities are showing improvement. There is a problem with some of those who got organised in groups. They want to work individually and the group stops functioning as a group. There was also a problem in giving them technical support on what they do, so for the future they should get enough technical support.

Another support for persons with disabilities is that disabled veterans who are members of the Tigray War Veteran's Association get free health service. The budget for their free health treatment comes from the wereda budget. They are provided with a certificate for the free health service and they take with them whenever they need health services. When these war veterans go outside of the wereda the wereda makes agreements with other health institutions and the veterans get free health services.

Those children with polio get shoes, crutches and artificial legs, this is done with the facilitation of the wereda social affairs office. The programme has continued for long time in the way it is implemented today. Sometimes the children go without a support letter from the wereda or without checking the presence of the service and get problems when they arrive in Mekelle to get the service.

The war veterans get benefits from the free health service. They are not affected by the bad results of illness since they get free treatment. In 2011 there was an interruption in the exemption from health service fees due to budget constraint in the wereda.

Ways of improvement suggested for the situation of veterans are for additional support to make the veterans self-supporting by making them engage in income generating activities.

There is no intervention by the government to improve the livelihood of mentally ill people. The social and labour affairs office gives psychosocial support for people with mild mental illness. Those people get counselling service so that their mental illness will be improved. Those people with severe mental illness are not provided with counselling because it is quite difficult to bring their health status back to normal. The psychosocial support is organised in collaboration with the association of disabled people, women’s affairs office and the wereda labour and social affairs office. The wereda office of labour and social affairs makes these mentally ill people have priority in PSNP and other supports. There is no recent change with regard to the support given to mentally ill people. The rough number of mentally ill people in the wereda is 40. There is no recent change with regard to psychosocial or other support to mentally ill people.

There is good achievement in the counselling of people with mild mental illness because there are some people who are leading their normal health and have started to function like any other normal people in the community. Those people who get mental illness due to economic problems and rape are found to be easier to counsel and return to normal. Those people with serious mental illness cannot get back to normal. The problem with support to mentally ill persons is that there is not enough budget from the government for them and there is also no NGO that supports mentally ill people. NGOs target mentally ill people with the rest of community members.

A suggestion for future improvement is that NGOs should intervene in the wereda to mitigate the problem of mentally ill people because the community cannot solve the problem.

There is an association of elders which is mainly organised to safeguard the rights of the elderly. The elders also get various kinds of support from the community members. Support to the elderly from the community members includes labour work, grain and cash. This support from the community members is not sustainable.

Those activities aimed at supporting the elderly is organised by the wereda social and labour affairs office, the association of the elderly and other community structures. In each tabia there is what is called the community care coalition (CCC).This consists of various community groups and workers in different sectors. It includes children, tabia leader, PLWHA, the elderly, people with disabilities, representative from agriculture, representative from health, tabia chairperson and religious leaders. This community care coalition is mainly led by the tabia administration. There are 18 tabias in the wereda and there is one CCC for each tabia. The CCCs were established long ago but the recent change is that they became legal in 2002EC.They have to be legal because they should give receipts to those community members who make contributions. The CCC not only collects community contributions but also gives credit service that helps its members to support themselves. Contributions from the association are used for children, the elderly, people with disabilities, PLWHA and commercial sex workers.

The good achievement as a result of the strengthened CCC is that community members are solving the problem of vulnerable people within themselves with community contributions so the number of people who request support by coming to the wereda labour and social affairs office has decreased.

The problem is that the labour and social affairs office of the wereda does not have a structure that goes down to the community and this makes the monitoring and follow up of the CCCs very difficult. The employees of the wereda labour and social affairs office cannot go and monitor the activities of all 18 CCCs because of other work burdens at the wereda. There is frequent change of tabia leaders which makes it difficult to know the situation of CCCs in tabias. There is also a problem with the associations in making them follow legal procedures in what they do.

Suggestion which can make the CCCs perform better is establishment of a labour and social affairs structure up to the tabia level.

There is not any programme by the government to assist orphans. There are some NGO activities to help orphans in the wereda but they are very small compared with the magnitude of the problem at the wereda. The interventions are also not sustainable. There was a support project called Adonay for orphans by Kalamin Asira Metira monastery. The project lasted for five years (2007-2011).There were two types of support from this project, one was for children who could not get engaged in income generating activities and were given 500 Birr per year. Those orphans who could engage in income generating activities were given seed money as a loan. This was 1000 birr at the beginning and it increased to 1500birr.The loan given was free of interest.

There is local sponsorship programme which locally known as ‘hade hitsan nihade tikal’. It means 'one child for one organisation'. All cabinet members, Orthodox church, Protestant, Muslim take poor children and assist them by buying them exercise books, pens and clothes for a year. Workers in an organisation collaborate and assist one needy child. Those people who are in a higher position and better of economic status assist one child individually instead of pulling their resource together with others.

This local sponsorship programme is mainly organised by the wereda labour and social affairs office in collaboration with other government sectors. There is no recent change with regard to this local sponsorship programme.

This local sponsorship programme has good achievements in getting orphan and vulnerable students not to drop out of school because of lack of school materials or clothes. This programme also increased the commitment of community members to cooperate to help needy people. The problem that happens in this programme is that those who get the support consider it as their full right and the children make preferences of their own when clothes are given to them and they complain on the choices of their supporters. Families getting the support also ask for another type of support other than education.

To strengthen the current efforts of the community in assisting needy people a lot more should be done. Experience sharing should be done on carrying out the local sponsorship programme in the best way. Awareness raising activities should be done for community members.

There is no intervention to support women's headed households, migrants ,craft workers, slaves or commercial sex workers

There is no programme on child herders but awareness raising activities are given in schools to avoid child labour exploitation. These awareness raising sessions are given by children's parliaments and child rights committees in schools in collaboration with the wereda labour and social affairs office. This has good achievements: the students do know their rights.

There are certain activities to safeguard the rights of domestic workers but there is no kind of intervention done to improve the livelihood of domestic workers. The labour and social affairs office creates a peaceful environment when disagreement is created between the employer and the domestic worker whenever there is an appeal from domestic workers. There is good achievement in that the domestic servants know their rights well and they know where to go whenever there are problems created by their employers.

The problem is that whenever the domestic servants are invited to awareness raising sessions they ask for per diem to be given to them. Employers who know this also feel hatred for the programme because they want to exploit the domestic workers. For the future the awareness raising programme should continue by providing more sessions.