

PN-ABZ-269

91818

PROCEEDINGS

CONFERENCE OF COLLABORATING AGENCIES IN THE DELIVERY OF

HEALTH AND EDUCATION SERVICES

IN SOUTHERN ETHIOPIAN PEOPLE'S REGION

8 - 9 June, 1995. Awassa, Ethiopia

**United States Agency for International Development
P.O.Box 1014, Addis Ababa, Ethiopia**

CONTENTS

1. Foreword	1
2. Executive Summary	3
3. Introduction	5
4. Opening speeches	
4.1. Ato Haile Giorghis Biramo on behalf of Ato Tesfaye Abera, Executive Committee member and Head of Administration & Social Services, SEPR	6
4.2. Dr. Lamisso Hayesso, Head of Health Bureau, SEPR	7
4.3. Ato Daniel Biramo, Head of Education Bureau, SEPR	9
5. Key Note Address: Back to the Future, by Mr. Walter North, Deputy Director of USAID/E	13
6. Plenary Presentations	
6.1. Highlights of the Activities of Family Guidance Association of Ethiopia in Southern Ethiopia Peoples Region. By Amare Bedada	14.
6.2. The Ethiopian Evangelical Church Mekane Yesus' Health Work Profile in SEPR. By Dr. Mulugeta W/Yohannes, EECMY Medical Coordinator	20
6.3. Redd Barna Ethiopia (Norwegian Save The Children) Health and Education Activities By Worku Altaseb	24
6.4. The Ethiopian Evangelical Church Mekane Yesus' Thirty years Experience in Educational Services and Its contribution to the Socio-economic development of Ethiopia By Ato Bekele Basore	27
6.5. ActionAid-Ethiopia's Experience in Promoting Community Involvement in Schools and Girls Access to Basic Education. By Fikre Zewdie	32

7. Findings of Group Sessions:	
7.1 Findings of the Groups on Health	46
7.2 Findings of the Groups on Education	48
8 Annexes	52
8.1. Letter of Invitation	53
8.2. Statement of Purpose	54
8.3. Conference Agenda	56
8.4. List of Participants	59

FOREWORD

The role of Nongovernmental Organizations (NGOs) in the delivery of social services in Ethiopia has the potential to expand in the future. The proceedings of the Awassa Workshop of June 8-9, 1995 represent an important step in enhanced private and public sector collaboration in the Southern Nations Nationalities and Peoples' Region (SNNPR). USAID/Ethiopia looks forward to this enhanced collaboration and the improved delivery of basic health and education throughout the region.

As the proceedings illustrate, there is much work to be done, not only in fortifying relationships, but, also in the delivery of quality basic health and basic education services to rural populations in the SNNPR. We must all work together to strengthen public and private sector systems, promote sustainability and cost efficiency, and, identify the best ways and means to ensure that the NGOs complement public sector activities to improve the quality and expand delivery of education and health regionwide.

During the meeting there was a high level of interest and readiness to share information, describe problems, and propose solutions. Clearly the meeting was a beginning of what we hope will be a fruitful relationship between the public and private sector. One of the most impressive outcomes of the meeting was the suggestion that an NGO forum be established under the auspices of the Regional Council to further discuss and operationalize the mutual objectives of the Government and NGO sector in the Region. USAID looks forward to providing support for the establishment of this forum as appropriate.

Clearly important progress has been made during this meeting, as the statements by the Representatives of the Regional Council, Regional Health Bureau and Regional Education Bureau imply. But, clearly much more needs to be done in order to establish a firm working relationship between the public and private sectors in the SNNPR.

We at USAID/Ethiopia are pleased to have supported this workshop, and thank the SNNPR Regional Council, the SNNPR Regional Health Bureau, the SNNPR Regional Education Bureau, the SNNPR NGO Community, and the BASICS Project for their invaluable input which made this meeting a remarkable success. We look forward to the future with optimism, and hope that the ideas put forth in this meeting can soon be translated into reality.



Margaret P. Bonner, Director

9

2. EXECUTIVE SUMMARY

The main objective of the Awassa conference of June 8 - 9, 1995 was to initiate a mechanism for collaboration among service providers in health and education in SEPR. Over 70 participants representing some 26 Non Government Organizations (NGOs), relevant government agencies, and donor organizations attended the conference.

In their opening remarks, officials of SEPR welcomed the participants and expressed their commitments to cooperate with NGOs and USAID in their effort to promote health and education in the Region. Ato Hailegiorgis Biramo, who gave a welcome address on behalf of Ato Tesfaye Abera, promised the assurance of all support to sustain the well-intended collaboration for the promotion of social development in the region. Dr. Lamisso Hayesso, Head of the Regional Health Bureau, mentioned that health coverage was less than 30%, and expressed the need for cooperation of NGOs and donor agencies in such priority areas as construction of health infrastructure, development of health professionals, control of communicable diseases, promotion of family planning, and establishment of vehicle maintenance facilities in the Region. Ato Daniel Birano, Head of the Education Bureau, mentioned the presence of 11 zonal, 5 special Wereda and 89 Wereda education offices in the region. Enrollment rate was 4%, 22%, 11% in kindergartens, primary and junior secondary schools. Ato Daniel concluded by promising to establish a special unit to facilitate the activities of NGOs in the region.

"Back to the Future" was the theme for the key note speech given by Mr. Walter North, Deputy Director of USAID/E. He pointed out that, after a generation of lost opportunities, Ethiopia is undergoing political and economic recovery. He also introduced the strategic objectives of the Mission which include promotion of food self-sufficiency, primary and preventive health care, quality of primary education and encouraging democracy & governance. In conclusion, Mr. North assured the audience the interest of USAID/E in collaborating with the Ethiopian Government, NGOs and other donor agencies in the promotion of Ethiopia's interest in the above mentioned areas.

Seven papers (four in health and three in education) on the experience of NGOs were presented and discussed in the plenary session. Mr. Amare Bedada of the Family Guidance Association gave an introduction to the Association and its role in complementing family planning activities of the Government in SEPR. Activities of the branch association included IEC, clinical and non-clinical service delivery. Achievements and constraints were also outlined. According to Dr. Mulugeta W/Yohannes, the Ethiopian Evangelical Church Mekane Yesus was perhaps the oldest NGO providing health and education services in SEPR. He described the EECMY health policy, work sites, specific health service activities and working relation with MOH and other NGOs. Dr. Mulugeta also outlined future plans

and recommendations for more effective collaboration. Ato Worku Altaseb introduced Redd Barna/Ethiopia which focuses on child-centered rural development. The agency started operation in Ethiopia in relief activities, and is now involved in education, agriculture, income generating activities, environmental protection, health and water development. Ato Bekele Basore gave a detailed account on the establishment and development of the EECMY in Ethiopia and its involvement in education activities of the country. According to him, EECMY aims at holistic (physical, mental and spiritual) development with focus on rural masses and the urban poor.

In a briefing on the health component of USAID/E, Dr. Victor K Barbiero, Chief of the HPN Office described the project on Essential Service for Health in Ethiopia (ESHE). He mentioned the duration and magnitude of the assistance, role NGOs can play in collaborating with USAID in implementing the ESHE project. Indication was given on criteria for NGO involvement, mechanisms of support and potential level of NGO support. BESO (Basic Education System Overhaul) is the education component of USAID/E, and an introduction to the project was given by Dr. Cameroon Bonner Chief of HID Office. He described the decline in enrollment and quality of education, wide spread gender and regional disparities in Ethiopia. The seven year BESO project aims at policy and institutional reform to rectify the systems deficiencies particularly in Tigray and SEPR. The approach and implementation modalities were also described.

Main issues raised in the plenary session were extensively discussed in the group session, and findings presented to the final plenary. These include community participation in health, sustainability of health projects and partnership in health service delivery. The group on Education stressed on community-school interaction, teacher motivation and girls education. Details of these findings are listed in section 6 of this proceeding.

The conference was concluded by recommending the establishment of some kind of a forum where government officials, NGO representatives, donor agencies and other partners could meet regularly and coordinate their efforts for more effective delivery of health and education services in the region. One of the participants informed the audience the government's plan for the establishment of a unit in the Regional Council to coordinate the activities of NGOs, and suggested the possibility of establishing the forum under its auspices.

3. INTRODUCTION

A conference of collaborating agencies in the delivery health and education services was held in Awassa, capital city of the Southern Ethiopian Peoples' Region (SEPR), on June 8 and 9, 1995. The purpose of the conference was to bring together the major providers of health and education services in the region, facilitate exchange of information and initiate mechanisms of collaboration for more efficient and effective delivery of the services. The specific objective, as described in the Statement of Purpose, included:

- Exchange of Regional Government and NGO experiences and views (including perceived role) in promoting health and education in SEPR,
- An overview of USAID/E, its policies, modality of operation, plan of action and rationale for focus on SEPR,
- A better understanding of the Program/Project on Essential Services for Health in Ethiopia (ESHE),
- A better understanding of the support objectives of Basic Education System Overhaul Program/Project (BESO).

The conference was jointly organized by the Administration and Social Services Department of the Regional Council and USAID/E. It was held in the conference hall of the Wabi Shebele Hotel. Participants included a total 75 persons representing five government bureaus, twenty seven NGOs, USAID/E and the BASICS office in Awassa.

After an introductory remarks by Ato Haile Giorgis Biramo, the conference was jointly opened by Dr. Lamisso Hayesso Head of the Regional Health Bureau and Ato Daniel Biramo, Head of the Regional Education Bureau. This was followed by a key note address on Back to the Future by Mr. Walter North, Deputy Director of USAID/E. Seven papers were presented in the first plenary which was followed by in-depth consideration of some relevant issues like sustainability of projects, community participation and partnership, by six working groups. Findings of the groups were presented to and discussed upon in the second plenary. All speeches and presentations are depicted in this publication. Attempt is also made to reproduce some relevant discussion issues and findings of the study groups.

The Organizing Committee wishes to take this opportunity to thank all persons and organizations who contributed to the success of the conference. Special thanks go to department and bureau heads of SEPR for all support and encouragement, the Awassa office of BASICS for financial assistance, all contributors for their excellent and stimulating presentations, and all participants for their lively and enthusiastic interventions.

4. OPENING SPEECHES

4.1. Opening speech by Ato Haile Giorgis on behalf of Ato Tesfaye Aberra, Executive Committee member and Head of Administration & Social services, SEPR.

Mr. Walter North, Deputy Director of USAID/E and other members of the Mission; invited NGO members; other participants and observers;

Welcome to Southern Ethiopian People's Region, Awassa, the beautiful regional capital. Region.

Ato Tesfaye Aberra, Executive Committee member and Head of Administration and Social Services has asked me to extend his greetings to you and inaugurate this conference on his behalf.

Were it not for the pressing call of duty, Ato Tesfaye would have liked to welcome you himself and attend at least the opening session. It is indeed pleasure and great honor for me to inaugurate this long awaited conference of collaborating agencies on health and education in the Southern People's Region of Ethiopia.

Dear participants, as you all know Ethiopia is one of the least developed countries in the world, and as such suffers from shortage of social service organizations. The few such organizations available are concentrated in limited zones thus leaving the vast majority of the population deprived of such essential services as health and education.

We do realize that the limited resources of the region is not capable of providing even the minimal level of services expected in any society, anxious to see the formation of genuine partnership with donor agencies and NGOs for effective and efficient delivery of essential services in health and education.

As indicated in the statement of purpose, the objective of the conference includes exchange of experiences between regional bureau staff and NGOs as well as obtaining an overview of the mode of operation of USAID in Ethiopia. The overall objective is of course to initiate an effective mechanism of collaboration between the these agencies for the sustainable development in health and education. From what we see in the program you have opportunities to explore deeply into the needs and aspirations of our people both in health and education. We hope you will be able to develop a good working relationship with the government offices, USAID and NGOs.

Ato Tesfaye has instructed me to assure you of all support within the means of his office to sustain the growth and development of the well-intended collaboration.

On behalf of Ato Tesfaye and on my own, I would like to take this opportunity and express a deep felt appreciation for all effort and assistance provided by USAID/E in organizing of this conference.

I wish all success in your deliberations and a comfortable stay in Awassa.

Thank you.

4.2. Opening speech by Dr. Lamisso Heyssso, Health Bureau Head, SEPR

Respected guests ladies and gentlemen:

It is indeed a great pleasure and honor for me to have an opening remark in this very important and timely organized conference. On behalf of the Health Bureau and my own I would like to welcome you all. I would also like to congratulate USAID/E for organizing this conference on Health and Education.

Following the decentralization process in the country and establishment of Regions, the Southern Ethiopia Health Bureau is organized to lead and direct the health services in the region. During the last three years the bureau has achieved considerable success in implementing the health policy of Transitional Government of Ethiopia. Emphasis has been given to expand health services to the rural areas where majority of our population reside.

As a responsible body to organize and coordinate the health services in the region, the bureau facilitates the construction of primary health care delivery sites, training of health manpower and establishment of inter sectoral collaboration.

However, as a result of post war economy and under development, our region is still suffering from outbreak of malaria and other communicable diseases, high population growth and malnutrition. Majority of our population do not get primary health services due to low health service coverage. Those remotely located people still do not even have the idea of what modern medicine is. The out break of malaria and other communicable diseases claimed a lot of lives in the past few years.

It is understandable that such a very huge problem with poorly organized health infrastructure is a big burden to shoulder for a young health bureau. We also understand and believe that our current problem can be overcome by the hard work of our people and by the help of donor agencies and assistance of humanitarian organizations. The collaboration of bilateral agencies like USAID is of a paramount importance to decrease the suffering of our people.

The bureau, therefore, is very much delighted at this special moment to present our major priorities of health for which the assistance of NGO's is of vital importance.

Our priorities are:

1. To establish health institutions for those unreached people who are living in remotely located areas;
2. to curb the spread of communicable diseases;
3. to increase the number of health professionals in the region;
4. to promote Family Planning Service in the region;
5. organizing and enforcing workshop operations for proper maintenance of vehicles;
6. to organize and strengthen Health Manpower Training center for the region;

We believe that all NGOs and donor agencies also agree that for an area like Southern Region where the health service coverage is less than 30 percent, the above priorities are reasonable and acceptable. Therefore, I would like to take this opportunity to appeal to you participants to support us to achieve our goal.

Finally, I wish you success in your deliberations and a happy stay in Awassa.

Thank you very much.

4.3. Opening Speech by Ato Daniel Biramo Head, Education Bureau, SEPR

Dear Guests:

As you may recall, the SEPR Educational Bureau has been established and commenced functioning since January 1993. Since then, the bureau has been establishing and restructuring 11 Zonal Education Offices and 5 Special district Education Offices. In addition, the Bureau coordinated, supported and encouraged the zones to establish and make functional 89 Wereda Education Offices.

All offices from top to bottom have started to function with newly assigned personnel and practically with no furniture and equipment of any nature. Now, the challenges the wereda, zonal and kilil Education Offices face are enormous, whereas the solutions are not easy ones. However to effectively implement the new policies and programs of the regional government, the training of new personnel, the furnishing and expanding of primary schools and allocation of operational costs seems very vital. Hoping that donor agencies would find solutions of some kind, we kindly request the conference participants to analyze our situation and react accordingly. After having said this, I would like to mention some of the constraints that we are facing and the possible suggestion that our bureau can give.

Objectives and Summary Description about the Sector

The Region's economy suffers from shortages of qualified manpower in part because of low enrollment ratios and the deterioration of some educational institutions. In addition, access to basic education is still not available to all children. At the same time, administrative capacity has often been lower than a fast growing education system would have required. consequently, the educational Bureau expects donors assistance would support the national and Regional governments' educational policy with regard to manpower development, quality improvement, and institutional development as they are enumerated below.

1. Manpower Development

1.1. A severe shortage and inefficiency of qualified manpower for curriculum preparation has been observed since the newly introduced curriculum preparation started. In order to overcome the problem, the immediate assistance of Donors to train the would be curriculum developers, coordinators and evaluators of the newly introduced curriculum is very important.

1.2. There are presently uncertified teachers serving in the primary schools. About 8% of the teaching forces is uncertified. Moreover, the whole teaching force of primary school

needs short period workshops on the newly introduced curriculum step by step starting from now onwards. Therefore, the Educational Bureau needs the Donors assistance to up-grade uncertified teachers; and to arrange a workshop for teachers of grades 1 and 5.

1.3. The administrative capacity of educational personnel from Wereda to Killil is lower than the newly introduced educational policy would have required. Thus assistance is expected to help the government's effort to train Bureau personnel in planning, project designing, monitoring, and evaluating the implementation of the newly introduced educational policy.

2. Basic education quality improvement

2.1. One present need is to find the most efficient way to implement the new curriculum in practical subject areas. To that end, Science and Mathematics study provisions and low-cost workshops will be set up at experimental schools on condition that donors assist by providing operational cost. The aim is to find a way to provide for generalization the new curriculum at a cost less than that required for conventional workshops. Operational costs are also needed to carry out curriculum research and evaluation, to expand the role of the WPCS (Wereda Pedagogical Center) and to support training in use of the new curricula.

2.2. Instructional methods improvement is designed to take place at the primary school through visiting teams of expert teachers from selected "focal schools" to seek ways to use available resources better, provide advice and give seminars and workshops with the object of disseminating their findings to other schools. The donors assistance is crucial to support this program through provision of vehicles to transport the expert teachers from school to school and through provision of operational cost.

2.3. School supervision service will also be strengthened through the training of supervisors, to include pedagogical animation techniques, and through more frequent field visits by the existing supervision staff. Support to these additional operational costs, including the provision of transportation facilities (vehicles) which will be passed out over the life of the proposed project as the government takes them over on a regular basis.

2.4. Student-classroom ratio in urban areas is very high. Therefore, the region needs Donors support to add classrooms to the existing blocks.

2.5. Our students suffer from the shortage of desks and chairs. Thus we need financial support to maintain the broken desks, chairs, tables, blackboard and to buy new desks, chairs, tables and blackboards.

2.6. Donors financial support is highly needed to buy Television, radio sets, video and deck apparatus and dry cells that will be used to transmit primary level education to all primary schools and 96 literacy program centers which are designed to be conducted by SIDA assistance.

3. Instructional materials and equipment provision

3.1. The Bureau does not have any warehouse for educational materials and equipment storage. Thus, Donors support is expected to expand the capacity of the education system through by alleviating fund for establishment of warehouse with different rooms for educational materials and equipment storage.

3.2. The Bureau also needs a library with reference books on planning curriculum development, finance, administration etc., since the start of new curriculum development that has been experienced a great shortage of printing equipments such as:-

3.4. The Education bureau suffers from the lack of information transmitting system. Thus the Bureau expects donors to deliver radio communication system particularly to the most rural zones and special weredas.

Enrollment Rate

- Gross enrollment ratio related to 22%, 4%, 11% in kindergarten primary and junior secondary respectively;
- the total enrollment in primary grades increased by 35% when compared to the 1985 figure;
- zonal comparison of female percentage, shows that increment of girls was high in Sidama and Semen Omo zones in primary schools;

Percentage increment of female teachers in primary school was high in Kembata, Alaba and Tembaro Zones.

Teachers Qualification

In primary grades about 92% of the teachers are graduates of teachers training institutes, while 8% or primary school teachers in these schools have general education (grade 12 and below).

In Junior Secondary Grades 61% of the teachers are graduates of teacher training institutes, 32% of the total Junior Secondary School teachers have Diploma or Degree. About 5% have one, two three years of university education and others 2% of junior secondary teachers have general education (grade 12 and above).

The teaching-learning process

Shift system is working in all primary schools in the region shift system is needed because of different reasons.

- a) basically lack of classrooms;
- b) parents need their children to help them in their farm and domestic chores;
- c) In some places students' villages are far away from schools, therefore they have to leave for home early.

In the end I would like to ascertain that our bureau will cooperate in all activities that donor agencies plan and carry out . Thus we are ready to establish a special unit to facilitate NGO's activities in our region. This unit;

- a) will serve as a contact body between the council and the NGO's;
- b) will provide adequate information and manpower from the bureau;
- c) it will assist the NGO's in all ways possible.

I wish you a successful conference.

Thank you.

5. BACK TO THE FUTURE: Key Note Address by Mr. Walter North USAID/E, Deputy Director

Summary

Mr. North's speech focused on the Mission's strategic objectives including:

- Food Production
- Rural Health Care
- Primary Education
- Democracy & Governance

By way of giving background information to the participants, Mr. North noted that Ethiopia had suffered in the past from poor government, war and famine; and now it faces monumental development challenges. Because of the change in social, economic and political environment, he said, USAID/E believes the situation in Ethiopia has begun to change for the better. After a generation of lost opportunities, Ethiopia is making bold economic and political moves. Ethiopia's goal is an open society which fosters market lead economic growth and reconciliation. USAID/E endorses this goal and will provide assistance in cooperation with other donors.

According to Mr. North, conditions now enable USAID to look for a better future, a future of sustained economic growth and no famines. AID will work with the partners to:

- help Ethiopia feed itself by stimulating growth in agricultural production;
- help Ethiopia's families to become smaller, healthier, and better educated, and
- foster reconciliation and political openness.

In short, USAID's strategy focuses on basic food, health, education and reconciliation. Regarding food self-sufficiency, USAID aims at:

- o reducing government involvement in the marketing of agricultural goods and services;
- o further liberalization of commodity and input markets, and;
- o increasing the analytical capacity to deal with important policy reforms.

In the health sector, USAID aspires to help Ethiopia in implementing all relevant policies including population, health, and education. Special attention is given to SEPR in strengthening the health service delivery system and improving the quality and equity of primary education.

6. PLENARY PRESENTATIONS

6.1. Highlights of the activities of Family Guidance Association of Ethiopia in Southern Ethiopia Peoples Region by Amare Bedada, FGAE/SEPR

1. Introduction:

The Family Guidance Association of Ethiopia is a non-governmental, non profit, and voluntary organization which was formally established in 1966. In 1970 it became an affiliate member of the International Planned Parenthood Federation which until the present date is the major source of financial support. In 1975 it attained a legal status as an autonomous body when its constitution was approved by the Ministry of Interior and Ministry of Health. Since its inception FGAE played a leading role in advocacy and family planning service delivery.

The Family Guidance Association of Ethiopia works very closely with the Ministry of Health and hence complements Government efforts in the expansion of comprehensive family planning service in the country. To fulfil this role FGAE uses the following strategies.

- promotes among various categories of the population, awareness, and support of family planning and population issues as a necessary component of health and development programs.
- promotes family life and sex education awareness and knowledge on family planning and population issue to young people.
- trains various categories of personnel in the provision of family planning information, education and services so as to accelerate integration within health and development activities, eg. nurses, health assistants from MOH and NGO clinics, RWDAs from MOA and biology teachers from MOE.
- facilitates expansion of family planning and other supportive services by providing models and approaches which can be replicated by government and other agencies.

To carry out these roles throughout the country, FGAE has branch offices in Nazareth for Central Ethiopia, Dessie for Northern Ethiopia, Jimma for South Western Ethiopia, Bahirdar for North Western Ethiopia and Awassa for Southern Ethiopia.

2. Main Program Issues:

The South Ethiopia Coordinating Office of the Family Guidance Association of Ethiopia is currently located in the Sidama zonal Health Department compound. It is headed by a Regional Coordinator, who is supported by an elected Branch Executive Board. The area of

activity of the Awassa Based coordinating Office includes Sidama, North Omo and South Omo from SEPR, and Bale and Borena from Oromia. However, this report concentrates on the activities of the Branch office in SEPR, particularly Sidama, North Omo and South Omo. The Branch Office complements and supplements Government and non-government effort in the area of Family Planning Communication and contraceptive services.

2.1. Family Planning Information, Education and communication

Until 1992, creating family planning awareness was the major activity of the Branch Office. This was done in collaboration with various government Ministries including Health, Education and Agriculture.

The Family Planning educators (Field Workers) based in Awassa arranged family planning discussion sessions on mobile basis, with Peasant Associations, Urban Dwellers Associations, MCH clinics, training centers and schools in different parts of Sidama, North Omo and South Omo. The main objectives of this endeavor is creating public understanding of the importance of family planning and its use.

Table 1 shows that a total of 56,152 people have been reached with family planning information in the last eight years in SEPR.

Table 1. Number of people informed about family planning between 1988 to March 1995.

Y E A R	T Y P E O F A U D I E N C E		
	MALE	FEMALE	TOTAL
1988 - 1990	19,774	9,260	29,034
1991 - 1995	16,917	10,201	27,118
TOTAL	36,691	19,461	56,152

Source: Record of Southern Ethiopia Branch Office

These family planning talks are supplemented by film shows and distribution of reading materials. However, compared to the total population of these three regions the number of people informed about family planning by the Branch Office is small. This is due to lack of resources. We believe that vigorous and systematic IEC is required to raise the contraceptive prevalence rate in many parts of SEPR.

2.2. Clinical Service Delivery:

In 1992 the Branch Association got its first clinic, the Awassa Family Health Clinic. It was donated by the Sidama Zonal Health Department.

This clinic along with Family Planning Services provides EPI, Antenatal, Diarrheal Diseases Control Service and treatment of under five. The integrated service strategy is used as an entry point for eventually expanding the family planning services.

Table 2 summarized the 1994 annual report of its activities (see Annex 1 for details).

Table 2. Contraceptive Services of the Awassa Family Health Clinic 1994.

METHODS	CONTRACEPTIVE ACCEPTORS	
	NEW	REPEAT
PILLS	328	3,771
CONDOM	51	35
INJECTABLE	160	1,388
I U C D	17	7
TOTAL	556	5,201

Source: 1994 Report of the Coordinating Office

However, the clinic lags behind in the delivery of MCH/FP services mainly due to:

1. Inadequate infra-structure to provide such services as VSC.
2. Inadequate equipment and supplies (particularly laboratory equipment, injectable, film projectors).

2.3. Non clinical services:

In 1992 the Branch Association introduced rural outreach family planning services into its program. Date district in Sidama and Damota (Soddo Zuria) District of Wolayta have been selected as project sites. These have been selected because of the high density of their

populations and at the same time lack of family planning services in the rural areas. Though the MOH, it has EPI outreach sites in the Peasant Associations, it did not integrate family planning. The FGAE Branch Office complemented MOH's Primary Health Care efforts by taking the family planning part and thereby trying to demonstrate that if available even in the remote areas there could be people who would like to use family planning service.

2.3.1. The Yirgalem Project:

This project which is funded by Population concern UK, and has the objective of raising the contraceptive prevalence rate to 18% and the level of family planning knowledge to 75% from 4.1% and 32.8% respectively (Yirgalem Project Baseline Survey, 1993).

A especially trained team of one nurse and two family planning educators is attached to Health Center in Yirgalem to run the project. The Project Office has been provided by MOH free of charge. The MCH nurses of the health center and the health assistants working in the rural clinics are involved in the Project and a quarterly consultation meeting is sponsored by the Project. In addition to the above, 34 family planning motivator are selected from 20 PAs as the Project area to provide family planning services and recruit new clients.

The short term indicators for the Project performance are the number of people informed about family planning, the number of new and continuing acceptors, the contraceptive mix and the level of client satisfaction. After three years of committed work in rural areas it seems that there is some positive attitude towards family planning. Our records from 1997/95 shows the following.

Table 3. Number of people informed on family planning April 1994 to March 1995

RESIDENCE	TYPE OF AUDIENCE		
	MALE	FEMALE	TOTAL
URBAN	2,105	2,408	4513
RURAL	19,406	35,542	54,948
TOTAL	21,511	37,950	59,461

Source: Yirgalem Project Annual Report

Family Planning education materials have also been produced and distributed. These included booklets, posters and flip charts. The following table shows the number of FP acceptors in the 20 PAs.

Table 4: Family Planning Acceptors by methods April 1994 - 31 March 1995.

NO.	METHODS	SERVICES/PERSONS	
		NEW	REPEAT
1	IUD	N/A	N/A
2	INJECTABLE 2 MONTHS	86	341
3	INJECTABLE 3 MONTHS	153	1110
4	PILLS	1696	17905
5	CONDOM	489	8554
6	FOAMING TABLETS	4	73
	TOTAL	2428	27983

Sources: Yirgalem Project Annual Report for 1994/95 (April 1994-March 1995)

2.3.2 The Sodo Project:

The Sodo FP Project also provides similar services in 14 Peasant Associations of Sodo Zuria Awraja. In addition to encouraging and supporting government and non-government efforts in the Awraja, it provides family planning services in the 14 rural sites complementing the EPI programs of the government. In 1994 the project was able to reach 41,289 people with family planning information. The following table shows family planning performance of the Project in 1994 in 14 Peasant Associations.

Table 5. Family Planning Acceptors by Methods

METHODS	SERVICES/PERSONS	
	NEW	REPEAT
PILLS	471	1,731
INJECTABLE	114	238
CONDOM	94	72
TOTAL	679	2,041

Sources: Annual Report of Southern Branch Office of 1994

Achievements of these FP Demonstration Projects

1. Were able to collect detailed baseline information on the family planning knowledge and practice in areas of focus.
2. Increase in the number of new acceptors and expand awareness in the project districts
3. Training: Motivator, government and NGO staff in family planning
4. Collaboration with Ministry of Health
5. Supply of contraceptives when shortage occurs in the districts
6. Close working experience with International NGOs and church groups

Problems:

1. Male reluctance - possibly linked with lack of knowledge
2. Fear of side-effects on the parts of women
3. Demand for injectable (Depo-Provera) has increased and now outweighs the supply

In spite of all the problems, we can confidently say that these projects are playing a major role in breaking the taboo on family planning and building positive attitudes towards family planning in the areas of activity. Many people are positive and want to receive more knowledge about family planning.

The Immediate Future:

FGAE 's Southern Branch Association will continue emphasizing on the FP service delivery by strengthening the already known clinical programs and introducing new ones. The following constitute planned activities:

- Introducing new contraceptive methods: eg. voluntary surgical contraceptive methods and norplant will be introduced in Awassa Family Health Clinic of the Association. In addition to this the clinic will serve as a training centre for all NGOs that are interested in Family Planning Service in Southern Ethiopia.
- FGAE has completed preparations to launch a community based distribution programs in Awassa Zuria district of Sidama Zone. The fund for this program is provided by Pathfinder International.
- With the financial and technical support from AIDSCAP/ Ethiopia in the Branch will launch AIDS prevention campaign for out of school youth in Awassa.

6.2. The Ethiopian Evangelical Church Health Work Profile in SEPR by Dr. Mulugeta W/Yohannes, Medical Coordinator EECMY, Addis Ababa

I. Introduction and Background

The Ethiopian Evangelical Church Mekane Yesus Health work in the South started immediately after the Second World War. when the Italian occupation of Ethiopia ended, some of the Institution run by them like Yirgalem and Negele Hospitals were handed over to the Norwegian Lutheran Mission.

After that it become compulsory for all missionaries to give health services and construct elementary schools in parallel to their evangelistic work. Thus some of today's EECMY Health Institutions like - Gidole, Hageremariam Dilla, Hagereselam-Bensa etc., were established by the Norwegian Lutheran Mission.

After the establishment of EECMY in 1959 all the mission run health institution were integrated in to the EECMY. The church with its motto to serve whole person continues to expand health services and other development activities as the requests come from the community.

As the work of the church continues to expand, not only in the south, but also in the West and Central parts of Ethiopia, more and more requests are coming for clinic construction from the community.

To prioritize the need and to maximize the utilization of the existing resource, EECMY formulated a Health Policy governing future health facility establishment, upgrading and the handing over to the government. The main elements of the policy are as follows.

II. EECMY - Health Policy

The objective of the church is to serve people as Christ commanded and to enable the community in its efforts to develop its own health. The church implements this objective through the following mechanisms:

1. In order to avoid duplication of the work, constructing health institutions only in areas which are unreached both by the Government or other NGO's. If duplication does occur, the church either hands over the clinic to the Government or closes it down through negotiation with the authorities.
2. Constructing or upgrading health institutions in consideration of the present and future managing capacity of the community.
3. Constructing health institutions in accordance with the MOH standards.
4. Equipping, furnishing and staffing the institutions according to government standards.
5. Encouraging and promoting community participation in the processes.
6. Implementing CBPHC and regular curative health services in its catchment area.
7. Providing essential drugs for the health facilities.
8. Maintaining close cooperation with its units, the community, the MOH, other NGO's and partners, to facilitate proper resource utilization, information, experience and responsibility sharing and supervision.

III. Distribution:

The EECMY's health work in SEPR is located mainly in three synods: South Ethiopia Synod, south Western Synod and South Central Synod. The Central Ethiopia Synod has opened one clinic in 1995. FP has a health institution within one Integrated Rural Development Program (IRDP).

Geographically they are located in Sidama, Gedeo, North Omo, South Omo, Kambata, Hadiya, Gurage, Bench & Maji Zones as listed below:

Integrated Rural Development Programs with Health Component.

1. Manager	IBS
2. Surma	KBP
3. Bench	KBP
4. Gummaide Project	SWS
5. Wata Dora	Sidama-New
6. Arbegona Bansa	Sidama-New

IV. Work Profile:

Both curative and preventive works are done in our health institutions providing both static and outreach services. The success of the PHC program differs from synod to synod, in part due to the skill and commitment of the health professionals. In some areas there are some strong, precise programs which are intended to improve preventive services.

Example:

SCS - TB Preventive Work Program;
SWS - Community Development Program.

V. Financing:

The EECMY Health service is given on the basis of cost sharing. Although, the amount of money to be generated from the local area is not preplanned. All capital investment, revolving funds, expenses for running PHC programs and the budget for the coordination offices including the expatriate salary, come from partners in Europe. The recurrent budget for the smaller clinics is generated from service fees with only a little subsidy from abroad. Some synods are starting other income generating activities to support the health work. Some mechanisms have also been developed to assist those who are under privileged to pay their fees (poor patients fund).

VI. Training:

Training Health personnel has remained an unresolved problem, even though the government is training some health professionals for the church. Our institutions are under staffed. The management and coordination work are covered mostly by expatriates.

VII. Relationship with the Government:

In most places the church started health work in the peripheral, medically unreached places where there is no any health institution. The church tries to work in close cooperation with MOH in health service delivery from the planning to establishing each health institution. This includes identifying the need, conducting the baseline survey, facilitated supervision and evaluation.

In some Regions the Regional Bureaus of Health are very cooperative and that cooperation goes even to the level of seconding paid staff to work in our clinics. On top of that the government assist the church with giving tax free privileges importing medicine and medical equipment for the clinics and work permits for expatriate staff.

VIII. Relationship between the NGO's:

There are many NGO's working in this Region, which in general are of two types:

1. Indigenous NGO's like churches, and self help groups;
2. Temporary (mostly international) NGO's.

There is not established formal relationship between the NGO's in their health delivery. This causes some problems.

1. The NGO's of a temporary nature start work during the time when there are problems like, famine, epidemics etc. during that time they start different activities with the aim of reliving the problem, such as free food distribution and drug supply. The problem extends beyond the expected period, the NGO's pull out, and leave the people with unrealistic expectations. This has negative implication for our work.

2. Some NGO's do not give standardized treatments. They may use expensive medicines, or misuse drugs reserved by MOH to be prescribed only by the physicians such, eg., Rifampicin, STH, or Fancidar.

This is one of the valid complaints made by the government about NGO's behavior. it is important that all NGO's consider their actions in relation to sustainability of future health work in the community.

3. There is common stand about some of the countries problems and which needs approach for its solution eg., family planning programs.

4. There is no common approach in the administration.

IX. Future Plans:

1. The EECMY would like to consolidate the existing activities in their Health institutions and expand preventive work.

2. To continue the process of making health institutions sustainable both financially and in skilled manpower, community participation is needed and will be encouraged. Promotion of alternative income generating activities and cost sharing mechanisms will be prepared, so the church will be able to provide health services to the underprivileged. An affordability study will be conducted to assess the ability of the community to finance health services in the catchment areas.

3. To encourage the EECMY congregations to play a more significant role in promoting CBPHC and support their institutions. To encourage the local health committees, CHA's and TBA's to be elected mainly from the congregations and respected community members.

X. Recommendations:

1. Regional health bureaus give more assistance to the NGO's especially free personnel secondment, more training quotas, resource sharing and facilitating supervision.

2. Local authorities involve NGO's in the planning and implementation of health, training and community level (based) research activities.

3. NGO's look for means of establishing their own training institutions.

4. A forum be created to bring government and NGO's closer to one another in order to share information and to avoid unnecessary duplications of work.

6.3 Redd Barna-Ethiopia (Norwegian Save the Children) Child-Centered Rural Development Project, Bolosso Wereda, North Omo

Worku Altaseb, Redd Barna/Ethiopia

Redd Barna is a Norwegian voluntary and independent membership organization working to alleviate and improve the living condition of the poor and distressed children and their mothers. It is a non-profit, humanitarian organization governed by the United Nations Declaration of the Rights of the Child. It is a member of the International Save the Children Alliance.

Redd Barna-Ethiopia is one of the many Country Programs Africa, Asia, Latin America and Norway. **Redd Barna - Ethiopia** is the largest and the longest - term engagement for the Organization world wide. It started in 1969 with the Armaur Hansen Research Institute (**AHRI**) in Addis Ababa, facilitating research on Leprosy. The first entry point of the Organization to Ethiopia is health. Later, on, the Country Program diversified into children's needs through various approaches, of which one is long-term Child-Centered rural/urban participatory development approach.

One of the rural long-term development projects is the Child-centered Rural Development Project in Bolosso Wereda, north Omo, Southern Ethiopia People's Administrative Region. The project emerged out of **Redd Barna-Ethiopia's** considerable relief and rehabilitation efforts in the Wereda during 1984/85. In response to the famine, **Redd Barna-Ethiopia** opened it's first feeding center and geared resources towards assisting the affected people in the area. The relief assistance was proved by saving lives of those who were at the verge of death.

The project area is located 420 km south of Addis Ababa. The population of Bolosso Wereda is estimated at about 300,000. The project area covers 16 peasant associations with about 105,000 people. Almost all the people belong to the Wollayta ethnic group and speak Wollayitigna. christianity is the dominant religion in the area. Polygamous marriage is widely practiced. The main problems are prevailing vulnerability to famine and health epidemics due to high population density and depletion of resources.

The project, like all other rural development projects, facilitates activities such as education, agriculture, income-generation schemes, environmental protection, water development, health etc.

In the field of health, the main concentration is on facilitating the activities of the Department of Health in the Wereda, such as primary health care/nutrition, construction and furnishing health infrastructures, and mother/child health services. Accordingly, the following are activities of main focus:

- training of community Health Agents **CHA**
- health/sanitation education to the community
- training of health scouts from primary school students
- training of health/sanitation education facilitators among the community
- construction of pit-latrines and refuse pits through community participation
- weaning-food demonstration/training to mothers
- conducting nutrition surveys as early-warning mechanism
- construction and furnishing of clinics and health posts
- conduct ante-natal and post-natal clinical services
- conduct family planning education.services
- train Traditional birth Attendants - **TBAs**
- conduct training on harmful Traditional Practices on mothers and children
- assist **EPI** etc.

In addition, during health and famine disaster periods, victims are fully assisted with medical care and food assistance. Here, the worst Meningitis Epidemic of 1988-89 could be mentioned as example. Moreover, frequent disease out-breaks such as malaria, diarrhoea, etc. are continuously contained through the provision of drugs, trained manpower, logistics, etc.

6.4. THE ETHIOPIAN EVANGELICAL CHURCH MEKANE YESUS THIRTY YEARS EXPERIENCE IN EDUCATIONAL SERVICES AND ITS CONTRIBUTION TO THE SOCIO-ECONOMIC DEVELOPMENT OF ETHIOPIA

BEKELE BASORE
EECMY, ADDIS ABABA

1. Historical background

Mission work in Ethiopia has a long time history. The first mission to arrive in the southern part of Ethiopia was the Swedish Evangelical Mission which built its first school in Addis Ababa in 1905 and established eight schools by 1924.

One of the leading Protestant Churches in Ethiopia today, the Ethiopian Evangelical Church Mekane Yesus, is the result of this and other missionary work. This Church is still actively involved in various educational programs in different parts of Ethiopia.

Significant expansion of missionary schools to the Southern, Western and Southeastern parts of Ethiopia took place after the end of Italian occupation. These areas were not covered by the government educational program, but were left open to the missions if the missions complied with the directives given by the government.

According to Lipsky, G.A. (1962), missions were permitted to be active only in non-Christian areas, though they might establish hospitals or non-denominational schools in orthodox areas.

The mission activities were well respected and favored mostly by people of the South and South western parts of the country who had little or no access to government education and health services or any other development infrastructure.

Most of the EECMY schools and health facilities in these areas established by the support of foreign missions and are in the remotest areas to serve the neglected sector of our society. In the recent past, the only means for children from south of the capital to get education were mission schools.

During 1960s there was strong opposition to Mekane Yesus Church and other Protestant Churches in the South from two sides.

1. from the Orthodox Church followers because of religious rivalry
2. from the land lords who themselves were Orthodox members and new occupants of the land because they felt that if the sons and daughters of the poor peasants were educated, they knew that their power in the area would be under threat. Because of this fact the land lords tried to

prevent adults from attending literacy classes and their children from going to school. If tenants did not accept orders from the land lord, their fate was eviction from the land. The southern people were not allowed even to use their mother tongue for education.

Moreover, mission schools were restricted only to the primary level. It is clear that implication of such a policy was that those whose access for education was limited only to mission schools were deprived of opportunities for further education.

As the government schools were favoring urban centers rather than rural areas where over 90% of the population live, the Mekane Yesus educational and other development activities focus on the rural area. To alleviate the problems of rural youngsters who migrate to urban areas for further education in towns, the Mekane Yesus Church constructed hostels.

As a result a few of the rural children educated in Mekane Yesus and other mission schools began to appear in the civil service and private employment, joining the modern sector as teachers, lawyers, administrators, medical personnel, army and police officers and had a chance to participate in government politics to some extent. Those who retained power in government positions began to voice the cause of rural and urban poor by demanding justice and equality in the society.

The EECMY development Philosophy

The Ethiopian Evangelical Church Mekane Yesus believes in holistic development, which embraces physical, mental and spiritual development. To meet the need of rural masses and urban poor EECMY actively involved itself in educational programs since its inception. One could say religious organizations used literacy for the purpose of spreading the Christian faith and to teach urban and rural people to read spiritual literature, although this has truth in it The Mekane Yesus literacy program had also contributed a great deal for the promotion of socio-economic development .

Some good examples of EECMY activities are:

- 1 The Radio of the Gospel, a full time radio station carrying a variety of programs religious, educational and entertainment.
- 2 A literature program which published books in Amharic and other Languages, containing religious and developmental material.
3. An audio-visual service - which was producing , radio programs and posters.
4. The literacy campaign, which since 1962 has been active in conducting literacy campaigns in rural areas mainly Yemisirach Dimts Literacy Campaign was actively involved in southern provinces of Ethiopia.

These literacy centers were converted into primary schools and served the rural children. According to Margareta and Rolf Sjostrom, during the school year of 1974/75, 1,672 schools with a total of 151,000 students were run by Mekane Yesus Church. Most of these schools were situated in the countryside. Over 1.5 million people became literate through this program.

The expressed objectives of the EECMY literacy campaign were:

- teaching participants reading and writing
- imparting basic skills in arithmetic
- providing a basic social and civic education
- making literacy work oriented
- promoting socio economic changes

Although the main intention of the program was instruction of functionally oriented basic skills to adults it aspired to serve children in areas where no government schools or other

facilities were available. The program was open to anyone who wanted to attend, irrespective of ethnic or religious background. EECMY used its congregations to expand literacy.

After the 1974 change of government and introduction of the new social order, the EECMY was forced to stop direct involvement in literacy work. However, it supported the peasants associations and urban dwellers associations financially and by seconding experts for their non-formal educational programs, and in building reading rooms.

At present EECMY involvement in non-formal educational projects focus on:

- projects that promote agricultural productivity
- promote the health of the population through good hygiene home improvements, environmental care community education.
- projects that develop individuals and the nation spiritually socially and economically.
- create positive attitude towards participation in local and national development
- projects specially designed to bring change in the life of rural women
- strengthen mother and child health education, nutrition, home economics and

PRESENT ACTIVITIES

In general EECMY operates 9 kindergartens, twenty seven primary schools, ten junior high schools and three senior high schools. It also runs 13 day care centers, 22 hostels, two orphanages which support education of poor. EECMY runs three schools in the area of special education. One school for blind children, one school for deaf children and one school for mentally retarded children. There is one technical school and one vocational training workshop. In these schools there are 13,423 students with 523 employees (451 of them teachers). Over 40% of the students are girls. In education supportive programs like hostels and CDCC there 4500 children and over 300 employees.

The only adult literacy program run under EECMY at present is the Oromo Functional Literacy Project. EECMY wants to expand functional literacy project in many other languages if it gets support from government and donors.

EECMY EDUCATIONAL ACTIVITIES IN SEPR

	SCHOOLS	LOCATION
Abela	Mekane Yesus	Sidama Zone
Yirgalem	Mekane Yesus	Sidama Zone
Dilla	Mekane Yesus	Gedo Zone
Hagere Selam	Mekane Yesus	Sidama Zone
Gata Bansa	Mekane Yesus	Sidama Zone
Konso	Mekane Yesus	North Omo
Gidole	Mekane Yesus	North Omo
Mishgida	Mekane Yesus	Kembata Alaba Timbaro Zone
Arba Minch V.T.		South Omo
Hossana Deaf School		Hadya Zone

KINDERGARTENS

Hossana Kindergarten	Hadya Zone
Lera Kindergarten	Hadya Zone
Gimbich Kindergarten	Hadya Zone
Shone Kindergarten	Hadya Zone
Durame Kindergarten	K.A.T. Zone
Doygena Kindergarten	K.A.T. zone
Silti Kindergarten	K.A.T. Zone

HOSTELS

Yirgalem	MY hostel	Sidama
Dilla	MY hostel	Gedo
Hossana	MY hostel	Hadya Zone
Gimbichu	MY hostel	Hadya Zone
Durame	MY hostel	K.A.T. Zone
Gidole	MY hostel	North Omo

Special attention is being given to these educational centers in strengthening them with vocational and prevocational education. In these centers mini-workshops are organized and provided with simple hand tools where children will be trained in wood work, metal work and other crafts.

Moreover children actively participate in agriculture, producing vegetables and cereal crops to generate income for themselves. Children are encouraged to participate in community affairs and to be part of solution to problem in a given community. In EECMY education centers we discourage white calor inclination and strengthen vocational education which will be appropriate to Ethiopian society, skill training to primary school children will be base for change of attitude and to reduce false expectation, of family and their children. Practical work in agriculture should be intensified in all primary schools.

Role of EECMY in Promoting Basic Education in SEPR

Education has the power to bring change in the lives of individuals and society, but it is not only type of education that prepares an individual for white collar job which has this power. The concentration of investment on formal education alone has already widened the economic gap between the educated and uneducated. In fact this does not mean that all the educated people have power and wealth. There are many who are educated but unemployed in Ethiopia today. This disparity in society should not continue.

Our country which is one of the poorest in the world can not afford to finance a formal education system that consumes the largest part of the government budget and serves mainly a few selected students from the already better-off group in society. Thus, educational strategies directed to the attainment of development objectives could be successful if implemented properly.

As it is said by many scholars, primary education and functional literacy reduce the disadvantages suffered by the poor and enable them to control their environment. World Bank research on the influence of education on farmer efficiency has pointed to the importance of general literacy and numeracy in determining the choice of agriculture techniques.

Numerous studies have found the education of women to be of outstanding importance in improving the survival and well-being of children.

Therefore, the Mekane Yesus Church supports type of Educational program that underline the need to integrate the processes of learning and work, which in fact need serious financial and professional attention.

6.5 ACTIONAID ETHIOPIA'S EXPERIENCE IN PROMOTING COMMUNITY INVOLVEMENT IN SCHOOLS, AND GIRLS ACCESS TO BASIC EDUCATION

FIKRE ZEWDIE, ACTION AID ETHIOPIA

I. Introduction

ACTIONAID-Ethiopia (AAE) started operation in 1988 in Dalocha Wereda, in Guragie zone. currently it is operating two rural areas (in Dalocha and Koysha Wereda, North Omo) and is working as partner of two indigenous NGOs; namely "DAY", which actively engaged in urban integrated development in Addis Ababa, and REST in Tigray.

AAE is widening the scope of its cooperation with indigenous NGOs that are dedicated to the alleviation of poverty and is trying to build their institutional capacity through training, material and financial support . It has also started taking measures in the areas

of such pressing national issues such as HIV/AIDS, population, gender, etc., as they have a direct bearing on development effort.

AAE, as an organization, has a firm belief that literate people are best prepared to challenge the causes of poverty and is committed to invest on education.

II. Situation in the Development Areas

In the two development areas (RDAs) where AAE is operational, the literacy rate was very low (below 15%). The literacy level of women was found to be low by any standards. In the existing few primary schools the enrolment rate was about 12%. Out of this only 20% were girls. Although the overall RDA population is growing at about 2.8% per annum, the enrolment rate has been falling at about 3.8% annually. Out of the few who are enrolled, the majority would drop out before reaching the 4th grade. Since children in the rural areas support their families at early stage of childhood both in farm and in the house the drop out rate shows seasonal variations in which the highest would be during ploughing and harvesting period.

The education status survey commissioned by AAE revealed the following five major problems as causes for the observed low literacy situation. These were:

- 1) Child labor demand in the family and incompatible time table of the school,
- 2) Very small number of schools as compared to the school age population and inappropriate geographical locations of these schools,
- 3) Parents subsistence level economy which hinder them from financing their children's education,
- 4) Attitude of the community towards formal schools, and;
- 5) Endemicity of malaria in the area.

Through Participatory rural Appraisal techniques it has been further confirmed that the schools' overall inefficiency were cases for such extremely low literacy situation in the RDAs.

III. What should be done to improve the situation

AAE believes that poverty can best be seen through the eyes of the poor. Therefore, identification and definition of the problem with the local community would be the first step in the process of planning and program implementation. Therefore, Education in AAE is a part in the whole Integrated Development Activities which consists of food Security, health, Water and Education programs.

Illiteracy is a manifestation of the ecumenical poverty situation of the parents and hence the community. Therefore, it is essential to look the literacy problem as component of the various factors which contribute to low standard of living of the family.

In Dalocha RDA alone there were more than 20000 school age children (7-14 years old) and only 12 percent of them had access to primary schooling. It was almost impossible to build primary schools to accommodate all these children who are out of school. Therefore, the situation required a thorough discussion and understanding with the community and concerned local government bodies. As a result 4 different schemes were designed to overhaul the literacy status of the DA. The schemes were:

a) Supporting formal school - Supporting formal school have been geared towards increasing capacity to cater more number of children and provide conducive environment for teaching and learning. Sponsoring teachers training and equipping libraries with books have been an important move in improving the teaching skills of the teachers as well as the quality of education provided in formal schools.

b) Conducting functional adult literacy classes - Despite the fact that Literacy Campaign had been conducted up to the 21st round in some parts of the development areas the literacy rate of the adult population is very low (below 15%). Therefore, the adult literacy being conducted by AAE has been designed to provide the necessary knowledge and skills which would be practical in their life. Besides, reading and writing adults would learn about primary health care, environmental sanitation, modern farming systems and saving and credit.

c) Provide skills training to youths and school drop outs - A number of youths who have completed Junior and High Schools have been found wasted. To tap this resource it was found rational to organize training which are applicable and earn them a living within the development areas. The training have been organized in collaboration with the community, WEB and Wereda Council and significant number of youngsters have benefitted from this program in the last two years.

d) Non formal education for children - Given the constraint faced by the formal school system in terms of inadequate infrastructure, teaching/learning materials, shortage of qualified teachers and overall school inefficiency, the need for an alternative approach in addressing the problems of large number of children (about 80%) who do not have access to school is evident. designing non formal education have been considered as the best alternative to satisfy this disadvantaged section of the population. NFE centers are opened in the village with full participation in which rooms are provided and facilitator selected by the community. Technical support is provided by AAE in collaboration with WEB and Awassa TTI to facilitator to provide learning compatible with lower primary school standard in three years period.

b and c have been expected to create the necessary environment for attitudinal change so that children get support from their families. Major stress have been given to supporting formal school and implementing Non formal education to provide basic education to children. to this effect strategies have been developed to draw maximum community participation and local government bodies cooperation.

1) REORGANIZING THE SCHOOL COMMITTEE

The previous school committees were totally not functional and were organized on the basis of government structures rather than on their interest to serve the community. Besides, some of them were involved in malpractice for the community to have any confidence on them. hence, through focus group discussion, semi-structured interview, village meetings, etc., the community have been initiated to come together and decide on the education of their children. These big meetings lead to the selection of self interested individuals who are respected by the community to form a school committee. Together with this committee roles and responsibilities of all parties would be defined and agreement would be signed between all parties. what are the resources within the community, what is lacking and what is required would be discussed and dealt with during such meetings.

The school committee would make the agreement legal both at Wereda and Zonal level, if it is necessary. It also ensures that all commitments promised by AAE, communities and local government bodies are kept.

2) JOINT PLANNING

During planning, activities which are planned for the year both by the Wereda Education Bureau and AAE would be shared and discussed. This has facilitated the understanding and the scope of each party's involvement. The joint planning not only provided an opportunity to create collaborative environment but also it has helped to properly utilize the available limited resources. For example, the WEB have been able to shift maintenance and school furniture budget to the schools where AAE is not operating. Questions such as who have the specific skill for a particular activity, how do we draw these skills and how do we coordinate our efforts to maximize efficiency and cost effectiveness would be thoroughly discussed. Facilitator training, assigning teachers and takeover of newly constructed primary schools, running skills training sharing available resources from both sides, etc., have been possible due to the existence of such forum to share plans.

3) ORGANIZING PEASANT ASSOCIATION EDUCATION COMMITTEE (PACE)

In addition to the school committee PACE have been organized to facilitate the implementation of non formal education for children and functional adult literacy programs. This committee, consisting of three people in each PA has an important role in community mobilization, selection of teachers for NFE and FA programs and monitoring all education activities in the PA. They also participate in situation analysis and planning for different education interventions. Together with the rest of the community they:

- a) define the extent of community participation in each education activity.
- b) select appropriate and most convenient schedule for NFE classes. It is very essential for any educational programmer to design school activities in view of the social, economic and cultural life of the communities they wanted to serve. Fitting the NFE centers schedules with social and economic activities children must perform is a very important feature of the NFE centers organized by AAE.
- c) assume responsibility to ensure sustained student attendance at school, NFE & FA centers.
- d) ensure the availability of rooms ('tukuls') to conduct NFE & FA classes and for accommodation of the teacher, when a local teacher cannot be obtained.

These clearly defined responsibilities facilitated improved relationship and linkage between AAE, Wereda government structures and local community.

4) COMMUNITY CAPACITY BUILDING

AAE arranges periodic meetings, workshops, seminars and field visits for Education Committee members and facilitators so that they could build their management skills and gather some experiences that might help to increase community involvement in education activities. It also orient communities on how to plan and how to get external support if they want to build schools or NFE centers in their village.

5) NFE FACILITATORS SELECTION AND TRAINING

Facilitators, who have at least 10 years or more of education would be selected from the community to be trained and teach at NFE & FA centers. The prospective facilitator should be a respected member of the community and interested to serve his/her people. Women are given priority with a belief that they can attract more girls to come to the centers. Facilitators are given two weeks of pre-service resident pedagogical training at Teachers Training Institute (TTI) which is regularly reinforced with NFE teaching methodologies training which emphasizes on activity oriented and student-centered approach. Facilitators, PAECs and parents work together to ensure the progress of children.

Facilitators conduct regular home visit and discuss schooling issues such as enrolment, attendance and performance of each child with parents. This has helped to build mutual accountability and respect between facilitators, communities and AAE.

6) MINIMUM LEARNING OUTCOMES

The need to make the learning relevant to the community have been extremely important towards achieving communities attitudinal change in favor of basic education. besides, without having a defined curriculum it was difficult to assess children's and facilitators performance about which parents are concerned. When the Minimum Learning Outcomes (MLOs) expected from NFE centers was developed the process adopted helped to draw all the expertise from Wereda and zonal education bureaus and from people who are involved in NFE else where. As a result a team of people from AAE, DAY, Dalocha Wereda Education Bureau, Gurage Zone Education Bureau and from Ministry of Education NFE panel were able to produce the MLOs expected out of NFE centers within three years of schooling.

This step, which established a sense of ownership of the process, has tremendously improved our understanding and relationship with the local government structures and communities.

IV. Current Achievements

a) **Quantitative and qualitative progress** - AAE is collaboration with the community and local government bodies have been able to record qualitative and quantitative developments with respect to provision of basic education to the disadvantaged children in its development areas. The following table shows the progress made from the onset of the program in 1991:

YEAR	NO. OF CENTERS	NO. OF FACILITATORS	NO. OF CHILDREN ENROLLED IN THE CENTERS		
			MALE	FEMALE	TOTAL
1991-92	9	9	326	117	443
1993	15	15	1110	390	1500
1994	38	53	2616	1565	4181
1995	65	85	3890	1802	5692

The development of the Minimum Learning outcome has given a step forward in improving the NFE program qualitatively. Training is being provided to facilitators and Education Assistants in line with the MLO document in order to ameliorate their skills in providing assistance to children and monitor their performance.

b) Girls access to basic education - Improving girls access to basic education requires multifaceted approach since their problems are so intertwined and complicated. Holding frequent discussion with PAEC members and communities on the roles and responsibilities of girls who are mothers of future generation has been the principal move towards changing the traditional thinking about girls education. Recruiting female facilitators, home visiting and discussing with parents, increasing communities access to safe water, health and education services and improving family income through saving and credit scheme have been the major footfall undertaken to make time available for girls to attend classes in the NFE centers.

V. Challenges and Major constraints

1) lack of Institution - Significant improvement have been made by drawing skills & knowledge from various sectors, individuals and other ACTION AID programs. However, absence of institution dealing specifically with NFE has enormous effect on the pace the programs are moving. Sustained institutional support is very essential if one wants to maintain and improve the existing motivation and knowledge facilitators and communities have. Institutes which can give support in staff training and curriculum and material development are profoundly important to keep up the level of understanding, coordination and participation.

2) Frequent changes in government officials - Frequent changes in government offices coupled with lack of the necessary skills and experiences required at that particular level have been major obstacle for relationship and coordination to grow smoothly and effectively. some times the gap is so big it creates misunderstanding between AAE and local government bodies (e.g. closing down NFE centers because they are running full year instead of 4 months like Literacy Campaign).

3) Payment of facilitators - It is a serious issue if sustainability and replicability of the program is envisaged. Currently all facilitators in the development areas are being paid honorarium by AAE. However, unless a mechanism is developed to involve other actors the future will not be impressive. Various options are available to explore: a) for the government to assign teachers for NFE centers which can be feeder schools for upper primary schools, b) establish voluntary service system within the community, c) linking NFE centers with other income generating development schemes, d) running the centers with community contribution, etc., One or a combination of all the option might be possible to address the problem.

4) Lack of clarity in language of instruction - Language of instruction have been a major problem in relation to the child's futurity in the academic stream. Hence, which language is going to be used in a particular Wereda, how can the teaching and learning materials be obtained, who will train teachers and facilitators, etc., are critical issues and need to be addressed.

5) Limited access to teaching & learning materials - Obtaining sufficient learning and teaching materials have been very difficult especially for NFE centers. Sometimes even regular schools rely on AAE to get these materials and furniture from other alternative sources.

6.6 ESSENTIAL SERVICES FOR HEALTH IN ETHIOPIA (ESHE)

Elements of the ESHE Program/Project

**By Dr. Victor K. Barbiero, Chief of Health, Population & Nutrition
USAID/Ethiopia**

(Transcribed from Overhead Transparencies)

Title : Essential Services for Health in Ethiopia (ESHE)

**Purpose : Increase the use of Primary and Preventive Health Care (PPHC)
Services**

Time Frame: Seven years (FY'95 - FY'2001)

LOE : \$70 Million (\$30 Million Program, \$40 Million Project)

Areas of Intervention:

- o National Policy Agenda**
- o National Family Planning (Through NGOs)**
- o National HIV/AIDS Prevention/Control**
- o Sustainable Rural (PPHC) Delivery in the SEPR**

The Role of NGOs - Options under Consideration:-

- **Water Supply and Sanitation:-** Access NGOs to provide WS/S in the zones where USAID is focussing its efforts. Initial focus on health station and health posts with eventual expansion to selected communities.
- **Refurbishment & New Construction:-** NGOs in cooperation with SEPR could help RZW office to refurbish and build lower level facilities relative to new Health System and regional plans.
- **MCH/FP/AIDS Service Delivery:-** Access NGOs to complement MOH integrated service delivery. Exploit complimentarily to SEPR system in training and supervision. Develop "models" (particularly relative to health care financing and revolving funds) within a zone that can be replicated elsewhere.

POSSIBLE CRITERIA FOR COMPETITIVE NGO GRANTS

- **Sustainability** - All NGO Grants should promote sustainability of their proposed interventions.
- **Cost-Effectiveness** - High per Capita expenditures cannot be maintained - a reasonable level of per capita costs should be developed.
- **Government Approval** - Each proposal should include written endorsement by Zonal and Woreda Council prior to submission.
- **Specific and Realistic Impacts** - NGO activities should include realistic impact and a detailed plan for measuring impacts.
- **Rural Orientation** - priority should be given to sustainable Rural Service Delivery.
- **Financial & Administrative Management Capability** - all NGOs applying for Grants should have proof of financial and administrative management capability (the former should be certified by an Accredited Audit Firm) .
- **Demonstrable Skill in Proposed Interventions** - NGOs should demonstrate specific technical skills and experience relative to proposal interventions.
- **Capacity Building** - to the extent possible, all proposals should build local capacity either private or public.
- **Complementarity** - "doing what you do best"-proposals should highlight how NGOs will compliment the public sector and help develop service delivery in the region.
- **Community Approval** - all proposals should provide evidence of community approval and commitment to proposed interventions.
- **Clear and Well-presented Strategy** - NGO proposals should be concise and present well-through-out objectives, methods of implementation and monitoring/evaluation criteria.
- **Appropriateness of Interventions** - proposed interventions should be in full agreement with the regional and national strategies.

MECHANISMS OF SUPPORT TO NGOs

- NGO Grants Program - Develop an NGO competitive grants program to elicit and support proposals based on a set standard criteria.
- Technical and administrative support could be made available to NGO, as appropriate, for project design and implementation on behalf of USAID/E.
- Coordination of the Grants Program through the SEPR and BASICS a US Cooperating Agency.
- Submission of Initial Proposal to NGO (SEPR/BASICS) Grants Committee (inclusive of Budget).
- Approval of Concept and initial proposal
- Submission/Approval of detailed proposal
- Monitoring and Evaluation by Grants Committee and Grantee

POTENTIAL LEVELS OF SUPPORT

- Level of Support - approximately \$1.2. million dollars will be available to NGOs over the seven-year life of ESHE.
- Determination of Level of Support - must be worked out with RHB and other SEPR officials, USAID and BASICS.
- Size of Average Grant - to be determined - \$25,000 dollars to \$250,000 dollars depending on objectives (Refurbishment/construction may be larger - community service delivery may be smaller).
- Estimated Number of Grants - 10-20 over the first 3-5 years - dependent upon RHB priorities and capacity of NGOs.

6.7.

AN OVERVIEW OF BASIC EDUCATION SYSTEM OVERHAUL (BESO)

*By CAMERON S. BONNER
CHIEF, HUMAN & INSTITUTIONAL
DEVELOPMENT OFFICE*

The following major ideas have been summarized from Dr. Bonner's presentation at the Awassa NGO Conference.

BACKGROUND INFORMATION: An Overview of Ethiopian Education

Dr. Bonner started his speech by giving a brief overview of the education system in Ethiopia. He said that the education system has suffered from a number of constraints. There has been a decline in enrolment and quality at all levels of Ethiopia's education system. The Ministry of Education estimates that enrollment rates at the primary level fell from 35% of the age group in 1988 to less than 20% in 1993, and that over 50 percent of students who enrolled in primary school were likely to drop out before completing third grade. In addition to a contracting and inefficient system, the new Transitional Government inherited a sector with serious quality and equity problems. Indicators of poor quality include inadequately trained teachers and school directors, an overly complex curriculum largely irrelevant to rural life, a lack of focus on basic literacy and numeracy, severe under-funding (with almost no resources available for essential quality-boosting inputs such as textbooks, or for the rehabilitation of dilapidated facilities), and inadequate analytic and planning capabilities at all levels of the system. Equity concerns include widespread gender and regional disparities.

Dr. Bonner further explained that declining enrollments in some areas were caused in part by decreased demand and low community support due to economic constraints such as the opportunity costs of child labor and school costs in relation to family income, the lack of employment opportunities after graduation, curriculum that is unresponsive to the needs of the majority of children and their communities, and the overall poor quality of the school environment. Equally problematic is the shortage of schools in some areas.

Regarding the future vision he commented that despite these problems, there are now encouraging signs of positive change. National plans exist for sector overhaul, including a bold move toward genuine system decentralization in management and financial planning responsibility, as well as in regionally relevant instructional design reform. There are also growing number of reports of an upsurge of primary enrollments and community-level actions to foster initiative and involvement in local-development issues in general and school-based issues in particular. A strong consensus is emerging that now is the time to act boldly to foster change while there is wide agreement on the policy and structural deficiencies of the sector as well as strong momentum for positive reform.

In so far as the USAID assistance in the education sector was concerned, Dr. Bonner pointed out that in support of the Transitional Government of Ethiopia's efforts to overcome the challenges facing the Ethiopian education system, the Basic Education System Overhaul (BESO) program combines non-project resources (\$50 million) and project resources (\$30 million). The project takes a seven-year approach to both policy and institutional reform to help the primary system boost quality and enhance equity in an environment of expanding access. BESO's purpose is "To improve the quality and equity of primary education in an expanded (and expanding) system." An underlying premise of the BESO program is that reform and progress throughout the sector will occur, in part, through an improved and decentralized education delivery system that effectively and in a sustainable way provides quality primary education to a significant proportion of Ethiopia's school-aged population.

To this end, Dr. Bonner added, BESO is designed to promote advances in five areas: i) improved quality and equity of the primary school environment, ii) improved efficiency and effectiveness of key quality-related services iii) improved quality of pre-service teacher training, iv) improved decentralized management and administration of primary education and v) increased and more rational and efficient sectoral financing. Moreover, gender equity is a significant cross-cutting concern of the BESO project. Under its school improvement initiatives, particular attention will be given to improving the learning environment through development of more gender sensitive teachers and curricula, and through other deliberate efforts to attract more girls to enroll in school.

THE BESO APPROACH

The BESO program will employ a Systems Approach, working simultaneously in two directions; from top-down and bottom-up. Non-project assistance will be primarily utilized in order to ensure that central policies and resources are being mobilized to provide sufficient support at the school level and to those institutions that are charged with providing support to schools. Since BESO resources will not be adequate to assist all regions equally, two regions -- Tigray and the Southern Ethiopian Peoples Region (SEPR) -- have been selected as target regions. Both non-project and project resources will be used to support reform and improvement efforts throughout these two regions. Regional education administrations authorities (regional, zonal and woreda offices) which need to define and implement their new roles in managing and supporting an improved primary system, will constitute an important focal point for assistance under the BESO program. Furthermore, within the two target regions, geographic areas will be selected where grass-roots approaches will be taken to promote school and community level innovations. BESO will also support activities aimed at spreading gains and lessons learned from the target regions to other regions of the country.

EXPECTED BESO IMPACTS

The expected achievements of BESO can be categorized into four areas: (1) improvements in school-level quality and equity; (2) improvements to quality-related school inputs; (3) improvements in teaching force quality and equity; and (4) improvements in regional and sub-regional administrative and management capacity. These achievements all depend on a further factor of crucial importance to the BESO program: increased and more rational and efficient

sectoral financing at national, regional and sub-regional levels. Achievements in and impacts of each of these areas can be viewed in the short, medium, and long-term and in terms of policy, institutional, and school-level achievements. Successful attainment of BESO's purpose will result in the following student-level impacts. Greater participation rates, higher primary completion rates; improved student achievement; increased efficiency through reduced dropouts and repetition, and a reduction of gender bias in the system.

BESO has been designed as a seven-year program. However, experience in other countries and the magnitude of the task in Ethiopia suggest that significant impact on children and their communities will require sustained efforts over a longer term. Even assuming BESO's success in achieving its purpose, by the end of the program much will remain to be done. Therefore, it is anticipated that a follow-on effort will be needed in order to continue the momentum established by BESO and realize substantial system-wide gains in the quality of the learning experience available to children in their classrooms.

IMPLEMENTATION MODALITIES

The various implementation modalities that the BESO Project Office has planned to employ were listed out in Dr. Bonner's presentation as follows:

Non- Project Assistance: Financial assistance will be given directly to the government of Ethiopia to support the national and the regional governments to take steps to improve primary education.

Project Assistance: A BESO Prime Contractor will serve as the major implementing institution of the BESO project. The operations will be based in five locations; Addis Ababa, Awasa, Mekelle, Arba Minch and Adwa. Long- and short-term technical assistance will be made available. Training will also be provided to local experts and teachers and modest commodity and operational support will also be provided.

Other implementation modalities include

- BESO Private Voluntary Organization (PVO) administrator of NonGovernment Organization (NGO) Grants: Local and International NGOs will be granted cooperative agreements to administer the Community School Grants component of BESO. As a result, it is expected that greater frequency of community-school events will happen which can positively affect enrollment, equity, and quality of schools.
- Direct Grants to indigenous NGOs
- USAID/Washington central support
- USAID/Ethiopia staff and management support to implementation

Finally, after explaining the whole range of the BESO program activities, Dr. Bonner expressed his strong desire to work with NGO's with similar missions and collaborate with them in the implementation of BESO.

7. FINDINGS OF GROUP SESSIONS

7.1. Findings of Group Sessions on Health

7.1.1. Community Participation in Health

Problems in community participation

difficulties to obtain community participation

people tired of meetings, reminiscence of endless meetings in previous regime

some communities reluctant to pay, considering health as a free service by NGOs

lack of other incentives for community health workers

weak mechanism of selecting community health workers

Suggested solutions

community health workers to convince communities on value of involvement in their own health,

show immediate and tangible results of community meetings,

prepare communities to value services, and initiate fee for service,

other fund generating means like the UNICEF grinding mills; health institutions to give immediate attention to cases referred to them by community health workers; to consider the latter as part of their team; the PSI plan of instituting profit incentives in social marketing of condoms and other contraceptives,

MOH to review recruitment mechanism, use community leaders in choosing their own potential health workers.

7.1.2. Sustainability of Health Project

Problems:

- poor community participation especially women
- lack of ownership for CHPs
- poor follow-up
- poor needs assessment of community potential
- no realistic time frame

- little collaboration between government and NGOs
- insufficient government commitment as well as NGOs
- inappropriate choice of technology
- irregular supply of support or commodities
- absence of well designed phase out strategy
- overlapping instead of strengthening existing projects
- creating unnecessary dependency

Solutions:

- Well organized community based need assessment ensuring women and political leaders are involved (Gov. NGO,Community).
- Rationalizing priority setting with the community after considering the potential resources.
- Coordinating program components between NGOs and Government in the planning process.
- Community participation in planning, implementation, monitoring.
- Realistic investment by NGO/MOE to improve high cost per capita.
- Realistic cost-sharing with the retention in the sector and with the facility.

Community level capacity building:

- training
- facilities
- supervision

Linkage with higher level of institutions

7.1.3. PARTNERSHIP

What does partnership mean?

Partnership is a collaboration of two or more organizations (entities) to set common objectives and find ways of achieving end results.

What is partnership?

Partnership is:-sharing of ideas and experiences;
 -maximizing utilization of resources (human & material);
 -maximizing coverage of health delivery services;
 -identification of priorities;

Who are the partners?

- communities (clients, providers)
- government (policy maker, facilitator)
- providers (public, NGOs, private and religious organizations)

Advantages of partnership :

- maximize utilization of resources
- sharing of experiences establish sound partnership?
- by creating a working forum
- by improving communications (exchange of reports,issuing newsletters etc.)
- by advocacy/sensitization of possible potential partners

Can partnership be equal?

Yes, in the sense of "equality of purpose and commitment in the implementation of agreed on objectives".

Role of partners-complimentarity role

- sharing of ideas before project development
- mutual understanding and trust
- role of partners to be defined in detail by the forum

7.2. Findings of Group Sessions on Education

7.2.1.Community School interaction

Existing Situation:

Interaction is limited to:

- enrollment day
- sporadic visits by parents to school
- parents/school days

Hence:

- Interaction is very poor

Education responsibilities are mainly left to school authorities.

Some schools use closed door systems i.e. they do not invite community participation.

- Some communities do not show interest in education
- Community participation in schools is superimposed in many situations.

Communities are not adequately motivated

Education system is not directly relevant to the needs of the community.

Areas of Community and School Interaction

school curriculum development
school management
financing/fund-raising activities
guidance and counselling of students
school discipline (student/teacher)
participation of schools in community projects/activities
setting school ethical standards

Why Community Involvement is Needed

It is needed in order to:- run the school properly

- support the school financially
- enable the community to understand the importance of education;
- enhance participation of parents in the education process
- make education or school activity sustainable
- create understanding between school and parents about educational curriculum to enhance confidence;
- understand problems and find solutions together

How can community school interaction be created or improved?

- creating awareness on the value of education
- enabling communities understand and share responsibilities in school affairs;
- motivating the community towards a voluntary participation in smooth running of schools;
- involving the community in educational policies at local, zonal and regional levels;
- making school administration transparent to parents
- involving parents/community in school income generating schemes.

7.2.2. TEACHER MOTIVATION

Teacher motivation as a critical factor that has significant impact on the quality of primary level education in Ethiopia was discussed thoroughly by members in Education Discussion Group 2.

The discussion was successful in pinpointing several factors that have direct and indirect effect on teachers' morale. The participants were also able to see the possible positive correlations between teacher motivation factors and the quality of schooling and the quality of teaching at classroom level.

Some of the major factors that affect teacher motivation include:

- Value to education:- The society used to give high value to education because parents were able to see the fruits of sending their children to school. Teachers as a source of knowledge and skills

were respected by their communities. During the last 20 or 30 years, however, the relevance of the curriculum, quality of education, equity, etc. and utility of education were all challenged and thus, teacher motivation was negatively affected.

- while the cost of living increased at an accelerated rate, the salary of teachers did not.
- Poor selection, recruitment and admission criteria to the teaching profession was another factor considered in the discussion. The teaching profession was used as a stepping stone to get better paying and motivating jobs. Usually, those who cannot go to any other training options join teacher training institutes. Hence, a low status was attached to teaching profession.
- Poor career development:- there was no continuous career development mechanisms. It was limited to personal efforts.
- Work conditions were poor. School programs were forced to exist in acute shortage of materials, facilities, etc.

Recommended Solutions:

- Implement the new Teacher Career Structure and at the same time orient teachers on what the new career structure will mean to them in the long term.
- Improve the selection, recruitment and admission policy to the teaching profession at all levels and make teaching a licensed profession, retain only those teachers with teaching license to stay in the teacher force.
- Empower teachers to take more responsibility in school affairs. Teachers need a more participatory role in decision-making.
- Improve work conditions in schools.
- Improve the quality of pre-service and in-service teacher training programs.
- Teacher incentive schemes - through provision of career advancement, promotion, compensation package (salary, allowance, benefits), etc., may be tried.

7.2.3. Girls Education

In the education discussion sub-group 3, issues regarding girls' education were discussed. In this session, it was clearly pointed out that in most places in the Southern Ethiopian People Region, girls are under-represented in primary schools due to several factors.

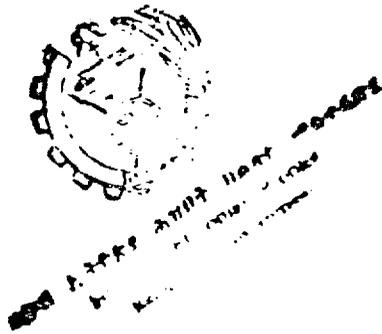
Constraints to girls greater participation in education:

- domestic labor requirements
- early marriage
- lack of awareness on the importance of education
- fear of misconduct
- economic reasons
- no linkage between non-formal and formal education (those girls who went to literacy programs could not continue their education in the formal system unless they restart right from grade 1).
- lack of security on the part of girls going to school in some places

Solutions recommended

- provide the community with some mechanisms to get utilities such as water, firewood, grinding mills, etc., so that girls will have more time to go to school.
- bring the schools and communities closer and encourage collaborative effort to improve schools.
- make school programs flexible to match with the local work schedules of the community.
- create awareness in the community on social gains from female education.
- make sure that the girls are secured while going to and coming from school.
- conduct continuous orientation on problems of early marriage.

ANNEXES



4 May; 1995,

Handwritten signature and reference number: 163/102

The Head,
P.C. Box...
Addis Ababa,

Dear Sir:

In Collaboration with USAID/E, The Administration and Social Services of The Southern Ethiopian Peoples' Regional Government Plans to run an NGO conference on "Collaboration for the Promotion of Health and Education in the SEPR". The conference will be held in Awassa and is scheduled for June 8 and 9, 1995. The objective and other details of the conference are described in the attached 'Statement of Purpose'

Your Organization is cordially invited to participate in the conference and exchange experiences with other collaborating agencies in the Region.

Looking forward to meeting you at the conference.



Sincerely

Handwritten signature
Tesfaye Abera

Executive Committee Member
and Administration & Social
Services head

Annex 8.2

STATEMENT of PURPOSE Awassa NGO conference, 8 to 9 June, 1995.

General Objective:

NGO collaboration and participation in strengthening rural health service delivery and primary education in the Southern Ethiopian Peoples' Region (SEPR).

Specific Objectives:

Exchange of Regional Government and NGO experiences and views, (including perceived role) in promoting health and education in SEPR,

An overview of USAID/E, its policies, modalities of operation, plan of action and rationale for focus on SEPR;

A better understanding of the Essential Services for Health in Ethiopia Program/project (ESHE);

A better understanding of the support objectives of Basic Education System Overhaul Program/Project (BESO)

Procedure:

The conference will be jointly opened by Heads of the Regional Health and Regional Education Bureaus who will indicate, among other things, priority areas of support for Health Service Delivery and Basic Education for SEPR. This will be followed by a key-note address by Mr. Walter North, Deputy Director of USAID/E, who will give an overview of the Mission's activities in Ethiopia and the rationale for special focus on SEPR. Senior staff of the Mission will elaborate on specific projects related to Health sector issues (i.e.. the Essential Services for Health in Ethiopia Program/Project (ESHE), and the Education sector(i.e.. Basic Education System Overhaul (BESO). The modality of USAID operation, which includes collaboration with NGOs, will also be presented for comments.

Representatives of selected NGOs operating in SEPR will make presentations on their role in promoting health care service delivery and basic education in SEPR. After some exchange of

views on these presentations, participants will break into smaller working groups to explore major issues such as community participation in health service delivery and basic education, improving teachers' motivation and sustaining community health services.

Findings of the working groups will be presented in the final plenary session where they will be discussed and recommendations put forward.

Note:

NGOs operating in SEPR are expected to send at least two senior officers (one in health and another in education) who would share their experiences and assist in paving the way for a successful collaboration with USAID/E.

Names of NGO representatives with short descriptions of their functions should be sent to USAID/E by mid April, 1995. Information should be addressed to Dr. Fisseha H/Meskal, USAID/HPN, USAID/Ethiopia, P.O. Box 1014, Amiche Road, Addis Ababa, Ethiopia.

CONFERENCE AGENDA

THURSDAY, 8 June

0830-0930h	Registration
0900-0905h	Welcoming Address: Ato Tesfaye Aberra, Executive Committee Member and Head of Administration & Social Services
0905-0930h	Opening Address: Head of the Regional Health Bureau; Head of the Regional Education Bureau
0930-0945h	Key Note Address: USAID in Ethiopia and its specific role in SEPR, Mr. Walter North, USAID/E Deputy Director
0945-1000h	Getting to know each other: Self introduction
1000-1015h	Coffee Break
Plenary I:	Co-Chair:- Dr. Fisseha H/Meskal and Ato Getahun Dendir
1015-1115h	SEPR NGO experience, views and prospects rural health service, (15-20 minutes presentation each by three invited NGO participants);
1115-1215h	SEPR NGO experience, views and prospects in Basic education with special reference to women education, (15-20 minutes each by three invited NGO participants);
1215-1230h	Brief discussion to clarify major issues
1230-1330h	LUNCH

Plenary I continued

Co-Chair:- RHB/REB Representatives

1330-1400h

USAID/E and the ESHE project for SEPR,
Dr. Victor Barbiero;

1400-1430h

USAID/E and the BESO project for SEPR,
Dr. Cameron Bonner

1430-1500h

Discussion and formation of discussion groups

1500-1530h

Coffee Break

1530-1700h

Working Group Session

Group 1, Rural health in SEPR:

-Sustainable Community Health Service Delivery

-Community participation: CHA, TBA, incentives, etc.

-NGOs as partners in Health Service Delivery - opportunities and constraints

Group 2, Basic Education in SEPR:

-How can the community contribute to the improvement of primary education,

-How to improve teacher motivation,

-Gender equity and access of girls to primary education

ANNEX 8.4 LIST OF PARTICIPANTS

NO.	NAME	TITLE	ORGAN.	PHONE No.	REG
1.	Abebe Hailu	G.M.	FADEP	61-34-03	A.A.
2.	Adanech Tadele (Sr.)	Staff Nurse	Finnish Mission		SEPR
3.	Alemayehu Areda (Dr.)	President	CHER/Ethiopia	44-45-57	SEPR
4.	Alemeshet Negash	Health Coord.	GSFCS	12-05-22	A.A.
5.	Amare Bedada		FGAE	06-20-02-49	SEPR
6.	Ambaye Zekewos	Proj. Manager	World Vision Int.E	61-11-85	A.A.
7.	Amenu (Dr.)	MOH	Sidama Zone	20-02-66	SEPR
8.	Annamaria Watin	Asst. Director	SCF/USA	51-15-61	A.A.
9.	Ayalew Taddesse	Proj. Admin.	Finnish Mission		SEPR
10.	Ayelework Abebe	Proj. Assistant	USAID/E	61-06-66	A.A.
11.	Bahiru Shikur	Region Edu. Office	S.D.A.	06-20-03-59	SEPR
12.	Bekele Degefu	Health	World Vision Int.E	61-04-47	A.A.
13.	Bekele Basare	Human Dev. Coord.	EECMY	55-37-22	A.A.
14.	Bekett	Intern/HID	USAID/E	61-06-66	A.A.
15.	Cameron Bonner	USAID/HID	USAID/E	61-06-66	A.A.
16.	Carmela Abate (Dr.)	STAR	USAID/E	61-06-66	A.A.
17.	Daniel Biramo	Head	Edu. Bureau (SEPR)	06-20-04-89	SEPR
18.	Darge Teshome	Assistant	BASICS	20-00-63	SEPR
19.	Desalegne Shanko	Curr.Eva.ER	Education Bureau	20-04-89	SEPR
20.	Desta G/Michael	Director	SEPDA	18-17-70	A.A.
21.	Duncan Earle	Country Rep.	PSI/DKT	51-93-00	A.A.
22.	Emebet Admassu	Proj. officer	CRS/ET	65-35-93	A.A.
23.	Fekerte Belete	NGO Coord.	AIDSCAP/E	51-03-32	A.A.
24.	Fikre Zewdie	Prod. Officer	ACTIONAID/Eth	65-46-71/5	A.A.

24	Fikre Zewdie	Prod. Officer	ACTIONAID/Eth	65-46-71/5	A.A.
25.	Fisseha H/Meskel	Technical Coord.	USAID/E	61-06-66	A.A.
26.	Follu Meima (Dr.)	M.D MOH	Regional H/Bureau	06-20-02-53	SEPR
27.	Franco mastromauro	Administration	Catholic Church	20-02-53	SEPR
28.	Gebre Selassie Okbagzi	Manager	AFRICARE	15-17-98	A.A.
29.	Geder Adella	Senior Expert	Regional H/Bureau	06-20-12-74	SEPR
30.	Getahun Dendir	NGO. Coord.	USAID/E	61-06-66	A.A.
31.	Gezahegn Mengiste	Ass. Proj. Officer	UNICEF	06-20-14-87	SEPR
32.	Haile Giorgis Boramu	Senior Expert	Regional H/Bureau	06-20-12-74	SEPR
33.	Helen Fennell	Adminstration	Regional H/Bureau	06-20-06-48	SEPR
34.	Joseph Tekaligne	Head of Edu. Dept.	ECS	55-03-00	A.A.
35.	Karabi Bhattacharyya (Dr.)	Research Officer	BASICS/W	06-20-00-63	SEPR
36.	Kebede Sima	Dept. Head	SEPR-Edu. Bureau	06-20-04-89	SEPR
37.	Kifle Yirga	F. Head	GPSDO	11-62-35	A.A.
38.	Kubsa Elemo	Proj. Coord.	ADRA	18-97-65/5	A.A.
39.	Laketch Mikael	PDS	USAID/E	61-06-66	A.A.
40.	Lamisso Hayesso (Dr.)	Head, Reg. H/Bureau	MOH	06-20-05-94	SEPR
41.	Landuber Araya	Proj. Manager	Redd Barna/Eth	51-89-64	SEPR
42.	Lemma Chika	Adm. Ass.	BASICS/ESHE	06-20-00-63	SEPR
43.	Lou Rao	Dep. Director	ADRA	18-97-65	A.A.
44.	Mekedesework Abebe	Secretary/HPN	USAID/E	61-06-66	A.A.
45.	Mekonnen Fora		Health Bureau	06-20-10-61	SEPR
46.	Merteab Endale	Curr.Eva.ER	Education Bureau	06-20-01-62	SEPR
47.	Mulugeta W/Yohannes	Med. Coord.	EECMY	55-37-22	A.A.

48.	Netsanet Mengistu	Dir. Proj. Coord.	Good Shepherd FCS	55-19-50	A.A.
49.	Paul J. Freund (Dr.)	Resident Adviser	BASICS/ESHE	06-20-00-63	SEPR
50.	Paulos Rifal	Principal	Awassa TTI	06-20-02-61	SEPR
51.	Sahle Sita (Dr.)	R.H.B.	Health Bureau	06-20-10-61	SEPR
52.	Samuel Drshiso	Education	S.D.A.	06-20-07-97	SEPR
53.	Sertsu T. Haimanot	Proj. coord.	EOC-DICAC	55-22-16	A.A.
54.	Sharon Tobi		EAL-ADRA	06-20-03-38	SEPR
55.	Shibru Berassa	Education	SES/EECMY	06-20-00- 71/20	SEPR
56.	Shiferaw T/Mariam	RHB.HRL	Health Bureau	06-20-10-61	SEPR
57.	Simenesh B. Selassie (Dr.)	Health coord.	EOC-DICAC	55-22-16	A.A.
58.	Tassew Zewdie	EPM	USAID/E	61-06-66	AA.
59.	Tekle Rosario	Health Officer	ECS	55-03-00	AA.
60.	Teshome Wakene		PSI/DKT	51-93-00	A.A.
61.	Tewodros Melesse	Country Rep.	Pathfinder/Int.	18-78-08	A.A.
62.	Tilahun Desta (Dr.)	M.D.	EECMY	06-20-00-20	SEPR
63.	Tom Palmer	BASICS	USAID/E	61-06-66	A.A.
64.	Victor Barbiero	PDO	USAID/E	61-06-66	A.A.
65.	Walter North	D/Dir	USAID/E	61-06-66	A.A.
66.	Werama Dunda	Health	CONCERN	61-17-30	SEPR
67.	Wollassa Lamisso	Plan	Sidama zone	06-20-05-50	SEPR
68.	Wondimu Amede	Assistant	BASICS	06-20-00-63	SEPR
69.	Worku Altaseb	Proj. Officer/Health	Redd Barna/Eth.	51-89-64	SEPR
70.	Yehigeta Eshetu	A/P Manager	CONCERN	61-17-30	SEPR
71.	Yohsses Yaya	Treasurer	Adventist Mission	06-20-02-97	A.A.
72.	Yoseph Negash		SIM	55-23 48	A.A.
73.	Zerihun Alemayehu	Senior expert	Regional Planning	06-20-07-30	SEPR
74.	Zewudie Janka		Planning Bureau	06-20-07-30	SEPR