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Empowerment of Youth club: Experience, Opportunities & Challenges. The case of 'Sele Tselote Egi' Youth Reproductive Health/HIV/AIDS club in Oromia and 'Kal' RH/HIV/AIDS club in Addis Ababa Region-Ethiopia

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Table of Content

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Abbreviations:

AA:	Addis Ababa
AACS:	Anti AIDS Clubs
AAHAPCO	Addis Ababa HIV/AIDS Prevention and Control Project
AAU	Addis Ababa University
ASRH	Adolescent Sexual Reproductive Health
BCC:	Behavioral Change Communication
CBD	Community Based Distribution
CBE	Commercial Bank of Ethiopia
CBRHA	Community Based Distribution Agents
CSA:	Central Statistical Authority
CYETA	Canadian Youth Education & Training Award
DKT	Denk Kestet Letena (abbreviated in Amharic). An American based NGO working on social marketing of condom and contraceptives
DSW:	German Foundation for World Population
EPHA:	Ethiopian Public Health Association
ECYUA/Ethiopia	ESHETChildren and Youth Unity Association/Ethiopia
EMSAP:	Ethiopian Multisectoral HIV/AIDS Prevention and Control Project
FDRE:	Federal Democratic Republic of Ethiopia
FGAE:	Family Guidance Association of Ethiopia
FGD:	Focus Group Discussion
FHI:	Family Health International

FMOE:	Federal Ministry of Education
FMOH:	Federal Ministry of Health
FMYC:	Federal Ministry of Youth and Culture
FP:	Family Planning
GSSW	Graduate School of Social Work
FYSC	Federal Youth Sport and Culture
HAPCO:	HIV/AIDS Prevention Coordination Office
HIV/AIDS:	Human Immuno Virus/ Acquired Immune Deficiency Syndrome
HSDP	Health Sector Development Program
HTP:	Harmful Traditional Practices
IEC:	Information Education and Communication
IG:	Income Generation
MDG:	Millennium Development Goal
MOH	Ministry of Health
MOJ:	Ministry of Justice
NGOs:	Non Governmental Organizations
OSSA:	Organization for Social Services Organization
PADET:	Professional Alliance for Development in Ethiopia
RH:	Reproductive Health
SRH:	Sexual Reproductive Health
STD:	Sexually Transmitted Diseases
STI:	Sexually Transmitted Infections
STIS:	Sexually Transmitted Infection Syndrome
SYGA:	Save Your Generation Agency

TGE:	Transitional Government Ethiopia
TOT:	Training of Trainers
UNICEF:	United Nations International Children Emergency Fund
VCT:	Voluntary Counseling and Testing Center
WHO:	World Health Organization

ABSTRACT

From perspective of the youth club members, this study explores the empowerment experiences of Sele Tselote Egi (SAL) Youth Reproductive Health /HIV/AIDS club in the rural Oromia region of Ethiopia, and Kal RH/HIV/AIDS (KAL) club in the city of Addis Ababa. Thirty-two (32) participants (18 male and 14 female) who ranged in age from 14-25 years, contributed to the study. These participants represented leaders and members of the two clubs. Data for the two case studies was obtained by running in-depth discussion sessions with club members, as well as observation of the activities of the clubs, a review of club documents and the literature on RH/HIV/AIDS clubs in Ethiopia. This study addresses the following gaps in the literature: 1) it is the first study of a rural RH/HIV/AIDS Youth Club; 2) it has revealed how club approach /model contributed and/or empowered, opportunities that exist and challenges encountered in the process; and 3) it also explored why it is relevant from the perspective of club members /youth perspectives.

The studies have revealed lack of strategies, plans and resources by the clubs but didn't ask why it happened and how it could be addressed, which underlined capacity limitations, clear structure, rules and regulations among clubs to attract and retain members as efficiently as possible. One of the themes identified by the Youth Net assessment was the need for youth empowerment/ voice and so on but it didn't say anything about how this could be addressed.

The main findings include the following. Both youth RH/HIV/AIDS clubs are an important avenue for disseminating Reproductive Health/HIV/AIDS information to their members and peers. The major activities in which they are involved include conducting intensive peer-to-peer education sessions and mass edutainment activities such as theatre, drama, music songs, question and answer competitions, and other complementary services such as referral for Sexually Transmitted Infections (STIs), Reproductive Health/Family Planning (RH/FP) and Voluntary

Counseling and Testing (VCT). Although there are some differences between the urban and rural clubs, in general, both clubs also mobilize club members for VCT, encourage girls for virginity tests, distribute condom and birth control pills, conduct non-formal education, and engage in community development activities like planting apple trees and dairy husbandry for generating income generation to support the club's initiatives. It is the perception of the youth that these activities have resulted in an increase in girls' participation in club activities. In addition, these activities are related to a reduction in Harmful Traditional Practices (HTPs) such as female genital mutilation, early marriage, and so on. The club members also believe that club activities have improved coverage of RH/FP services and increased the demand for VCT.

Both urban and rural clubs have set up an organizational structure which constitutes of the General Assembly and the Management Body to provide direction and responsibility for carrying out day-to-day activities. The study found, however, that from an organizational perspective, the empowerment of the club and its members is inhibited by some limitations in management practices of the clubs due to scarce resources. The major problems/challenges or disempowering aspects that youth in the two clubs face include: 1) fluctuating participation of club members in activities, 2) lack of support from sponsor organizations, and 3) misconceptions about the role and work of RH/HIV/AIDS clubs by parents, church leaders, and the community. Capacity building measures such as training and material support are required to enable the work of the club and further empower youth club members. Among others, training in managerial and leadership skills, project coordination, strategic plan development, counseling, advocacy, conflict management, proposal writing, financial administration, use of reporting systems and communication skills are needed. Youth club members also believe that properly enforcing a club's Constitution, setting up project implementation mechanisms along with working guidelines, and promoting networking among RH/HIV/AIDS clubs within and across rural

regions and urban cities in Ethiopia would make a difference in the level of empowerment and help youth clubs achieve their missions. Although limited in scope to the perceptions of youth from one rural and one urban area in Ethiopia, the findings suggest that the implementation of existing policies and commitments made by the government and/or international agencies in support of RH/HIV/AIDS initiatives can be used to strengthen and support youth RH/HIV/AIDS club activities.

I. Introduction and Background

Ethiopia is located in the North Eastern part of Africa. With an estimated total population of 72.5 million in 2004. It is the second most populous country in Sub-Saharan Africa. A very large proportion of its population (85%) lives in the rural areas. The main characteristic of the Ethiopian population is therefore its youthfulness, with children (0-14 years) and youth (15-24 years) together accounting for almost 64 percent of the total. A large proportion of women (24%) reported to be in the reproductive age (15-49 years) (CSA, 2000 in FMOH, 2005).

1.1. Youth reproductive health and HIV/AIDS

The country experiences a heavy burden of disease mainly attributed to communicable infectious diseases and nutritional deficiencies. Poor nutritional status, infections and a high fertility rate, together with low levels of access to reproductive health and emergency obstetric services, contribute to one of the highest maternal mortality rates in the world, which is 871/100,000 live births (FMOH**,** 2003). Large concentrations of population under this age group imply heavy demands for reproductive health.

The major reproductive health problems faced by the young population in the country are gender inequality, early marriage, female genital cutting, unwanted pregnancy, closely spaced pregnancy, unsafe abortion, and Sexually Transmitted Infection (STI) including HIV/AIDS, which was compounded by lack of support from concerned bodies to address genuine needs of young, people (Youth Net Assessment Team, 2004)**.** The HIV epidemic in particular has rapidly grown over the last two decades and the prevalence is estimated at 4.4% of the adult population in 2003**.** It was estimated that 1.5 million people were living with HIV/AIDS creating strain to cope with in a resource poor country (HAPCO and FMOH, 2004). Young people in Ethiopia have low access to information on reproductive health and sexually transmitted diseases. Hence, an

effective and successful youth reproductive health program should encompass both urban and rural young (Youth Net, 2004).

The situation in the study area demands close scrutiny. One of the RH/HIV/AIDS clubs covered by the present study, “Sele Tselote egi” is located in Wuchale Jida woreda, North shoa zone Oromia region. Oromia is the biggest region of Ethiopia, both in terms of surface area and population. It has an estimated population of 25 million people. The region is divided into 12 zones and the people follow various cultures and traditions. For example, in the Arisi zone, when a husband dies, his brother is entitled to take his wife. In the Borena area, it is common to have sex with somebody else's wife. Most family sizes range from 7-10 people and on average two to four people live in each room.

In Wuchale jida as in most parts of Oromia, the culture does not allow young males and females to discuss sexual issues; discussing sex with the opposite sex is taboo. In most rural areas, forcing females to have sex is a common practice. Many youth practice sex before marriage. Some are involved in paid sex. Unwanted pregnancy and abortion are also highly prevalent. Untrained people, traditional birth attendants, health workers – including trained health workers - are involved in such practices. There are also harmful traditional practices prevalent in the area such as abduction and rape and other forms of abuses (FYSC, FHI, Impact & Youth net, 2002).

Kal RH/HIV/AIDS club is located in kebele 20 of Yeka sub city in Addis Ababa. The city administration is divided into six zones, 28 weredas and 328 kebeles (including 23 rural kebeles). The city is surrounded by the Oromia Administrative region. According to 1994 population and housing census results, the population of the city was estimated to be 2.7 million, of which 48.4 % were male and 51.6 % female, giving a male to female ratio of 0.94 to 1.0.about 22.6% of the population are between the 15 and 24 years old. Most of the youth live with their families and their involvement in the social and economic life of the city is not prominent. However, most

youths involved in economic activities generate their income from small-scale trading (including shoe shining), daily laboring or working as assistants to minibus taxi drivers. Few youths are employed. In addition, many youths in Addis Ababa are addicted to substances such as chat; a considerable number of youths spend their leisure time chewing chat.

As elsewhere in the country most families in the woreda do not discuss reproductive health issues with their children. This is primarily because it is believed that discussing sex will lead youth to sexual behavior. Most females also start sex at an early age and without adequate knowledge of how to protect themselves from HIV and other sexually transmitted infections (STI). Young females and others involved in paid sex work are easily exposed to sex-related health problems. Primarily, females get involved in sex without their consent; their male partners force them to have sex. Female sex workers, drivers and factory workers are also commonly involved in paid sex (FYSC, FHI, Impact & Youth Net, 2002). Addressing the above RH/HIV issues requires the involvement of different actors, particularly youth clubs taking a leading role**.** Youth clubs are increasingly recognized as an important avenue for disseminating reproductive health/HIV/AIDS information to the young (Esthete, 2003).

1.2. The Policy Environment

Cognizant of the problem, the Ethiopian government and NGOs are increasingly involved in addressing the needs and rights of children and young people, which includes their involvement in abating the problem of RH and HIV/AIDS. The establishment of the Ministry of Youth, Sport and Culture in 2002 and the endorsement of National Youth Policy in 2004 and other supporting polices such as Health, Education, HIV/AIDS, Women, Population, Developmental Social Welfare can be cited as examples to show the commitment of the government in addressing the needs and rights of the Ethiopian youth. The government has revised the laws addressing unsafe

abortion, sexual violence and the family laws addressing issues such as early marriage, which is a critical issue in the Ethiopian traditional society.

Ethiopia also secured commitments from the Global Fund to Fight HIV/AIDS (GFATM) and is also one of the countries chosen to benefit from the President's Emergency Plan for AIDS Relief (PEPFAR). The Global Alliance for Vaccine Initiatives (GAVI), the Rollback Malaria Initiative, and the World Bank Multisectoral Loan for HIV/AIDS & EMSAP are also supporting Ethiopia's endeavors in the health field and thereby the rapid poverty reduction strategy. Therefore, the Health Sector needs to take these situations into account when trying to position itself for implementation of targeted interventions. The MDG is also one of the top global policies that are influencing the national development policies and strategies. MDG emerged from the "Millennium Declaration" adopted by the United Nations General Assembly in September 2000. These were considered as opportunities to promote among others youth club empowerment to addressing among other RH/HIV/AIDS problems (FMOH, 2005).

The Ministry of Health is in the process of finalizing the National Reproductive Health Strategy in order to guide the Reproductive Health interventions and reach the MDGs. The Government had issued the National HIV/AIDS Policy in 1998. Subsequently, a 5 year Multisectoral Strategic Plan on HIV/AIDS was developed in 2005 with a view to guiding the multi-sectoral interventions. The policy has given an equal emphasis on problems of youth and encourages among others the empowerment of youth groups to take action and protect themselves against HIV/AIDS (HAPCO & FMOH, 2004).

The National Youth policy was envisioned "to create and empowered young generation with democratic outlook and ideals, equipped with knowledge and professional skills, organized and built ethical integrity" (MYC, 2002. p 5). Implementation guidelines were also developed to give strategic guidance and better place the youth, youth movements and youth serving

organizations in general (FMOH, 2005). The population policy envisioned among others establishing teenage and youth counseling centers in RH; offer counseling services in schools to reduce the high female attrition rate; provide career counseling; disseminate population related information through community organizations such as youth groups; and incorporate population and family life education into the curricula of formal education institution. On the other hand, the national women policy addresses youth issues directly which among others provides the right of women to career guidance and the need to educate "concerned communities against such unlawful practices as circumcision and the marriage of young girls before they reach puberty" ((MYC, 2002. p 10).

The Ministry of Labor and Social Affairs adopted the Development and Social Welfare Policy in 1996. It emphasized youth's needs as of special priority. The document clearly states the willingness of the government to address the needs of the youth by providing youth with appropriate vocational / technical training, job placement services and related support. Besides, it provides a variety of leisure-time services and programs available and establishing recreation centers, and strengthening existing ones to protect young people from being exposed to social problems by encouraging and supporting the effort of individuals, non-governmental organizations and the community to promote the economic and social wellbeing of young people. The Rural Development Program Strategy also outlines various policy directions related to health, emphasizing health both as a human right (FMOH, 2005). These opportunities require creating proper systems and mechanisms to enforce the policies and hence bridging the gap to empowering youth club initiatives.

1.3. Review of the literature: RH and HIV clubs in Ethiopia

As indicated by Zimmerman etal, programming targeting on youth has become a very essential one because of the high prevalence of HIV/AIDS, high risk of transmission, and

continued risk-taking behavior by youth in Ethiopia and other parts of sub-Saharan Africa. (Zimmerman et al, 2006). Other studies also underscored its importance (Dryfoos etal in Lorraine etal, 2000)**.** There are already a number of youth initiatives/clubs all over the country to address sexual and reproductive health and HIV/AIDS issues among young people and that of the general public.

Youth RH and HIV/AIDS clubs became key actors and/or resources in promotion of RH and prevention of HIV/AIDS (Admassu, 2005). The clubs have used innovative approaches such as peer to peer education and drama, literature and mini-media in doing awareness/ sensitizations among the youth and the community at large. Even if most of their initiatives are not directly involved in care and support, they actively working in creating awareness on issues such as HIV/AIDS, stigma and discrimination against people infected and affected by HIV/AIDS, and local fundraising for PLWHA and AIDS orphan (Eshete, 2003)**.** The clubs are also involved in promoting VCT services and a number of their members' from these initiatives have become role models by encouraging voluntary blood tests to know sero-status and by arranging referral services.

A lot of exemplary works also are done by these organizations through raising funds from private companies, members' families and individuals in their community to provide material and financial support for PLWHA and AIDS orphans, conducting supplementary classes for vulnerable children including children who lost their parents due to AIDS free of charge. According to an assessment conducted by the Ethiopian Youth Network, there were more than 3000 active youth-to- youth clubs and/or associations and organizations involved in addressing HIV/AIDS and/or SRH issues throughout Ethiopia (Youth Net, 2004). Another source also indicated that there were more than 12,000 in - and out- of School Anti-AIDS clubs in the country (Eshete, 2003).

Despite inconsistencies, available information showed that the existence of a large number of Youth to Youth initiatives in the country and their scale of operation. Some of the youth initiatives that started as clubs are becoming local NGOs by getting registered under the federal Ministry of Justice and signing an operational agreement with the Disaster Prevention and Preparedness Agency(DPPA). For instance five clubs from the Organization for Social Services for AIDS (OSSA) and five clubs from Hiwot -Ethiopia became local youth NGOs (OSSA, 2005; Hiwot 2005; Admassu, 2005). The assessments signify key roles played by clubs in creating awareness about HIV/AIDS among the youth groups in particular and the community at large.

According to UNICEF, 83% of AIDS information was provided to the community by AIDS club. In some areas though religious leaders were doubtful about RH/AACS in fear of promotion of condoms, the clubs were able to win the support and acceptance of the community. The report further notes that most of the club members came together willingly to get knowledge about HIV/AIDS and its prevention, exercise their talent and skill or obtain financial support. Other opportunities for the flourishing of youth clubs particularly RH/HIV/AIDS clubs were recognition of club approach as one of the strategies to reach young people; current policy environment including easy registration process of organizations and associations in the country (Eshete, 2003).

Despite a favorable policy environment and a growing number of clubs initiated to address HIV/AIDS and/or sexual and reproductive health issue in Ethiopia, not all clubs were actively engaged in pursuing their goal. Youth organizations face different problems among which lack of support from concerned bodies; lack of office/working place; financial limitations; poor recognition and acceptance of youth organizations by big NGOs and/or government offices; lack of project development, management skills and wrong attitude towards youth run organizations. Besides, almost all youth organizations were run by volunteers who have no experience or not

rewarded and/or lacking the proper skill to run and manage organization. Youth organizations were facing drop out of their active members due to frustration, education and job opportunities. The support they got from local government bodies was also very minimal (Eshete, 2003; Admassu 2005). Teshome indicated the root cause of these difficulties was that most development agencies having a dim view, and lacking trust in people's ability to assume responsibilities for the development of their country. Likewise, ignorance also exists among planners and practioners on the extent and depth of the club organization, mobilization and empowerment processes which took place in the country, partly resulting from lack of information. Most of the clubs were not getting enough support be it financial, material and /or technical from all concerned bodies (Teshome, 2005).

On the other hand, the issue of donors' imposition was also raised as an issue. Few believed that they were forced to run their program based on donors' need than the need of young people. As a result, they heavily depend on their members for financial and technical support. In most cases, it was mainly executive committee members contributing membership fee on regular basis ranging from 25 cents-one birr per month. Few organizations were able to access finding from Addis Ababa HIV/AIDS prevention and Control Office (HAPCO) and /or Woreda HIV/AIDS offices. In fact some clubs/ associations' secured stationary and technical training NGOs like MMM, OSSA, Mary-joy, and Concern Ethiopia. Very few of the youth organizations tried to involve the private sector in their program through sponsorship: Tana Transport plc, Moha Soft Drinks Company, and AMBO Spring Water Company are acknowledged by the youth organizations for their positive response in this endeavor. However, few managed to secure long-term educational chances to their members from private colleges in the area of management and accounting (Eshete, 2003; Admassu, 2005).

The assessment by UNICEF identified lack of vision, creativity, coordination, counseling skills and manifestation of self-interest and internal conflicts among the clubs. It also revealed that most of the clubs were not able to get technical, material and financial support they needed from concerned governmental and nongovernmental organizations to run quality services i.e. in terms of promoting RH and preventing HIV/AIDS. Teshome also noted most of the clubs were lacking office/working place, financial resource; recognition and acceptance by big NGOs and/or government offices; they lacked project development, management, implementation, monitoring, evaluation, communication, advocacy, and financial management skills (Admassu, 2005). This argument was supported by studies conducted by UNICEF, HAPCO and EPHA as indicated above.

Generally clubs encountered various organizational and technical problems to meet their purpose, and contribute to their empowerment as most of the supports were not comprehensive enough to address their needs and sustaining the initiatives. A study done by Kloos confirms this, emphasizing the lack of administrative support by the clubs. (Kloos et al. 2003 in Zimmerman et al, 2006).

Youth organizations have also accepted a number of shortcomings from their side and suggested that youth associations and organizations should build a transparent system, avoid unrealistic plan, and be goal oriented have clear mission, vision and strategies develop and implement self assessment mechanism. Almost all youth organizations have no clear long term sustainability strategies including establishing/ strengthening local fund raising mechanisms through circus, music and theatre performance), increasing and motivating members and other young people to join the club, approaching influential people and making the board member solicit technical support from other organizations and building more professionalism at organization level.

1.4. Rationale and Objective of study

Previous research on youth RH and HIV/AIDS identified some gaps leading to undertaking the present study. Despite relevance of existing studies highlighting strengths and problems encountered by the clubs and their support needs, these studies had had limited focus. They looked at initiatives of clubs in Addis Ababa and major towns. for example, Zimmerman & etal examined anti-AIDS clubs in AA secondary schools to see their effectiveness as peer-led HIV prevention programming. (Zimmerman et al, 2006). The study sponsored by UNICEF, HAPCO and EPHA focused on establishing profiles of HIV/AIDS clubs and highlighting some of the achievements and challenges and information about the general status of clubs in the surveyed sites as well as at national level. The RH study conducted by the Youth Net assessment team also highlighted the extent of RH knowledge and skills acquired by the youth but it didn't have much information about how clubs were important in promoting RH and preventing HIV/AIDS. The information from the assessments brought forward stakeholders perception about the extent of the problem of RH/HIV/AIDS and its mitigation measures but has not looked how club approach /model contributed and/or empowered from the perspective of club members /youth perspectives. The studies have revealed lack of strategies, plans and resources by the clubs but didn't ask why it happened and how it could be addressed, which underlined capacity limitations, clear structure, rules and regulations among clubs to attract and retain members as efficiently as possible. One of the themes identified by the Youth Net assessment was the need for youth empowerment/ voice and so on but it didn't say anything about how this could be addressed.

1.5. Objective of the Study

The present study attempted to fill some of the gaps identified by/from the studies by conducting case studies in two selected clubs (one rural RH/HIV/AIDS club from Oromia and one urban club from Addis Ababa) operating in different socio cultural settings. The investigator

argues that the above issues/ problems that prevail among the RH/HIV/AIDS clubs has to do with club empowerment experiences and calls for the need to explore exhaustively the club's internal system, structure, overall capacity and environment in which they operate to promote RH and prevent HIV/AIDS.

The General Objective of The study is to contribute to the knowledge base on youth club empowerment experiences, their opportunities and challenges and use findings of the study to improve practices in Ethiopia.

The specific objectives of the study were to:

- Explore the capacity of RH/HIV/AIDS club, to promote RH and prevent HIV/AIDS focusing on the experience of one urban and one rural RH/HIV/AIDS club (Sele 'Tselote egi' and 'Kal' club) ;
- Explore the club's opportunity structure i.e. rules, policies, support groups, etc;
- Explore and document their achievements; problems and challenges encountered and identify how it's affecting their empowerment from the perspective of youth club and their members.
- Identify and document best experiences and lessons learnt from the club's empowerment experience so that to make use of findings of the study to improve the knowledge base in social work and practices in the area.

The Research questions:

The cases specifically will look for background information on the clubs to be studied and explores specifically key dimensions of empowerment from the perspective of the youth RH/HIV/AIDS club under study by addressing the following questions:

I. **Background questions**: Name and address of club, membership size, mission and objectives, mapping of the area the club operates, its social infrastructure and others relevant to social

interaction; and also shows where the club gathers as well as where promoters /peer educators perform their job, etc.

II. Core questions

- How did you find in general the club's asset base and capabilities vis- a vis the opportunity structure (Capacity/ capability to influence, negotiate, control, and hold accountable other actors to meet their purpose) and why?
- How did you observe members psychological make up (self confidence; encouragement to perform their activities, sense of being worthy; perception about themselves, sense of being able to act and cause things to happen in relation to RH/HIV/AIDS?) and why?
- How did you find the club's access to information (access to RH/HIV/AIDS information and knowledge and skills acquired by members) and why?
- How did you find the club's organizational structure and systems, issue of participation, accountability, etc in terms of facilitating the club's mission? How did it facilitate the work, and why?
- What physical asset does the club possesses? How about the sources? (Including own sources)?
- What is the amount of finance the club possesses and its sources at the time of study? Did you face any problem on the control and management aspects, or had there been any comment given by external controllers and reasons forwarded)?

- Could you explain about members' educational status? What knowledge and skills acquired by members/promoters including peer educators who got training to provide RH services and counseling and related services?
- How about the background of Board and an Advisory body (if any)?
- What were the major strengths of the club in terms meeting their objectives and concerns? W was/were the limitations/ challenges of the club to meeting its objectives and concerns?
- How about the opportunities; how favorable is the environment?
- What are the challenges or inhibiting factors the club encountered to exercise empowerment: ens participation, decision making and accountability?
- What do you suggest as a way forward and what are the key lessons from this initiative that can used for scaling up and sharing with others?

1.6. Definitions and/or explanations of relevant concepts used in the text

1. Empowerment:

Rowlands (1997) cited the difficulties of defining the concept of empowerment. He indicated that there was no consistent analytic framework to help those involved in analysis of empowerment in different contexts, or how to track empowerment activities or effects. (Rowlands, 1997). According to World Bank, an empowerment approach ensures the possession of capacity to make effective choice. The later one argues that this capacity primarily influenced by two sets of interrelated factors; agency and opportunity structure; i.e., actor's ability to make meaningful choices and use a person's or group's asset endowment as indicator which includes psychological, informational, organizational, material, financial and human assets. While explaining the opportunity structure as shaped by the presence and operation of formal and

informal institutions, laws, regulatory frameworks, and norms governing people's behavior (Retrieved May 2006 from WWW.worldbank.org/empowerment).

2. Youth. It is difficult to come up with a uniform and collective definition on the concept of youth because the awareness and views of different societies and cultures have about the issue differs along economic, social and political growth levels. Factors include the country's labor development, reproduction, accountability to law, various laws and proclamations; economic, social and cultural situations, biological and psychological situations; the average age youth in our country finish school and start working (24 years); high risk for HIV/AIDS (15-29); its role in the development of the country; taking into account the country's life expectancy, and international youth age groupings, etc. For this study, youth are those who are between 15 and 29 years old bordering childhood and adulthood, as used in the study of the General State of the Ethiopian Youth (MYC, 2002).

3. Club. A group of people joined together for some special purpose (World Book Inc,. 1987).

4. Youth club: Youth club and associations are self help initiatives at the grassroots level organized by the youth themselves and engaged in one or different activities. Self help groups such as clubs are mostly based on principles of empowerment, inclusion, non hierarchical decision making, shared responsibility, and a holistic approach to people's cultural, economic and social needs. It is believed that exchange of information among peers who have much in common reduced isolation and provide important experience of mutual support (Dubois & Krogsrud, 2002).

5. Reproductive Health: The health and well-being of women and men in terms of pregnancy, birth and related conditions (Admachak, & etal, 2000). The International Conference on Population and Development defines Reproductive Health as a state of complete physical and

social wellbeing and not merely the absence of disease or infirmity, in matters relating to reproductive system and to its function and process (WHO 2004).

6. Sexual health: The health and wellbeing of women and men in terms of sexuality and related conditions, diseases and illnesses (WHO 2004).

7. Stakeholders: Persons outside the immediate program staff who have an interest and role in program functions and activities (Adamchak etal, 2000). Quite often and even in practical experiences the definition also includes immediate staffs.

8. HIV/AIDS: Human Immune Virus/Acquired Immune Deficiency Syndrome (HAPCO and FMOH, 2004).

9. RH clubs and Anti AIDS clubs are synonymously used as there are often overlaps in the activities they are engaged in Ethiopia.

II. Methodology of the study

Case study research approach was adopted for carrying out this study with the purpose of exploring and documenting RH/HIV/AIDS club empowerment experiences, opportunities and challenges from the perspective of youth club members. The study was focused on two RH/HIV/AIDS clubs initiated by two local NGOs namely ESHET and PADET operating in Addis Ababa and Oromia regions.

ESHET Children and Youth Unity Association/Ethiopia (ECYUA/Ethiopia)

ECYUA/Ethiopia is an indigenous non profit organization founded by youth to work on issues related to reproductive health and HIV/AIDS prevention and control. The organization was first initiated as a youth club and then established and registered by the Ministry of Justice as an Association in 2002. In its effort to promote its vision and missions, ECYUA/Ethiopia works among others with Reproductive Health and Anti AIDS clubs in order to strengthen their material

and technical capacities. ECYUA/Ethiopia operates in two different sub cities in Addis Ababa, namely Yeka Kefle ketema (kebele 16, 17, 18, 19, 20) and Bole sub city (kebele 14 and 15). The organization is a partner of the German Foundation for World Population/DSW, Addis Ababa HIV/AIDS Secretariat and Hiwot Ethiopia. Currently, ECYUA/Ethiopia is supporting self initiated clubs of which Kal RH/HIV/AIDS club selected for this study is the oldest clubs (ESHET, 2004; DSW Reviews, 2005).

Professional Alliance for Development in Ethiopia/ PADET is a local NGO engaged among others in promotion of reproductive health, family planning, prevention of harmful traditional practices, HIV/AIDS prevention and care and support initiatives and promotion of child right. It has programs in Meket, Bugna, Gidan, Gubalafto, Kobo and Habru woredas of North Wollo zone in Amhara region and Yaya Gulele and Wuchale Jida woreda of North shoa zone in Oromia region. Since establishment PADET secured financial assistance from various donors: CRS, Hope 87, Canadian Embassy, German Agro-action, German Foundation for World Population, Packard foundation, CRDA, Pact Ethiopia, Save the Children Denmark, Save the Children Norway, Plan international, Save the children Canada, Save the Children Finland and Swedish International Development Agency etc. as support to realize its initiatives. Among its major achievements strengthened out of school and school children/youth clubs promoting RH/ child right and community services were the one. As a result of these interventions a number of under age marriages were cancelled; family planning services accessed, a number of people (particularly youth) got increased access and services to information on RH/HIV/AIDS issues through joint effort of PADET and its close government partners and above all youth clubs playing an active role in the process. Sele Tselote egi club was one of these clubs targeted for this study (SCD, 2006; DSW, 2006).

2.1 Method of data collection

The study used in-depth discussion method to gather information from the discussants. A study instrument was prepared for guiding the discussion; which was checked and further refined by inputs from the advisor and in course of pre testing it for validity and reliability. The discussion guide was translated from English to Amharic to ease the discussion process with the discussants and help the participants' focus on the topics.

The discussants included:

- club members (2 sessions/club: one with boys and the other one with girls);
- club leadership (1 session mixed group/ club). In total, 6 in-depth discussions were run in the two RH/HIV/AIDS clubs within the allowable time limit. The discussants couldn't allow longer time for each session (more than two hours) due to livelihood and social commitments.

The study was supported by observation (at club's meetings and activities and while performing IEC sessions) and documentary reviews (reviewing club's archives/records) to enrich and supplement the information's gathered through FGD. In addition, the investigator used his knowledge and experiences on the subject and shared ideas and encounters in the process. He served for about 6 years in programs related to the promotion of RH/HIV/AIDS among the youth who were taking forward the issue as rights of citizens.

Lastly the analysis of the information obtained from focus in-depth sessions categorized on the basis of similar characteristics to see patterns and analyze the study results. The investigator also made series of revisits at the study sites to clear out discrepancies on some of the responses and get further explanations on some points pertinent to the research questions.

2.2. Plan to address any human subject and ethical issues

The study requires basic ethical considerations. Hence, promoting privacy during the discussions and confidentiality of information ensured safety of study participants and data quality. Accordingly, participants' interest or consent was asked and obtained before running the sessions.

2.3. Limitations of the study

The study has a limited scope focusing on the empowerment experience of RH/HIV clubs in their effort to promote RH and preventing HIV/AIDS, taking the case of two clubs one from Oromia and the other one from Addis Ababa (AA). It tried to explore the experience of the clubs, challenges encountered and opportunities that catalyze their empowerment from the perspective of club members. The study didn't entertain perspectives of other actors/ adults or other youth groups. Adults' perceptions of the club were not included because they would lack complete information about the processes involved in club organization and its functions as well as the role youth RH/HIV/AIDS clubs have played. Also most of existing studies reflect perspectives of adults rather than giving a voice, hence a more complete perspectives on the concerns and potentials of this group. Neither there were exhaustive studies conducted to look over the empowerment experiences of RH/HIV/AIDS clubs from the Ethiopian context. Other limitations also included:

- Time was too short to conduct the study (only two months). It was overlapping with class hours for 2nd semester classes
- The researcher couldn't employ assistants to assist him in data collection and analysis due to budgetary constraints
- Getting participants for the study in time also required lots of visits /revisits.

Nevertheless, it is the belief of the investigator that the present study would at least contribute to add on and/or fill the gaps in the knowledge and experiences on the subject. The investigator still suggests a more comprehensive research (which has coverage of both rural and urban clubs, using qualitative and quantitative methods and representative samples) to be conducted in the area to see the relationship between RH/ Anti-AIDS clubs' activity and Reproductive health/HIV/AIDS behavior/practices. In fact based on existing studies such as the ones conducted by Zimmerman's et al, 2006 in Addis Ababa on School Anti AIDS clubs.

Results of the case studies:

III. A case study on empowerment experiences of Sele RH/HIV/AIDS club

General background

According to the leadership, the RH/HIV/AIDS club is namely Sele Tselote Kegi ('tewoldhen aden' in Amharic) (Sele Youth Save Your Generation translated to English). It is located in Debrelibanos woreda, Sele kebele. The club was established in 1992 ET. Calendar and has got its legal entity from Oromia MOJ office recently in 2005. Its vision is to see a youthful population healthy and productive and self supporting. The club's objective was to reducing reproductive health problems and increasing family planning coverage. The discussants from club leadership said that the club attempted to realize this objective through conducting peer to peer education, conducting educational drama and music shows and by rendering house to house community- based Reproductive health services as well as youth friendly clinic services. Some of the facilities and institutions to which the club and/or its members created contact included a school from grade 1-4, a mill service, literacy center, the youth association, youth friendly clinic, the Orthodox church, a grain stock established with support of Hunde, women association, girls club and kebele office. The youth friendly clinic rendered for 732 persons which comprised of 123 male and 609 female. As to their age, most of them were 16-30 years old. The total members

of Sele club were 30 composed of 18 boys and 12 girls and all of them have a full membership status. Age wise the club members were from 15-18 years old. In terms of their education, they were from literate to the 12th grade level. There were also associate members who joined the club after its establishment.

3.1. Club capacity: Asset base and overall capabilities

3.1.1. Psychological readiness and related aspects

According to the leadership, club members developed the confidence the fact that they got accessed and /or equipped with different training that included life skill. At least 50% of the club members expressed satisfaction with their contribution to the club because they looked at some impact on the lives of the youth. The club encouraged its members to foster their participation in club activities by providing them moral support and awarding token gifts. They developed some capacity to execute programs related to RH/HIV, and on the other hand, they also considered the problem as their own and showed good commitment to bring about result.

3.1.2 Access to information and services

The club adopted various IEC strategies to promote its program, as noted by the discussants. Production and dissemination of IEC materials was one of the strategies used by the club to address the Sexual Reproductive Health (SRH) information need of young people. The club facilitated involvement of young people in the designing, developing, pre and post testing, evaluation and communication of IEC materials.

Peer education and promoters

According to the club leadership, club promoters acquired some skill to work for their cause through participating in different training and sensitizations in the area. This was also true in their engagement in peer- to- peer and community sessions, explained by the discussants. The peer educators organized their own peer learning groups which consisted of an average of 5-7

members per learning group. Peer educators met their peers at any time and any place that the group agreed and discussed on RH and related issues facilitated by the peer educators.

According to most of the discussants, the peer learning groups stayed with the peer educator for an average of 3-6months. Members used German Foundation for World Population (DSW) youth to youth peer learning cascade to facilitate and control the quality of the peer education program. The peer educators were also responsible to disseminate accurate and up-to-date SRH information to peers, referred peers for RH services and promoting condoms. Referral services were also an integral part of the peer learning.

As commented by the discussants, the club developed a good referral arrangement with the MOH and youth friendly clinic located in the kebele. The club was able to refer young people seeking RH services including VCT, STI treatment, pregnancy tests and related issues. The young people could only get the service for one time. Besides, edutainment (both educational and entertaining) was used as one of the most common strategies to mobilize and sensitize young people in its intervention areas. The clubs conducted theaters, music, drama, puppet shows, question and answer competition and the like to reaching young people with educational messages while also entertaining. The clubs were involved in provision of contraceptives mainly condoms through social marketing.

The leadership explained that Sele club was also involved in advocacy work. The objective of one of their initiatives was to increase participation of girls in club activities and/or membership of club members. They developed an action plan on how to tackle the problem and secured support of 2,800 birr (in June 2003) from PADET/DSW to implement the program. Their strategy was organizing a panel discussion with elders (fathers). Forty elders were invited and participated during the discussion. At the event 10 boys presented drama on the rights of women/girls especially on their right to participation. The discussants further indicated that the

Woreda Health Office also thought the need of women/girls to take RH education, as it is an issue of a man and a woman. The women's desk also addressed the right of girls/female to choose their partner, to participate in any event and their right against early marriage. After a week, the club organized the same type of panel discussions with mothers (spouses of the first panel discussion participants), as explained by the discussants. Then after, 48 girls joined the club and started be involved in the activities.

3.1.3. Organization, leadership, system and structure

According to the discussions with the club leadership, the club was initiated and organized by the support of the Professional Alliance for Development in Ethiopia and DSW. The purpose of club was initially defined by PADET and DSW and later on shared and endorsed by the club members. The criteria for membership included

- Those who attained age 13-24
- Those who have adequate time and interest to participate in the club activity
- Those who recognize the problems and consequences of HIV/AIDS and live in it.
- Those who stand for the cause of the club
- Those who are willing to pay the registration and membership fee that the club decided.

Governing and an advisory body:

Regarding the club's organization structure, the discussants explained that it constituted of the General Assembly, Board/ An Advisory Body and Executive committee. It was the General assembly which provided direction and leadership for the club. Decisions were given according to rule and procedures of the club. The General Assembly and Management Team were the supreme body under the club structure. It approved the byelaws and internal procedures. It organizes meetings every three months to oversee the proper functioning of club activity. It is also

responsible to oversee the proper implementation of policies issued to the management body. On the other hand, the Management team was responsible to perform the responsibilities as per the delegation from the General Assembly. This involved creating relationships/ networks with other sister clubs and donor communities that contributed to achievement of the goal set by the club. Sele club also has an Advisory Board that provides guidance in some important areas as per request of the club. The educational level of the board was ranging from 12 the grade to diploma level. Roles and responsibilities were also defined between the leadership and its members and instituted under the bylaws. The General Assembly elected executive committee that run the day to day activity of clubs. The number of executive committee members varied from club to clubs but mostly 5 or 7 people. They were supposed to serve as chairperson, vice-chairperson, secretary, accountant and cashier

The club also had own rules and regulations like: age limit to club members, duration of leaders' position, and so other. There were also girls under the club leadership including Sele RH/HIV/AIDS club. Out of 10 clubs established in Wuchale, (namely Sele, Biruh Tesfa, Gora Kitaba, D.Tsige, Alem Gena, Abdi Iboro, Gimbichu, Goro Wortu, Ilukura and Ingoye Gordoma), one club had three girls, again one had two girls, six clubs had one girl and the rest two had no girl represented under the club leadership.

The chairman of the club played a leadership role and he performed this duty on voluntary basis. He opened the office and met the rest of the club leadership every week from 8-10 AM. The meeting with club members was held every quarter and they approved quarterly plans during this meeting. The leadership also met with supporters periodically.

According to the approved club bye laws from MOJ, the leadership could serv for three years; however he/she could be reelected for the second term. It was noted that there had not been disagreements observed among club members since the leadership was disciplined one and

discussing every other day about its achievements and concerns. However, as indicated by most of the discussants, the club encountered turnover of leadership before, which challenged the club's function. Despite this some of the club leaders were giving priority to their club business; they resolve matters amicably without major problem.

As further noted during the discussion, the resources of the club were its members and the income generation scheme. The leadership was doing an effort to raise funds for the club activity and ensuring the sustainability of the club. For instance in the 5th anniversary of the club establishment, they got many people (about 200) who promised to support the club. There were also different commodities including club members products presented for sale at the gatherings. The club planned to intensify this initiative in future. The task force under the club was also organized as per the bylaws which allowed establishing minimum of 10 members to get organized under a task force.

Girls' in Sele club organized themselves as a club by the name "Abdi Boru" and they got 28 regular and 28 associate members under their membership.

According to the club chairman, 85% of the club members are performing their job in the club. The participation of club members and leadership was found to be encouraging. The club built additional capacity to extend their outreach; it replicated 'B' / basic clubs, and provided supplementary services such as income generating activities, recreational services (indoor and out door games) etc, as main components to address RH issues among adolescents and young people. The IGA was meant to motivate young people involved in the club's activity and sustaining the program from income would be generated.

To facilitate the work, different taskforces were also established by the club, for example drama and literature, peer education, sport group, community service, income generation and

CBRHA. The sport group further divided with different activity groups like football, table tennis, volleyball and others. Members could also participate in one or more task forces.

DSW provided club leadership training for youth leaders based on the club management training manual. Other types of training such as core facilitators, club management and coordination, peer education, counseling and CBRHA were also provided. Members took training on peer education, sustainability of club, club organization and management, and what a club means, and about the rights and obligations of members.

3.1.4. Material, financial and human resource

The club properties included:

- Collections from monthly membership fees, totals Birr 2430.
- Value of fixed asset= 8100 Birr (recreation unit, recreation and clinic constructed as well as other office furniture's = 9100 Birr
- Cash at bank= 11258 Birr
- Total capital including cash= Birr 58265

As indicated by the discussants, the club maintained a good record showing its accounts as approved by observers from partners NGOs and government stakeholders. They got a treasurer to handle financial matters. However, the finance head and auditor and other members of the leadership controlled and ensured its proper administration. Quarterly reports also presented to all members for information and obtained their approval.

3.2. Strength and achievements of club and enabling environment

3.2.1. Club organization, system and structures

From the observations of the investigator, the will and interest of most of club members and leaders was an important strength for Sele RH/HIV club. As noted above, Sele club portrayed

a means of empowerment in terms of information sharing in peer to peer, mass edutainment, formal training sessions and village meetings.

The idea behind such a forum (meeting) was to serve as a platform for sharing ideas and experiences which promote and strengthen RH/HIV operations and provide learning's for practitioners and donors. Their experiences helped to develop strategies and ensuring greater continuity of the program. In case of Sele, the accountability within the club was seen at the level of the leadership and members alike.

The club instilled accountability mechanisms among clients requiring members/promoters to comply with rules and requirements of the system and procedures; the leadership was accountable for displaying transparency in functioning and providing timely and accurate account information. Along same lines, members were subjected to an accountability system by being vigilant and ensuring accuracy of the information released in its reports and documents. It also initiated an appraisal and monitoring service to help supporters identify, appraise and monitor potential services. The club imposed sanctions for members who failed to abide by the club bylaws.

3.2.2. RH/HIV information access and service delivery, changes of attitudes and behaviors

Most participants of the discussions mentioned dissemination of AIDS information among the general public and particularly the youth population as a strong point. The types of informational materials included newspaper, posters, and leaflets. As regards sources of information, members explained that they got it from PADET and woreda HIV/AIDs Secretariat. Some of the club members were involved in service provision and counseling services at community level and within the youth friendly center. According to most of the club members, the HIV/AIDS education provided by the club assisted them in the prevention of

HIV/AIDS including STI particularly among the young generation. The youth in Sele and members of the club benefited from the awareness creation programs organized by the club. The involvement of the club in disseminating HIV/AIDS information among in and out of schools was considered fruitful. The club was successful in making target oriented presentations such as condom use and family planning methods that were specified to be effective in making behavioral change. Their approach in awareness creation, through drama, literature and mini-media, were considered innovative and attractive.

Regarding the club's achievements, as informed by the club's records, most of the peer educators run different peer- to- peer sessions to contribute to bring about behavioral changes. This was conducted by the peer educators with the financial support from DSW through PADET. As a result, selected households (81households) benefited from family planning services rendered by the club promoters. This was carried out through the Community based Reproductive Health Agents (CBRHAS) who conducted home to home education and family services.

The club members conducted advocacy campaigns and also constructed a youth friendly center by mobilizing the community. On the other hand, the role of club in bridging the information gap about RH/HIV/AIDS at the household and community level and improved openness were also additional contributions. Parents opposing their children's participation in the club have showed some attitudinal changes. Apart from this, the club was also involved in humanitarian assistance. They were involved to some extent in providing financial and materials assistances to the orphans and marginalized groups. Most of the discussants believed that a person could protect him/herself from getting infected with HIV by adopting protective measures. The club also recorded the following achievements:

- opened its own bank account
- got a legal entity to operate

- organized its office
- encouraged girls to establish their own club
- encouraged establishment of 4 basic clubs in the surrounding villages

Regarding achievements related to HTP, reduction of circumcision and abduction was recorded by the club members. The achievement has been recorded in three other villages besides Sele where the community developed bylaws to sanction perpetrators. The drama group has provided mass education for the community in market places using mini media equipments to sensitize people about the issue. This in turn has brought changes in the awareness level of the community.

It was also possible to reach more youth and demand VCT services through club. More than half of the members were tested for VCT. There were already many youths who determined to get counseling and testing for HIV/AIDS. The demand for VCT is a sign of behavioral changes and the decision to develop bylaws for protection of children from HTP is also a step forward in this respect.

Before the establishment of the club, most of the club members didn't know about condoms and they consider HIV/AID as a curse and observed the subordination of women's due to strong cultural factors. However, since the action of the club, they improved their knowledge about HIV transmission and its prevention and developed some attributes of behavioral changes by using VCT services.

The youth and community at large started fighting traditional and harmful practices affecting the life of children and women and that could promote equality among women by drafting bye laws that works against it. In Sele, participation of the youth, community and government stakeholders resulted in establishing sound and effective programs.

The club fostered participation through capacity building exercises for the promoters through context and content specific training programs and workshops with technical backing from PADET and DSW. They also depended upon mobilization of girls. Therefore, girls were equally the dominant players and were responsible for drawing their own action plans and managing their club with the supervision of day- to- day activities. However, since the girls club is at infancy stage, they are not fully engaged in discussions in their meetings or peer to peer sessions, in training promoters, decision making at the group as well as at the individual level. But they have already gained some control over financial resources since they have established their own leadership. Collective force and awareness raising processes have also inspired members, including girls of the need for social integration. In the process, their confidence and self esteem has been enhanced.

Generally, Sele RH/HIV/AIDS club demonstrated a good practice of RH promotion and HIV/prevention services working in a rural setting. In so doing, the club not only ensured efficient and effective services, but also created conditions that somewhat guarantee their long-term sustainability. The club exhibited a consolidated effort and strong senses of commitment in pursuing and achieving their aspirations. This has enabled the club to develop strong sense of partnership and/or collaboration between its members and other clubs and to pool resources to strengthen members and community as well as influence donors and develop sense of ownership for their initiatives. The girls also demonstrated an ability to organize a group which could increase their bargaining power and enable them to make demands and ensure protection for their rights.

3.2.3. Favorable opportunity structure and state of enabling environment

According to the discussants, the club is also among other organizations providing specific information on AIDS, care and support to those who live with the virus. Some parents who, in the past, opposed their children in joining the club have now changed positively in favor of participation. In the discussions, it was noted that parents have started encouraging their children to join the club with an assumption that they would acquire beneficial knowledge and experiences. The majority of club members involved in the discussion indicated that their parents know about the existence of club in their areas, and most of them believe that their parents support the club. Similarly, some of the boy's group discussants mentioned that parent supports the participation of their sons and daughters in the club activities.

The club was considered a relevant and important resource in rendering and actively working on HIV/AIDS prevention programs. They have played a key role in creating awareness about HIV/AIDS among the youth groups in particular and the community at large. Although some religious leaders are still suspicious about the club in fear of promotion of condoms, the communities as well as parents gradually developed trust and acceptance towards the club. Attitudinal changes were shown in the communities by providing support and encouraging children to join the club. Furthermore, it was learned from the discussions that government or the political leaders have been also providing support to the club although the extent varied. Parent's attitude towards the club is gradually improving. Most of community members in Sele didn't seem to be suspicious about the club by the fact that they have strong participation in the club activities. As one of the club leaders indicated during the discussion, "Neither member has a feeling that it was organized for financial benefits" He further noted that other members don't undermine the club's contribution, considering the important role it has played in promoting condoms in the community. It was also learned that most of the youth joined the club realizing

the problem of HIV in their woreda. Some of the discussants also explained that by joining the club, they could prevent HIV/AIDS.

The club created a good and smooth relationship with the community and other concerned offices. This has contributed to achieving the club's objectives. The network with community leaders and government offices was particularly helpful to secure support and to facilitate different educational sessions carried out in the community. They found that the support obtained from their major partner, PADET, in terms of building the capacity of club was not strong enough. However, they expressed some satisfaction about support rendered to the club through income generating (IG) support.

3.3. Weakness/Limitations, challenges encountered by the club

3.3.1. Club's access to information and service delivery, changing attitudes and behaviors in the area of RH/HIV/AIDS

Though the initiatives of Sele club have shown significant results, they encountered the following challenges.

Difficulty, in terms of deepening outreach to clients, was one of the major challenges. Additionally, intensifying protection efforts on abuse and promoting RH/sexual education and services was a bit difficult due to resistance from the community. This has needed continuous follow-up and support and capacity building measures, also the youth club lacked adequate training and a manual at club level produced in the language of Oromiffa (local language of the people).

Some of the peer educators report found the training boring. They felt that the training dealt more on the techniques of facilitation than the content and facts. There was no built in mechanism to motivate young people involved in the peer education. According to the club, the main challenges of edutainment according to the club were lack of music equipment, and proper

training in acting and playing musical instruments. The members also complained that clubs reach similar audience every time and need to produce new dramas, music and songs to create the attractions of different audiences.

Club members had also mixed reaction regarding the newspaper and other IEC materials supplied to them. Most of them find the newspaper very important and popular among the youth, but some of them had also reported they received inadequate amount of newspaper and the copies they receive reach them late and irregularly.

Participation was one of the issues raised especially by club members. Generally, most of the club members accepted that edutainment (both educational and entertaining IEC works) is a well established strategy to attract young people to the program. However, it lacks message designing guidelines to standardize the quality of messages communicated to young people.

Issue of social marketing condoms was also raised. The club found it difficult to sell condoms to their clients since the MOH/clinic working on family planning programs provides condoms for free. Therefore, most of the club promoters provided condoms free of charge. Due to the rumors and fears of promoting promiscuity, there was some resistance to use condoms both for young people and community members.

3.3.2. Club organization and leadership structure

The discussants explained that some members from Sele club were unwilling to actively engage in the club's activity unless they received financial benefit or were paid for it. Mobility of core facilitators, peer educators education, employment, family and frustration due to unmet expectations are also encountered. This was compounded by financial constraints to provide peer educator training and replace the left ones. Lack of adequate counseling skills at the club level and inability to reach the youth after they received the service also challenged the services.

It was explained that most of the peer educators and core facilitators acknowledged that they lack proper knowledge on some of the SRH issues and/or reference materials to up date their knowledge so that they were able to cope with the questions they faced from their peers. They also have not received proper backstopping from core facilitators or peer educator trainers. Lack of time, saturation of the target group, inadequate allocation of money for the peer learning groups, lack of time and a conducive place for meeting their peer learning groups, and resistance from young people were also among the most common problems that clubs face in the peer learning. The other weakness noted by the discussants was the lack of sustainability of activities and services the club provided. They indicated that this had happened due to lack of planning and coordination of activities as well as unsustainable flow of required resources.

The discussion with club leaders revealed that most of the club members did not have clearly set goals, directions and strategies. As reported by most of the group discussants, the club did not have terms of reference and sound accounting systems. Lack of structure and guidance has also been a problem. Despite good interest on the part of youth to use RH/HIV/AIDS clubs to provide services and contribute to the prevention process, there has not been an organized structure to support their initiatives.

Expectations of financial incentives and lack of it was also indicated by most of the discussants as a deterring factor for club membership and turnover. When they found that they could not fulfill their personal interest or needs, club members tend to withdraw and quit membership. Others quit membership because they got discouraged by the lack of support from their respective communities. Some discontinue membership because members move after completing school. A few changed residence to look for jobs. However, lack of encouragement and incentive made some of the members to get fed up and lose interest as they feel they are working too much through voluntary participation.

Clubs face mobility of leaders as well, as mentioned by most of the discussants. Youth leaders lacked knowledge and skills important for them to lead the day- to- day activity of the club in the area of management, project development and management, monitoring and evaluation and others. The leadership was making an effort to execute its responsibilities. Furthermore, it was repeatedly explained at all levels that few members as well as leaders have a strong commitment and interest to contribute to the program although they do not have adequate tools and skills.

Despite remarkable contributions of the club in promoting RH and in the fight against HIV/AIDS, the club lacked capacity to plan and monitor their activities, document their practices, and generate resources. Another problem raised was the lack of strong networking among club members. Moreover, the club was not unable to satisfy and cope with the growing and diverse interest of youth due to shortage of resources and lack of strategy and visible plan. As presented in the discussion, assistance given to strengthen the club in terms of finance, technical and material support was very limited. They also complained about the poor enforcement of existing laws and policies which has not helped much the reduction of the problem including various HTPs such as 'wodaj' (a friend for kisses, literal meaning in Amharic) and other abuses and gender inequalities among the target groups.

3.4. Opportunity structure

Most of the discussants agreed that the RH/HIVAIDS club need encouragement from all sectors. The support they obtain particularly from parents is necessary. Parents should allow their children to openly discuss RH/HIV/AIDS. The local communities should also encourage RH and Anti AIDS club activities by creating a conducive environment and providing the necessary financial, technical and material supports. Encouragement and support from their schools and administration in the form of office space, meeting facilities and furniture would

motivate the activities of the club. This all require concerted efforts by institutions and persons in the public and private sectors. Clubs working for the same goal should also form a network at woreda, national and regional levels. The purpose of networking is to respond to AIDS/RH problems together and avoid duplication activities. Through networking collaborative work could be planned and coordination of efforts and resources would be beneficial. Networking is likely to facilitate sharing of beneficial experiences among the clubs operating in different parts of the country. Government institutions such as the Ministry of Youth, Sport and Culture, Ministry of Education in collaboration with HAPCO and UNICEF could lay the foundation for the networking.

IV. A case study on empowerment experiences of Kal RH/HIV/AIDS club

General background

The club is Kal RH/HIV/AIDS. It was founded by 15-20 voluntary youths. It is located in Addis Ababa, Yeka sub city, kebele 20. The club was established in 15th of January 1994 according to the Ethiopian calendar. It has also got a registration as an association about a year ago. Its vision is to see a youthful population be healthy and productive and self - supporting. The club has the objective of disseminating RH/HIV/AIDS information among the youth to bring about attitudinal and behavioral change. The club attempts to realize this objective through conducting peer education, conducting educational drama and music shows and by rendering house to house reproductive health services. Some of the facilities and institutions existing around the club include the kebele HIVAIDS desk, women association, Kara Alo elementary school, private clinic and the kebele office.

The total membership of the club was 45 (with full member status) composed of 22 boys and 23 girls. The total associate members range from 20 to 50 during 1994-1997 Eth.C. after which participation of associate members dramatically decreased after the recent political turmoil.

Most of the youngsters were scared of visiting clubs as they were suspected of instigating riots and being in opposition of the government. There were many club members during the 1st three years period since establishment. However as the chairman explained, their number is declining due the political condition which put the youth at risk. Agewise, the members range from 13-25 years old. In terms of education, they are from 8th grade to diploma level. Some of the leadership of Kal is employed with institutions while the rest are students serving the club on a voluntary basis.

4. I. Club capacity: Asset base and capabilities

4.1.1. Psychological

According to the leadership, club members of Kal have developed some confidence after they got access to different trainings that include life skill training. The situation during the past four years was impressive. Almost all club members were satisfied with their contribution to the club's cause in view of some impact on the lives of the youth. As observed from the visit from the club office, the club encourages its members to foster the participation in club activities by providing them moral support, and awarding certificates for best performances. They also developed some capacity to execute programs related to RH/HIV. They considered the problem as their own and demonstrated a good commitment to bring about results, as Sele club performed.

4.1.2. Access to information and service delivery

The club adopted peer education (Intensive IEC and through coffee ceremony); edutainment (mass IEC); production and dissemination of IEC materials and posting educational massages on the board and on a correspondence basis; library service (585 male and 213 female, total 798 usually visiting after class ends on June), counseling and referral; condom promotion freely for prostitutes; community sensitization and advocacy; capacity building of clubs; and providing supplementary services such as income generating activities, recreational services

(indoor and outdoor games) as its main components to address RH/HIV/AIDS issues among adolescents and young people.

Peer education is the one of the key IEC strategies adopted by the club. They use mainly the DSW youth- to- youth peer learning cascade, (same as Sele), which is widely used throughout their intervention, to facilitate and control the quality of the peer education program. According to the leadership, DSW provided a core facilitators training session and availed the RH training manual. As one club member explained about the process, trained core facilitators trained peer educator trainers and conduct follow up of the overall peer learning that was taking place under their organization /club. Trainers of peer educators in turn trained peer educators at the club level. Peer educators were responsible to handle the actual peer learning sessions by organizing peer learning groups. Peer educators were also responsible to disseminate accurate and up-to-date SRH information for peer learning groups, refer peers for RH services and promote condoms. Each peer learning groups consisted of an average of 5-7 members (same as Sele). Peer educators meet their peers at anytime and anyplace that the group agrees and discusses about RH and related issues facilitated by the peer educators.

According to most of the club members, peer learning groups stayed with the peer educator for an average of 3 month and sometimes more. During 1995-1997 (according to the Ethiopian calendar), the club reached a total 961 youth, of which 518 were male and 443 female only through peer to peer sessions. However the performance of club almost stopped due to cessation of their projects with Eshet/DSW and due to the political turmoil after this period. The peer educators played a prominent role in the actual peer learning process. Besides providing RH/HIV/AIDS information and facilitating RH services to their peers, they were also involved in disseminating IEC materials (the club distributed 400 news papers/month, and in 4 years they distributed 19200 newspapers), community sensitization, condom promotion, establishing clubs at

their locality, advocating for young people's sexual and reproductive health rights, regular reporting and follow up and getting involved in other day –to- day activities of the club.

Edutainment (educational and entertaining shows/events to make it attractive for the youth) was the other most common strategy that youth club has used to mobilize and sensitize young people in their respective area. Clubs conduct theaters, music, drama, puppet shows, question and answer competitions and the like to reach young people with educational messages while they are entertained. In one year alone (according to the Ethiopian calendar), the club presented different performances at woreda 28 kebele 03, Kotebe metal factory, Kara alo school, kebele 20 sport field, Berhane hiwot school, Yeka sub city hall, Genet 'sefer ' field. Different varieties were staged including plays, poems, music and video arts and theatres, songs, candle nights, fund raising events, exhibitions, films, sanitation campaigns, question and answer contests. They also used such a forum and arts to educate the community about RH issues and issues of HIV/AIDS. The club was also involved in provision of contraceptives (mainly condoms) through social marketing. This was made possible through arrangement made by DSW with DKT involving their local NGO partner ESHET.

4.1.3. Organization, system and structure

- According to the leadership of the club, the club was initiated and organized with support of the ESHET. The purpose of club was initially defined by ESHET and it was later shared with club members. The criteria for membership were more or less similar to Sele. These included determination to working for the club's cause, acceptance and adherence to club's rule and procedures. Other criteria for membership included:
- Those persons having adequate time and interest to join and contribute to the club
- Those who recognize the problems and consequences of HIV/AIDS and live in it.
- who stand for the cause of the club

- Those who are willing to pay registration and membership fee upon membership into the club. Each club member was required to produce a formal application in advance for club membership and the consent of parents also needed. The application was reviewed by the leadership and both the applicant and his/her parent were required signing on the forms prepared for this purpose certifying his/her acceptance to the club. The motivating factor for joining the club was realizing the growing problem of RH/HIV nation wide, their interest to know about the scope and seriousness of the problem, and their willingness to contribute to its mitigation.

The General assembly was the supreme body structure in the club structure. They elected an Executive Committee that runs the day –to- day activity of clubs. The number of executive committee members varies from club to club. But in Kal they were 5 or 7 people. ESHET through the supports it was getting from DSW, provided club leadership training to the youth leaders of Kal based on the club management training manual.

4.1.4. Leadership and management system

As all the discussants agreed, it is the club leader who provides leadership for the club. Decisions are given according to the rules and procedures of the club. As regards the club organization, there is a General Assembly meeting and a Management Team. The General Assembly provides an overall guidance to the club. It also approves the bylaws and internal procedures. It organizes meetings every three months to oversee the proper functioning of club activity. The board introduces the purpose and objectives to government and nongovernmental organizations. It is also responsible to oversee the proper implementation of the policies it has issued to the management body. The management team is responsible to perform responsibilities as delegated by the General Assembly, which involves creating relationships/ networks with other sister organizations and donor communities that help to achieve the goals set by the club.

Compared to the situation before the club establishment, there are no major problems encountered by the club to run its day- to - day activities. In previous times, they faced problem to get a meeting place, so they use open ground for meetings. Parents were also afraid to send their girl children to the club because they were afraid the girls would face different types of abuse.

KAL club has an Advisory Board that provides guidance in some important areas. Educational level of the board ranges from primary level to diploma level. The leadership attempts to execute its responsibilities. However, lack of encouragement and incentives was making some of the members lose interest as they feel they are doing too much work on voluntary basis. The club leader also noted that the action plan is not comprehensive as it doesn't include some incentives for the leadership. Neither it include training for the leadership, despite its importance in the context of the presence of development of the roles and responsibilities defined between the leadership and its members and it is according to provisions under the bylaws. Full members are also privileged compared the club's ones.

The Chairman of the club plays a leadership role and he does this on voluntary basis. He opens the office and meets the rest of the club leadership every week on Saturdays from 9-12 AM. The meeting with club members is held every quarter and they approve quarterly plans during this meeting. The leadership also meets with supporters periodically. According to the approved club bylaws from MOJ, the leadership serves for two years and can be reelected for the second term. There are no disagreements observed among club members so far since there is a disciplined leadership and they meet every other day to discuss about their strength and concerns, as Sele club does.

According to the girl from club leadership, the club has not encountered turnover of leadership leading to major disagreements and challenging the club existence. However, since some club leaders give priority to their personal business, they resort to discussion and don't lead

to major disagreement. In fact, the overall participation of club members is not encouraging; most of them don't' attend regular meetings. The chairman explained; the financial resources of the club come from its members and some donations that they received through ESHET/ DSW. The leadership is still making an effort to raise more funds for the club's activities to ensure the sustainability of the club. They also plan to intensify these efforts in the future. They also have different task forces within the club: drama and literature, music and newspaper. The task forces are organized as per the provisions of the club. The club was receiving progress reports on peer to peer activity from peer educators every quarter. It reached about 300-400 youths through the peer to peer education.

Regarding girls participation in club's activity, the club has done its best, as explained by the discussants. Girls did arrange a panel discussions with mothers to educate and convince them to let girls attend club activities and to inform them about how they can contribute to changing attitudes and practices. According to one of the girl FGD discussants, "I couldn't speak in front of people before, let alone taking the HIV/AIDS message. I got assertive and my awareness also increased on issues of RH/HIV/AIDS. I am now able to advise others" (female age 19, educational status 10+2). Another one said, "I was not open before. Had I not joined the club, I could go anywhere. But now I got a good education from the club. "(Female, age 16, edu status 8^{th} grade).

When explaining how they are participating in the club, the girl discussants said that they have distinct roles and responsibilities within the club. They organize anniversaries jointly with other members of the club, initiate virginity tests and they told us that their participation is holistic, including activities related to coffee ceremony, peer education, music and drama.

One of the girls from club noted, I am three years old in the club. "I am 12+ 2 by education and 21 years old. There is a problem among our members. They don't come on time for

meetings, some don't give opinion, they expect from the leadership. She suggests moral support, capacity building and continuous training and other technical supports (either through participating in the club) as a way to improve the club activity. She took different trainings after becoming a member of the club and, she now has experience. She said that her mother served here as honorary member in the club." They did conduct regular meetings unlike other clubs. She also mentioned about the HIV test that was underwent for 25 club members and a virginity test for 31 girls. According to the club chairman, 85% of the club members had performed their job in the club. The discussants commented participation of club members and leadership was found to be encouraging.

4.1.5. Capacity in terms of material, financial and human resources

According to the club's records and in-depth discussions, the clubs property includes the following:

- Collections from monthly membership fees, i.e. 1 birr /month
- value of fixed asset such as office table, musical instrument, shelf stationery supplies, book for library

So far the club has got different material and financial supports to carry out its activities: ESHET local NGO, Hiwot Ethiopia local NGO, Yeka sub city administration, Yeka kebele 20 administration office, Sentek Ethiopia, Karalo elementary school, Caralo Adventist church, berhane hiwot elementary school, ato Girma Tessema (a parliament and from parents of club members) and other individuals. The club didn't get any support to run their own IGAs.These have affected the motivation of members in the club's activity, and sustain the youth program from the income it generated from such type of scheme. However, it was observed that the club maintains good records of its accounts. They have a treasurer to handle financial matters. However, the finance head and auditor and other members of the leadership controls and ensures

its proper administration. Quarterly reports also presented to all members for their information and obtain their approval.

4.2. Club's strengths and achievements visa-a -vis positive and enabling environment /opportunities

4.2.1. General

4.2.2. RH/HIV information access and service delivery, changes of attitudes and behaviors

As revealed in the discussions, the club runs different peer education sessions in which 961 youths (518 male and 443 females) were reached. They follow a kind of learning cascade developed by the German Foundation for World Population. As a result, the club leadership and members acquired knowledge and skills to disseminate RH for others and protect themselves from AIDS. The types of informational materials that they read include newspaper, posters, and leaflets. Others information sources include discussions at coffee ceremony sessions, attending radio education on issues of HIV/AIDS issue (like 'yibekal' which means "should stop" translated into Amharic) and 'dewel' (to mean a bell), and read a monthly newsletter titled Youth to Youth newspaper issued by SYGA and materials they get from another source at 'Denbel' city center. They also dispatch some of the IEC materials for other readers when they get extra copies.

According to most of the discussants, the coffee ceremony was run every two months. A lot of visitors /attendants appreciated the club performance in this respect. The investigator witnessed this by reading some of the complements given for the club during the literature contests day (July 30 1997 Et. calendar) and during the first and second anniversary of the club establishment (20/6/1995 and 3/6/1996) respectively. It was also observed they used what is called an Information cabinet to assist their IEC activity. The club has put the Information Cabinet in the surrounding schools, for example at Kara Alo School. There were also discussions on various issues held at club office. This was on Sundays from 9 to 12 AM. This opportunity

permitted face- to- face and interactive sessions with interested groups. It also resulted in creating better communication with their families and changes the behaviors of youths who used to chew chat and create conflict.

Before the establishment of the club, members and youth in the kebele did not know about condoms and the subordination of girls due to strong cultural factors could be observed. However, today, there is knowledge about HIV transmission roots and its prevention and there is some evidence of behavioral changes by the demand for VCT service. The RH/HIV/AIDS education provided by the club has assisted in the prevention of RH/HIV/AIDS including STI particularly among club members and the young generation. At the same time that RH/HIV/AIDS clubs are relevant and important resources for the promotion of RH and prevention of HIV/AIDS, the level of prevention however is not closely studied with objective indicators same as in Sele club.

Other strong points are their active role in the distribution of condoms. Their effort in attracting the public through entertainment (music, drama, and literature) was also commendable. The majority of the discussants believe that a person can protect him/herself from getting infected with HIV by couples being faithful to their partners, by abstinence, and regular condom use, and avoiding sharing skin cutting and skin piercing instruments. As one discussant said, “it is encouraging to note that the young generation is taking AIDS as an important agenda for discussion among friends, guardians and the opposite sex.”

Kal also promoted ‘dengelana’ (virginity in Amharic) among the girls, with the belief that the girls could be protected from HIV AIDS infection. The club got 45 girls who under went an examination at Zewditu hospital to prove their virginity. Seven of them were also tested for HIV/AIDs. The club has received different merits of certificates for its best performances from different institutions such as Health Communications Partnership, Yeka kebele 20 Development Committee and Kebele 020 Administration.

4.2.3. State of enabling environment

The youth in general and members of the club in particular have benefited from the awareness creation programs organized by the club. They reported that some religious leaders and community members were suspicious about the club in fear of promotion of condoms; however they gradually developed trust and acceptance towards the clubs. Attitudinal changes were shown in the communities by providing support and encouraging children to join RH/HIV/AIDS club. Furthermore, it was also learned from the discussions that the local (Kebele) administration and political leaders have also provided some support to the club.

Apart from dissemination of HIV/AIDS information, the club was also involved in humanitarian assistance. They have organized different lunch with destitute and street children found homeless around the kebele. They also established links with other stakeholders to coordinate such assistance. Some parents who, in the past, were opposing their children joining the club have now changed positively in favor since they understood that their children would acquire beneficial knowledge and experiences. Most of the club members also witnessed that members of local communities supported the club and the community recognized their initiatives. They think that the club is responsive to needs of community and youth segment of the population. The discussants also told that school administrators provided them support for smooth functioning of the club activities since they used the school compound for running the program. However, in some instances, the administration and Kebeles were also found to have neglected the efforts of the club.

4.3. Weakness/ limitations, and challenges encountered by the club

4.3.1. Club's access to information and service delivery, changing attitudes and behaviors in the area of RH/HIV/AIDS

The club members reported mixed reaction regarding the IEC materials supplied through their partner agencies. Most of the discussants see the newspapers as very important and popular among the club members and youth in the community. However, they said that they received inadequate quantities of newspapers and the copies they received reached late and irregularly. There were also other people who found the newspaper boring and unattractive.

Issue of participation is one of the issues raised. Some of the posters supplied to them were not clear with their messages among their target group and most of the young people. The level of participation among the members was very low, including low participation of females. The other challenges of the club concerned edutainment since members lack musical equipment. The investigator realized that some of the club members joined the club following invitations and lobbying by members of the club or the leaders.

They also faced mobility of peer educators due to education, employment, family and frustration. This has created a gap in the peer learning. This is compounded with financial constraints to provide peer educators training to replace dropouts. Besides, there is no built-in system to motivate young people involved in the program. Most of the peer educators have been serving for long time without adequate training to update their skills and fill the gap that they have identified while involved in the peer learning.

Most of the club member and peer educators acknowledge that they lacked proper knowledge on some of the SRH issues and/or reference materials to update themselves so that they are able to cope with the questions they face from their peers. Most peer educators feel that they do not get proper backstopping from core facilitators or peer educator trainers. Lack of time, saturation of the target group, inadequate allocation of money for the peer learning groups, lack of conducive environment for meeting peer learning groups and resistance from young people were also among the most common problems that the club was facing in the peer learning. Peer

educators have also found it hard to convince some of their peers to join the peer learning groups due to expectation of financial incentive. Most club members think that peer educators get payme nt for their work.

Besides, the club lack training manual at club level as it was a problem by Sele club. It was also reported that some of the core facilitators and peer educators were at the burnout stage since they were involved in the program for quite some time.

4.3.2. Club organization and leadership

Some club members from Kal got frustrated easily due to such factors as lack of vision and dissatisfaction with routine programs. Others decline membership due internal administrative and managerial problems. There are also some youth who are not at all interested in the club, while those who are not members do not want to be members either. Most of those who do not want to be members lack clarity on what the club is about, capacity of leaders and strategies. Expectation for financial incentives and lack of it was also indicated as a deterring factor. When they found they could not fulfill their personal interest nor needs they tend to withdraw and quit membership. Others quit membership because they are discouraged by the lack of support from their respective communities. Others discontinued membership because people move after completing school. A few change residence to look for jobs. Some of the reasons were also found to include absence of strong and committed RH/Anti AIDS club members in and around their residence, lack of attractive programs and lack of communication skills by the members. The study also witnessed that the club didn't have the capacity, clear structure, rules and regulations to attract and retain members as efficiently as possible. It was reported that there was no clear objectives, plans, strategies and resources for the club. As a result members often come and stay for a while and then leave the club.

Some of the club members were not able to demonstrate as good examples and models to their constituencies. There were some members unwilling to actively engage in the club's activity unless they get financial benefits or are paid for it. Others had not utilized fully their capacity to forward innovative ideas to strengthen their clubs. Besides, some also indicated that their partner office/donor does not have developed and user- friendly guideline to support them in what ways that will ease their burden and make the system more transparent. Some of the leadership also said that they lack knowledge and skills that are important for them in leading the day- to - day activities of the club. These include leadership and management, project development, monitoring and evaluation and others. They also indicated that they faced decrease in number of club members. They underline the club lacks proper structure, guidance and continuity.

Despite vested interest to use the club to provide services and contribute to the prevention process, there has not been an organized structure and mechanisms that support the club activity. In addition, lack of vision, creativity, counseling skills and manifestation of self-interest and internal conflicts were mentioned. The club was unable to satisfy and cope with the growing and diverse interest of youth mainly due to shortage of resources and lack of strategy and visible plan. Besides, they lacked capacity to monitor their activities, capacity to document their practices and generate resources. Furthermore, it was repeatedly reiterated by all discussants that a few members as well as leaders have strong commitment and interest to contribute to the fight of HIV/AIDS although they do not have necessary tools and skills.

The club appreciates more supervision and technical support from both donor and partners since they feel that there is inadequate follow up. Those involved in the discussions also asked to provide information about managerial and administrative problems the club facing. The club does not have proper financial reporting system and accountability to its members. A great majority of

the discussants also said that the club does have proper accounting systems and they agreed that it has not presented financial report to their members.

The other weakness noted was the lack of sustainability of activities and services the club provide. Most club members complained that they lack funding for the service and are not able to provide the service to all young people who seek the service. The club complained that the support they get from partners is not enough especially to cover some of their administrative costs. They also mentioned that the support obtained from ESHET in terms of building the capacity of club is not strong enough. There is a high degree of unanimity among the discussants who participated in the study that the stakeholders were not sufficiently providing support to the activities of the club. When comparing their achievements, most of the club members said that they didn't meet their objectives, which they believed required soliciting support from outside for self-sustenance. This could be for musical instruments which help them as income generating means. They want to get a reliable supporter. This opinion was also shared by the girl's group discussants as well.

Another problem raised was the absence of networking promoted by the club. The club also lacks adequate space where they could meet and conduct meetings with their groups and the community. According to the discussion, parental interference was also considered as a problem. Apart from parental interference, religious organizations were also blamed to be discouraging the club activities. It was learnt that they were discouraging female youth involvement in the club through parents. Managerial problems including how to resolve conflicts among members and other administrative problems were also mentioned as shortcomings of the club. It is worth mentioning at this point that the club in general is lacking administrative and counseling skills. Because of these limitations, the clubs were unable to satisfy and cope with the growing and diverse interest of youth.

V. DISCUSSION.

5.1. Capacity in terms of Information access and service delivery

The clubs were addressing RH and HIV/AIDS issues, which was a manifestation of empowerment. Sele club was involved in promoting various development issues such as gender, child and youth rights. The clubs were conducting peer education following the peer learning cascade developed by DSW (Sele and Kal). In Wuchale, there were six clubs supported by DSW (Biruh Tesfa, Gora Kitaba, D.Tsige, Alem Gena, Abdi Iboro) running peer-to peer education program as part of the IEC strategy including Sele RH/HIV/AIDS club. In each club there were 8-18 peer-to peer educators having 10-15 peers learning group under them. The peer learning groups were discussing Reproductive Health, abortion, and unwanted pregnancy and other related subjects including Reproductive health organs. The peer-learning group stayed with the peer educator for a maximum of 6 months. According to studies conducted in the area, peer education has enjoyed increasing attention from scholars as a model for, or a component of, successful HIV prevention programs (Ebreo et al., 2002; Fisher et al., 2002 in Ziimmerman et al, 2006). Peer education is often based on a diffusion model in which trained peers disseminate HIV prevention messages – through informal conversations, provision of HIV/AIDS educational materials, etc. – to their communities (Kelly et al., 1991; Kelly et al., 1992; Kelly et al., 1997; Simooya and Sanjobo, 2001 in Zimmerman et al, 2006). Results of interventions utilizing peer education have varied from increasing knowledge only (Booth et al., 1999in Zimmerman et al, 2006) to increasing knowledge and effecting behavior change (Laukamm-Josten et al., 2000 in Zimmerman et al, 2006) to specific improvements in a variety of risky sexual behaviors (Kelly et al., 1991; Kelly et al., 1992; Sikkema et al., 2000 in Zimmerman et al, 2006). However, the monitoring of peer education program, however, has been challenge as the system has not been structured in such a way to enable close follow up and monitoring of the activities.

The clubs were also involved in HIV/AIDS care and support activities as experienced by other clubs. As Indicated by Eshete, OSSA Gonder and Bahirdar office were engaged in home based care and service program. Sele and Kal clubs have also performed exemplary activities such as encouraging members for VCT (Sele and Kal), virginity test (kal), family planning services (Sele), non formal education (Sele), peer education (Sele and Kal), other development activities like apple planting (Sele) etc. Other activities included:

- Conducting edutainment activities mainly theatre, drama, music songs, question, answer competition and etc., (sele and kal).
- Providing referral services for young people who seek RH services including STD and HIV/AIDS (Sele and Kal)
- Organizing coffee ceremony where young people and community members are invited to attend discussion on different RH issues (Kal and Sele)
- Promotion of male condom using social marketing strategies (Sele)
- Organize panel discussions on different topics (Sele)
- Run income generating activities (Sele)
- Providing in and out door games such as football, valley ball, checker etc for its members and other youths (Sele and Kal)
- Providing mini library services (Kal and Sele), and replicating basic clubs. (Sele, 2006; Kal, 2006).

Sele club also employed other Behavioral Change Communication (BCC) approaches to promote family planning, reduce risk and vulnerability to HIV, maternal and child health and to discourage harmful tradition practice. These include CBD, advocacy, and youth friendly services. In Kal the most popular ones were peer education and mass edutainment activities. CBRHA and

peer educator are the major actors in the implementation of the BCC process in case of Sele, while it is only peer educators for Kal. The teaching schedule for peer education was said to be convenient for the majority of the discussants as reported during the sessions. The community has actively participated in selection of peer educators and CBRHAS. The evidences proved that the community was informed about RH and HIV AIDS issues. Attitudinal change towards people living with HIV/AIVDS has improved too. It was ascertained that these community volunteer CBRHA and peer educators demonstrated appreciable commitment to work for their people. The discussants expressed their satisfaction on information/service provided by CBRHA and peer educators. They also remarked that, the message they conveyed was clear understandable and acceptable by the community. They knew the community values as it has been helpful to bring about positive change in behavior. The evidences further proved that the community was informed about family planning. The discussants also heard about family planning which involves both female and male. Particularly women became aware of more than one methods of were versed with the range of contraceptive choices. Most of the discussants could cite at least two contraceptive choices. Though Zimmerman's study focused on school anti AIDS clubs, it revealed significant positive relationships between club activity and condom negotiation efficacy and attitudes about condoms. He said that, "Students at schools with more active clubs reported more confidence negotiating condom use with prospective sexual partners and additionally reported more positive attitudes about condoms in general". (Zimmerman et al, 2006)

5.2. Organization and leadership structure

Both clubs have an organizational structure that they think will enable them to achieve their mission, objectives and goals. The General Assembly is the highest governing body within the club structure. Regular club members contribute membership fees and are involved in day-to day activity of the club and provide skills and talents to the club and they get involved in different

task forces of the club. The General Assembly elects the executive committee that runs the day-to-day activity of the club by organizing different task forces. The most common task forces are music and drama, peer education and income generation schemes.

The empowerment process in the clubs situation involves important psychological and psycho-social processes and changes, to which club members demonstrated. Central to these are the development of self-esteem, and a sense of agency, which can interact with her surroundings and cause things to happen. It also depends on the development of one's capacities to negotiate, communicate, and defend rights. Such skills represent changes demonstrating empowerment. This assertion was supported by Simon in his article on "Rethinking Empowerment". Accordingly, the empowerment process consists of increases in self-confidence and self-esteem, a sense of agency and of self in a wider contexts, and a sense of being worthy of having a right to respect from others (Simon, 1990 in Dubois, 2002).

The presence of good leaders (in both Sale and Kal), founders of these clubs, who have the guiding vision to start and build up, was an important matter in the clubs performance. Their contributions in carrying them through both good and difficult times, overcome the constraints of organization has greatly contributed to the strength and power of these clubs. These leaders have had the charisma to attract the support but also the organizations allies and partners without whom the work would not be facilitated. Experience showed that the most successful leaders have been those who have facilitated the sharing of power and institutionalizing internal democracy within the club (IRED, 1997).

From experience the investigator realized that club capacity is a crucial aspect of empowerment and that without it the overall effect is weakened. According to Rowland (1997), the most important elements encouraging empowerment are the forms of organization and the development of organizational strength and agency, built on the foundations of individual agency.

Sele club runs income generating activities which help to cover their basic expenses such as stationary and utilities as capacity building measures. Though not regularly, some of the clubs also try local fund-raising. In the case of Sele, assets including land, office, IG schemes enables the club to withstand shocks and expand their horizon of choices. Other capabilities include members' general health condition, determination to get tested for HIV and other life-enhancing skills and their engagement in productive activities. Social capabilities include social belonging, leadership, relations of trust, a sense of identity, values that give meaning to life, and the capacity to organize. The psychological capabilities include self-esteem, self-confidence, and an ability to imagine and aspire to a better future. To overcome problems of clubs, particularly in Sele club situation, members critically depend on their capability to organize and mobilize. These aspects help overcome the deep external social and psychological barriers affecting their reproductive health/sexual life and protect them from HIV/AIDS. As supported by World Bank's study on empowerment, there is a reciprocal relationship between club members' assets and capabilities and the capability to act collectively. Club members who are healthy, educated, and secure can contribute more effectively to club's activity and performance; at the same time, they can improve members' access to quality reproductive health & HIV/AIDS prevention services.

Networks can also assist in more effectively addressing these problems and concerns. Sele club in particular has been innovative and creative with its strategies and approaches to empowerment. It used holistic frameworks in their planning and programming. They have made innovations in their education and capacity-building program and initiatives. Their aim, while primarily focusing on developing self-help, self-reliance to the extent possible, also demands that governments need to be supportive, take full responsibility and accountability to the club. The motivation of transformation among clubs leads to strategies that build on developing collaborations with various actors. Recognizing the importance of collaboration, "Empowerment

presumes active, collaborative roles for client-partners. Professionals foster empowerment only "by providing a climate, relationship, resources and procedural means through which people can enhance their own lives."(Simon, 1990, pp.10).

Realizing the difficulty in effecting widespread change, the clubs have been able to join hands with other importance of building alliances with other social forces e.g., parents, kebele administration, churches, etc. Both clubs have tried to establish solidarity with other rural or urban clubs, as well as other sectors of society, even outside their area of operation, which can provide the necessary support to their work and cause. Furthermore, they did establish innovative partnerships with their partners (PADET and ESHET), and government partners who are able to provide the necessary financial, material and other forms of support. One major challenge observed by the clubs was that reporting cycles and criteria for success or failure as conditions for funding provide pressures that work against an empowerment approach. For example, funding tied to short-term initiatives/ schemes brings pressure to bring about sound changes. As is understood from the experience of clubs and human service organizations in Ethiopia, not having reached certain objectives within a fixed length of time is perceived as failure by their supporters. Therefore, adopting an empowerment approach, as enshrined in most policy documents involves youth themselves setting the agenda and managing the pace of change.

Advocacy for policy change is a key strategy for clubs RH/ HIV/AIDS initiatives. This strategy will also contribute at reaching a high level of credibility, influence and a mass of popular support to ensure their capacity for negotiation and bargaining with governments and donors. Sele leadership also met regularly with the club leaders and promoters for mutual support and devised a fundraising strategy. The leadership developed links with the woreda networks. They were also attempting to organize lobbying to get support, and these activities brought the leadership a reinforced sense of collective purpose and determination. Changes resulting from collective

empowerment include an ability to negotiate with other organizations, including official bodies. Sele has got recognition from local administration including kebeles and community members which facilitated the generation of external support for its activities. The girl group was doing efforts to meet their own needs, respond to events outside the group, and to create networks with woreda Women's Affairs. Their ability to obtain resources such as funding, expertise support (advisory role and technical support) and equipment (TV and deck for IEC as well as generator), has increased in the case of Sele. Self-organization and management should be seen as a core element of empowerment or as a change in behavior by which empowerment is demonstrated. It is both connected with and reinforcing of other core elements. There is still limited capacity in the club as elsewhere among other clubs to draw plans of action, generate adequate resources and mobilize community, record practices and share etc. This makes it important to plan and implement a comprehensive capacity building for members and leaders of RH/HIV/AIDS clubs.

5.3. Opportunity structure and challenges

The opportunity structure of a society is defined by the broader institutional, social, and political context of formal and informal rules and norms within which actors pursue their interests. The clubs could have different sources of support for their intervention. Kebeles provide them with working place/office free of charge. Encouragement in Sele club has also taken the form of support from key individuals such as parents, the community, the partner and funding agency. Sele club also managed to build their own office on the plot of land they acquired from the kebele. The same is true for Kal despite a small office space built as a shed. Other clubs/associations have also gotten office space facilitated through kebele structure (Eshete, 2003).

As noted above, **i**nvestment in capabilities on a large scale requires changes in the opportunity structure within which the club pursue its interests. This involves the removal of

formal and informal institutional barriers that prevent marginalized groups from taking effective action to improve well-being-individually or collectively – and that limits their choices. It also implies the need for changes in social and political structures that perpetuate unequal power relations. Sele and Kal club activities have also been able to establish a relationship with government that allows for mutual respect, and critical collaboration. The clubs have been able to influence government organizations to allow them to operate with relative autonomy. Sele club for example, has been able to participate in debates with law enforcing bodies and community leaders on issues of preventing abuse committed on girls. Taking full advantage of the law, they asked kebele offices for the construction of office and youth friendly clinic. Personal support at crucial moments is also essential for the club setting up the organization and/or club. Providing access for contacts with relevant individuals and organizations is also helpful.

Quite often there are contradictions between theory and practice. Donors use the language of partnership, but in practice keep a very tight control over what the 'partner' (club) can do, requiring them to adhere to particular program objectives even if circumstance change. The reality is that empowerment is not just about access to resources and opportunities; it is about *control* of those resources control over resources. Hence, the role of supporting organizations should not be a directing one. Rather it should be a role of facilitator, solidarity and/or building alliances.

There are many features encouraging the development of empowerment in Sele. The encouraging factors are broadly similar between the two clubs, though the situation in Sele is longer. Some of the extra elements are (the girls club, IG scheme, the sense of having a role in the community, and the support of various stakeholders around) though this has existed to some extent in Sele club. In Sele spirituality is mentioned whereas in Kal it is not.

The factors seen as inhibiting the clubs performance are many and much complex. Some are cultural and social, but many relate to the structure of the program itself. Both clubs share the same core elements for collective empowerment, i.e. group identity, a sense of collective agency, group dignity, and self organization and management. In fact, these elements are more developed in Sele club. Sele club was managing their program within the form and scope already established, whereas the Kal club was managing a constantly changing agenda and adapting to new possibilities as they arose. In Sele, there is greater emphasis on deliberate development of leadership capacity, and the organization of activities by the local groups. The inhibiting features identified in relation to some of the Sele and Kal club promoters are related to the social and cultural conditions such as the strong attitude of dependency and expectation of incentive in return for service. Economic obstacles, like unemployment discouraged some of the club members from pursuing their objectives. Wuchale is also a structurally food insecure woreda. For Sele leadership, obstacles to empowerment reinforced by the action of some conservative forces within the church. Other elements, such as the scattered community and unstable local politics (Kal and Sele), lack of control over land (in both club situations), lack of timely and appropriate technical support, inadequate supports provided by law enforcing bodies in taking actions on gender based violations committed on the girl child. A recent study also revealed shortage of resources encountered by youth clubs and the need for integrating Income Generating Schemes into RH (David and Lucile Packard Foundation, 2006).

5.4. Major outcomes and overall performance of the clubs

In Sele, CBRHAs and peer educators were mentioned as most common source of information for family planning and HIV/AIDS. Satisfactory level of awareness on HIV/AIDS is noted in the community. The discussants were able to correctly describe the ways of transmission as well as how to prevent it. The importance of VCT is well understood by the majority of the

public. As noted in the rural places the demand for VCT is so high, as the majority of club members indicate their willingness to have VCT. Among the changes in behavior that were stated by most community members were that many people stopped sharing needles and blades, and practice of multiple sexual partners is reported to be reduced. Some of the traditional practice that encourages promiscuity is reported to be decreasing. Use of condom is among the youth relatively improved. Harmful traditional practices that put the community at risk for HIV infection such as female genital cutting has improved. Among the factors associated with success are the strong personal commitment of volunteer peer educators and Anti-AIDS cub members which may be instrumental to successfully run IEC linked with behavioral change. The approaches focused on well characterized specific target audiences. Target audiences had also been actively involved in the preparation of IEC messages.

In Sele club members were involved in non formal education. In Wuchale, there were 11 non-formal education centers running partly by club members supported by both DSW and PACT in Wuchale. The sites were namely Gimbichu, Gora Kitaba, Ingye Gordoma, Adere Gordoma, Babu Edoro, Goro Wortu, Ilu Kura, Ilu and Iteya, Gebriel Guto, Ado and Selle. in all these centers RH was given as a subject. Besides, Sele club was also involved in other community service initiatives such as caring for the elderly/ helping elderly on their farm activities, cleaning and protecting spring waters, and the like, while similar initiatives of Kal are little if at all. They are more involved in IEC and other edutainment activities (Eshete, 2003, Admassu, 2005).

Sele and Kal clbs have developed some sense of identity and dignity, and have owned the program to large extent. There is evidence of the development of the club's own initiative, particularly in the way they were responding to scarcity and/or withdrawal of funding, and striving to raise own resources from the community members, their contributions and organizing fund- raising events. This was witnessed by events organized since the start of the respective

clubs. The club empowering experience is very closely related to member's personal capacity, since without empowerment of members it is very hard for the club to be active collectively. In fact, the process of empowerment builds on the experience of member's participation in other group or collective activities. For Sele club, the development of club confidence has been encouraged by the various ways in which groups have interacted. The support of the church, parents, school, NGO partners and other community members has been a positive influence.

The club has developed status and identity within the communities, particularly through the sessions and visits. As indicated in the works of IRED "an appeal to go to traditions that assist in building on or rediscovering values to develop strong and empowered members and clubs. The cases also emphasize the richness and diversity of cultures which need to be respected and preserved. Culture is thus seen as the means and context for empowerment and not as an obstacle to development" (IRED, 1997, PP_35).

Some of the changes linked with empowerment in both clubs situation including the learning of particular skills related to RH and HIV/AIDS. An increased ability of girls to interact outside the home in both clubs situation, a sense of having the ability to choose responses, and of being able to participate in activities in a way that they would not have been able to do before. The changes most often referred to by the Sele girls and also sometimes by the Kal club included an increased ability to formulate and express ideas and opinions, and to participate in and influence new areas of activity; to learn, analyze, and act. They have a sense that more things are possible, and this brings an increased ability to organize their time, obtain resources, and interact outside the home. This finding was supported by independent reviews made by Save the Children Canada and DSW and local government (SCC, 2006; DSW, 2006; NSDPPO, 2006). In addition, it was also presented in an international seminar entitled "HIV/AIDS/SRH

Informationdissemination and Service provision to Young people" as lessons learnt and sharing best practices among stakeholders. (FGAE etal, 2004)

Strength, Weakness, Opportunity and Threat (SWOT) analysis was conducted with the discussants. The following findings support and/or complement the above findings:

SWOT	Sele RH/HIV (Context, Rural)	Kal RH/HIV(Context, Urban)
Strength	✓ Active in accessing information through various forums such as informal groups formed by peer educators ✓ Increased girls participation in club activity ✓ Initiated girl's club ✓ do service delivery such as social marketing of condom and pills as well as counseling ✓ Support orphans and PLWHAS ✓ Play active role in non-formal education ✓ high got VCT users from membership ✓ Have relatively good office space with youth friendly service through own contribution and community ✓ Contribute membership fee ✓ Got recognition from the community and local govt ✓ Raised fund/ support from PADET and DSW ✓ Established basic clubs outside the kebele ✓ linkage become strong with local government and NGO ✓ Established different task forces like peer education, IG, CBRHA, community service, etc to carry out its program ✓ High commitment of members to work for their cause ✓ The IGA (Income Generation Activity such as dairy cow increased members motivation in the program and created a basis for sustaining club initiatives ✓ Girls participation in club activities encouraged	✓ Active in accessing information through various forums such as informal groups formed by peer educators, drama, theatre, information cabinet, etc ✓ Support orphans and PLWHAS ✓ Provide referral service for STI and FP ✓ Promoted virginity test ✓ Contribute membership fee ✓ Girls participation in club activities encouraged ✓ Good effort in maintaining linkage with local government ✓ Raised fund/ support from ESHET and DSW. Also from factories and other NGOs too ✓ Existence and operation of different task forces like peer education, music and theatre, etc
Weakness/limitations	✓ Have got an office space for the main club not for the girl's club	✓ Lack of adequate office space ✓ Club members lack adequate knowledge on RH /HIV

	✓ Club members lack adequate knowledge on RH /HIV AIDS leading to behavioral change ✓ Lack enough space to run outdoor games and libraries ✓ Turnover of club leadership ✓ Leader ship capacity of club leaders not strong as desired ✓ Expectations of peer educators for incentive ✓ Lack adequate advocacy skill ✓ Networking among clubs not strong ✓ Some files and correspondences mixed with program reports and minutes ✓ Club management guideline not properly followed/observed ✓ lack of consistency in the activity reports ✓ power monopolized by some club leaders ✓ Lack of knowledge and skills-leadership and management, project development and management, monitoring and evaluation and others. ✓ Lack of music equipment, costumes and proper training in action and how to play musical instruments constrained IEC. ✓ Lack of counseling skills at club level ✓ Mobility of Peer educators ✓ little follow-up from partner-PADET and DSW ✓ IEC materials in Oromigna lacking ✓ Distribution of RH materials delayed ✓ Lack close advisory support from their partners ✓ Leader ship capacity of club leaders not strong ✓ Inadequate attention by partners to supporting clubs in IGA ✓ Club management guideline not properly followed	AIDS issues leading to behavioral change ✓ Lack of space to run outdoor games and set up reading corner ✓ Turn over of club leadership ✓ Leader ship capacity of club leaders not strong ✓ Peer educators expect incentive ✓ Lack of adequate skill in the area of advocacy ✓ Networking among clubs not strong ✓ Some files and correspondences mixed with program reports and minutes ✓ Club management guideline not properly followed ✓ Activity reports lack consistency ✓ Some leadership monopolized power ✓ Lack of knowledge and skills-leadership and management, project development and management, monitoring and evaluation and others. ✓ Lack of musical equipment, costumes and proper training in the arts of counseling skills at club level ✓ Mobility of Peer educators

	✓ Lack of counseling skills at club level	
Opportunities	✓ favorable policy environment ✓ parents started supporting the program	✓ policy environment ✓ parents started supporting the program
Threat	✓ Club leaders turn over. Leaders move to other places to look for job ✓ Inadequate attention given by partners in supporting club/members through IGA ✓ Peer educators expectations of incentive ✓ Networking among clubs not strong ✓ Resistance from parents: parents fear that their children will be spoiled ✓ Mobility of peer educators ✓ Budget constraints to train peer educators ✓ Peer educators served long time without adequate training to update their skills ✓ Unemployment ✓ Lack of acceptance of young people as partners for development ✓ HIV/AIDS and alcoholics ✓ Unwanted pregnancy ✓ Lack of financial support targeting young people (credit schemes etc) ✓ Poor enforcement of policies	✓ Inadequate monitoring and advisory support from the part of partners- ESHET and DSW ✓ work burden not compatible with capacity ✓ high expectation of the youth ✓ some contents of IEC found to be less attractive/boring ✓ Lack of adequate supply of training manual to guide the club operation including on subject of RH/HIV ✓ Referral service not properly organized including feedback system ✓ Resource person /trainer knowledge in RH limited ✓ Outcome of trainings not properly followed up ✓ Turnover of club leaders ✓ Leaders move to other places in search of better opportunities ✓ Leader ship capacity of club leaders not strong ✓ Weak support for IGA and self supporting schemes both targeting the youth and club ✓ Networking among clubs not strong ✓ Proper office organization lacking ✓ Lack of knowledge and skills on the subject of - leadership and management, project development and management, monitoring and evaluation ✓ Unemployment, ✓ HIV/AIDS and alcoholics ✓ Lack of acceptance of young people as partners for development among stakeholders ✓ Unwanted pregnancy, ✓ Unsafe abortion,

		✓ Lack of support from concerned bodies to address needs of young people ✓ Lack of financial support to adequately address problem of young people targeted by the program ✓ Policies not backed by implementation mechanisms and with proper guidelines to facilitate and support the initiatives

The similarities and differences identified from the SWOT include the following:

Aspects featuring commonalities between the two clubs
✓ Information accessed through informal groups (peer learning group) and using various forum/mechanisms such as theatre, drama, music, songs, question & answer contest, coffee ceremony, panel discussion, In and out door games linked to promotion of IEC, Reading corner for IEC ✓ Support orphans and PLWHAS ✓ Contribute membership fee ✓ RH/HIV/AIDS information dissemination resulted members to realize the scale of the problem and the need for intervention ✓ Got recognition from the community and local govt ✓ Raised fund/ support from their partners (Sele from PADET and DSW and Kal from ESHET and DSW) ✓ Good linkage with local government and NGO ✓ Existence and operation of task forces to facilitate their operation. like peer education, IG, CBRHA, community service, etc ✓ Encouraging commitment to work for their cause ✓ Encourage girls participation in club activities ✓ Office space lacking for the girl's/girl's group ✓ Club members lack adequate knowledge on RH /HIV AIDS leading to behavioral change ✓ Club leaders turn over ✓ Leader ship capacity of club leaders not strong ✓ Expectations of incentive by peer educators ✓ Lack of adequate advocacy skill ✓ Lack of strong networking with other clubs ✓ Some files and correspondences mixed with program reports and minutes ✓ Club management guideline not properly followed ✓ Lack of consistency in the activity reports ✓ Activities seems monopolized by few club leaders ✓ Lack of knowledge and skills-leadership and management, project development and management, monitoring and evaluation and others. ✓ Lack of music equipment, costumes and proper training in action and playing musical instruments. ✓ Lack of counseling skills at club level ✓ Mobility of Peer educators ✓ Existence of favorable policy environment but lacking implementation guidelines and mechanisms ✓ Parents started supporting the program

The following differences (in terms of empowering experiences) also noted due to contextual factors such as urbanization, innovativeness, interest and commitment of club members, support available from different stakeholders working in the area, etc:

Sele RH/HIV club, context Rural	Kal RH/HIV club, context Urban
✓ Planned advocacy interventions as they piloted advocacy initiatives focusing on increasing girls participation in club activities and preventing HTPs. ✓ Initiated girl's club realizing their strong advocacy role on HIV/AIDS prevention and promotion of RH ✓ Social marketing of condom and pills ✓ Participate in non formal education as facilitators ✓ Provide youth friendly service integrated with club activities. members contributed much for the construction ✓ High level of community participation in the construction of office and youth friendly service ✓ Established more basic clubs for scaling up and outreach ✓ Initiated farm based IGA for continuity of service and motivating members in club activities ✓ Leadership with low educational level (under grade 10) ✓ They got close support from their partners	✓ Use of information cabinet for IEC (within the school environment) ✓ Extensive edutainment conducted supported by theatre and music ✓ Promotion of virginity ✓ Leadership partly working as civil servant status and with college education ✓ Raised supports from factories

5.5. Areas for improvement

Enhancing participation

As suggested by most of the discussants in all sessions, the club should keep up the active involvement of the community in the selection of Community Based Reproductive Health Agents (CBRHAs) and peer educators as well as ensuring their satisfactory participation in the overall Community Based Distribution (CBD) process. The design of the project should be done in a participatory manner involving concerned stakeholders in the area (community, MOH, HAPCO, local administration, NGOs, cultural and religious leaders). It should be done by active involvement through consensus building on common goals with shared vision. This is an essential step for ensuring ownership of the project and active participation and contribution of all stakeholders during implementation processes. Incentive schemes of CBRHA and Peer Education should be adjusted as per the acceptable norms of that specific project site.

Linkage

The linkage of the community- based health programs to local health management and health facilities must be very strong as this is an indispensable tool to affirm close monitoring and ensure sustainability of the programs. Moreover, the community health programs should be linked with the ongoing health extension package program of the health office. Reproductive health and HIV/AIDS intervention at the community level is better implemented with holistic approach by addressing essential socio-economic issues including women empowerment and gender mainstreaming.

Peer education and service delivery

The peer education system needs to be well structured and to ensure proper follow-up and facilitate technical assistance. There is vital need to redesign the peer education approach in order to develop the appropriate techniques that enable youth to achieve behavior change. In order to bring about the required level of behavior change, the health education program should be coordinated with the provision of the relevant services like VCT.

The discussants said, having done this enable the project bring about tangible change of behavior. This approach will also help to develop a model Behavioral Change Communication (BCC) approach to be replicated elsewhere. Refresher trainings for Community Based Reproductive Health Agents (CBRHA), peer educators and extension agents should be arranged in a well planned and coordinated manner. The supply and demand of contraceptives and IEC materials deserves close attention, said the discussants. In order to enhance the effectiveness off the BCC approaches, preferably, BCC framework should be designed in accordance to the specific target audience's need and concern. The framework has to address relevant model for decision making process in behavior change.

Reward and motivation

It was also suggested that incentives should be given to those who show best practices among the club members and club with best performance. Those with outstanding performances should be recognized in the club. The club also showed strong commitment and participation. Events and contests could be encouraged to build up the profile of club and raise funds for their activities. Most RH/AAC members said they decline their membership because their work is not recognized by the community as well as by the members.

IEC production and dissemination

The results of the FGD also showed that the club is handicapped by the lack IEC materials. Most of the discussants in all groups suggested that more health learning materials such as booklets about HIV/AIDS, pamphlets, brochures and posters should be produced in bulk. These educational materials should be translated in Oromigna and distributed to youth and other community members. The necessary training in peer education and facilitation techniques should also be given. Educational materials should focus on sensitizing safe sex and avoid risk behavior among other topics. In addition to printed materials some audiovisual materials such as video and cassettes should be arranged to sensitize the youth through entertainment. Signs could also be fixed/ posted in some risk areas and public gathering places to create the necessary awareness.

Training and other capacity building measures

Organizing training in managerial and leadership skills, counseling, and advocacy and communication skills was suggested by the club leadership and boys group to increase the probability of success in the work of the club. In addition the training should include other issues such as skills in coordination, conflict management, financial administration and reporting systems. Some youth in the leadership requires a skill how to write a proposal to donors and other institutions. Those involved in the discussions re asked to provide information about managerial and administrative problems the club is facing.

Improving reporting system and establishing a monitoring and evaluation system

The clubs do not have proper financial reporting system. Transparency should also be promoted among leaders and other members. There should also be a monitoring and evaluation systems for the club to make the necessary assessment how they are doing.

The club should be responsible to prepare and publish periodic reports on their activities indicating whether or not their objectives have been met, and the difficulties

encountered. The discussants from the leadership group suggested a standardized registration and follow up recording mechanisms be established to compile the necessary information on RH/HIV/AIDS including inventory assessments. The record for the club should include basic information about their membership (demography) status, activities, and strengths and weakness. The necessary training should be organized for AAC members on information collection, management and reporting. Last but not least the local communities and administration should encourage RH/AAC activities by creating a conducive environment and providing the necessary financial, technical and material supports. The community religious group could be targeted for sensitization. Encouragement and support from their schools and administration in the form of office space, meeting facilities and furniture would motivate the activities of the club. The clubs needs offices, assembly halls, different equipment and apparatus. The low support given to the clubs (particularly in case of Kal) as shown in the discussion could be improved in the future through advocacy and national/regional dialogue.

Other suggested improvement areas regarding cub capacity (from the club members' perspectives) also include the following:

1. <u>With respect to setting directions:</u>

   Assist the club in developing strategic plan;

2. <u>Improving technical competence</u>

   Provide backstopping for peer educators and core facilitators;

   Expand the RH service integrating with RH and HIV/AIDS prevention initiatives;

   Expand their outreach programs;

   Develop guideline on message development;

Develop appropriate messages to address unwanted pregnancy and STI among young girls;

Develop appropriate tools to assess the effectiveness and efficiency of peer educators;

Conduct proper and regular monitoring

Use more interactive tools/strategies for the edutainment activities such as forum theatres and community dialogue;

Support provision of technical support in the area of advocacy and other technical areas;

Limit the time of service for the peer educators and core facilitators to avoid burnout;

3. Improving the funding base

   Diversify funding base through encouraging local fund raising;

   Expand income generating scheme.

   Expand the membership base of clubs

4. Improving leadership competence and governance

   Develop and implement clear organizational structure;

   Revise roles and responsibilities of leadership;

   Provide training to the advisory body of the club;

   Assist to develop transparent systems that ensure participation of young people in the overall program of the club;

Suggested improvement areas pertaining to improving the enabling environment /opportunity structure include:

- Partners and other concerned stakeholders to provide regular backstopping to clubs
- Provide timely reports to donors/ supporters

- Work with government health facilities to strengthen referral linkage and networking,
- Conduct regular consultation meeting with stakeholders and develop common understanding on youth RH/HIV/AIDS prevention initiatives.

VI. Implications for Social work profession

The attitudes youth bring to their work, and the form their work takes can have measurable impact, positively or negatively, on the people/groups with whom they work. In respect to this, there are attitudes and skills which are essential for a change agent / social worker to have, if youth are to develop self-confidence and self-esteem in a wider sphere. These include among others commitment to the empowerment process.

Empowerment assumes active, collaborative roles for the client-partner. In this case youth and the clubs define their difficulties and the goals and assume responsibility for activities that lead to achieving their goals if they are to view themselves as responsible for changing (Simon, 1990). The youth themselves should feel be responsible for their own empowerment. Given the opportunity, youth are able to rise out of their problems (i.e., RH/HIV/AIDS), to improve their conditions and regain their dignity and self respect and self esteem. Focusing on clients' problems excludes from view the resources of their strengths. To this effect, involving youth in RH/HIV/AIDS education and service delivery ensures their representation and protects their RH rights.

Social work practioners /Social workers roles remain to be opening up alternatives or encouraging them become free to consider multiple choices. To this effect, the role of Social Worker in programs intending to promote empowerment with youth is potentially a crucial one. Here are in brief implications for policy and Social work practice from the context of the study:

Suggestions in the area of policy:

- Enact and/or enforce policies and laws that ensure resources for youth clubs programs, advance youth rights to health care, education and information on sexual and reproductive health and HIV/AIDS prevention, and protect youth from discrimination and harmful traditional practices such as early marriage and female genital mutilation, etc
- Link and coordinate organizations in all sectors of society to work towards youth sexual and reproductive health and HIV/AIDS prevention.
- Conduct review and analysis of existing law and policies related to protections and rights of youth.

Suggestions for social work practice:

- Encourage local, national and religious leaders and personalities to publicly address sexual and reproductive health and HIV/AIDS prevention for youth as key national issues.
- Ensure youth participation in all stages of programming.
- Promote the training and employment of youth in education efforts, youth centers, youth-oriented health clinics and other field of youth development.
- Design and implement programs that challenge harmful traditional practices particularly that threaten girls' and young women's reproductive and sexual health, such as abduction and female genital mutilation
- Educate parents on issues of youth development and promote inter-family communication.
- Increase and diversify available and service and referrals (e.g. voluntary counseling and testing for pregnancy. STIs and HIV/AIDS, mental health, social needs and substance abuse) for youth

- Expand peer education efforts amongst Anti-AIDS and Reproductive Health Club members
- Create linkages amongst Regional AIDS Council Secretariats/councils, youth associations, health bureaus/offices, local government and NGOs for strengthening youth reproductive and sexual health programming.
- Facilitate youth club's /private sector organization partnerships.
- Lobby for new policies and laws (where necessary), along with the enforcement of existing youth-friendly policies and laws.

Lessons for learning

Some lessons learnt shared by the discussants of Sele and Kal RH/HIV/AIDS clubs included the following:

- create a good rapport with elders, community leaders before establishment of club as it facilitates the process with the acceptance of these influential leaders (Sele)
- strengthen self supporting/ IG initiatives of clubs by developing a synergistic relationship with the government, the community and the micro-enterprise institutions. This is critically important as it's important to achieve the club objectives. It could also create a source of income for rewarding active club leadership and maintain their services. (Sele)
- Good and committed leadership is one of the keys to successful implementation and sustenance of such initiatives. (Sele)
- encourage flexible RH services, door to door services, services tailored to the needs of the clients and where administrative procedures are simple and less time consuming.(Sele)
- Continuous and close interaction with clients/members is an integral component for the success of the club initiative. This creates a sense of belonging and a feeling of

being important players in such efforts, thus drawing more and more members/clients to get involved and avail the benefits of such programs. (Sele)

- Develop sound procedures/ standards for club management as it's relevant to establish credibility and trust among members, the youth/ community and their clients as well as the support networks. (Sele)
- It is good to focus on self initiated or established cub than establishing new ones. (Sele)
- Youth and community mobilization are vital inputs that contribute to sustainability of club's initiatives.(Kal)
- Access to information is a precursor to empowerment of club members, the club and that enables them to react to the inefficiencies of the system and demand responsiveness on the part of the leadership. (Kal)

Participants for in-depth discussions:

Full name	Sex	Age	Educational status	Remark (role/ status in club)
Sele RH/HIV/AIDS club				
I. Club members				
1. Alemtsehai Berhanu	F	18	Attending 9 th Grade	Club member and peer educator
2. Retta Lema	M	18	Attending 10th Grade	Club member and peer educator
3. Solomon Gadissa	M	6	Stopped from 6 th Grade	Club member
4. Teshome Assefa	M	18	Attending 10 th Grade	Club member and peer educator
5. Dagne Lemma	M	25	Stopped from 8th Grade	Club member, CBRH, Core facilitator
6. Haile Girma	M	19	Attending 6 th Grade	Club member
7. Habtamu Abera	M	18	Attending 10th Grade	Club member
8. Habtamu Hurissa	M	18	Attending 10th Grade	Club member
9. Korcho Tola	M	17	Attending 9th Grade	Club member
10. Hara Haile	M	22	Attending 2nd Grade	Club member
11. Tamrat Hailu	M	17	Attending 10th Grade	Club member
12. Aguaguash Tadesse	F	18	Attending 10th Grade	Club member
13. Alemtsai Berhanu	F	18	Attending 9th Grade	Club member
14. Berke Kassaye	F	17	Attedning 10 Grade	Club member
15. Meseret Yirga	F	18	Attending 10th Grade	Club member
Kal RH/AAIDS club				
1. Abdissa Tadesse	M	17	Attending 9 th Grade	Music arts/ club member
2. Alemayehu Aboma	M	21	Attending 10 + 3 college education	Music arts/ club member
3. Endale Teshome	M	20	Attending 10+ 1	Music arts/ club member
4. Girum Kebede	M	23	Attending 10+ 3 college education	Theatre arts/ club member
5. Betelehem Shume	F	16	Attending 8th	Theatre/ club member

			Grade	
6. Daniel Tekle	M	24	Teacher	Club chaireman/ club member
7. Helen Asfaw	F	21	Attending 10+ 2 th Grade	Journalist (para professional) + Secretary of club (Club member)
8. Kidist Habte	F	19	Attending10+ 2 (tech/vocational	Theatre/ club member
9. Ledeta Asmare	F	14	Attending 8 th Grade	Theatre/ club member
10. Selamawit Asfaw	F	21	Attending 10the Grade	Member of club leadership/ club member
11. Tezeta Mitiku	F	18	Attending 10 +1	Musical arts/ club member
12. Woineshet Dessalegne	F	16	Attending 8 th Grade	Theatrical arts/ club member
13. Yodit Alebachew	F	19	Attending 10+ 2	Musical arts/ club member
14. Selamawit Asfaw	F	21	Attending 10the Grade	Member of club leadership/ club member
15. Alemayehu Aboma	M	22	Attedning 10+2	Task force coordinator/ club member
16. Tewodros Tadesse	M	20	Attending 10^{th} Grade	Arts section/ club member
17. Gezahegne Assefa	M	20	Attending $10+2^{th}$	IEC section/ club member

Annex- Detailed Programmatic Indicators and Targets of HSDP-III

Impact	Indicator	Baseline	Target
Improve the health status of the population	Reduce maternal mortality ratio	871 per 100,000 live births	600 per 100,000 live births
	Reduce under five mortality rate	140.1 per 1000 population	85 per 1000 population
	Infant mortality rate	97 per 1000 population	45% per 1000 population
	Reduce total fertility rate	5.9	4

Outcome	Indicator	Baseline	Target
Reduce the major disease burden in the country	Morbidity attributed to malaria	22%	10%
	Case fatality rate of malaria in under- 5 children	5.2%	2%
	Case fatality rate of malaria in age groups 5 years and above	4.5%	2%
	Mortality attributed to TB	7% of all treated cases	4% of all treated cases

Output	Indicator	Baseline	Target
Improve the health service coverage	Primary health care coverage	64%	100%
	Proportion of rural kebeles implementing HSEP Scope of mainstreaming of HSEP in HSDP		100% rural kebeles Achieve
	Proportion of pastoralist population with access to HSEP	0%	100%
	Proportion of health centers upgraded and provide CEOC services	0	30%
	Proportion of hospitals and HCs providing PMTCT services	8.6% (49)	100% of hospitals and 70% HCs
	Proportion of hospitals and HCs providing VCT services	59.8%	100% Hospitals and HCs
	Number of HIV sentinel surveillance sites	66	120
	Health facility coverage of DOTS/MDT	51%	72%
	Proportion of health facilities implementing IMCI	36	90%
	Proportion of districts implementing C-IMCI	12%	50%
Strengthen the	Incidence of HIV	0.68%	0.66%

Output	Indicator	Baseline	Target
prevention and control of communicable diseases	Prevalence of HIV	4.4%	Maintain at 4.4%
	Number of PLWHA receiving ART	13,000 (3%)	150,000 (39%)
	Proportion of STI cases properly treated	20%	30%
	Proportion of people who used condom with non regular sex partner in the latest intercourse	17%	49%
	Proportion of patients receiving antibiotics for opportunistic infections	20%	50%
	Proportion of malaria epidemics detected and contained within 2 weeks of onset	55%	100%.
	Case detection rate of new smear positive pulmonary TB patients	34%	50%
	No. of TB patients notified and treated	118,000	178,000
	Treatment success rate of all types of TB cases	76% cured or completed treatment	85% cured or completed treatment
	To reduce the prevalence of leprosy		to less than 1/10,000
	Reduce the prevalence of leprosy grade-II disability	12%	< 10%
	Therapeutic coverage of Onchocerciasis control in all CDTI areas	65%	Above 65%
	Cataract Surgical Rate (CSR)	350 per million population per year	600 per million population per year
Strengthen the maternal and child health services	Contraceptive prevalence rate	23 %	45%
	ANC service coverage	40.8%	80%
	TT2 coverage for pregnant women	32%	75%
	TT2 coverage for non-pregnant women	17%	67%
	Proportion of deliveries attended by skilled attendant	9%	32%
	Proportion of clean deliveries	10%	50%
	Postnatal care service coverage	15.84%	31%
	Proportion of pregnant women getting folate supplementation	6%	52%
	Proportion of women referred for obstetric complications	1%	24%
	Proportion of pregnant women getting treatment for iron deficiency anemia	5%	36%
	DPT3 coverage	61%	80%
	Measles immunization coverage	52.6 %	75 %
	Proportion of fully immunized children	36.95%	54%
	BCG = 65% Measles =30% DPT= 20%, TT 10% OPV =15%	To less than 20% for BCG and Measles To less than 10% for DPT,TT and OPV	Vaccine wastage rate

Output	Indicator	Baseline	Target
Strengthen the maternal and child health services	Proportion of pregnant women using ITNs	2%	49%
	Proportion of under five children utilizing ITNs	2%	63%
	Proportion of children from HIV +ve mothers getting PMTCT (nevirapin and replacement feeding or exclusive breast feeding)	0.1%	25%
	Proportion of children who got Hib and Hepatitis vaccines	0%	54%
	Proportion of children getting proper temperature management including KMC	10%	40%
	Proportion of children aged 6-9 months initiated on complementary foods on top of breast feeding	75	80
	Proportion of children aged 6-59 months getting vitamin-A prophylaxis	10%	54%
	Proportion of pregnant mothers getting treatment for Iron deficiency in pregnancy	5%	25%
	Proportion of children aged 0-5 months on exclusive breast feeding	34%	63%
	Proportion of children who got zinc for diarrhea management	0%	25%
	Proportion of children aged 6 months to 11 months on optimum breast feeding	75%	80%
	Proportion of infants with complementary feeding	34%	63%
Strengthen the hygiene and environmental health services	Latrine Coverage	20%	80 %
	Proportion of water sources checked for potabiltiy	44 %	90 %
Improve availability, safety and efficacy of essential drugs	Proportion of public health facilities with essential drugs	75%	100%
	Percentage of expired drugs in public healthy facilities	8%	1%
Improve the availability adequate human resource in the sector	HEWs to population ratio	1:25,000	1:2,500
	Doctors to population ratio	1:26,527	1:14,662
	Proportion of health professionals teaching institutions providing pre-service IMCI	66%	95%
IEC/BCC that ensures effective social mobilization to tackle diseases of public health importance designed and implemented	Scope of adaptation and implementation of the National IEC/BCC Strategy at all levels of the health system	0	100%

Output	Indicator	Baseline	Target
Health information used for making decision	Scope of implementation of the five sub-programmes of CSP in the Health Sector		100%
	Scope of staffing of Woreda Health Offices and RHBs by skilled professionals as per the standard		100%
	Completeness and timely submission of routine health and administrative reports		80%
	Achieve 75 % of evidence based planning		75%
Comprehensive and integrated Monitoring and Evaluation system designed and implemented	Scope of development, adaptation and implementation integrated M&E GL and revision of PIM	0	100%
	Scope of harmonization of donor-government reporting cycles, accounting procedure and monitoring and evaluation system (one plan-one report)		75%
Adequate resource mobilized, efficiently utilized and sustained for the Health Sector	Scope of institutionalization of HCF	0	100%
	Scope of generation of resource for the sector through ▪ Increasing proportion of health facilities with SPs ▪ Retention of revenues generated at health facilities ▪ Implementation of appropriate HCF scheme at all districts	▪ 82% hospitals 58% of health centers	▪ 100% of hospitals and health centers ▪ Retention of revenues at 100% of health facilities ▪ 50% of the districts
Health emergencies (epidemics, outbreaks etc) properly contained	The proportion of woredas having emergency preparedness strategy document and guidelines	0	100%
	Proportion of woredas having and implementing emergency preparedness and response plan	10%	80%
	The No. of woredas with rapid response team	10%	80%
	Proportion of outbreaks/epidemics with laboratory investigation/result	50%	80%
	Proportion of weda health offices submitting timely and complete surveillance rep[orts	72%	80%
	Proportion of HEWs trained on IDSR	0%	100%
	Proportion of outbreaks of epidemic prone diseases notified to woreda within two days of surpassing the epidemic threshold	60%	100%

Input	Indicator	Baseline	Target
Financial Input	Health expenditures per capita	5.6 USD	9.6 USD
	Share of health as a proportion of total budget	Doubling of the current amount.	
Human resource input	Train and deploy health human resource as per the Health Human Resource Development Plani		100% implementation of HRD Plan.
Logistic Input	Make available the required logistic impute (drugs, supplies, medical equipment, vehicles etc)		

Table 0-1 Comparison of Ethiopian Demographic data with that of the World and Sub-Saharan African Countries in year 2003

	Population Mid-2003 (Millions)	Births Per 1,000 Pop,	Deaths per 1000 Pop.	Rate of Natural Increase (%)	Infant Mortality Rate	Total Fertility Rate	Percent of Population of Age		Life Expectancy at Birth (Years)		
							<15	65+	Total	Male	Female
World	6,314	22	9	1.3	55	2.8	30	7	67	65	69
Ethiopia	71.1	39.9	13	2.7	96.8	5.9	44	3	54	53	55
Sub Saharan Africa	711	40	16	2.5	93	5.6	44	3	48	47	49

Table 0-2 Regional Distributions of Health Facilities and their ratio to Population, 2003/04

Region	Population (P)	Hospital (H)	H/P	Health Center (HC)	HC/P	Health Post (HP)	HP/P	Private Clinic (PC)	PC/P
Tigray	4,113,000	12	342,750	32	128,531	164	25,079	30	137100
Afar	1,330,000	2	665,000	9	147,778	59	22,542	3	443333
Amhara	18,143,000	17	1,067,235	115	157,765	1128	16,084	175	103674
Oromia	25,098,000	29	865,448	167	150,287	440	57,041	492	51012
Somali	4,109,000	6	684,833	17	241,706	97	42,361	2	2054500
Ben.-Gumz	594,000	2	297,000	10	59,400	60	9,900	10	59400
SNNPR	14,085,000	16	880,313	127	110,906	801	17,584	154	91461
Gambella *	234,000	1	234,000	8	29,250	42	5,571	7	33429
Hareri	185,000	5	37,000	2	92,500	7	26,429	19	9737
Addis Ababa	2,805,000	30	93,500	27	103,889	78	35,962	387	7248
Dire Dawa	370,000	3	123,333	5	74,000	23	16,087	20	18500
National	**71,066,000**	**123**	**564,016**	**519**	**136,929**	**2,899**	**24,514**	**1,299**	**54,708**

Source: FMOH (2003/4) Health and Health-Related Indicators

Table 0-3 Estimated Health Service Coverage and Utilization by Region, 2003/04

Region	Population	Potential service coverage (%)	Outpatient visits per capita[i]
Tigray	4,113,000	83.39	0.77
Afar	1,330,000	72.93	0.75
Amhara	18,143,000	46.93	0.37
Oromia	25,098,000	60.98	0.38
Somali	4,109,000	43.56	0.09
B/Gum	594,000	198.65	0.69
SNNPR	14,085,000	75.61	0.15
Gambella	234,000	226.50	0.10*
Harari	185,000	148.65	0.84
Addis Ababa	2,805,000	86.45	0.47
Dire Dawa	370,000	100.00	0.34
National	71,066,000.00	64.02	0.36

Empowerment of Youth club: Experience, Opportunities and Challenges. The case of 'Sele Tselote Egi' Youth Reproductive Health /HIV/AIDS club in Oromia and 'kal' RH/HIV/AIDS club in Addis Ababa region- Ethiopia

Questions for In-depth discussions

FGD session with:

- Club members (outside the leadership), (2 sessions/club: with boys and girls);
- Club leadership (1 session mixed group/ club);
- Other youths/ clients and/or users of club service (2 sessions/ club) from club target area with gender disaggregated group.

Background questions:

- Mapping (social mapping: boundaries of an area the club operates, its social infrastructure and others relevant to social interaction; and also shows where youth gather and spend their free time as well as where promoters /peer educators perform their job, etc.)?
- How old is your knowledge of the club?
- What is your relationship with the club?
- No of club members during the last three years by Age, Sex and Educational status? Explain also the trends and why?)

I- Core questions

I**- Club's capacity**: Asset base and capabilities to influence, negotiate, control, and hold accountable other actors to meet their purpose (how and why?)

1. Psychological (how is members self confidence; members' encouragement to perform their activities, sense of being worthy; perception about themselves, sense of being able to act and cause things to happen in relation to RH/HIV/AIDS?)

2. Informational

    - Capacity of club leadership and membership to promote RH including prevention of HIV/AIDS? In terms of knowledge and skills acquired, and related.

- Knowledge and skills on RH/HIV/AIDS acquired by the target groups/clients in relation to RH/HIV/AIDS?
- Technical capacities of club to transfer knowledge on RH/HIV/AIDS and skill thereby bring about attitudinal and behavioral changes among their peers and their respective community?
- Access to information, sources/medias?
- Number of youth and the club members who seek RH/HIV/AIDS prevention services including peer counseling?
- Number and type of communication products (posters, leaflets, etc) developed by the club for the target audience and club access to it?
- Indications of behavioral changes related to RH and HIV/AIDS.

3. Organizational

- How did the club organize and established?
- How did the club purpose of existence and direction defined?
- Who are considered or not in club membership and the leadership, criteria? Gender composition?
- Existence of organizational structure by the club with defined lines of authority and responsibility? How the current structure looks like?
- System of governance in the club? Whether the RH/AAC has byelaw/ memorandum association (how RH/AAC leaders elected and other procedural matters? Why do yo think is necessary? Is it applied or in use?
- Decision making style or processes in the club? Who are the players in decision making? What did you observe as strength and limitations in this regard?
- Who provides overall direction and guidance?
- Accountability and credibility issue?
- Whether club's functions adhere to the organizational structure, mission and objectives?
- Whether mission and objectives of club is shared with members and constituency, h realistic it's
- Whether administrative procedures are in place and in use?
- Leadership commitment?
- Capacity of club to formulate policy, fund raising, public relation and lobbying?
- Whether action plan/project prepared by the participation of club members and othe stakeholders?
- How often meetings are organized with members, the leadership and other stakeholders? How regularly held?
- Definition of roles and responsibilities between club leadership and higher body?
- Whether relationship with members is participatory, transparent and decisions are delegated?
- Capacity of club to identify and/or explore resource capabilities?
- Capacity to construct a plan of action that utilizes client/members and environmental resources leading towards desired goals; and process involved for developing the plan?

- Capacity of club to implement action plan using own resources or with major contributions?
- Capacity of club to develop new opportunities and resources through program development, community organizing and social action? What did you observe as strength and limitations?
- Capacity to document and/or review success of change efforts to recognize achievements and inform continuing actions?
- How do you find the relationship among club members? Whether opposition or dissatisfaction observed among club members? Why? if successful what makes it a success?
- How stable is the club leadership? Is there frequent changes of leadership in the club and why? How about in the club in general and why?
- How smooth is the understanding between the leadership and members? Are there any instances in the past where some individuals in the leadership/members posed a problem on the overall performance of the RH/AAC?
- How do you comment club's membership accountability to the leadership and rules and regulations of the club? Do they fulfill their responsibilities? Are they actively participating in the club's program and decision making and why?
- Procedure concerning membership acceptance and dismissal and other matters? Are there any youth (PLWHA and other persons with especial problems) who are also RH/AAC members?
- Mechanisms to attract new RH/AAC members and retain them in the club?
- How do you see female's representation in club activities and leadership? If females are less or more represented in the club, explain the situation and discuss factors affecting their participation/membership?
- How do you observe extent of respecting and recognizing clients/members perspectives within club and what is the positive contribution of working collaboratively; how is that manifested?
- How does the club manage its finance? If audit report is presented to members, when was the last time? What were the findings or recommendations given by the auditors/observers?
- Mechanisms in place within the club to encourage involvement of different institution to support RH/AACS? How do you see its importance ?
- How do you evaluate your successes or achievements? In terms of increased knowledge, attitude and behavioral changes? Who participated in this process? Are you satisfied in this process? if not why, explain; if yes, pls elaborate?
- How/ why the club's RH/HIV activities become strong or weak?
- SWOT analysis of club: Strength, Weakness/limitations, Opportunities and Threats?
- How do you measure the club effectiveness:

- Process measures: quantity and quality of activities carried on by the club; inputs: what has been done and how well, efforts exerted, training/workshop conducted, work processes, how regularly members/leadership/agents-promoters perform their job

- Structures: organizational features or participant characteristics/ decision making within the club, facilities in clubs/equipment, club membership qualifications- training obtained, etc.
- Outcomes: what the club has performed. Changes in the knowledge or attitudes of members and youth at large and/ or extent to which the club met their own needs and expectations.

- How did you find the over all club performance? Is there any RH/AAC you know with outstanding /poor performance in the past but now loosing/gaining popularity? Explain the reasons. Do you think the club achieved its goal? If yes explain why said so. if no, why?

4. Material

- Physical assets the club possesses and sources? (Including own sources)
- Other supplies?

5. Financial

- Amount of finance and sources (including own contributions during last three years)?
- Issues of control and management (any comment given on the financial management aspects and reasons)?

6. Human assets

1. Members' (including leadership and promoters) educational status?
2. Skills acquired by members, can be various including peer educators trained to provide RH services and provide counseling and related?
3. Board / background of club's advisory body (if any)?

II. Opportunity structure/environment (formal and informal institutions, rules & procedures, applications as well as support networks (how favorable and inhibiting)

- How is the relationship with the community? From past experiences, are there any incidences where th RH/ AACS programs were opposed or stopped by the community or even by the youth or other bode (Explain the details)?
- How do other stakeholders like the community members, kebele leadership, community leaders, supporters participate in promoting the club's agenda or cause. Did you encounter any problem in t regard?
- How do the youth in general recognize/ consider RH/ HIV/AIDS as a major problem? Elaborate?
- How does the community in general recognize/ consider RH/ HIV/AIDS as a major problem? Elaborate?
- How do you observe the community/ youth acceptance of RH/ Anti Aids Clubs as promoters?

- How do clubs get support from outside? Who are the most supportive institutions for the RH/AACS i the community?
- How do RH/AACS get support from school leaders, Kebele administration, and political leaders and others?
- How does the club get support from the Woreda, Zone, Regional Secretariat Office and other organizations?
- How do you find the club's relations with outside environment: purpose, limitations and why?
- How does the club forge alliance with others, within natural support networks and service delivery system?
- How does the policy support the club's initiatives? What does the policy provide vs the practice; if there are limitations what?
- Overall limitations or gaps in the support systems and networks? What and how can it be addressed

III. Problems/ challenges encountered and suggestions:

- What do you observe as a problem encountered by the club to exercise empowerment and/or achieve its objectives they aim for? Identify most important inhibiting factors for youth RH/HIV/AIDS (fertility, abortion, morbidity/STI, RTI, Anemia, mortality and nutritional status)?
- How do you see as challenges to exercise empowerment?
- How do you observe as an improvement area? Why? What do you think to be done to increase role of clubs and their members in club activities and make them empowered; who should do what?
- What do you see as opportunities to exercise empowerment (ensure participation, decision making and accountability within the club)?
- How do you see as best experiences and lessons learnt from the club's initiatives?
- Mechanisms to address limitations of club's empowerment?
- Support or encouragement you feel needed, what and why needed? Who should do what?
- Any other observations

II- Data to be gathered from the club archives and health office records and other offices

General:

- Club's organization structure?
- Number of networks established to support club's RH/HIV prevention initiatives? Use Venn diagrams: to identify and analyze the various relationships or networks that the club is involved including GO, NGO and community structures.

- Number and type of communication products (posters, leaflets, etc) developed for the target audience?
- Family planning users among club members by type during the last one year period?
- Incidence rate of STIs for club members and non club members by sex during the last one year period from the community?
- VCT users from club members and non club members from the community by sex during the last one year period?
- Organization tree: to analyze various activity components of the club, values and history, structure both in management and resource terms, areas of work, achievements, and lessons learnt from experience.
- Changes and impacts: Use Time line: to identify the changes or developments in the club since establishment and then analyze its outcome in the lives of target groups (members)

Material

- Physical asset the club possesses and sources?
- Other supplies?

Financial

- Amount of financial capital owned by the club by sources (including own contributions) during last one year?
- Support rendered to the clubs during the last one year. By type and amount?
- Resources available by the club (Financial, Material including fixed assets obtained through donation) during the last one year, including members contributions?
- Reports of external controllers about club's financial management?

Human assets

- No of club members during the last three years by Age, Sex and Educational status?
- Members' educational status?
- Skills acquired, general?
- Board background or the advisory body (if any)?

III. Opportunity structure/environment (formal and informal institutions, rules and procedures, applications, and opportunities)

- Networks of the club both formal and informal (a kind of sketch's; describing their importance? And why?

- Copies of polices and laws available and in use by the club and relevant policies on youth?