



**Federal Democratic Republic of Ethiopia**

**Ministry of Health**

**Adolescent Reproductive Health Extension  
Package**

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## **1. Introduction**

Adolescence is a transitional period when a person is young and dependent. At the same time, the brain is being matured and there is rapid physical development. It is also an important period to obtain the necessary knowledge and skills to prepare one-self to engage in social affairs and activities. Hence, it is an age-group under going through continuous development process and requires a special attention and sustained support.

Adolescence is a period of high developmental changes in physical, mental and social conditions. In this period the adolescent youth fails to control his emotions, listen to parents' advice and begins to indulge himself in unhealthy behavioral activities. The youth is categorized in three age-groups 10 to 14 years old as teenage 15 to 19 year as early adolescent and 20 to 24 years as post-adolescent. In general, the age-group from 10 to 19 years is classified as adolescent. The problems of the adolescent arise from lack of understanding and proper response to the changes that occur during development, due to emotional behavior, peer pressure and the lack of experience of the prevailing social system and its interactions. In order to be prepared and respond to problems related to adolescence it is necessary to acquire a comprehensive knowledge concerning adolescence. Therefore, the adolescent should learn about human reproductive system; reproductive organs and their function, problems related to adolescence and in particular about an appropriate family responsibility. This undertaking should prepare the adolescent to feel responsible; to aspire and/or anticipate for a better future; to overcome problems and hurdles of life and eventually emerge equipped with the necessary knowledge and skills and physically strong and fit. The adolescent should be able to differentiate useful and harmful

behavior and practices and feel responsible to protect others from danger. In this respect, families and communities have important roles to play. In order for the adolescent to become effective head of family, the adolescent should know about the definition of the family and its historical development and relationships.

Adolescence is an age-group that undergoes through physical, emotional, mental and social changes that place its life at high risk. Consequently, most of the youth are exposed to casual sexual practices; unwanted pregnancy, child bearing at early age, high risk abortion, HIV/AIDS and other sexually transmitted diseases, rape unemployment, poverty and criminal acts. In addition, the adolescents don't receive adequate information and services on reproductive health. Even if services are available they don't utilize them. This situation has made the problems associated with adolescent reproductive health serious and complex.

The adolescent reproductive health programme is one of the priority components of the Health Extension Package. The programme is designed to focus on the production of healthy adolescents that will effectively succeed the present generation. However, the adolescents should form associations and create forums to discuss and resolve issues and problems related to adolescent reproductive health. This way, the adolescents will be able to induce behavioral changes and thereby prevent itself from diseases and related risks. Hence, the adolescent reproduction health extension package has been developed for implementation in rural Ethiopia.

## **2. Objective:**

### **2.1 General objective:**

Adolescent reproductive health programme in general and the extension package in particular aims at producing healthy adolescent population that is physically, mentally and socially well-developed.

### **2.2 Specific objectives:**

- 2.2.1 provide adequate information and education to reduce and/or gradually eliminate traditional harmful practices that cause adolescent reproduction health related problems.
- 2.2.2 Assist adolescents to protect themselves from HIV/AIDS and other sexually transmitted diseases.
- 2.2.3 Protect adolescent young persons from unwanted pregnancy, high risk abortion, and other reproductive health related problems.
- 2.2.4 Assist the adolescent young persons to protect themselves and their families from using addictive plants, narcotics and alcohol.
- 2.2.5 Guide and alert/motivate adolescent to utilize available family planning and reproductive health services.

## **3. Strategies:**

### **3.1 Conducting survey (base line study)**

The health extension workers should collect baseline information before starting programme implementation. Such a baseline data will help during evaluation to indicate the progress of the implementation of the adolescent reproductive health programme.

- 3.2 Creating enabling conditions for the adolescents to receive health education and services on HIV/AIDS and other sexually transmitted diseases.
- 3.3 Providing adequate information to protect adolescents from casual sex, unwanted pregnancy, early child bearing age, and high risk abortion.
- 3.4 Educating adolescents on traditional harmful practices and protect them from incidents of rape, early age marriage and female genital mutilation.
- 3.5 Creating enabling environment for adolescents to receive adequate information and education, to develop skills and improve their living styles and eventually become responsible nationals.
- 3.6 Providing adequate information and education to adolescents to protect themselves from addictive plants, alcoholic drinks and narcotics.
- 3.7 Establishing forums to discuss issues and problems related to adolescent reproductive health.
- 3.8 Expanding adolescent reproductive health programmes in schools.
- 3.9 Training of Trainers (TOT): Selecting and training volunteer house-wives who have completed education and/or are dropouts from school. These volunteers are residents of the Kebele and should be able to coordinate the community members. The volunteer house-wives will be aids to the health extension workers and will have the task of educating their neighbors.
- 3.10 Youth Day  
Organizing and initiating the youth groups engaged in the activities of reproductive health to develop and present short dialogues, dramas and writings under the slogan youth to youth and present them for the Kebele residents. In addition, celebrity persons should be invited for discussions. The youth should provide sustained education on adolescent reproductive health and should

commit itself to make the day a special occasion to strive to bring behavioral changes.

#### **4. Activities of the Health Extension Worker:**

Keep record of the important health problems of the youth in the community and provide information and education, on adolescent reproductive health programmes.

##### **4.1 Programme orientation:**

Orient the Female authorities, religious leaders, communities, government organization and NGOs in the Kebele on the importance of adolescent reproductive health problems.

##### **4.2 Data collection and management:**

Collect and compile information, by going house to house, from the youth between the age-groups of 10-24 years on age, level of education, sex and marital status.

##### **4.3 Provision of health education on adolescent reproductive health:**

4.3.1 The importance of adolescent reproductive health: Adolescent reproductive health intends to cover and focus on the youth population based on the following rationale.

- The youth age-groups in Ethiopia is 25% of the total population and out of this, those above 24 years old are married.
- The majority of the youth population don't receive adequate information and services on reproductive health, HIV/AIDS and other sexually transmitted diseases.
- The majority of female youth population in cities, towns and rural areas are exposed to sex harassment and rape, unemployment, poverty, crime acts, casual sex, unwanted pregnancy, early child bearing and high risk abortion.

- Of those people that live with HIV/AIDS, more than 50% are below the age of 25 years.
- It is necessary to create enabling conditions for the young generation which is the potential guardian of the Nation to protect itself from casual sex practices, early marriage, early child bearing etc.
- Adolescence is the period devoted to learning, mental development and broadening of vision and thoughts and the beginning of obtaining practical experience on social affairs and social interactions. In general, the period lays down the foundation of life and life style.
- It is a period when the young is unable to control his/her emotions and activities which in most cases violate the norms of and standards of decent life style of families and communities.
- Adolescence is also a period during which the young females are exposed to commercial sex, and in general, the young leaves school due to different reasons, use addictive substances such as alcohol, some plants and drugs , and break away from families due to misbehavior.
- It essential to create conducive environment to provide adequate information, skills, better living and life style etc. to the young population to enable it to effectively take over in the future, national responsibilities from the incumbent generation.

#### 4.3.2 Provision of education on the development changes during adolescence:-

Development changes occur in any young person but the age at which the manifestations of the changes show are different from one young person to the other. In general, gradual

development changes occur after at the age of eight years. Adolescence is the period during which sex organs develop and mature and are ready for sexual intercourse. During this particular stage of physical development changes evolve and trigger disturbances and strongly motivating feelings in the young. In as much as the changes make the young feel proud and happy, there are also feelings and conditions that confuse and frustrate him. This particular period is important for families and communities in general, to pay attention to the behavioral conditions of the youth. They should provide advice to the youth and make all possible interventions to influence them to carefully select their mates. As it is inevitable for the youth to go through such a process, the youth is often observed holding discussions, searching for information and some times raising questions that don't have easy answers.

**Changes developing in young females:**

- The breast starts to develop and grow, feeling of breast pain; growth and sticking out of the nipples;
- Growth of hair in the armpit and pubic (around the genitals).
- The initiation of menstrual period;
- Broadening of the pelvic;
- Change in the amount and smell of body sweat;
- Increased eagerness to know more about sex; and
- Developing keen Interest and/or falling in love with opposite sex.

**Changes developing in young males:-**

- Change of voice;
- Building and broadening of shoulder and chest;
- Growing beard; starting to grow hair in the armpit, pubic and perhaps in the chest;

- Development of male genitals and testicles;
- Starting to release sperm;
- Change in the amount and smell of body sweat;
- Increased eagerness to know more about sex;
- Developing keen interest and/or falling in love with opposite sex;  
and
- Releasing sperm for the first time in bed during sleep.

#### **4.3.3. Education on adolescent reproductive health related problems:**

First of all, it is important to make a rapid assessment to know about the prevailing adolescent reproductive health problems by type. Then discuss the problems with the communities to draw common interventions and solutions. The rural youth are mostly exposed to various health problems, because they often travel to market places in near by small towns. Here, they are easily caught by alcoholic drinks and commercial sex workers and it is likely that they are exposed to reproductive health related problems. The anticipated adolescent reproductive health related and other social problems are presented below.

##### **4.3.3.1 HIV/AIDS and other sexually transmitted diseases:**

The major sexually transmitted disease are HIV/AIDS, syphilis, chancroid, gonorrhoea, etc, The prevention and control measures for both HIV/AIDS and other sexually transmitted diseases are the same. Therefore preventing and controlling sexually transmitted diseases means without doubt preventing and controlling HIV/AIDS.

- HIV/AIDS prevention and control measures:-

- Abstain /refrain from sexual intercourse before and outside marriage;
- Sexual intercourse between two HIV/AIDS laboratory test free sexual partners must be based on absolute trust and sustained one to one relationship.
- Use condom properly, if for any reason or reasons sexual intercourse before and outside marriage is needed.
- Don't ever share cutting and sharp instruments for use. At home separate items used by adults and children such blade, needles, traditional pliers etc;
- Advice and follow up patients sick from sexually transmitted diseases other than HIV/AIDS to go to nearest health facility;
- Don't use the services of legally uncertified health facilities;
- Refrain from harmful traditional practices that expose to HIV/AIDS and other sexually transmitted diseases;
- Keep clean the areas around genitals;
- Advise and motivate suspected young individuals to go to health facilities and use HIV/AIDS counseling services.; and
- Provide support and care with affection to people living with HIV/AIDS and victims at family and community levels.

#### **4.3.3.2. Female genital mutilation.**

Female genital mutilation is one of the harmful traditional practices that cause problems of adolescent reproduction health. It is widely practiced in 28 African countries including Ethiopia. Mutilation of female genitals causes immediate and delayed health problems in young females. The immediate health problems of the young females include bleeding, unconsciousness, septicemia, problem of urination and sometimes death. Among the problems that come late are infertility, scar, fistula, delay in labour, infant and maternal

mortality and HIV/AIDS. In addition to the violation of human rights related to females, it seriously affects the happy and peaceful marriage of such victims. Furthermore, the number of deaths of mothers and infants is increased.

It is essential to prevent and eventually eliminate the harmful traditional practices of mutilation of female genitals. The choice of intervention would be to provide sustained and adequate information on reproductive health. This could be realized through the coordination and support of the Kebele management, religious leaders, schools, women and youth associations, other government organizations, NGOs and the communities at large.

#### **4.3.3.3. High risk abortion**

The youth engages in casual sex in the absence of adequate knowledge on sex and reproductive health and often without contraceptive methods. The consequences of such traditional practices is that the young females are exposed to illegal and high risk abortion resulting in illness, disability and death.

#### **Main reasons for abortion:-**

- Lack of appropriate information on sex and reproductive health;
- The non-existence of adequate services for abortion;
- The victims don't have access to adequate financial and other supports;  
and
- Communities don't effectively utilize available family planning services to prevent and control abortion.

## **Activities to prevent and control high risk abortion:-**

The youth should be provided with adequate and reliable information on sex, reproductive health and appropriate reproductive health services. The youth should be prepared and equipped with the necessary information, knowledge and skills to protect themselves from high risk casual sex intercourse and to improve its negotiation capacity. The youth should receive appropriate information and education on family life, the development of reproductive organs, the relationship of opposite sexes, unwanted pregnancy, illegal abortion, HIV/AIDS and other sexually transmitted diseases, appropriate family responsibility, marriage, the importance of family planning services etc. The specific activities are the following.

- Increase awareness of the youth on sex abstinence and healthy behaviors that reduce reproductive health related problems.
- Because of casual sexual motive, young females are frequently subjected to rape and unwanted pregnancy. Therefore, they should be educated and convinced strongly to commit themselves to utilize contraceptive methods to prevent unwanted pregnancy.
- Human beings go through the continuous process of development starting from conception to birth and after birth to death. With the progress of age there will be physical, mental and social development. Both the male and female individually think of being a husband and a wife and eventually a father and a mother. This is why the youth should effectively learn about family life and sex. In addition, the youth should receive comprehensive support to enable it to assess the different processes and changes of development and overcome the risk.
- Educate the youth to abstain /refrain from sex before marriage.
- Educate the youth to stick on one to one sex partnership as an important option.

- In case of unforeseen circumstances use condom.
- Conduct frank discussions on sex with friends and family.
- Provide continuous education to communities to give moral, and material support and care to HIV/AIDS patients and victims if possible the support should include to communities working on their farms,
- Provide adequate information and education on the complex consequences of abortion on the female youth, so that the communities will support the victims physically, mentally and socially.
- Motivate and mobilize the youth in the farmers association to establish health clubs that promote sex abstinence, healthy reproduction and healthy sex behavior among the youth, in addition, the health clubs should be supported in their efforts to disseminate information and create healthy environment.

#### **4.3.3.4. Early-age marriage**

Marriage in Ethiopia is often concluded according to established traditional practices and norms in different nations and nationalities. In the rural areas, however, it is common practice by families to marry their young girls at an early age. Early-age marriage is preferred by families for the following reasons. First, families prefer to get their daughters married while alive and or before they get old. Second, the marriage is accomplished with wealthy family in order to improve the living conditions of the bride's family. Third, to establish better relationship and tie between two families. Fourth, to prove that the bride is virgin, a litmus test that reassure that the bride is from a decent family. Fifth, to ensure that the bride is married at the right and socially accepted age limit.

#### **What are the consequences of early age marriage on young females:- .**

- Miss education opportunity and /or become out of school: young females miss the opportunity to go to school if she got married at an early age.

The next episode is that the married girls often get pregnant. As the girls didn't get adequate education, their fate is indeed decided by others such as her parents, her husband and his parents and relatives etc.

- **Working /serving others:**

Girls work at home for their parents and brothers. Even though, girls are married at an early age and are too young, they continue to work for their husband and his family ( the parents etc). At the same time their fate is decided by others. This state of affairs becomes an impediment to develop and acquire knowledge and skills to decide on their fate and related affairs.

- **High maternal and child morbidity and mortality**

Some of the consequences of early age marriage are delayed labor, fistula and rupture of the bladder . These incidents occur because the pelvis of the young girls is still fully undeveloped and narrow. Fistula is a dirty injury that results in the loss of control of urine and stool which results in incontinence and body smell. The young female victims of such mishappening are segregated by communities. Furthermore, abnormal labor often ends in child death.

- **Early age - marriage focused preventing interventions:**

There is an organized ongoing movement by interested against early age marriage . The groups have to be assisted to overcome and come out victorious on the measures being taken to reduce the harmful traditional practice. Some of the measures applied to prevent early age marriage include the following .

- Families should receive sustained and adequate information and education on this harmful traditional practice and their deadly consequences.
- Disseminate and promote information on the legal age limit for marriage in the rural areas.
- The government organizations and NGOs, should work with the participation of the communities in disseminating information and education related to the harmful traditional practices.
- Religious organizations should work on the prevention of early age marriage in villages, churches, meeting places with participation of communities and interested groups.
- Organize seminars, conferences, workshops etc to raise awareness on early age marriage during public holidays and other occasions.
- Invite important personalities and groups to give lecture to sensitize the public on the harmfulness of early age marriage and related consequences.

#### **4.3.4. Adolescent reproductive health related problems**

##### **4.3.4.1. Alcoholism The consequences of alcoholism on health**

- Intoxicates brain and liver;
- Reduces appetite and causes protein and vitamin deficiencies;
- Reduces the capacity of understanding of prevailing situations and gradually dives individuals into fight;
- Initiates pain in the stomachs and spleen;
- Induces heart and kidneys illnesses.

## **Measures to prevent alcoholism:-**

- Educate students in schools in the kebele on the consequences of alcoholic drinks on their health.
- Disseminate adequate information and education to raise the awareness of communities to enable them to participate in sustained efforts to prevent the youth from alcoholism and its adverse consequences on health and eventually to create alcohol free society.
- Provide adequate information and education to raise the awareness of communities on alcoholism to help them grow their children with care, to be responsible nationals.
- Young farmers often travel to nearby towns and village markets. They drink alcohol as refreshment in these areas. Then these young farmers get drunk and are triggered to fight between themselves or some of them indulge in sex that may result in the infection of HIV/AIDS and other sexually transmitted diseases. Therefore, the young farmers have to be made aware that such incidents can happen using pamphlets, health education in planned community meetings and other venues.

### **4.3.4.2. Highly addictive substances and drugs:-**

Chat, hashish and cannabis are the major known addictive substances that cause the following health and related problems.

- Decayed tooth;
- Loss of appetite;
- Constipation;
- Reduced sex desire and /or feeling;
- Mental illness;
- Isolate oneself from family and community social values;

- Inability or loss of desire to participate in all development activities, schooling, farming etc,
- Participate in criminal acts; and
- Exposed to HIV/AIDS and other sexually transmitted diseases.

**Measures to prevent health and related problems caused by addictive substances and drugs:-**

- Provide planned health education to communities in kebeles and in nearby schools.
- In order to raise search and bring behavioral changes, provide adequate information and education focused on the grave consequences of chat and other addictive substances to communities in general and the youth in particular. These activities should take place in youth forums in the form of dramas, discussions etc. by elderly and religious people.
- The health extension workers in collaboration with the agriculture extension workers should make continuous efforts to convince and influence the youth and adult farmers to acquire their income by harvesting other cash crops such as coffee, fruits, vegetables etc. instead of the harmful chat and other addiction substances.
- Provide planned and continuous health education to the rural population to use drugs officially prescribed by health workers and by collecting them from clinics and rural drug vendors.

**4.3.5. Social Problems:-**

Social problems that affect the youth have also bearing on their health. Some of the major anticipated problems include the following:-

- The act of sex harassment, abduction and rape on female youth;
- Assaulting and harming female youth;

- Attacking & abducting female youth for marriage;
- Migrating to cities in search of employment;
- Due to divorce and attraction by city-life, female youth migrate to cities and become commercial sex workers;
- The absence of legal premises to allow female youth to have the right to equal access to decision of properties and /or wealth common to husband and wife;
- The female youth are forced by parents to be out of school and married at early age.

### **Interventions needed to prevent social problems:**

The activities of a health extension worker mainly focus on the prevention and control of diseases. It is essential, however, that the extension worker clearly understands and keeps record of the social problems of the youth, their causes and contributing sources /factors and their health impact. The prevention of social problems of the youth can be realized only if relevant measures are applied with the full and active participation of communities and by creating enabling environment for their implementation. In addition, the following activities need to be undertaken.

- Create a mechanism for the sustained provision of adequate information to raise the awareness and bring concrete behavioral changes in communities to reduce and/or eliminate rape; abduction for forced marriage and assault / victimization. If these harmful practices are let to continue, the youth will be always exposed to HIV/AIDS and other sexually transmitted diseases . In addition, the communities and the youth association have to see and strongly participate that individuals or groups involved in such harmful practices and sued are penalized for the crimes they commit.

- The youth that discontinues its education and /or due to lack of farming land migrates to nearby towns and cities in search of alternate income generating activities. However, the youth ends up as street boys and girls, commercial sex workers, and addicts. Consequently, the youth is exposed to health related problems. To reduce the prevailing social and related problems the measure to be addressed should include the provision of land and the initiation to engage the youth in income generating activities such as weaving, metallic works, making chairs and beds from bamboo etc. Such activities must primarily be initiated by both health and agriculture extension workers with the support of the kebele council members. In addition, health education should be provided based on identified prevailing problems.
- Female youth often leave schools to avoid being harassed and abducted for marriage without consent and at early age. This harmful traditional practice is becoming more and more common. To organize the youth and communities at large to fight and prevent the abduction and raping of females, adequate information and intensive education need to be given on social and related health problems. In addition, enabling environment has to be created for religious organizations, educational institutions, women and youth associations, government organizations, and NGOs in order to enlist their participation in the fight to reduce and/or eliminate the harmful practices of female abduction and rape.
- Create enabling environment and establish adolescent reproduction health centers where the youth can easily discuss among themselves adolescent reproductive health and youth focused social problems.
- Organize in the youth center, meetings of professionals, elderly persons, development workers, religious and tribal leaders to exchange their experiences on youth health and social issues.

#### **4.4. Provision of adolescent reproductive health services:-**

##### **4.4.1. Establishment of adolescent reproductive health center:-**

Activities on Youth Day:-

- Drama:- initiate the youth to prepare and show drama that focuses on youth problems to communities.
- Play /dialogue :- Initiate the youth to stage exciting and educational but short play /dialogue to the youth at large.
- Short-writings:- initiate the youth to prepare short writings in conjunction with nearby schools to be presented on the Youth Day.
- Organize Youth peers to discuss on issues and problems related to adolescent reproductive health.

##### **4.4.2. Establishment and organization of youth recreational facilities:-**

Establish youth recreational centers with rooms and other spaces for traditional sports activities and meetings. This will keep away the youth from harmful environment.

##### **4.4.3. provision of family planning and reproductive health services:**

- Provide counseling service to the youth that wants to utilize family planning health services; and
- Promote and distribute condoms to prevent the youth from HIV/AIDS and other sexually transmitted diseases;

## 5. Expected outputs /Results:

- 1) The youth knows about the development and function of reproductive system and organs.
- 2) The community awareness on the health and other social problems such as female abduction, rape, the use of addictive substances (chat, cannabis, hashish etc); alcohol, early age marriage, female genital mutilation etc. would have improved. This would have been achieved by the dissemination of adequate information and education. Hence, the youth social and related health problems would be reduced through the concerted efforts of the youth and the community at large.
- 3) The youth would have received adequate information and education on HIV/AIDS and other sexually transmitted diseases. Hence, the youth would practice:-
  - One to one sexual relationship;
  - Abstain from any sexual engagement before marriage;
  - Refrain from any harmful traditional practices that make damage to the body; and
  - Use condom.
- 4) The youth would have started to use effectively family planning services to prevent itself from adolescent reproductive health related problems such as unwanted pregnancy and abortion.
- 5) Improved healthy reproductive health behavior including abstinence of casual sex would be observed in the youth.
- 6) The youth would establish forums that serve to organize the youth in general to address and/or tackle problems related to reproductive health.

- 7) Students in schools in the kebele would benefit from the adolescent reproductive health programmes or services.
- 8) The youth would have the knowledge and skills to openly explain about the grave consequences of early age marriage to their families that intend to marry them at an early age. And gradually the youth will be able to reduce and/or eliminate the harmful traditional practice.
- 9) Accidental and unplanned pregnancies would have been reduced.
- 10) The number of youth that leaves school because of pregnancy would have decreased.
- 11) The number of the activists of the adolescent reproductive health services would have increased.

## **6. Information, Communication methods for adolescent reproductive health:-**

- Providing counseling services: Provide counseling on reproductive health to young individuals who reside in the kebele.
- Establish peer youth forum: Organize the youth to develop and present-educational information /messages through dialogue, drama etc. on harmful traditional practices (female abduction, rape, early age marriage etc.) applied on the youth and reproductive health related problems ( unwanted pregnancy, HIV/AIDS and other sexually transmitted diseases, abortion etc).
- Prepare relevant messages /information on health and social memorial Days: For special memorial days such as the World Health Day; children's Day; Women's Day etc. disseminate relevant information and messages by using:-

- Pamphlets and leaflets;
  - Posters;
  - Slogans; and
  - Musical bands /orchestra etc.
- Information /messages disseminating methods on traditional and religious holidays:-

Prepare and disseminate relevant health education messages on Sundays in churches; Id Al Adaha; Mauled, Id Alfater /Remadan, Juna Friday and using other traditional holidays celebrated in the areas.

- Drama representing characters of personalities as a method to transmit messages / information: Producing and staging plays that depict particular character of personalities based on real experience in life and based on the available local knowledge and skills as fits to the youth. The play must be prepared and presented in ways that trigger discussions.
- Disseminating health messages /information via short dramas:-

Prepare and present written health messages/information on adolescent reproductive health related problems. These messages can be studied and memorized to be presented as recreational or educational dramas by peer youth to the youth in general and communities. However, the preparation and presentation of the drama should take into consideration the culture, practice and values of the communities:

- Dissemination of health messages using mass-medias;
- Reading materials:- leaflets and magazines;

- Visual aids, posters, charts often posted on walls;
- Groups training flip chart; and
- Presenting printed pictorial health messages focusing on adolescent reproductive health.

## **7. Information management, monitoring and evaluation system:**

- Tasks of the health extension worker:-
  - keep record of the number of the Kebele population categorized in sex, age and occupation;
  - Keep record of the number of schools, government and non-governmental organizations, farmers, youth and women's associations found in the Kebele;
  - Register the number of health education materials distributed to social and other organizations in the Kebele; Keep record of the number of people that received health education as group or in any gathering places;
  - Register all new clients of family planning services.
  - Keep the record of the number of households referred to higher health institutions by the health extension worker. The record should include information on whether the client has benefited or not from the next level of health facility;
  - Compile daily performed activities. Prepare and submit monthly, quarterly and annual reports to the woreda health office. The reports should contain the achievements, outcomes, benefits and problems encountered during the implementation of the package.

- **Activities implemented by wereda health office:**

The Wereda health office in collaboration with the kebele council will conduct quarterly or as deemed necessary sustained supportive supervisory visits to the health extension worker to ensure that the health extension package implementation has been progressing satisfactorily and to discuss and resolve problems and constraints encountered by the worker. In addition the Woreda health office compiles monthly reports received from the health extension workers and submits them quarterly to the Regional Health Bureau.

- **Activities implemented by the Regional Health Bureau (RHB) and the Federal Ministry of Health (FMOH):-**

- Develops a standard health extension activity implementation reporting format;
- Quarterly reports of the Wereda office will be compiled by the RHB and submitted to the FMOH;
- Assessment of the progress of the health extension package implementation will be conducted in collaboration with all stakeholders (Kebele council, government organizations, NGOs and beneficiaries) of the health extension package biannually by the RHBs and annually by the FMOH.
- Based on the findings of the assessment, the achievements made, the problems and gaps encountered will be analyzed. On this basis the FMOH and RHBs will formulate improved strategy document for better work in the future.

- The FMOH will prepare a report that contains observations made on the achievements, best practices, problems, gaps and measures taken to enhance the health extension package implementation. This report will be distributed to the RHBs. Similarly, the RHBs will coordinate the assessment of activities implemented by the Woreda health office. The report of the assessment findings will be distributed to the Woreda health office and the FMOH.
- The FMOH will conduct annual review meetings of the health extension package in which all regions involved in the implementation of the package participate. Report on the proceedings and results of the health extension package annual review will be distributed to the RHBs and woreda health offices. The report contains the recommendations and plans of action for implementation.
- When deemed necessary questionnaires for data collection on the progress of the implementation of the package will be designed and distributed to all stakeholders by RHBs and/or FMOH, Woreda health offices and health extension workers to fill and return. This will serve to improve or strengthen the implementation of the package.