

Professional Alliance for Development/PADet

The updated capacity statement, October 2021

Professional Alliance for Development (PADet) was initiated in October 1998 by volunteer professionals working in governmental and non-governmental organizations. The founders came up with creating a local NGO in full recognition of the magnitude of the problem of women and children in the country and the suffering these communities face in Ethiopia. Having fulfilled the requirements for registration, PADet was formally registered by MOJ, and later it has also been re-registered by the Agency for charities and societies.

PADet's mission is to support children, youth, and women in improving their wellbeing through participatory and sustainable development programs focusing on sexual and reproductive health and HIV/AIDS prevention and support, child development, women empowerment, and promotion of livelihood and food security measures.

Currently, PADet is operational in four administrative regions: Amhara, Oromiya, Afar and AA; implementing 11 projects in 26 districts with a total portfolio of Birr 50 million for 2021 to address more than 150,000 target beneficiaries directly (50% female). It has six field coordinating offices that support projects; the coordination offices are in Bahirdar, Woldiya, Dessie, Muketuri, Addis Kedam, and Gachene in the Afar region. The offices are staffed with well-experienced personnel (37% female) and equipped with the required working system and office amenities. Very soon, PADet will also open a new coordination office at Semera in Afar to promote the social accountability program to improve service effectiveness by service providers through strengthening civic engagement. This program will be supported by a multi-trust fund managed by the World bank.

PADet implements projects that contribute to building capacities of target community members and ensuring their overall development; its current programs include the promotion of ASRH. Since its establishment, it has been working to ensure that all its programs are implemented through community-based structures, volunteers, and the referral system. It ensures that women and girls are adequately represented to participate and benefit from the project interventions.

As it stands now, PADET has shown significant organizational development since the first capacity assessment was carried out on January 30, 2001. It has registered remarkable growth and strength in various areas, including program management, governance & management, external relations, program expansions, type, scope, and geographical coverage. It has received multiple credentials that testified as one of the best achievers in the CSO sector.

In terms of the partnership, PADet has partnered with the Plan International, Save the Children, Action AID, Population Service International, Food for the Hungry International, the EU, Project hope, the Packard Foundation, German Foundation for World Population, Master card foundation, IPAS, Geneva global, Freedom fund, Pestalozzi children foundation, the Ethiopian Red cross society/IFRC, CSSP, Norwegian Church AID, Geneva Global, OAK Foundation, Multi-trust fund managed by the World Bank, the USAID, EU/European Union, CORHA, CCRDA, and the Ethiopian Roads Construction Authority and private construction companies, which have been supporting children, adolescent and youth, gender & disability-inclusive interventions.

PADet is a member of various networks and consortiums at the regional and national levels. Non-State Actors Coalition, Consortium of Reproductive Health Associations /CORHA, Population, Health and Environment/PHE, and Consortium of Christian Relief and Development Association/CCRDA are the major ones.

PADet Experience on Reproductive Health (ASRH)

Professional Alliance for Development of Ethiopia has been working to improve the lives of children, youth, and mothers since 2000. It initially started in one region of the country focusing on disseminating information on various elements of Reproductive Health, including maternal and child health, later, it expanded its presence to twenty-six woredas of three National Regional States-Amhara, Oromia and Afar region.

According to the National Adolescent Reproductive health strategy health, psychosocial risks facing young people are not well understood in the community to address this gap.

Adolescence is a period characterized by efforts to achieve independence from parents and other adults, by the formation of close friendships with peers, and by experimentation with a range of ideas, products and lifestyles that have been very of interest to the organization.

PADet was working in creating awareness on risk and negative consequences of HTP such as early marriage, FGM, Rape and wife inheritance, the importance of VCT, and HIV/AIDS through community conversation training, facilitation, peer education sessions, mass information dissemination at various settings, such as marketplaces, schools, health service delivery points, public gatherings and by use of school and community media. It also promotes safer abortion as it is proved risky to mothers and fetuses.

The organization has been supporting adolescents and youths to acquire appropriate information on various Reproductive Health/ASRH issues availing youth-friendly services condom distribution, youth counselling, promoting abstinence among girls, recreation centers for young people, open discussion forums with young people, prevention of sexual violence among young people, vocational skills training, etc.

Poverty, limited educational opportunities, and early marriage encourage rural-to-urban migration, often bringing new RH risks such as commercial sex. The organization has also started investing in girls' education as a long-term strategy for achieving the desired goal. Girls' education has two significant components creating access and retaining them in school. Doing the same has helped district education offices and the local community construct alternative primary education centers in and around their vicinity. On the other hand, improving the environment to be girls friendly is an important strategy to retain girl children in schools and Income generating support for the families who send their girls to schools. The interventions required working at individual, family, school, and societal levels. In this connection, the organization has promoted children's rights at the community level, helping duty bearers be responsive to girls' rights violations advocating for male involvement, fighting for prevention of early marriage, furnishing schools, preparing reading corners, and encouraging girls to involve in co-curricular activities. These strategies, among others, helped the organization improve the Gender Parity Index in primary schools and Alternative Basic Education Centers in its target area.

An intervention tailored to prevent Gender-based Violence, especially Harmful practices, has also contributed much to ensuring reproductive health. Building the capacity of law enforcing bodies such as police and justice offices to conduct awareness-raising programs various national and regional laws and penal codes and mobilizing community-based for the same were significant components of the program. In addition, a series of discussions with parents and other community groups have also contributed to tackling the problem. On the other hand, a community-based rights abuses and violence reporting system established in coordination with woreda justice, women and education offices has worked well to identify such reports to law enforcing bodies for action. The involvement of community structures like Idirs advocate against Gender-Based Violence like rape to be considered severe presented before the court

immediately. They have also followed the judges. If they thought it was not equivalent to the crime, they would organize community demonstrations to influence the decisions.

Capacity-building measures for various community and government structures responsible for providing services related to safe motherhood have been one of the strategies employed to decrease the maternal and child morbidity and mortality ratio. On the other hand, our effort at integrating HIV/AIDS with ongoing Reproductive Health and Adolescent Reproductive Health activities bore fruit. It proved the feasibility of linking a community-based reproductive health program with HIV/AIDS prevention-focused interventions among the most at-risk population supported by PEPFAR/USAID.

Summary of significant accomplishments of SRH/HIVAIDS Projects during 2015-2021

- A total of 3,030,472 units of male condoms, 16,905 units of female condoms and 4,170 lubricants were distributed for the project target beneficiaries. Condom usage among commercial sex workers increased.
- Reproductive Health Promotion and HIV Prevention Care and Support projects reached 138,645 people (98,693 female and 39,962 male) providing information on HIV prevention reproductive health through workshops, RMNCH referral service, and referral for HCT, PMCT and ART, care, and support services.
- A total of 185 SHGs/VSLA groups were established who has a total of 3,200 members.
- PADet achieved 33,548 HVCs (20,125 Females) who received a minimum of one care service, benefitting them through increased health and social services, psycho-social support, etc. In addition, life skills training was provided to 8,542 (Females 4,342) older HVCs, and 11,564 (Females 7,542) caregivers have received Maternal and Child Health Education. Additionally, 1,411 (Females 717) HVCs and 992 (Females 766) caregivers were referred to HCT. 634 (Females 312) HVCs and 299 (Females 207)

caregivers received services from health centers. As a result, 7 HIV and 14 (11 Females) care confirmed positive and referred to ART service.

- Various sexual and reproductive health services were provided to 6,782 (Females 3,357) individuals, including education materials, shelter care, financial strengthening services, protection and legal aid services, and health care services through referral services and social and spiritual other nutritional services.
- 73 credit and saving groups were established; 2 evolved into credit associations out of these.
- By using trained peer-educators, 133 groups with 1,782 participants of HRM were reached through a minimum number of sessions using the client session guiding manual. Moreover, 73 groups with 717 participants of FSWs, 312 groups with 2,027 participants of OSAGW, 112 groups of one-to-one outreaches, and 41 groups with 186 participants of GBV were reached through minimum sessions using manuals developed for each respective target group.
- HTC Services were provided for the target beneficiaries in DIC centers and through referral to health facilities. Six thousand one hundred sixty-eight targeted clients discovered their HIV status; out of which 241 were HIV-reactive positive, and 230 were linked to ART and other related treatments.
- Twelve thousand six hundred twenty-four clients received HIV counselling and testing services at OHTC/HFs to discover their HIV status. Out of those tested, 337 were HIV positive, and all except ten were successfully linked to ART and other treatments.
- SRH rights were respected and different community groups, including adolescents, were economically and socially empowered.
- It has also benefited the community by improving the medical-seeking behaviour of MARPS (Most at-risk population) through awareness creation, creating referral linkages, and involvement of MARPS in alternative income-generating activities. HVC was supported through established social support structures like Community Coalition Care at kebele and district levels.

- Target groups/ communities' educational, psychological, medical, and nutritional status improved due to increased family-level income.
- Stigma and discrimination against PLWHA reduced considerably.
- Demand for, and utilization of, integrated clinical services among MARPs and other community members significantly increased; also, referral and linkage on family planning, ART, PMCT to public facilities improved.
- Individuals and SHG saving practices were enhanced.
- Community health and support systems for service delivery strengthened.
- Organizational and technical capacity of community structures strengthened.
- Data collection and use for learning and program improvement strengthened.

Major donors and partners supported RH/ASRH & HIV/AIDs activities

- PEPFAR/USAID
- Plan International
- DSW/German Foundation for World Population
- The Packard Foundation
- PSI/Population Service International
- Project Hope
- IPAS
- Consortia of Population Health and Environment /PHE in Ethiopia
- Consortium of Reproductive Health Associations/CORHA
- ActionAid
- EU/European Union supporting violence against women and promotion of decent work integrating with SRH services

PADet Water and Sanitation Experience and Tracks

As indicated above, PADet has been actively engaged in promoting participatory community-based development programs targeting the poorest of the poor and vulnerable community groups, particularly women, youth, and children.

Creating access to clean and safe water was one of the strategies employed to ensure the health of a working group of people and protect children from right violations.

During the last 20 years, besides constructing 3 Hand Dug Wells (which benefited 17,000 people as a whole) for its project areas in Wuchale woreda, North Shoa Oromia, it has also developed 2 Springs and a VIP latrine with shower facilities and handed over to the respective communities with all the necessary accessories. At Ankober, it has produced more than 14 Springs benefiting 5,600 communities. In collaboration with the health office and beneficiary contributions, 300 toilets were constructed at the household level (50 are women-headed) at Ankober woreda to reduce the problems people faced due to the absence of toilet facilities.

PADet has also implemented a Water, Sanitation and Hygiene project at Dulecha and Argoba special districts of Zone 3, Afar region. Constructions of two Hand Dug Well, two Spring, one Pond and rehabilitation of one town water supply system, Two VIP latrines, two Dry Waste Disposal Pits, and one Deep well. In addition, hygiene and health education programs collaborate with respective health office structures. All the schemes have supported many communities, of which at least 1/3 were women. In addition, water committees recruited and trained on management and maintenance of the water system for managing the projects. Cattle troughs were also constructed to protect animals from worms.

An external evaluation conducted on the WATSAN project at Afar revealed the following impressions and outcomes:

"The project was relevant and demand-driven. The success is attributed to effective coordination and collaboration with sector offices and Woreda Council, bottom-up community participation and commitment of the PADet team in spearheading the process of implementation. It has addressed the practical needs of the community. Several results were achieved. Key changes reduce the distance travelled, thereby creating better access to

water points. Hence, access creation has increased from 29.8% in the base year of 2008 to 47.6% in 2011 for Argoba Special Woredas. Similarly, the water coverage of Dulecha Woreda has increased from 19% in the base year (2008) to 27% during 2011. The average distance to fetch water is reduced by 24.1km for Dulecha and 3.84 km for Argoba Special Woreda. A total of seven water schemes were constructed in two Woredas. This contribution has increased the regional water access coverage of the base year from 56.6% to 60.67% in the current year (2011). Although the regional water coverage is 60.67%, the two Woredas water coverage is as low as 27% and 47.6% for Dulecha and Argoba special Woredas, respectively. 63% of the communities in Dulecha and 52.4% in Argoba Special Woreda still require potable water provision. Regarding effectiveness, all the planned water points were completed 100% in time and appreciated by all stakeholders. A total of 3,120 HHs benefited from the scheme. The water points construction efficiency varied based on technology choice and suitability of the scheme to a particular location. Because of this, spring capping was found to be most efficient (reaching more HHs with only about 20.3 Euros per HH), whereas the most expensive is deep well, costing 72 Euro per HH. Cost escalations have affected project costs due to inflation. Due to the three years operation for water access creation, there has been a water point increase of 23% and 71.4% in Dulecha and Argoba Special Woreda. On average, the Afar Water project's contribution has contributed to a 35% water point increase in both Woredas in three years, which is a success to the beneficiaries and the regional water coverage and project implementers. This evaluation indicates the need to scale up water access and work towards innovative ways of nurturing underground water tables, potentially preventing water depletion after a water point is established. Regarding the comparison of admin and programme cost, the usual proportion of 70:30 is respected to the extent possible." (Evaluation report 2011. Promoting the development of pastoralists through building community resilience to disaster in Afar regional state/Water in Afar.

PADet Core Strategies in RH/ASRH, 2020-24

I. Adolescent youth and their parents can make informed decisions on reproductive rights and the matters affecting their lives.

- Reduce adolescents' exposure to pregnancy and sexually transmitted infections (STIs),
- increase the cognitive and emotional maturity of adolescents to make informed decisions to delay sexual intercourse and birth, including those of married and unmarried girls (e.g., access to menstrual hygiene products and services, male and female contraception, risks related to FGM and early childbearing) to be able to support better their rights to health and sexual and reproductive health.
- Adolescent girls need access to sustainable and affordable menstrual hygiene products and simple ways to help them track their menstrual cycle and separate latrines, water supply, and dedicated (private) spaces in schools so that girls can change sanitary products as needed during the school day.
- Design and deliver campaigns to support adolescent awareness of the risks of substance abuse. Invest in awareness-raising messaging to reduce the stigma surrounding disability and chronic illness.
- Provide programming for parents of adolescents (at school through Parent/Teacher/Student committees, social workers to address parental misunderstandings, and position, encourage and support parents to answer their children's questions. This education must directly address taboos and stigma about menstruation.
- Provide girls with menstrual hygiene-related supplies (and, where possible, invest in the free provision of reusable sanitary pads through schools). Girls need access to WASH facilities at school, including water, toilets, and changing rooms. Additionally, they need simple products that help them track their cycles to manage menstruation better.

- Provide an iterative, age-appropriate, comprehensive CSE covering reproductive biology, contraception, STD prevention, gender power relations, and communication.
- Invest in stepped-up awareness-raising about the importance of delayed pregnancy – including delayed sexual debut and contraception – for girls, husbands, and adults (parents and parents-in-law). Continue messaging about birth spacing and family size using messages and messengers tailored to local needs.
- Invest in stepped-up awareness-raising about STDs, including renewed attention to HIV/AIDs– targeting prevention, testing, and ARV uptake.
- Invest in improved access to contraception (especially in remote areas and home-bound girls and women), including extended opening hours.
- Provide consistent access to free condoms in public spaces in urban and rural areas and include health clinics, health extension workers, bars, and hotels as outlets.
- Scale-up adolescent-friendly SRH services – paying attention to hours (include evenings), location (to facilitate confidentiality), staffing and supply availability information and contraception. Consider mobile clinics or school-based clinics.
- Ensure access to reproductive health information and services for boys and girls to delay first pregnancy until age 19, promote the use of adolescent-friendly reproductive health services, integrate nutrition assessment and counselling into youth-friendly reproductive health services, strengthen mobile health and nutrition teams to improve access to nutrition services in implementation areas.

II. To reduce new infection of HIV/AIDS and STIs transmission among community members through different preventive mechanisms.

- Standard community conversations, school-based HIV interventions (capacity building and school), HIV mainstreaming.

- Community awareness and prevention measures using voluntary anti-AIDS promoters referral agents for pregnant mothers.
- Robust referral systems, replication, and scale it up in the other regional woredas.
- Comprehensive woreda-level planning for HIV prevention and care.
- Initiate and strengthen targeted HIV prevention interventions for vulnerable groups/most-at-risk populations (MARPs).
- Community-level information systems (for non-health HIV/AIDS prevention and care activities) and HNIS data for decision making and planning.
- Initiate and strengthen a standardized referral system between the community and health facilities.

III. Complementary interventions, WATSAN

PADet shall strengthen its engagement in WATSAN to ensure universal access to WASH and utilization of WASH practice in schools and at home; promote household water treatment practices; promote safe and hygienic preparation and handling of food; promote handwashing with soap, promote safe and clean household environments. Promote school-based deworming services, promote iodized salt at the household level and promote exercise for preventing childhood obesity.

2. Other relevant information's about PADet capacity and track records

1. Financial and logistical resources

PADet has the necessary financial and logistical resources to perform its responsibilities on awards successfully.

2. Finance & Audit Systems

PADet uses a peach tree accounting operating system. The financial management systems have been able to identify and monitor the source and application of funds for all sponsored activities. PADet's financial reporting is completed on a monthly/quarterly basis.

3. Ability to Comply with Award Conditions

PADet has consistently met the terms and conditions of its program agreements in an efficient, cost-effective manner and will accept the terms and conditions of a sub-award issued by its donor partners.

PADet complies with donors and USG donor regulations by way of meeting, among others,

- Reporting requirements
- Audit requirements
- VAT reimbursements
- Obtaining approval of key staff hired for the project.
- The USAID has accredited PADet initiated capacity strengthening support program, i.e., 'Kizon' for best performance.

4. Satisfactory Record of Performance

Since its development PADet has proven to be consistent in implementing projects and completing activities in a timely and cost-effective manner.

PADet has implemented programs for over 18 years in Ethiopia consistently and compliantly with donor regulations and standards and with documented, audited institutional procedures, including those commissioned by the USAID.

5. Audit practices

According to our bylaws, an external auditor is selected through a formal auction process. After undergoing its audit, the firm is supposed to present findings to the General assembly of PADet, the highest supreme organ, which gives final approval and ensures that the organization has fulfilled essential financial accountability standards. So far, the NGO audit practices have done very well in meeting the interest of its

stakeholders, including the donor partners. PADet has also conducted IPSAS supported audit, and the report was a clean one with no materiality.