INDIRA GANDHI NATIONAL OPEN UNIVERSITY

SCHOOL OF SOCIAL WORK

SOCIAL – ECONOMIC CHALLENGES OF PEOPLE AFFECTED BY PODOCONIOSIS: THE CASE OF WAYU TUKA WOREDA, OROMIA REGIONAL STATE, ETHIOPIA

Philomina Lonappan

ID1405645

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Addis Ababa Ethiopia

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by

Philomina Lonappan

(ID1405645)

Supervisor

Mosis Kejela (PhD Can)

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DECLARATION

I hereby declare that the dissertation entitled " SOCIAL – ECONOMIC CHALLENGES OF PEOPLE AFFECTED BY PODOCONIOSIS: THE CASE OF WAYU TUKA WOREDA, OROMIA REGIONAL STATE, ETHIOPIA" submitted by me for the partial fulfillment of the MSW to Indira Gandhi National Open University, (IGNOU) New Delhi, is my own original work and has not been submitted earlier to IGNOU or to any other institution for the fulfillment of the requirement for any other programme of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

Place: _____ Signature: _____

Date: _____ Enrolment number: ID1405645

Name: Philomina Lonappan

Address: Addis Ababa, Ethiopia

Phone Number: +251-935261831

CERTIFICATE

This is to certify that Ms, Philomina Lonappan student of Indira Gandhi National Open University, New Delhi, was working under my supervision and guidance for his project work for the course **MSWP- 001**. His Project Work entitled "SOCIAL – ECONOMIC CHALLENGES OF PEOPLE AFFECTED BY PODOCONIOSIS: THE CASE OF WAYU TUKA WOREDA, OROMIA REGIONAL STATE, ETHIOPIA" which he is submitting is his genuine and original work.

Place: _____ Signature: _____

Date: _____ Name: _____

Address of the Supervisor: _____

_____

_____

Phone Number: _____

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LIST OF ACRONYMS

IGNOU	Indira Gahandi National Open Univesity
MSWP	Master of Social Work Project
MDGs	Millenium Development Goals
NTDs	Negelecte Tropical Deases
US	United States
WHO	World Health Organization
WTW	Wayu Tuka Woreda

ABSTRACT

Podoconiosis is a chronic health problem that has significantly devastated the health, social, economic and empowerment of people who are living disease in Ethiopia. The study participants have vividly elucidated the challenges they experienced. The study has employed mixed research approaches of quantitative and qualitative. Seventy respondents involved in the study which constituted 77.8% of the selected sample population. Diverse research tools interview, observation, focus group discussion and document analysis were employed in the study. Low level of awareness & education of the community, stigmatization prevalence in the area and non support of the government in terms of policy, finance and materials were the outcomes of the study. The researcher also recommends further in-depth study in empowerment of people affected by podoconiosis.

Key Words: *Podoconiosis, stigma, empowerment and health problem.*

CHAPTER ONE

1. INTRODUCTION

1.1 Background of the Study

Podoconiosis is a chronic disease characterized by the development of persistent swelling of plantar foot initially; which progresses to the dorsal foot and lower leg slowly or in a number of acute episodes to reach the knee. The disease may end up in a permanent feature of elephantiasis of varying degree. The disease is common in families of bare footed agriculturalists of tropical Africa (Price, 1990). The disease causes bilateral, but asymmetrical swelling almost invariably of thelower legs (Davey, G. et.al.2007)).Podoconiosis is a neglected tropical disease caused by exposure to red clay soil (Price, 1990).

According to Price (1990), globally,the disease occurs in highland areas of tropical Africa, Central America and northwest India and is related topoverty. Studies have also indicated that podoconiosis exists in areas where the altitude is above 1000meters abovesea level and annual rainfall above 1000 millimeters. About 4 million people are said to be affected by the diseaseworldwide and it is deemed a serious public health problem in at least 10 African countries. WHO (2019), the farmers who are for cultural reasons or through sheer poverty do not wear shoes are at high risk, but the risk extends to any occupation with prolonged contact with the soil.Podoconiosis is a poorly understood disease and this has lead to widespread of misconceptions about

the causes, prevention and treatment of the disease.

A recent study mapped podoconiosis nationally and showed that the disease is endemic in 345 districts and had a prevalence of 4% nationally (22-24). In addition, 34.9% (43.8%) of the Ethiopian population lives in an environment conducive for podoconiosis (Deribe K. etal, 2015). Another important ongoing study is a randomized controlled trial in northern Ethiopia investigating the effectiveness of lymphoedema management in podoconiosis. The study is the first fully controlled, pragmatic trial of the intervention and the evidence is highly likely to inform the implementation of podoconiosis control interventions in a new master plan for integrated control of neglected tropical diseases(NTDs) (Negussie H.etal, 2015).

Local residents have their own belief about the causes of podoconiosis. Soil has been identified as the primary etiology by local residents in endemic area (Price, 1990).Studies done on elephantiasis mainly caused by filariasis identified spiritual and supernatural causes, hereditary factors, trauma & accident to be the causes of elephantiasis (Leykun, 1995).

The researcher during her visit to WayuTuka,Woreda, WestWellega Zone, and Oromia Regional State, Ethiopia has observed that the local people affected with podoconiosis associating the cause of their illness with witchcraft, evil spirit and heredity. However,

different authors have indicted the familial tendency of the disease in their studies. According Leykun (1995), a study was done to identify if the disease has a hereditary tendency apart from environmental interaction and it revealed there might be a possibility of hereditary factors.

The peculiar physical appearance and familial occurrence of the disease has caused social stigma and isolation to sufferers and their families in different societies. The people with affected by podoconiosis seriously affected by diverse social and economic problems. These lead to social and economic discriminations.The familial occurrence of the disease victimizes specific families within a community by directing stigmas and discriminations towards them.

WayuTukaWoreda is one of the affected areas in west Ethiopia. Most of the population of the area is from the Oromo, the largest population in the country. The area is densely populated with 290- people /square km. The economic base for most of population is agriculture, which allows prolonged contact with the local soil.

According to Desta K. (2003), the survey which was conducted in the Zone in 2001, it was estimated about 796 people was with podoconiosis in WayuTukaWoreda (WTW).Even though, the presence of podoconiosis is known for a long time, there was no in-depth research conducted in this area.The social consequences of the disease are indicated at different times, there is no concrete evidence that fully describe the

problem to attract the attention of responsible parties. Even if Podoconiosis is a preventable disease by simply wearing a protective shoe, it can be said that it is a neglected public health problem by the Minister of Health, the regional health bureau and even by the World Health Organization.

Hence, the objective of this study is to investigate the social- economic situations of the people with such disease and generate means of prevention the disease that to contribute to healthy social and economic wellbeing of the people in the area.

1.2 Statement of the Problem

Podoconiosis (endemic non-filarial elephantiasis) is a geo-chemical disease caused by long-term exposure of bare feet to irritant volcanic soils. Affected people develop disfiguring swelling of the feet and lower legs, and later stages of the disease are characterized by hyperkeratosis skin changes and nodules (Price, 1988). Podoconiosis is one of the Neglected Tropical Diseases (NTDs); chronic disabling diseases that occur in settings of poverty and remain a huge burden in developing countries. The disease is endemic across more than 10 tropical countries in Africa, Central America and Northwest India, and Ethiopia appears to be home to the greatest number of affected people (1 million affected and 11 million at risk of disease). In West Wellega Zone,Oromia Regional State,Western Ethiopia, over 5% of the population is affected by the disease. Almost two-thirds of affected people in this area are in the most productive age groups, so the economic burden of podoconiosis is high, with the total

costs attributable to the disease estimated at US$16 million annually. Studies conducted in endemic areas in Ethiopia have recorded high levels of misconceptions contributing to stigmatizing attitudes towards podoconiosis affected individuals. Following Goffman (1963), many authors define stigma as an undesirable or discrediting attribute, reducing an individual's status in the eyes of society.

The highly insulting term 'Tono' [a local term in Oromia for swelling] is attached to podoconiosis and conveys a devalued social identity for affected individuals. According to some stigmatized attributes are so powerful in the reactions they engender that they are "master status" attributes that become the core identifying attribute of the person who possess them. Podoconiosis, as a disease causing a progressive bilateral swelling of lower legs, gives a "master status" to affected individuals so that they are easily marked and publicly identified in the community.

The stigma associated with podoconiosis relates to a number of factors: the progressive physical disability that prevents affected individuals from making a living Desta K.(2003); the misconceptions among community members about the causes of the disease and treatment options Desta(2003); the burden the disease brings on family members through treatment costs; perceived fear of public identification of familial disease; and the physical disfigurement caused as the disease advances (Price ,1972).

Since the consequences of podoconiosis related stigma is clearly visible, it affects patients' wellbeing and forces various coping strategies with maladaptive outcomes

(Desta,2003). The stigma attached to podoconiosis also affects both health-seeking behaviour and achieving effective treatment: in order to avoid negative reactions from others, some podoconiosis patients prefer to conceal their condition, and as a result, their symptoms may worsen Desta (2003)The shame surrounding the disease also deters those with podoconiosis from seeking the care of potentially prejudiced health workers Genene(1987:2003-07). Studies revealed that podoconiosis patients are disqualified from full social acceptance, marginalized from participation in social affairs, discriminated against in mate selection and marriage, and have little chance of decision making and leadership roles in the community, Price E.W (1988).

Stigma related to podoconiosis can be compared with that related to communicable and non-communicable diseases with obvious physical manifestations. Podoconiosis-related stigma is deeply rooted misconceptions related to its cause, transmission and prevention mechanisms. However, in contrast to a number of diseases with stigmatizing attributes such as leprosy, lymphatic filariasis, obesity, mental illness, tuberculosis and HIV/AIDS Genene, very little research has been performed into the extent of stigma related to podoconiosis. Thus the problem statement of this study is, there is knowledge gap about the social – economical challenges of podoconiosis disease to establish means of prevention.

1.3 Objectives of the Study

The study is comprised of general objective and specific objectives of the study.

1.3.1 General objective of the study

The general objective of the study is to assess the social – economic challenges of people affected bypodoconiosis in WayuTukaWoreda, West Wellega Zone, and Oromia Regional State, Ethiopia.

1.3.2. Specific Objectives of the Study

- To examine the social challenges of people affected by podoconiosis in WayuTukaWoreda;
- To assess the economic challenges of people affected by podoconiosis in WayuTukaWoreda; and
- To generate means of prevention of podoconiosis disease in the study area.

1.4. Research Questions

- What are the social challenges of people affected by podoconiosis in the study area?
- What are the economic challenges of people affected by podoconiosis in the study area?
- What are the means of prevention of podoconiosis disease in the study area?

1.5. Significance of Study

The study is significant in constructing knowledge aboutpodoconiosis. It is used

toenhance the individuals, groups, community members and social organizers about the causes, the challenges and means ofprevention. It assisted academicians in broadening of the prospectus with respect to socio –economic challengesof podoconiosis patients and hence provide a deeper understanding of podoconiosis. The findings of this study helpsstakeholder working on podoconiosiswith an insight into attitude of WayuWoreda People towards Podoconiosis.

1.6. Scope of the Study

The study delimits itself to social – economical challenges of people affected by Podoconiosis in WayuTukaWoreda, West Wellega Zone, and Oromia Regional State, Ethiopia. Although, the researcher believes that podoconiosis is widely observed and worth investigation in other low lands of the country due to limited human, financial and material capital the study is limited to WayuWoreda. Moreover, the content of the study merely focus on social and economic challengesof people affected by podoconiosis.

1.7. Limitation of the Study

The study specifically excluded all other variables associated with podoconiosis patient and only focus on Social – economical aspects of podoconiosis patients. The underlying reasons included logistic, financial and time constraints. The findings of this research may not be also generalized to the whole country as the study was conducted on one locality.

1.8 Chapterization of the Study

The study is categorized into five chapters. The first chapter deals with introduction, statement of the problem, research objectives, and research questions, significance of the study, scope and limitation of the study and chapterization of the study. The second chapter focuses on review of related literature, the third chapter deals with research design and methodology including the description of the study area, universe of the study, sampling and sampling methods tools for data collection, interpretation of the study; chapter four analyzes and interprets the collected data of the study. The final chapter, the fifth deals with recommendations and conclusions of the study.

CHAPTER TWO

2. REVIEW OF RELATED LITERARURE

This Chapter begins by explaining podoconiosis global context, podoconiosis in Ethiopian context, social challenges of podoconiosis, economic challenges of podoconiosis and podoconiosis prevention strategies.

2.1 PodoconiosisGlobal Context

Podoconiosis is a non-infectious lower leg lymphoedema. Podoconiosis is widely distributed in selected countries in Africa, South America, and Asia (Price, 1990). It occurs following long-term barefoot exposure to volcanic red soils found in tropical highland areas with heavy annual rainfall. It leads to a significant public health burden in at least 10 countries across tropical Africa, North India and Central and South America.

Current global estimates suggest that there are 4 million cases of podoconiosis in Africa, parts of Latin America and South East Asia (David G.et al, 2007, Tekola et al, 2012). In 2011, the World Health Organization (WHO, 2012), included podoconiosis in the list of neglected tropical diseases (NTDs).Podoconiosis intervention includes prevention through consistent use of footwear starting from an early age, regular foot hygiene and covering housing floors. For those with the disease, simple lymphedema management consisting of foot hygiene, foot care, wound care, compression, exercises and elevation, treatment of acute attacks and use of shoes and socks to reduce further exposure to the irritant soil is recommended (Negussie H.etal,2015).

According to Kebede et.al (2018), podoconiosis was described to exist or be endemic

in 32 countries, 18 from the African Region, 3 from Asia and 11 from Latin America. Overall, podoconiosis prevalence ranged from 0_10%. The prevalence 8.08%, was highest in the African region, and was substantially higher in adults than in children and adolescents. The highest reported prevalence values were in Africa (8.08% in Cameroon, 7.45% in Ethiopia, 4.52% in Uganda, 3.87% in Kenya and 2.51% in Tanzania). In India, a single prevalence of 0.21% was recorded from Manipur, Mizoram and Rajasthan states. None of the Latin American countries reported prevalence data. The disease impinges on affected individuals' health, social and economic wellbeing (Tekola, 2008).

2.2 Podoconiosis in Ethiopia Context

In Ethiopia alone there are thought to be at least 1 million cases (Davey.G. 2007) .Even though, it is under-researched; it has recently been designated neglected tropical disease status by the WHO. Podoconiosis does not occur in all barefoot farmers in such red clay soils, only in a genetically susceptible group (Tekola A. et al, 2012). Management of established cases can be achieved with simple low-cost intervention and prevention, achieved when genetically at-risk individuals avoid prolonged contact with the triggering soil type. If genetically susceptible children regularly wore shoes, the disease would be eradicated.

Men and women are equally affected in most communities. All of the major

community-based studies have shown onset of symptoms in the first or second decade and a progressive increase in podoconiosis prevalence up to the sixth decade. Farmers who for cultural reasons or through sheer poverty do not wear shoes are at high risk, but the risk extends to any occupation with prolonged contact with the soil.

The rise of podoconiosis from neglect to priority public health problem is no small feat. Over the past few decades, new and emerging diseases as well as the Millennium Development Goals (MDGs) have led to multiple health policies yielding positive results in Ethiopia. Unfortunately, until 2013 none of these policies have mentioned or prioritized podoconiosis or other tropical diseases. Podoconiosis was particularly neglected because it was found to be non-communicable and to overwhelmingly cause morbidity rather than mortality. Following the pioneering work of Ernest Price in the 1970s (Price, 1990) and his death in 1990, there was little discernible pattern of interaction between research and policy.With the initiation of podoconiosis research in Addis Ababa University, School of Public Health research works were undertaken. Over the past 14 years, the interplay between scientific research and international partnerships on podoconiosis brought podoconiosis to the policy arena. A trans-disciplinary approach to podoconiosis research was applied, and a series of pioneering studies were conducted.

Early studies explored disease prevalence, disease burden that included

economicburden, disease staging, genetics and research ethics. In additions studies on the social consequences such as quality of life, stigma and mental distress were conducted. A recent study mapped podoconiosis nationally and showed that the disease is endemic in 345 districts and had a prevalence of 4% nationally. In addition, 34.9% (43.8%) of the Ethiopian population lives in an environment conducive for podoconiosis (Deribe K. et.al, 2015). Another important study was a randomized controlled trial in northern Ethiopia investigating the effectiveness of lymphoedema management in podoconiosis. The study was the first fully controlled, pragmatic trial of the intervention and the evidence is highly likely to inform the implementation of podoconiosis control interventions in a new master plan for integrated control of neglected tropical diseases (NTDs) (Negussie H.et al,2016).

Building scientific evidence and advocacy has improved the awareness of diseases and resulted in improved knowledge and documented best practices for planning of the treatment and prevention needs of podoconiosis patients. These have led to a clear sense of urgency among the government of Ethiopia, Universities, research institutes, funders, and non-governmental organizations. These efforts contributed to the coordination and cooperation of resources to tackle the ignored disease.

2.3 SocialChallenges of Podoconiosis

The social changes of podoconiosis imposes is immense. Podoconiosis is a poorly

understood disease and this has led to widespread misconceptions about the causes, prevention and treatment. Although it is rarely a cause of mortality, podoconiosis is a disabling and highly disfiguring condition which places a large psychosocial burden on individual patients. Understanding the socio-cultural milieu in which podoconiosis patients live and the consequences they face as a result of the disease is of paramount importance for the implementation of disease prevention strategies and programs.

Podoconiosis patients face significant stigma from their communities. Earlier qualitative work suggested that the familial tendency of the disease contributes to the social burden it imposes (Gebrehanna, 2005). Subsequent studies in Ethiopia have also described a similar manifestation of intense podoconiosis-related stigma. For example, a study in southern Ethiopia identified the following podoconiosis-related social phenomenon: unwillingness to marry a diseased person or anyone from a podoconiosis-affected family; shunning of patients and family members; avoiding physical contact with patients; excluding patients from social events like weddings and funerals; spitting on patients; pinching nose when walking past patients at a distance; unwillingness of classmates to sit with patients at the same desk in school; and unwillingness of unaffected family members to approach an affected household member (ToraA ,et al 2011,Gebrehanna ,2005).

In another study by Molla et al (2012), in Northern Ethiopia, approximately 13% of patients mentioned that they had experienced one or more forms of social

stigmatization at school, church, or in the market place including school dropout, forced exclusion, not buying products from them, shunning, pointing at them, nose pinching and insulting. Similarly, a study on the extent of stigma in southern Ethiopia showed that over half of affected patients in endemic areas reported significant levels of stigma (Toraetal, 2014). In general, podoconiosis patients are stigmatized by communities in which they live as well as by health professionals including social isolation, differential treatment at social events such as funerals and weddings, discrimination in marriage, leadership roles and decision-making roles in community affairs (Molla Y,et al.2012).

People with podoconiosis are also found to have higher mental distress than healthy controls, suggesting that podoconiosis is associated with reduced quality of life and depression. These would be undoubtedly lead patients to resort to coping strategies that could be positive or negative. For example, avoidant behaviors were described in a study in Southern Ethiopia including avoiding participation in church, school, funerals and weddings; avoiding marriage to non-patients; taking actions like abduction, changing place of residence and premarital sex during mate selection; divorce; and in extreme cases, suicidal ideation as well as avoid seeking treatment (Tora A.et al ,2011) . The social burden also extends to family members through perceptions of fear of public identification of the familial nature of the disease and costs associated with care (Mollaet, al, 2012).These findings, call for social workers services such as integration of

psychosocial care and stigma reduction strategies of podoconiosis management.

According to Gebrehanna E(2005), the social burden podoconiosis imposes is immense. Podoconiosis is a poorly understood disease and this has led to widespread misconceptions about the causes, prevention and treatment. Although it is rarely a cause of mortality, podoconiosis is a disabling and highly disfiguring condition which places a large psychosocial burden on individual patients. Understanding the socio-cultural milieu in which podoconiosis patients live and the consequences they face as a result of the disease is of paramount importance for the implementation of disease prevention strategies and programs.

2.4 Economic Challenges of Podoconiosis

According to WHO (2019),in Ethiopia, 1 million people are estimated to be affected. The economic consequences are severe: productivity losses per patient amount to 45% of working days per year, thus economic losses to a country such as Ethiopia exceed US$ 200 million per year. Stigmatization of people with podoconiosis is pronounced; patients being excluded from school, local meetings, churches and mosques, and barred from marriage with unaffected individuals. David (2008), one million cases are estimated to exist in Ethiopia, and 64% of these are in the economically productive age group.As a chronic and debilitating condition, podoconiosis has had a large economic impact on affected areas.

2.5 Podoconiosis Prevention Strategies

Primary prevention consists of avoiding or minimizing exposure to irritant soils by wearing shoes or boots and by covering floor surfaces inside traditional huts.Secondary preventioninvolves training in a simple lymphoedema treatment regimen, similar to that used in management of LF lymphoedema. The regimen includes daily foot-washing with soap, water and antiseptic, use of a simple emollient, bandaging in selected patients, elevation of the leg, controlled exercises, and use of socks and shoes.

Tertiary prevention encompasses secondary prevention measures, elevation and compression of the affected leg, and, in selected cases, removal of prominent nodules. More radical surgery is no longer recommended since patients unable to scrupulously avoid contact with soil experience recurrent swelling which is more painful than the original disease because of scarring. Social rehabilitation is vital, and includes training treated patients in skills that enable them to generate income without contact with irritant soil.

The key strategies for podoconiosis control are prevention of contact with irritant soil (primary prevention) and lymphoedema morbidity management (secondary and tertiary prevention) The primary prevention of podoconiosis includes using footwear, regular foot hygiene and covering the house floor. These measures will prevent contact between the foot and the minerals triggering the inflammatory

process. Secondary and tertiary prevention of the disease are based on lymphoedema management which consists of foot hygiene, foot care, wound care, compression, exercises and elevation, treatment of acute attack and use of shoes and socks to reduce further exposure to the irritant soil. In some cases with nodules, surgical excision of the nodules may be recommended. Price described the objectives of secondary and tertiary prevention as:

- To arrest progress of early disease
- To reduce the frequency of acute attack
- To reduce the swelling of the limbs, and
- To maintain reduction of the swelling

CHAPTER THREE

3. RESEARCH DESIGN AND METHODOLOGY

This chapter explains the various components of the research methods used to investigate the research questions. It begins with stating the research design in which

the approach, method, and strategy used in the research are explained in detail. In the second section, methods of collecting primary and secondary data are described in the sub sections. In the following sections, the sampling technique, the presentation and analysis of data, and reliability and validity of the data are described before concluding the chapter with the steps used to ensure research ethics.

3.1 Description of the Study Area

The study was conducted in WayuTukaWoreda, Western Wellega Zone , Oromia Region, Ethiopia , which has seven kebeles (small administrative units) under the administration of the Woreda (larger administrative unit) where Konchi Clinic has the catchment area of their kebeles such as Gaba Jimmata, Miya Kura, & Worababu wich have the the population of 15,931. Konchi Clinic gives health care service for podoconiosis patients who reside in these three kebeles.

3.2 Research Design

In the study both qualitative and quantitative methods of data collection were employed to collect the required types of data. The quantitative data collection was applied through structured questions. Quantitative research generates statistics through the use of survey research, using instruments such as questionnaires or structured interviews. Quantitative approach involves the use of numerical values that result is in measurable data. This type of data collection method is used to analyze statistically.

Qualitative approach collects data with descriptive characteristics, rather than numeric values in words, texts, photos and picture to describe the participants' expressions without researcher biasness. Qualitative data is observable but not measurable, and provides important information about patterns, relationships between systems, and is provide context for needed improvements. This is commonly an approach for collecting qualitative data in surveys research; it employs focus group discussions and independent observations.

The researcher of this study also applied qualitative research to explore attitudes, behaviour and experiences of the respondents through such data collection tools as interviews or focus groups. The study attempted to get an in-depth opinion from participants through participants' observation relevant and appropriate data were collected using qualitative approach Thus, the study was employed the above elucidated mixed methods of data collection.

3.3 Universe of the Study

The entire numbers of podoconiosis patients who were getting health care services fromKonchi Clinic were 796. Thus the universe or population for this study was 796podoconiosis patients of three small administrative units of WayuTukaWoreda that are Gaba Jimmata, Miya Kura and Worababu.

3.4 Sample and Sampling Method

Systematic random sampling technique was used to select podoconiosis patients as respondents of the study. After having complete list of podoconiosis patients out of the total number of 796podoconiosispatients89 of respondents were selected as a sample for this study. The sample size for the study is determined here under by using Yamane (1967) statistical calculation formula:

n= N /1+N (e) ² Where, n = Sample size N = Total population e = error Therefore, n= 796/ 1+796(0.1)²=89

From complete list of the podoconiosis patients one of them was selected on random base and every k^{th} individual was systematically included in the sample. In other words every k^{th} individual is obtained by dividing total population with the sample size. That means every 9^{th} individual was included in the sample. The rationale behind systematic random sampling is that every individual has equal probability of being included in the sample and the information obtained was reduced the biasness in selection of the sample respondents.

3.5 DataCollection:Tools and Procedures

The study was employ qualitative and quantitative research approach that is mixed methods. Interview, observation, focus group discussion and document analysis were the main methods for qualitative data collection of this study. The interviews were conducted using pre-established guideline. In an interview schedule both structured and

unstructured questions were used. In structured interview questions were prepared for target respondents on socio – economic challenges of podoconiosis patients'. Moreover leading questions were employed and based on the response of the research participants, further questions were asked to obtain more in-depth information on the issue under investigation. One to one interview was done in the presence of a translator with target group that are people affected by podoconiosis. The interview was conducted in Oromiffa the respondents' vernacular language and translated into English.

To substantiate the data obtained through individual interview on social and economic challenges ofpodoconiosis, focus group discussion was held with respondents who were more knowledge and experiences to triangulation. The study was also employed document analysis method to know the prevalence of podoconiosis and its challenges using Konchi Clinic annual report.

The main role of the researcher apart from asking the questions and holding discussion, observation was undertaken. To conduct an observation an observation guide was prepared by the researcher and field based on what is being observed on the issue under investigation. The interviews were taken place in the house of the respondent. The entire interviews were done in a situation where the privacy of the participants was kept. Moreover, questionnaire was used to collect data on socio-economic challenges ofpodoconiosis patients.

3.6 Data Analysis

During the interview field notes were enriched using the tape-recorded information. Preliminary analysis was done manually after each interview so that the outcomes of the interviews were outlined. The interviews that were conducted using a translator were transcribed and data clearance was done by repeatedly listening and re-reading. Observations were taken place as part of the interviews and were incorporated during the transcription of the interviews for further analysis. The qualitative data were carefully and accurately described, the qualitative data were calculated in terms of frequency and percentage.

3.7 Ethical Considerations

Securing informed consent of research participants is among the binding ethical principles in guiding the conduct of any research undertaking. The study, thus, was conducted in consideration of all ethical issues of a research. Ethical considerations are the concerns that arise over the proper way to execute research, more specifically not to create harmful conditions for the subjects of inquiry, humans, in the research process. The researcher is responsible to be sensitive and respectful of research participants and their basic human rights. The study was ensured the following throughout the investigation: explicate the aim and objectives of the investigation as well as the procedures to be followed up front to everybody taking part in the research; make it clear to them that participating in the study is voluntary, and that should they

for some reason want to withdraw from it, they have the right to voluntary do so at any time; that everybody participating in the study aware an informed consent and that their privacy was respected at all time and that everything they share was treated as confidential.

CHAPTER FOUR

This chapter presents the findings related to the research questions asked by the research and based on the tools indicated in the previous chapter. Data gathered through the primary and secondary tools have been interpreted, presented, and analyzed in the sub-chapters below.

4.1 Demographic Situations of Respondents

Table 4.1 Demographic situation

Age	F	%
18-24	26	37.14
25-31	12	17.14
32-38	8	11.43
39-45	16	22.86
46-52	5	7.14
53-60	3	4.29
Total	70	100
Occupation	**F**	**%**

Farm	63	90
Other	7	10
Total	70	100
Sex	**F**	**%**
Male	26	37.14
Female	44	62.86
Total	70	100
Marriage Status	**f**	**%**
Married	56	80
Unmarried	14	20
Total	70	
Religion	F	%
Protestant	49	70
Orthodoxy	21	30
Total	70	100

Source: Own Survey 2019

The above table 4.1 shows as the study data was gathered from 70 respondents using semi- structured interview and focus group discussion tools. The entire 70 respondents were all vulnerable of podoconiosis disease. Respondents' age was ranged from 18 to 60 years. The respondents who were from 18 to 52 years constituted 67(95.71%), this implies that the people who were affected by the disease are found at productive age bracket.

Regarding the occupation of the participants, 63(90%) of the respondents were engaged in farming and the rest 7(10%) in office clerk, security guard and shopkeeper. The responses of the respondents reflect as almost the entire respondents were engaged in farming, which is very challenging for such patient to be productive and self-supportive. According to the key informants' responses, the community members in the area lack diversification of income due to lack of skills training which can make their life easier. On the other side, in terms of gender, 44(62.86%) and 26(37.14%) were females and males respectively. This implies that the number of women affected by the disease is significantly very higher than the males. This also leads to unbalanced participation women in social and economic activities.

The interviews conducted also show that 42(60%), 21 (30%) and 7(10%) of the respondents were illiterate, grade 1-6 and 7-12 respectively. According to the observation made in the study area and focus group discussion with selected

respondents of the study, due to marginalization or stigmatization, as well as the stink nature of the disease they could not able to continue their education. The key informants selected from the clinic indicated that due to poor living situation, they were not sending their children to school. As a result they were not secure payable jobs and even they could not maintain their social and economic justices as well as basic rights. In terms of religion, 49 (70%) respondents were protestant religion followers and the rest, 21(30%) were worship in orthodox Christianity.Regarding marriage of the respondents 56(80%) of them were married during the interviews and the remaining 14 (20%) were unmarried, meaning they are single and widowed.

In spite of the diversity in respondents' characteristics, the whole 70 (100%) sample respondents selected were exclusively from people who were affected by podoconiosisdisease. Allof them are people who are affected by disease. Aside from their experiences, respondents were selected for their similarities in past life history and present vulnerabilities.

4.2 Interaction with Close Relatives Table 4.2 Interaction with Relatives

Source: Own Survey 2019

The above table 4.2, data collected by the researcher indicates that 24(34.29 %.) and 35 (50%) of the respondents were agreed and strongly agreed as they were deterred from their family affairs. Their role in community affairs was eroded and it implies as they were alienated from even from their close family members.

The respondents also indicated that regarding the sharing of householdfacilities with their members, 20(28.57%) were neutral, 30 (42.86%) agreed as they were avoided from

Interaction with Close Relatives	Strongly disagree		Disagree		Neutral		Agree		Strongly Agree		Total	
	f	%	f	%	f	%	f	%	f	%	f	%
Deterred from taking part in family affairs activities	4	5.71	5	7.14	2	2.86	24	34.29	35	50.0	70	100
Family members avoided sharing household utensils	3	4.29	4	5.71	20	28.57	30	42.86	13	18.57	70	100
Received insults about foot	5	7.14	6	8.57	4	5.71	32	45.71	23	32.86	70	100

sharing of household utensil. The survey conducted also reflective of 13(18.57%) of the respondents strongly agreed as they were not shared the household facilities with their family members. This shows that people affected by podoconiosis were leading a traumatized life in the study area. This discriminatory show there is room for social justice for such individuals in their community.

Regarding the insult they received about their foot, 32(45.71%) and 23(32.86%) were agreed and strongly agreed respectively. The responses of the respondents clearly articulated that almost 55 (78.57%) were stigmatized by the perception of the individuals, groups and community members of their vicinity.

4.3 Economic Situation of People Affected by Podoconiosis

Table 4.3 Respondents' Economic Situation

Economic Situation	Strongly disagree		Disagree		Neutral		Agree		Strongly Agree		**Total**	
	f	%	f	%	f	%	f	%	f	%	f	%
Denied a job opportunity	20	28.56	16	22.86	0	0	24	34.29	10	14.29	70	100

Forced to leave job	15	21.42	10	14.29	5	7.14	25	35.71	15	21.42	70	100
Mistreated at work place	5	7.14	6	8.57	8	11.42	30	42.85	21	30.0	70	100

Source: Own Survey 2019

People who are affected by podoconiosis have common economic situations that denial of job opportunity to lead their dignified life. Such discriminatory is emanated from individuals, groups and different community members' perceptions about the disease. The survey conducted shows that 36(51.42%) on average disagreed as they were not denied to work, and 34(48.58%) also reflected in their response as agreed with the denial of job opportunity. As the survey indicates as such people have no sale skills they were forced to involve in begging and daily labor work.

Concerning, forced to leave job, 40(57.13%) of the respondents were faced a challenge of forced to leave their farming but they managed to maintain their farmland challenging such push factor. However, 25 (37.71%) of the respondents were disagreed as they were not forced to leave job. Out of the 70 respondents about 5(7.14%) their responses were neutral. The focus group discussion held with selected respondents revealed that securing job out farming is the difficulty part of their situation to lead a

dignified life.

The table 4.3 also reflects as 60 (85.71%) of the respondents were faced mistreatment at their farm work place. The focus group discussion was also discovered that they were preferred mistreatment rather than either denial or forced to leave it. Thus, the respondents of the study were found in difficulty economic situation, their economic empowerment was denied and there was no assistance given by the government to improve their working and leaving conditions.

4.4 Participation in Community Affairs

Table 4.4 Participation in Community Affairs

Participation in Community	Strongly disagree		Disagree		Neutral		Agree		Strongly Agree		**Total**	
	f	%	f	%	f	%	f	%	f	%	f	%
Created difficulty in making marriage	5	7.14	4	5.71	6	8.57	32	45.71	22	31.42	70	100
Denied chance of leadership role	2	2.85	5	7.14	5	7.14	20	28.56	38	54.28	70	100
Denied from decision making	4	5.71	3	4.29	2	2.85	21	30	40	57.14	70	100
Isolated from social	19	27.1	4	5.71	22	31.4	19	27.1	6	8.57	70	100

events participation		4				3		4				

Source: Own Survey 2019

The above table 4.4 shows that 32(45.71%) and 22 (31.42%) of the respondents agreed and strongly agreed as they faced difficulty in making marriage with unaffected person. The respondents' responses show that it is rear to marry unaffected person. On an average about 58(82.84%) of the respondents were responded as they were denied as there is room to have a chance of leadership role in the unaffected community. The key informants indicated as their chance to become a leader is limited to their area of dwelling. Regarding, decision making at community level, 61(87.14%) of the respondents indicated as there was no empowerment in decision making. According to focus group discussion and key informants responses lack of movement and limited socialization due to their health problem, there was no as such attention given to empower them in social, educational, economic and decision making.

Socialization is an important event in human development. Socialization or attending diverse social events is not an easy task for podoconiosis patients. The data collected

through the study participants show thatrespondents constituted 23(32.85%) disagreed, 22 (31.43%) neutral and 25 (36.71%) agreed about isolated from social events. Accordingly, the researcher was able to observation and key informants interview outcome their participation in social events such as funeral and weddings is depend on their health situations rather than isolation.

4.5 Efforts Made to Reduce Stigma

Table 4 .5 Efforts Made by Respondents to Reduce Stigma

Efforts made to Reduce Stigma	Strongly disagree		Disagree		Neutral		Agree		Strongly Agree		**Total**	
	f	%	f	%	f	%	f	%	f	%	f	%
Avoid taking part in group activities with unaffected	15	21.43	12	17.14	8	11.43	15	21.43	20	28.57	70	100

people												
Use household utensils separately from others	14	20.0	8	11.43	10	14.28	18	25.71	20	28.56	70	100
Avoid spending time with unaffected friends	6	8.57	12	17.14	16	22.85	20	28.56	16	22.86	70	100
Avoid asking neighbors for help	18	25.71	10	14.29	12	17.14	10	14.29	20	28.56	70	100

Source: Own Survey 2019

According to the researcher observation and focus group discussion, avoiding stigmatization is not as such as simple. It is psychologically challenging and emotionally affecting. To reverse this effect, it requires collaborative efforts of individuals, groups, community members and institutions as well as government support. Table 4.5 above shows that on average 35(50%), 27 (38.57%) and 8 (11.43%) of the respondents were agreed, disagreed and neutral respectively. About 38 (54.27%) of the respondents were in favor of using household utensils separately from others. However, 28(31.43%) and 10(d14.28%) of the respondents were disagree and neutral. Regarding avoiding spending of time with unaffected friends, 36(51.42%) agreed to

distance themselves, the rest 18(25.71%) were disagreed in avoiding spending time with unaffected friends and 16(22.85%) were neutral. The responses of the respondents concerning avoiding asking neighbors for help show that 30(42.85%) and 28(40%) were agreed and disagreed respectively. The responses of the respondents were reflective their efforts the ways to reduce stigma.

4.6 Action taken to Escape from Challenges

Table 4.6 Actions taken to Escape from Challenges

Efforts Undertaken	Strongly disagree		Disagree		Neutral		Agree		Strongly Agree			
	f	%	f	%	f	%	f	%	f	%	f	%
Avoid marriage to an unaffected person fearing stigma after marriage	18	25.71	7	10.0	10	14.29	20	28.57	15	21.43	70	100
Accept condition deprives of playing a leadership role	24	34.28	8	11.43	9	12.85	10	14.29	19	27.14	70	100
Avoid visiting public places	16	22.86	6	8.57	8	11.43	25	35.71	15	21.43	70	100
Built confidence to	17	24.2	9	12.8	19	27.1	10	14.2	15	21.4	70	100

move with community freely		8		5		4		9		3		

Source: Own Survey 2019

Table 4.6 above shows that 35 (50%) of the respondents agreed as they were avoided marriage to an unaffected person fearing stigma after marriage but 25 (35.71%) were opposed this idea.Regarding, accepting of condition deprives of playing a leadership role, 32(45.71%) were opposed and 29(41.43%) were accepted the idea. According to the responses of the respondents 22(31.43%) were disagreed and 40(57.14%) were agreed about avoiding visiting public places.The responses of the respondents which constituted 25(35.72) in favor of building confidence to move with community freely and 26(37.13%) were against the idea, the rest 19(27.14%) were neutral.

4.7 Means of prevention of Podoconiosis

Table 4.7 Means of prevention of Podoconiosis

Prevention Mechanism	Strongly disagree		Disagree		Neutral		Agree		Strongly Agree		**Total**	
	f	%	f	%	f	%	f	%	f	%	f	%
Raising Awareness	6	8.57	8	11.42	12	17.14	30	42.85	14	20.0	70	

Wearing shoe	4	5.71	2	2.85	6	8.57	26	37.14	32	45.71	70	
Keeping personal hygiene	4	5.71	3	4.29	3	4.29	36	51.42	24	34.28	70	

Source: OwnSurvey 2019

The above table 4.7 clearly shows that 44(62.85%) were responded as raising awareness is one of the means prevention of the disease. Out of 70 respondents 58(82.85%) supported the importance wearing shoe to avoid the problem and 60(85.70%) also hold up the relevance of keeping personal hygiene.

CHAPTER FIVE

5.0 Introduction

This chapter contains conclusions and recommendations of the study.

5.1 Conclusions and Implications

The research has identified the social, economic, empowerment challenges of people

affected by podoconiosis disease. The respondents selected among the target groups of the study, the observation of the researcher in the study area, the key informants interviews outcomes clearly indicated multiple challenges of the people who are living with this health problem. The outcomes of the study initiate diverse stakeholders' engagement to bring positive change in the life these venerable groups of the community. Stigmatization of such group of the society is a critical social, psychological, economical and health challenges.

The results of the findings require capacity building, promotion of health service, economic empowerment, social development and educational support. It demands empowering of the target people in communities and institutions through building their capacities in different dimensions.

5.2 Recommendations

The research finding has significance in a number of areas. First and for most for governmental and none governmental organizations, private health institutions,social workers and policy makers will be benefited from theoretical and practical implications.

5.2.1 Implication to the target group

From the finding the research has assessed different challenging suctions of the target group. The research is reflective of their strengths and weakness. Based on these findings, it is expected from them to confront the challenge they faced in a coordinated

and organized manner. Focusing on means of preventions of the disease can also liberate their children or their next generation to be empowered in terms of health, education, economic, social and making decision in their affairs.

5.2.2 Implication to community in the study area

It is expected from the community in the area to fight such devastating health problem in creating awareness about the prevention, encouraging the people infected without discriminating, supporting them in social, educational, economic and decision making process.

5.2.3 Government and none governmental organizations

The research participants have indicated that governmental and nongovernmental involvement is limited. To avert such situation requires government and nongovernmental positive attitude. It is recommended to the government to create favorable policy and facilitate In addition the government has to provide land and support as per need of them.

5.2.4 Social Workers

It is recommended to social workers to focus on such marginalized and underprivileged community members to be targeted to support them in maintaining social justice, services and empowering them in basic needs. It is also recommended further investigation in podoconiosis victims' empowerment.

REFERENCE

Price E.W. (1990) .Podoconiosis: non-filarial elephantiasis; Oxford University Press.

Coreil Jeannine, Maynard Gladys, Louis- Charles Jacky and Addis David. (2003). Filariasis elephantiasis among Haitian women: social context and behavioral factors in treatment. Tropical Medicine and International health 1998; 3(6): 467

Gyapong Margaret, O. Gyapong John, Adjei Sam, Vlassoff Carol and Weiss Mitchell (1996).Filariasis in northern Ghana: some cultural beliefs and practices and their implication for disease control. Soc. Sci. Med. 43(2): 235-242

Price E.W. A (1972).Possible genetic factor in non-filarial elephantiasis of the lower legs Ethiop.Med.J. 10: pp.87-93.

DestaKelemu, AshineMeskele, Davey Gail. Prevalence of podoconiosis (endemic non filarial elephantiasis) in Wolaitta, south Ethiopia. Trop. Doct.2003; 333(4): 217-220

L.B. Cohen, idiopathic lymphoedema of Ethiopia and Kenya. East Africa Medical Journal 1960; 37 (2): 53-74

Price EW, Endemic elephantiasis: early sign and symptom and control; Ethiop. Med. J. 1983; 21: 243-253

Oomen, A. P. Studies on the legs in Ethiopia. Trop.Geogr.Med.236 (21) cited in Price E.W., A possible genetic factor in non-filarial elephantiasis of the lower legs, Ethiop. Med. J. 1972; 10: 87-93.

Price E.W. The association of endemic elephantiasis of the lower legs in east Africa with soil derived from volcanic rocks. Tran. Roy. Soci. Trop. Med. Hyg. 1976; 70(4): 289-95

Price EW. Endemic elephantiasis of the lower leg in Ethiopia an Epidemiological survey.Ethiop. Med. J 1974; 12: 77-91

E.W. Price. The relationship between endemic elephantiasis of the lower legs and the local soils and climate.Wellamo district, South Ethiopia. Trop. Geog. Med. 1974; 26: 225-230

GeneneMengistu, Humber, Dp. MulugetaErsumo and TadesseMamo.High prevalence of elephantiasis and cutaneous leishmaniasis in Ocholo, south Ethipoia.Ethiop. Med. J 1987; 25: 203- 07

Leykunjemaneh, DeregeKebede. Clinico epidemiological study of filariasis in southwestern Ethiopia.Ethiop. Med. J 1995; 33: 143-53

Price E.W. &J. Henderson W.The elemental content of lymphatic tissues in Ethiopia, with reference to endemic elephantiasis of the lower legs Trans. Roy.Soci. Trop. Med. Hyg, 1978; 72(2): 133-36

C.J. Heather and E.W. Price.Non-filarial elephantiasis in Ethiopia analytical study of

inorganic material in lymph nodes. Tran. Roy. Soci. Trop. Med. Hyg. 1972; 66(3): 450-58

D.P Burkitt and Maria Tunstall.Common geography as a clue to causation. Trop. Geog. Med. 1975; 27: 117- 124

E.W. Price. Pre- elephantiasic stage of endemic nonfilarial elephantiasis of the lower legs: " podoconiosis". Tropical Doctor 1984; 14: 115-

Yang Quanhen, J. KhouryMuin, Flanders W. Dona. Sample size requirement in case-only designs to detect gene-environment interaction Am .J. Epidemiology 1997; 146:713-20

Yang Quanhe&J. KhouryMuin.Evolving methods in genetic epidemiology III. Gene environment interaction in epidemiologic research; published with modification in epidemiologic reviews 1997; 19:33-43

Price E.W., A possible genetic factor in non-filarial elephantiasis of the lower legs, Ethiop. Med. J. 1972; 10:87-93.

Angelo A. Alzanzo, Nancy R. Reynolds. Stigma, HIV and AIDS: an exploration and elaboration of the stigma trajectory. Soc. Sci. Med 1995; 41 (3): 303-315

NE Groce; Disability in cross cultural perspective: rethinking disability. Lancet 1999; 354: 756-57

Khuzamashaar, Mark McCathy. Definition and determinants of handicap in people Epidemiological reviews1994; 16 (2): 228-42

Central statistical authority.Population & housing census of Ethiopia; results at country

level. Statistical report.1994; volume 1:15-30

Southern Nation Nationality Peoples Region (SNNPR) health bureau. SNNPR health profile, Wolayita zone 2002: year 2 volume 2: 10-11

J. KhouryMuin& M. James Levy. Population and familial relative risks of disease associated with environmental factors in the presence of gene environment interaction. Am. J. Epidemiology 1993; 137:1241-50

USAID. A conceptual framework and basis for action: HIV/AIDS stigma and discrimination. June 2002

Price EW. Is elephantiasis a geochemical disease? Ethiopia. Med. J 1976; 14:213-18

Price EW. Non- filarial elephantiasis of the lower leg _confirmed as a geochemical disease and renamed podoconiosis. Ethiopia. Med. J 1988; 26: 151-5

Davey G, Tekola F, Newport MJ.Podoconiosis: non-infectious geochemical elephantiasis. Trans R Soc

Trop Med Hyg. 2007 101(12):1175±80. https://doi.org/10.1016/j.trstmh.2007.08.013

PMID: 17976670

Deribe K, Tekola-Ayele F, Davey G. Podoconiosis: Endemic non-filarial elephantiasis In: Gyapong J,

Boatin B, editors. Neglected Tropical DiseasesÐSub-Saharan Africa 1st ed 2016 Edition. 1. Switzerland:

Springer International Publishing; 2016.p. 231±49.

Price E. Podoconiosis:Non-filarial Elephantiasis. Oxford Medical Publications, Oxford, UK. 1990.

Bekele K, Samuel A, Ambebir T, Deribe K, Davey G. Burden of Podoconiosis in WayuTukaWoreda,

East Wollega Zone, Western Ethiopia.BMJ Open. 2016; 6(9):e012308.

https://doi.org/10.1136/

bmjopen-2016-012308PMID: 27670520

Davey G, GebreHanna E, Adeyemo A, Rotimi C, Newport M, Desta K. Podoconiosis: a tropical model

for gene-environment interactions?. Trans R Soc Trop Med Hyg 2007; 101(1):91±6.

https://doi.org/10.

1016/j.trstmh.2006.05.002 PMID: 16884751

TekolaAyele F, Adeyemo A, Finan C, Hailu E, Sinnott P, Burlinson ND, et al. HLA class II locus and

susceptibility to podoconiosis. N Engl J Med 2012; 366(13):1200±8.

https://doi.org/10.1056/

NEJMoa1108448 PMID: 22455414

WHO. Neglected tropical diseases: Podoconiosis: endemic non-filarial elephantiasis. Accessed on 17

January; Available at

[http://www.who.int/lymphatic_filariasis/epidemiology/podoconiosis/en/]. 2019.

Negussie H, Kassahun MM, Fegan G, Njuguna P, Enquselassie F, McKay A, et al. Podoconiosis treatmentin northern Ethiopia (GoLBet): study protocol for a randomised controlled trial. Trials. 2015; 16(307)

Annex -A

QUESTIONNAIRES FOR PODOCONIOSIS AFFECTED RESPONDENTS

My name is Philomina LonappanI am a student of Master of Arts in Social Work, Indira Gandhi National Open University (IGNOU).The purpose of this questionnaire is to assess socio-economic challenges of podoconiosis patients to produce the project work for the partial fulfillment of MSW Degree. Participation is based on voluntary or willingness. You consent is determined your involvement in the process. A person who does not fell comfortable can withdraw any time. Please read each question carefully and put a mark (√) on the option you agree. The information you provide is valuable and your genuine responses are very important for the success of this study. Therefore, you are kindly requested to respond realistically.

Thank you in Advance.

Demographic Information

Age: _____

Sex: Male _____ Female _____

Marriage: _____

Education: _____

Occupation _____

Interaction with Close Relatives	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Deterred from taking part in family affairs activities					
Family members avoided sharing household utensils					
Received insults about foot					

Religion: _____

Economic Situation	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Denied a job opportunity					
Forced to leave job					
Mistreated at work place					

Participation in Community Affairs

Participation in Community	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Created difficulty in making marriage					

Denied chance of leadership role					
Denied from decision making					
Isolated from social events participation					

Social Interaction at Group Level

Interpersonal interactions	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Avoid taking part in group activities with unaffected people					
Use household utensils separately					

from others					
Avoid spending time with unaffected friends					
Tried to change place of residence					

Actions taken to Escape from Challenges

Efforts Undertaken	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Avoid job offer fearing stigma					
Avoid marriage to an unaffected person fearing stigma after marriage					

Avoid marriage with unaffected person					
Feel condition deprives them of playing a leadership role					
Avoid visiting public places					
Built confidence to move with community freely					

Means of prevention of podoconiosis

Prevention Mechanism	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

Raising Awareness					
Wearing shoe					
Keeping personal hygiene					

Annex B

GUIDE QUESTIONS FOR THE IN DEPTH INTERVIEW

A. Belief about the cause of podoconiosis

1. What is the cause of podoconiosis?

2. What is the treatment for podoconiosis?

3. What should one do to prevent podoconiosis?

B. Stigma and discrimination

Marriage

4. What sayings are there about podoconiosis patients?

5. Can a man with podoconiosis marry a normal girl/ woman?

6. Can a woman with podoconiosis a normal person?

7. How is marriage arrangements made in families with podoconiosis affectedMembers?

Leadership

8. Can a person with podoconiosis be elected for local leadership?

9. Would a family with podoconiosis be a candidate for local leadership?

School

10. What remarks are given by students to podoconiosis affected students?

11. What remarks are given by teachers to podoconiosis affected students?

Market and other social events

12. Do podoconiosis affected people equally participate in the market places?

13 Do podoconiosis affected individuals equally participate in funerals, wedding Ceremonies etc…?

Work place situation

14. What is your opinion about work place situation?

15. What do you think about the difficulty in securing & maintaining job?

16. How do you evaluate the economic impact of isolations a result of podoconiosis?

Annex C: Observation Guides

1. The living , working , socialization , interaction with individual ,group , community will be observed

2. Their effects will be focused

Annex D: Focus Group Discussion Guide

1. What is your opinion about podoconiosis?
2. What the social –economic challenges of people affected by podoconiosis?
3. What is your opinion about participation in community, leadership, social events?
4. What are the means of prevention of the disease?

PROFORMA FOR SUBMISSION OF MSW PROJECT PROPOSAL FOR APPROVAL FROM ACADEMIC COUNSELLOR AT STUDY CENTRE

Enrolment No: ID1405645

Date of Submission: June, 2019

Name of Study Centre: St.Mary's University

Name of the Guide: MosisaKejela, PhD Can

Title of the Project:**Socio - Economic Challenges of People Affected by Podoconiosis: The Case of WayuTukaWoreda, OromiaRegional State, Ethiopia**

Signature of the student : Philomina Lonappan .

Approved / not approved

Signature _____

Name& address of Guide: Mosis Kejela (PhD Can)
St.Mary's university ,
Addisbeba Ethiopia

Name&Adress of Student:-Philomina Lonappam ,
Mother Anna Home,
P.B. No:- 54573 Addis Ababa, Ethiopia

Date: July , 2019

1. INTRODUCTION

1.1 Background of the Study

Podoconiosis is a chronic disease characterized by the development of persistent swelling of plantar foot initially; which progresses to the dorsal foot and lower leg slowly or in a number of acute episodes to reach the knee. Finally the disease may end up in a permanent feature of elephantiasis of varying degree. The disease is common in families of bare footed agriculturalists of tropical Africa (Price, 1990). The disease causes bilateral, but asymmetrical swelling almost invariably of the lower legs (Davey, G. etal.2007)).

According to Price (1990), globally, the disease occurs in highland areas of tropical Africa, Central America and northwest India and is related to poverty. Studies have also indicated that podoconiosis exists in areas where the altitude is above 1000meters abovesea level and annual rainfall above 1000 millimeters. About 4 million people are said to be affected by the diseaseworldwide and it is deemed a serious public health

problem in at least 10 African countries.

A recent study mapped podoconiosis nationally and showed that the disease is endemic in 345 districts and had a prevalence of 4% nationally (22-24). In addition, 34.9% (43.8%) of the Ethiopian population lives in an environment conducive for podoconiosis (Deribe K, etal, 2015). Another important ongoing study is a randomized controlled trial in northern Ethiopia investigating the effectiveness of lymphoedema management in podoconiosis. The study is the first fully controlled, pragmatic trial of the intervention and the evidence is highly likely to inform the implementation of podoconiosis control interventions in a new master plan for integrated control of neglected tropical diseases(NTDs) (Negussie H, etal, 2015).

Local residents have their own belief about the causes of podoconiosis. Soil has been identified as the primary etiology by local residents in endemic area (Price, 1990). Studies done on elephantiasis mainly caused by filariasis identified spiritual and supernatural causes, hereditary factors, trauma & accident to be the causes of elephantiasis (Leykun, 1995).

The researcher during her visit to WayuTuka, Woreda, West Wellega Zone, and Oromia Regional State, Ethiopia has observed that the local people affected with podoconiosis

associating the cause of their illness with witchcraft, evil spirit and heredity. However, different authors have indicted the familial tendency of the disease in their studies. According Leykun (1995), a study was done to identify if the disease has a hereditary tendency apart from environmental interaction and it revealed there might be a possibility of hereditary factors.

The peculiar physical appearance and familial occurrence of the disease has caused social stigma and isolation to sufferers and their families in different societies. The people with affected by podoconiosis seriously affected by diverse social and economic problems. These lead to social and economic discriminations.The familial occurrence of the disease victimizes specific families within a community by directing stigmas and discriminations towards them.

WayuTukaWoreda is one of the affected areas in West Ethiopia. Most of the population of the area is from the Oromo the largest population in the country. The area is densely populated with 290- people /square km. The economic base for most of population is agriculture, which allows prolonged contact with the local soil.

According to Desta K. (2003), the survey which was conducted in the Zone in 2001, it was estimated about 796 people was with podoconiosis in WayuTukaWoreda (WTW). Even though, the presence of podoconiosis is known for a long time, there was no in-depth research conducted in this area. The social consequences of the disease are

indicated at different times, there is no concrete evidence that fully describe the problem to attract the attention of responsible parties. Even if Podoconiosis is a preventable disease by simply wearing a protective shoe, it can be said that it is a neglected public health problem by the Minister of Health, the regional health bureau and even by the World Health Organization.

Hence, the objective of this study is to investigate the social- economic situations of the people with such disease and generate means of prevention the disease that to contribute to healthy social and economic wellbeing of the people in the area.

1.2 Statement of the Problem

Podoconiosis (endemic non-filarial elephantiasis) is a geo-chemical disease caused by long-term exposure of bare feet to irritant volcanic soils. Affected people develop disfiguring swelling of the feet and lower legs, and later stages of the disease are characterized by hyperkeratosis skin changes, nodules and lymph ooze (Price, 1988). Podoconiosis is one of the Neglected Tropical Diseases (NTDs); chronic disabling diseases that occur in settings of poverty and remain a huge burden in developing countries. The disease is endemic across more than 10 tropical countries in Africa, Central America and Northwest India, and Ethiopia appears to be home to the greatest number of affected people (1 million affected and 11 million at risk of disease). In West Wellega Zone, in Western Ethiopia, over 5% of the population is affected by the disease. Almost two-thirds of affected people in this area are in the most productive age groups,

so the economic burden of podoconiosis is high, with the total costs attributable to the disease estimated at US$16 million annually. Studies conducted in endemic areas in Ethiopia have recorded high levels of misconceptions contributing to stigmatizing attitudes towards podoconiosis affected individuals. Following Goffman (1963), many authors define stigma as an undesirable or discrediting attribute, reducing an individual's status in the eyes of society. The highly insulting term 'Tono' [a local term in Oromia for swelling] is attached to podoconiosis and conveys a devalued social identity for affected individuals. According to some stigmatized attributes are so powerful in the reactions they engender that they are "master status" attributes that become the core identifying attribute of the person who possess them. Podoconiosis, as a disease causing a progressive bilateral swelling of lower legs, gives a "master status" to affected individuals so that they are easily marked and publicly identified in the community.

The stigma associated with podoconiosis relates to a number of factors: the progressive physical disability that prevents affected individuals from making a living Desta K.(2003); the misconceptions among community members about the causes of the disease and treatment options Desta K.(2003); the burden the disease brings on family members through treatment costs; perceived fear of public identification of familial disease; and the physical disfigurement caused as the disease advances (Price ,1972).

Since the consequences of podoconiosis related stigma is clearly visible, it affects patients' wellbeing and forces various coping strategies with maladaptive outcomes Desta2003). The stigma attached to podoconiosis also affects both health-seeking behaviour and achieving effective treatment: in order to avoid negative reactions from others, some podoconiosis patients prefer to conceal their condition, and as a result, their symptoms may worsen Desta (2003)The shame surrounding the disease also deters those with podoconiosis from seeking the care of potentially prejudiced health workers Genene(1987:2003-07). Studies revealed that podoconiosis patients are disqualified from full social acceptance, marginalized from participation in social affairs, discriminated against in mate selection and marriage, and have little chance of decision making and leadership roles in the community, Price E.W (1988).

Stigma related to podoconiosis can be compared with that related to communicable and non-communicable diseases with obvious physical manifestations. Podoconiosis-related stigma is deeply rooted misconceptions related to its cause, transmission and prevention mechanisms. However, in contrast to a number of diseases with stigmatizing attributes such as leprosy, lymphatic filariasis, obesity, mental illness, tuberculosis and HIV/AIDS Genene, very little research has been performed into the extent of stigma related to podoconiosis. Thus the problem statement of this study is, there is knowledge gap about the socio economic challenges of podoconiosis disease to establish means of prevention.

1.4 Objectives of the Study

The study is comprised of general objective and specific objectives of the study.

1.3.1 General objective of the study

The general objective of the study is to assess the social – economic challenges of people affected by podoconiosis in WayuTukaWoreda, West Wellega Zone, and Oromia Regional State, Ethiopia.

1.3.2. Specific Objectives of the Study

- To identify the cause of podoconiosis health problem of WayuTukaWoreda ;
- To examine the social challenges of people affected by podoconiosis in WayuTukaWoreda;
- To assess the economic challenges of people affected by podoconiosis in WayuTukaWoreda; and
- To generate means of prevention of podoconiosis disease in the study area.

1.4. Research Questions

- What is the cause ofpodoconiosis disease?
- What are the social challenges of people affected by podoconiosis in the study area?
- What are the social challenges of people affected by podoconiosis in the study area?
- What are the means of prevention of podoconiosis disease in the study area?

1.5. Significance of Study

The findings of this study will construct knowledge about podoconiosis to enhance the cause, the challenges and means prevention of the target group, community leaders and social organizers. It will also assist academicians in broadening of the prospectus with respect to socio – economicchallenges of podoconiosis patients and hence provide a deeper understanding of podoconiosis. The findings of this study helpsstakeholder working on podoconiosiswith an insight into attitude of WayuWoreda People towards Podoconiosis.

1.6. Scope of the Study

The study delimits itself to social – economic challenges of people affected by Podoconiosis in WayuTukaWoreda, West Wellega Zone, and Oromia Regional State, Ethiopia. Although, the researcher believes that podoconiosis is widely observe and worth investigation in other low lands of the country due to limited human, financial and material capital the study is limited to WayuWoreda. Moreover, the content of the study merely focus on social and economic challengesof people affected by podoconiosis.

1.7. Limitation of the Study

The study specifically excluded all other variables associated with podoconiosis patient and only focus on Social – economical aspects of podoconiosis patients. The main reason is due to logistic, financial and time constraint. The finding of this research may not be also generalized to the whole country as the study will be conducted on one

locality.

1.8 Universe of the Study

The study will be conducted in WayuTukaWoreda, WesternWellega Zone , Oromia Region, Ethiopia , which has seven kebeles (small administrative units) under the administration of the Woreda(larger administrative unit) where Konchi Clinic has the catchment area of their kebeles such as Gaba Jimmata, Miya Kura, & Worababu wich have the the population of 15,931. Konchi Clinic gives health care service for podoconiosis patients who reside in these three kebeles. The entire numbers of podoconiosis patients who are getting health care services from Konchi clinic are 796. Thus the population for this study is 796 podoconiosis patients of three small administrative units of WayuTukaWoreda that are GabaJimmata, Miya Kura and Worababu.

1.9 Sample and Sampling Method

Systematic random sampling technique will be used to select podoconiosispatients as respondents of the study. After having complete list of podoconiosis patients out of the total number of 796podoconiosis patients 89 of respondents will be selected as a sample for this study. The sample size for the study is determined here under by using Yamane (1967) statistical calculation formula:

n= N /1+N (e) ² Where, n = Sample size N = Total population e = error Therefore, n=

796/ 1+796(0.1)²=89

From complete list of the podoconiosis patients one of them was selected on random base and every k^{th} individual will systematically included in the sample. In other words every k^{th} individual is obtained by dividing total population with the sample size. That means every 9^{th} individual will be included in the sample. The rationale behind systematic random sampling is that every individual will have equal probability of being included in the sample and the information obtained will reduces the biasness in selection of the sample respondents.

1.10 Data Collection: Tools and Procedures

The study will employ qualitative and quantitative research approach that is mixed methods. Interview, observation and focus group discussion will be the main methods for qualitative data collection of this study. The interviews will be conducted using pre-established guideline. In an interview schedule both structured and unstructured questions will be used. In structured interview questions will be prepared for target respondents on socio – economic challenges of podoconiosis patients'. Moreover leading questions will be employed and based on the response of the research participants, further questions will be asked to obtain more in-depth information on the issue under investigation. One to one interview will be done in the presence of a translator with target group that are people affected by podoconiosis. The interview will be conducted in Oromiffa and translated into English.

To obtain more information on social and economic challenges of podoconiosis focus group discussion will be done with key informants that include health professionals of Konchi Clinic, community leaders and social organizers. The study will also employ document analysis method to know the prevalence of podoconiosis and its challenges using Konchi Clinic annual report.

The main role of the researcher apart from asking the questions and holding discussion, observation will be conducted. To conduct an observation an observation guide will be prepared by the researcher and filled based on what is being observed on the issue under investigation. The interviews will be done in the house of the respondent. The entire interviews will be done in a situation where the privacy of the participants is kept. Moreover questionnaire will be used to collect data on socio-economic challenges ofpodoconiosis patients.

1.11 DATA ANALYSIS

During the interview field notes will be enriched using the tape-recorded information. Preliminary analysis will be done manually after each interview so that the outcomes of the interviews will be outlined. The interviews that will be conducted using a translator will be transcribed and data clearance be done by repeatedly listening and re-reading. Observations will be done as part of the interviews and will be incorporated during the transcription of the interviews for further analysis. The qualitative data will be carefully and accurately described, the qualitative data will be calculated in terms of frequency

and percentage.

1.12 Ethical Considerations

Ethical considerations are the concerns that arise over the proper way to execute research, more specifically not to create harmful conditions for the subjects of inquiry, humans, in the research process. The researcher will be responsible to be sensitive and respectful of research participants and their basic human rights. The study will ensure the following throughout the investigation: explicate the aim and objectives of the investigation as well as the procedures to be followed up front to everybody taking part in the research; make it clear to them that participating in the study is voluntary, and that should they for some reason want to withdraw from it, they have the right to voluntary do so at any time; that everybody participating in the study aware an informed consent and that their privacy will be respected at all time and that everything they share will be treated as confidential.

1.13 Chapterization of the Study

The study will be categorized into five chapters. The first chapter shall deal with introduction, statement of the problem, research objectives, and research questions, significance of the study, scope and limitation of the study and chapterization of the study. The second chapter shall focus on review of related literature, the third chapter shall deal with research design and methodology including the description of the study

area, universe of the study, sampling and sampling methods tools for data collection, interpretation of the study; chapter four shall analyze and interpret the collected data of the study. The final chapter, the fifth shall deal with recommendations and conclusions of the study.

REFERENCE

Price E.W. (1990) .Podoconiosis: non-filarial elephantiasis; Oxford University Press.

Coreil Jeannine,Maynard Gladys, Louis- Charles Jacky and Addis David. (2003). Filariasis elephantiasis among Haitian women: social context and behavioral factors in treatment. Tropical Medicine and International health 1998; 3(6): 467

Gyapong Margaret, O. Gyapong John, Adjei Sam, Vlassoff Carol and Weiss Mitchell (1996).Filariasis in northern Ghana: some cultural beliefs and practices and their implication for disease control. Soc. Sci. Med. 43(2): 235-242

Price E.W. A (1972).Possible genetic factor in non-filarial elephantiasis of the lower legs Ethiop.Med.J. 10: pp.87-93.

DestaKelemu, AshineMeskele, Davey Gail. Prevalence of podoconiosis (endemic non filarial elephantiasis) in Wolaitta, south Ethiopia. Trop. Doct.2003; 333(4): 217-220

L.B. Cohen, idiopathic lymphoedema of Ethiopia and Kenya. East Africa Medical Journal 1960; 37 (2): 53-74

Price EW, Endemic elephantiasis: early sign and symptom and control; Ethiop. Med. J. 1983; 21: 243-253

Oomen, A. P. Studies on the legs in Ethiopia. Trop.Geogr.Med.236 (21) cited in Price E.W., A possible genetic factor in non-filarial elephantiasis of the lower legs, Ethiop. Med. J. 1972; 10: 87-93.

Price E.W. The association of endemic elephantiasis of the lower legs in east Africa with soil derived from volcanic rocks. Tran. Roy. Soci. Trop. Med. Hyg. 1976; 70(4): 289-95

Price EW. Endemic elephantiasis of the lower leg in Ethiopia an Epidemiological survey.Ethiop. Med. J 1974; 12: 77-91

E.W. Price. The relationship between endemic elephantiasis of the lower legs and the local soils and climate.Wellamo district, South Ethiopia. Trop. Geog. Med. 1974; 26: 225-230

GeneneMengistu, Humber, Dp. MulugetaErsumo and TadesseMamo.High prevalence of elephantiasis and cutaneous leishmaniasis in Ocholo, south Ethipoia.Ethiop. Med. J 1987; 25: 203- 07

Leykunjemaneh, DeregeKebede. Clinico epidemiological study of filariasis in southwestern Ethiopia.Ethiop. Med. J 1995; 33: 143-53

Price E.W. &J. Henderson W.The elemental content of lymphatic tissues in Ethiopia, with reference to endemic elephantiasis of the lower legs Trans. Roy.Soci. Trop. Med. Hyg, 1978; 72(2): 133-36

C.J. Heather and E.W. Price.Non-filarial elephantiasis in Ethiopia analytical study of

inorganic material in lymph nodes. Tran. Roy. Soci. Trop. Med. Hyg. 1972; 66(3): 450-58

D.P Burkitt and Maria Tunstall.Common geography as a clue to causation. Trop. Geog. Med. 1975; 27: 117- 124

E.W. Price. Pre- elephantiasic stage of endemic nonfilarial elephantiasis of the lower legs: " podoconiosis". Tropical Doctor 1984; 14: 115-

Yang Quanhen, J. KhouryMuin, Flanders W. Dona. Sample size requirement in case-only designs to detect gene-environment interaction Am .J. Epidemiology 1997; 146:713-20

Yang Quanhe&J. KhouryMuin.Evolving methods in genetic epidemiology III. Gene environment interaction in epidemiologic research; published with modification in epidemiologic reviews 1997; 19:33-43

Price E.W., A possible genetic factor in non-filarial elephantiasis of the lower legs, Ethiop. Med. J. 1972; 10:87-93.

Angelo A. Alzanzo, Nancy R. Reynolds. Stigma, HIV and AIDS: an exploration and elaboration of the stigma trajectory. Soc. Sci. Med 1995; 41 (3): 303-315

NE Groce; Disability in cross cultural perspective: rethinking disability. Lancet 1999; 354: 756-57

Khuzamashaar, Mark McCathy. Definition and determinants of handicap in people Epidemiological reviews1994; 16 (2): 228-42

Central statistical authority.Population & housing census of Ethiopia; results at country

level. Statistical report.1994; volume 1:15-30

Southern Nation Nationality Peoples Region (SNNPR) health bureau. SNNPR health profile, Wolayita zone 2002: year 2 volume 2: 10-11

J. KhouryMuin& M. James Levy. Population and familial relative risks of disease associated with environmental factors in the presence of gene environment interaction. Am. J. Epidemiology 1993; 137:1241-50

USAID. A conceptual framework and basis for action: HIV/AIDS stigma and discrimination. June 2002

Price EW. Is elephantiasis a geochemical disease? Ethiop. Med. J 1976; 14:213-18

Price EW. Non- filarial elephantiasis of the lower leg _confirmed as a geochemical disease and renamed podoconiosis.Ethiop. Med. J 1988; 26: 151-5

Curriculum Vitae

of

MosisaKejela MEGERSA

Contact: Mob: +251 933707782, E- mail: mosisak@gmail.com

Address: Addis Ababa, KolfeKeraniyo Sub City, Woreda 5, & House Number: 2648

Educational Background:

- PhD Candidate in Social Work, University of South Africa (UNISA), Specialization in Field Practicum Supervision , Addis Ababa , Ethiopia , Jan 2019.
- MA Degree in Social Work , Indira Gandhi National Open University(IGNOU), MaidanGarhi , New Delhi -110068, India , June, 2013.
- BA Degree in Management, Alpha University College, Addis Ababa, Ethiopia, Dec, 2011.
- Diploma in Management, Alpha University College, Addis Ababa, Ethiopia, Dec, 2002.
- BA Degree in Theatre Arts ,Addis Ababa University , July 1986

Work Experience:

Director, Graduate Studies Student Affairs, St. Mary's University, Addis Ababa, Ethiopia

October 2018 – to-date.

- **Coordinate graduate programs schedules of teaching learning , exams , absenteeism , advising and counseling;**
- **Coordinate instructors' evaluation, course experiences survey, student satisfaction survey and consultative meetings.**
- **Advise students on social work research , supervise social work field practicum supervision, organize individual and group conferences ;**
- **Participate discipline specific curriculum development , briefing external professional team during accreditation evaluation process;**
- **Participate in annual preparation, implementation, and evaluation, monitoring and reporting.**

Deputy Director, International programs St. Mary's University (SMU), Addis Ababa, Ethiopia, April 2014- Sep 2018.

- Responsible for managing the International Programs operations to establish smooth teaching – learning processes ;
- Coordinated tutorial programs academic counseling , schedule development ,

instructors assigning , tour marked assignments evaluation and term end exam invigilation

- Advised the students on project proposal development , research paper writing, report writing ,coordination and time management as well as rapport building skills ;
- Coordinated placement of the students in different agencies ,involved in problem solving with partner agencies , facilitation of teaching and learning process;
- Advised students on research design & methodology , research approches, data collection , data interpretation and analysis ;
- Advised the students on case management, case conferencing and investigation and intervention, termination and evaluation;
- Prepared and consolidated progress reports for top management including , identification of problems , encountered challenges and with possible recommendations;
- Provided tutorial classes /trainings ,evaluated tutor marked assignments, advised the students on dissertation and supervised field work practicum of master of social work ; and

- Guided the staff and other units in preparing their progress reports in accordance with approved reporting formats and ensure their timely submission.

Team Leader/ Operations Officer, United Nations Mission in Sudan (UNMIS). Oct 2010-Mar 2011

- Responsible for two counties to identify and develop strategic partnerships with government organizations , civil society organizations and donors to implement referendum project;
- Responsible to prepare operational plan , implementation , monitoring , evaluation , and reporting of the referendum program activities ;
- Coordinated technical support provision to governmental and non- governmental organizations , volunteers and other partner organizations in implementation of referendum capacity building training programs ;

- Ensured smooth implementation of field operations effectively by addressing policy guidance, logistics, and other project needs as per the UN SOP;
- Planned , organized and coordinated , implemented ,monitored ,evaluated and reported capacity building training with the objective of attaining high slandered of performance in accordance with policies and guidance of the UNMIS;
- Supervised the UNV and other UN Teams in the county and provided overall team leadership and guidance for the team activities and delegation as per SOP;
- Administered UN personnel and the project office without dedicated administration officer and performed daily administrative matters such as e sustaining UN living and working standards;
- Served as security focal person and participated in security management meeting (SMT), delegated the UN Mission in the county and reporting to Regional UN Office.

Provincial Public Outreach and Training Advisor, UNDP Project - Afghanistan, Feb 2009 – Jan 2010

- Advised the Provincial electoral officials and technical experts in design and implementation of the capacity building and training activities on electoral administration, legal framework , electoral dispute resolution with partner agencies;
- Advised provincial office in designing locally relevant outreach strategies to involve the diverse community members through face- to- face , community mobilization events (CME) , on –the- spots programs ;
- Advised the provincial office on training of women , youth ,elders , community leaders and other sectors participation in capacity building and training to enhance their understanding of the election process ;
- Supported on coordination of GOs, NGOs, CBOs and media groups engagement in capacity building and trainings to contribute to free ,fair , transparent and accountable elections;
- Advised the provincial office on involving socially disadvantaged groups such as displaced and disabled people, women and youth as well as other marginalized groups participation in capacity building trainings ;
- Represent UNDP Electoral Project to participate in coordination meetings,

roundtable discussions and other events as per the guidance of the UNDP Project;

- Contributed to regular programmatic implementation reports to donors and other partners on monthly, quarterly, semiannual and annual or final performance reports;
- Supported in regularly monitoring, evaluating , data collecting of trainings , workshops , discussion forums and community mobilization events that include pre and post assessments required data;
- Advised on maintaining sensitive and non –sensitive project documents with track project progress, file entire project documents in an appropriate database , ensure that the documents are accurate and have acceptance by the project office;
- Closely monitored , the capacity building and training schedule and monitoring deadline for each training activity , pinpointed the delayed activity and brought to the attention of the project office for remedial solutions and
- Coordinated the maintaining and developing of productive working relationship with partner institutions.

Provincial Public Outreach Officer, United Nations Assistance Mission in Afghanistan / UNAMA/ March 2004-Dec 2005

- Responsible for public outreach planning ,organizing ,staffing ,directing ,coordinating, reporting , budgeting ,communication ,monitoring ,evaluation and feedback of presidential election process ;
- Organized capacity building training for National Public Outreach Trainers , Public Information Officer and Small Grant Officer and Panther NGO Trainers on public outreach of election programmes ;
- Coordinated partner GOs, NGOs , UN Agencies , CSOs and media groups involvement in mobilization of target groups participation in democratization process ;
- Represented UNAMA at provincial level in networking, security management meeting and other coordination meetings;
- Represented UNAMA at provincial office specifically the public outreach department and
- Prepared and submitted reports to HQ as per the requirements in a timely manner.

Human Resource Development and Management Advisor, Oromia Capacity Building Supreme Office (OCBSO) - GO, May 2002 – Mar 2004

- Responsible to advice the OCBSO on human resource development and

management in establishing working systems ;

- Designed and formulated project proposals on trainings of Good Governance ,Decentralization, Participatory Planning ,Organizational Conflict Prevention and Management, Strategic Planning and Management that have been fund by DFID-Ethiopia , Pact-Ethiopia, and World Bank –Resident Mission;
- Developed and maintained appropriate working relations with Regional, Zonal and Districts and higher educational and training institutions of the national regional State;
- Served as a key liaison for communication and coordination ,assessment and reporting of activities specific to the projects among OCBSO, Donors , Line Government Offices;
- Prepared projects comprehensive narrative and financial reports for OCBSO and Donors.

UNV Civic Education Officer, United Nations Transitional Assistant Mission in East Timor (UNTAET), May – November 2011

- Coordinated District Administration and sectors of UNTAET at District level to ensure effective planning, coordination, communication and operation of civic education across the district;
- Trained local staff on civic education and project management of small and medium grants to enhance their implementation capacity effectively and efficiently;
- Coordinated training, briefing, workshop, discussion forum of civic education of women groups , youth groups , community leaders , social organizers and school community
- Provided logistic and administrative support to trainers and ensured effective distribution of civic education materials in the district and sub districts;
- Coordinated UNDP Micro and Medium - Grant projects of civic education at district level to support Civil Societies involvement in promoting good governance and fighting corruption;
- Coordinated with national office and UNDP to ensure timely release of fund for partners to realize the implementation as per the planned schedule of the organizations;

- Contributed for increased number of key civic education stakeholders and strengthened to expand democratic participation as well as promoted local development forum that focused on gender issues;
- Organized specific awareness raising programs for women and other marginalized groups to increase their participation of civic disposition, civic skills and civic knowledge to equip with actionable skills of conflict resolution in a nonviolent and tolerant manner;
- Organized face to face, community mobilization events and discussion forums for different community members' sensitization towards democratic rights and responsibility.

UNV Registration Supervisor, United Nations Administration Mission in Kosovo / UNMIK / April2000 - October 2000

- Organized training to national staff on registration procedures and technical issues,
- Supervised and advised local staff, identified the logistics and personnel requirement of the center,
- Completed and forwarded daily statistics of the registration in the field office,
- Served as focal point for problem solving to staff, logistics and security of the registration center.

UNV District Electoral Officer, United Nations Missions in East Timor / UNMET/Jul -Sep 1999

- Trained, mentored, advised local staff and run voter registration process;
- Planned, implemented, evaluated, and reported civic education activities of District to HQ;
- Organized civic education training and briefing to target voters of various community members;
- Liaison with local authorities, community and association leaders; and
- Monitored campaign process, identified and arranged polling stations, supervised polling and counting processes.

General Manager, Children and Youth Theatre (CYT) - GO, Jul 1992 – Jul 1997

- Established productive working systems such as human resource development and management, financial and property management, planning and operational management systems ;
- Formulated innovative, informative and educative project proposals on HIV/ AIDS Prevention, EPI / ORT ,Girl Child Prostitution ,Child Rights Convention ,harmful

practices and girls education that have been funded by UNICE – Ethiopia and Norway Save the children ;

- Translated different plays from English to Amharic , from English to Oromiffa and staged for target audiences in theatre house , recorded and transmitted through Ethiopian TV and Radio for wider community members;
- Establish smooth working relations and networking with media groups
- Coordinated CYT's Japan Embassy, UNICEF and Norway Save the Children projects on donation of professional Studio equipment, Musical instruments and Vehicle;
- Prepared quarterly, semiannual and annual activities and financial reports and submitted to line government and donor agencies as per the requirements.