

## **IMPACTING ON WOMEN**

### **1. Equality; situation of women and girls, has the life of poor rural women improved**

Population of women and girls constitute 50.2% in Ethiopia and 80% of the total population are living in rural areas. Women and girls in rural area play a key role in supporting their households and communities in achieving food and nutrition security through providing the majority of agricultural labor, generating income, and improving rural livelihoods and overall well-being. However, rural women and girls face challenges that are directly related to gender inequality and structural barriers (including access to power and resources) that prevent them from fully enjoying their human rights and hamper their efforts to improve their lives.

The Government of Ethiopia with other development partners like Government of Finland have been working to address this problem since long and some achievements are observed in the country though there is still a need to work aggressively to bring the required gender equality both in rural and urban areas across all age categories, economic and social status of women and girls. Some of the mechanisms that put in place by GoE and the changes observed in improving situation of women and girls in rural Ethiopia include the following:

#### **Promoting education**

As per Ethiopian Education Development Roadmap (2018 to 30), though male and female enrolments are almost equal in urban areas, girls' enrolment was less than that of their counterparts in rural Ethiopia. Hence more actions are needed to close the gap between rural male and female children's enrolment than in urban Ethiopia. Besides, girls face challenges to join secondary and tertiary school due to distance, personal security and economic problems. Parents usually give various excuses (i.e. she may be raped, abducted or harmed on the way to school) to keep their daughters at home doing housework instead of going to school. Such problem is severe in some areas (like border areas and in nomadic society). The following initiatives have been implemented in order to mitigate this problem:

- A committee comprising of parents and teachers is established in each school to make aware parents to send to school and to maintain smooth functioning of the school throughout the academic year.
- Girls club, where by all the members are girls, is working to safeguard girls from being victim of harmful traditional practice, especially early marriage which is one of the reasons for a girl child not to pursue her education to a higher level. Despite the legal sanctions against marriage before age 18 and the growing awareness among leaders and educators that it is harmful to girls and their families, parents still practice marrying their daughters in their mid-teens to adhere to the tradition. Mostly the festivity is arranged without the consent of the bride so that she has no option to oppose the marriage in advance. Now a days, the girls club in school works closely with school community (teachers, directors) , and through school administration they make contact

to elders and police to stop the marriage if they get information about the arranged marriage before the event took place.

- Irrespective of the quality of school infrastructure, there is a big attempt to open a school nearby village to solve the distance problem.
- School feeding program has been started in some areas especially in emergency prone woredas (in fact this helps both girls and boys)
- Close supervision of teachers to reduce school absenteeism through visiting parents of children as deemed necessary
- Adult literacy program that provide life skill training for married women and men is also part of the non-formal education system in Ethiopia.

## Promoting health care services

- The launching of Health Extension Program (HEP) in 2003 has benefitted the rural communities in general and women and children in particular in Ethiopia. Since the advent of the program, more than 30,000 Health Extension Workers (HEWs) are deployed to rural communities, where they provide better and more equitable access to health services for the poor, women, and children in a sustainable manner. The program focuses on four major areas (i.e. hygiene and environmental sanitation, disease prevention and control, family health services, and health education and communication) and provides 17 different packages to reach the poor and address inequities. Health extension workers are female (except in pastoralist areas), at least 18 years old, have at least a 10th grade education, and speak the local language. Females are selected because most of the HEP packages relate to issues affecting mothers and children; thus, communication is thought to be easier between mothers and female health extension workers and female workers are thought to be more culturally acceptable.
- Health extension workers spend 75 percent of their time visiting families in their homes and performing outreach activities in the community. Health extension workers also work with communities through traditional associations, such as *idir* (community-level volunteer organizations that collect money on a regular basis to cover funeral costs and give some money to the family of the deceased), *mehaber* (professional and religious organizations), *ekub* (a scheme in which people regularly contribute money, which at a specified time is given to one group member; this process is repeated until all members receive a contribution), schools, women's associations, and youth associations. These informal institutions help to communicate health messages and mobilize the community to assist with communal activities, health post construction, and other efforts. The health extension workers' remaining time is spent in providing services, including immunizations and injectable contraceptives, at the health posts. They are trained to provide first aid; conduct safe and clean deliveries; diagnose and treat malaria, diarrhoea, intestinal parasites, and pneumonia. They are also trained to manage operations of health posts; conduct home visits and outreach services to promote preventive health actions; refer cases to health

centers and follow up on referrals; identify, train, and collaborate with voluntary community health workers; and provide reports to district health offices.

- HEWs are responsible for identifying pregnant women within their catchment area, delivering antenatal care and connecting them with the formal health system in the event of elevated risk or complications. HEWs are also charged with following up with women during the postnatal period when care is critical for both mother and newborn.
- Health care institutions are structured in a way that each kebele (the lowest administrative unit in Ethiopia) has a health post that serves 5,000 people and functions as an operational center for a health extension worker. Five health posts and a health center work in collaboration and for the Primary Health Care Unit (PHCU) that serves 25,000 people. The health center serves as a referral center and logistic hub for a health post and also offers technical support. The health post is under the supervision of the district health office and the kebele administration and receives technical and practical support from the nearby health centre.
- Introduction of free ambulance service in rural areas is another progress in the health care service provision for women who are having difficulties during birth to be easily transferred to the nearest health centre or hospital if they need Emergency Obstetric and Newborn Care (EmONC) which otherwise they have to use other transport such as an Isuzu truck, hire a minibus taxi or just carry the woman on a stretcher or use horse/donkey in the worst case.
- Women's agency called Health Development Army (HDA) or Women's Development Army (WDA) is a structure at grass root level in rural areas of Ethiopia. HDA/WDA is an organised movement to promote safe health practices at the community level. It is comprised of groups of up to 30 women in a one-to-five network that supports the work of HEWs and the Health Extension Program. HEWs from each *kebele* assist women with birth preparedness and mobilise communities through the HDA to facilitate timely referral to health centres. Non-governmental organizations also use this structure to convey different development messages to the rural women.

## Access to credit

Women often face different and more basic economic constraints than men including less access to credit and limited market access. Although there are no legal restrictions on women's access to credit in Ethiopia, they often have limited awareness about credit options and lack both the collateral and economic stability required to access formal banking.

- In order to address this particular problem, a number of region-specific micro finance institutions have set a target to have a minimum of 10 to 30% women client portfolio, irrespective of the loan size collected by the women, individually or in group.

## Eliminating harmful traditional practices

Early marriage and childbearing, female genital mutilation, abduction and gender-based physical, sexual and psychological violence (including wife beating and rape;) are commonly known harmful practices, that all are having huge adverse effects on Ethiopian women.

- To tackle this problem, women affairs offices (the state machinery) in collaboration with kebele level administration, health extension workers, school community, police and justice system are engaged to bring change among the community through awareness raising activities, involving men as champions of change in gender and power relations at household and community levels, and punishing perpetrators following due process of law. There are also civic and religious organizations working in partnership with government to eliminate such harmful practices.
- In most parts of rural areas in the country, arranged marriage is common whereby girls don't have a chance to choose when and who to get married to. Rather the parents will choose the bride. In some cases, the groom will marry the girl of his choice. Government of Ethiopia attempts to give attention to promote girls' education which includes taking affirmative action in terms of lowering tertiary education entrance grades. The more years the girl spends attending school, the higher the chance to make decisions on her life including to choose her husband.

## Division of labour in the care economy

In Ethiopia, women play triple role in society. They are mainly responsible for reproductive work (domestic work, child caring and rearing, adult care, caring for the sick, water and fuel related work, health related work). They are also engaged in productive work (work for income and subsistence) and community managing work (include activities primarily undertaken by women at the community level around the provision of items of collective consumption). Women's involvement in reproductive work that is to be performed on daily basis is time consuming, demanding and tedious, but it is not considered as "real" work. Though women equally share responsibilities with men on farming activities, they are not yet decision makers, especially regarding the income from the production.

- In order to address this problem, the GoE through the state machineries and development partners, invest in awareness raising activities and introduce labour and time saving devices that lessen women's workload and reduce the time burden posed by reproductive work. The support given by Government of Finland to enhance WASH sector interventions worth to be mentioned here.

## **2. How Finland has contributed to the water, sanitation and hygiene situation in Ethiopia, impact on women?**

In Ethiopia, like many other developing countries, women and girls are often the primary collectors, transporters and users of water for household consumption and watering livestock. They tend to have the main responsibility for health, child care, and are guardians of their household hygiene. The Government of Finland support to the water, sanitation and hygiene sector in Ethiopia has brought significant impact in improving the lives of target communities in general and that of women and girls in particular. The impact of WASH interventions in the lives of women and girls presented here below based on observation and through informal discussion held with the user communities during site visits (i.e. not based on formal research-based findings).

- Availing safe water at the closest distance to the households has contributed to tackle time poverty of women and girls through reducing travel and queue time on top of improving health condition of the user communities.
- Helped to have more time available in order to go to school for girls while women use the freeing time to accomplish other household chores and engage in social activities and in productive works (agricultural production, food security and business opportunities), depending on the skill and resource they have at hand.
- Access to water and sanitation facilities assisted to reduce vulnerability of women and girls from sexual harassment /assault while traveling long distances over many hours to collect water for family use as well as when they go out from home to relieve themselves in the open field during evenings.
- Lessen burden of women to take care of the sick family members so long as the water and sanitation facilities are available nearby. This also saves their time, energy and money.
- Enabled to meet specific hygiene needs of girls which otherwise they would stop attending school when puberty arrives or forced to miss classes during their menstrual periods.
- Due to unique features of Community Managed Project approach that COWASH follows, women's voice has been heard throughout CMP approach implementation steps (i.e. CMP approach promotion, representatives' election/water, sanitation and hygiene committee (WASHCO) election, field appraisal to get approval for scheme construction, labor and in-kind contribution during construction, completion ceremony, post construction/ water scheme management – water tariff setting, water tariff collection method, attending general assembly meeting, taking part in operation and maintenance).
- Created opportunity for women to acquire and exercise leadership skills, while assuming main leadership positions in WASHCOs (leadership positions are chairperson, treasurer and secretary) including financial management and purchasing of materials for water construction.

- Enabled to make economic opportunities available for women as artisans, guards of water points and pump attendants that are mainly assumed as men's job; challenged stereotyping and cultural perceptions that confined women to the domestic sphere.
- Enabled to bring women entrepreneurs who are engaged in WASH focused business activities (sanitation marketing, water schemes construction and maintenance, spare part supply for water schemes and solar energy)
-