

Project Name: Empowering Women at all Levels for Better Health in Ethiopia

Reporting year: January-December 31-2011

Implementing Agency: Women's Health Association of Ethiopia/ WHAE

Address: Adwa Road, Shola, Yeka subcity; Kebele 13/14, House number-729

Contact Person: Name: Birikit Terefe, Directress of WHAE

Mobile: 0116-620874

E-mail: btiruneh@gmail.com, womenhealthethiopia@gmail.com

Funding Agency: Norske Kvinners Sanitetsforening, FOKUS

Project Location: Tigray, Amhara, Oromiya, Southern Nations Nationalities and Peoples and
Addis Ababa

Total Budget used: 1,243,127 ET Br.

Executive Summary

Women's Health Association of Ethiopia (WHAE) has celebrated its one year on January 2012. This organization is women led organization initiated by the Norwegian Women Public Health Association.

In 2011, WHAE was able to form five local units in five regions; Amhara, Oromiya, Addis Ababa, South and Tigray. Each local unit have fifty women members and it has its own board and is own bylaw.

In the same past year, WHAE organized a national women's health conference for two days which was attended by different professionals for regional health and women affairs office, members of WHAE and the Deputy of Ministry of Women Children and Youth Affairs.

Women's Health Association of Ethiopia also trained the local unit women members on health, hygiene and sanitation for five days in their specific regions. In relation to the trainings and networking WHAE was able to work very closely with the government structure of development army and with health extension workers.

WHAE has also managed to start the economic empowerment of the women members in each local unit by undertaking business plan development program and provision of seed money for the four local units.

All in all WHAE has been able to accomplish a lot by overcoming challenges and strengthening the assets of the organization.

Introduction

Women's Health Association of Ethiopia is a locally registered Ethiopian resident charity which was registered on January 2011. WHAE works in five regions in Ethiopia, namely Amhara, Oromiya, Addis Ababa, South and Tigray.

The Goal of WHAE is to create healthy and responsible citizen that participate actively within the country's development process by economically and socially empowering and training member women on health issues, skills and their own right. Relatedly it works towards empowering women economically and socially to contribute to the well being of the society, by establishing a pool of volunteer local women.

WHAE implements its activity by forming a local unit in each region. A local unit is a group of women who are agents for health promotion in each region in Ethiopia.

WHAE believes that empowering women in a community would be a key activity to keep the society healthy. Due to this WHAE have formed five local units with 50 members in each region and these women have been continuously trained about health issues. These women meet every month and they are accompanied by nurses and health extension agents who then help them mobilize the community.

The local unit members are also expected to plan and work on community cleaning campaign, involve in building toilet and waste disposal wells, carry out a continuous house to house health education campaign and cooperate with health extension workers in health awareness creation.

WHAE also works with professional women by organizing women health conferences and sharing information through its website.

2. Goal

To create healthy and responsible citizen that participate actively within the country's development process by economically and socially empowering and training member women on health issues, skills and their own right.

3. General Objective of the Project

The general objective is to economically and socially empower women to contribute to the well being of the society, by establishing a pool of local volunteer women.

4. Specific Objectives.

Short

To create awareness on major women and children health issues through monthly trainings and campaigns with the local unit members

Long term Objectives

- To strengthen Women's Health Association of Ethiopia.
- To create awareness on major women and children health issues through monthly trainings and campaigns with the local unit members
- To economically empower women members in local units to be self sufficient
- To mobilize 250 volunteer women members from grass root that can be agents for women health in Ethiopia
- To network with other organizations working on women health issues

4. Achieved Activities

Planned	Achieved	Target	
		Planned	Achieved
<p>Establishing a strong women health organization</p>	<p>Women's Health Association of Ethiopia (WHAE) was registered as an Ethiopian Resident Charity on January, 2011. In addition to the registration, a three year project proposal was written and submitted to the Agency and the five regions, Amhara, Tigray, Oromia, Addis Ababa and South regions. Accordingly Operational Agreement was signed with the agency and the five regions mentioned above.</p> <p>WHAE rented an office with full furniture and also recruited four permanent members and Four temporary workers.</p> <p>WHAE had its General Assembly meeting and elected a board which has met more than seven times in 2011.</p> <p>Now WHAE has three regional</p>	<p>5 staffs</p>	<p>8 staffs</p> <p>The plan was to coordinate regional activities from the main office in Addis Ababa with frequent visits to the regions. However in the process the follow up for the activities was very demanding and the cost for monitoring was found to be very expensive. Then it was found more effective to have a regional coordinators that can work some days in a week.</p>

	<p>coordinators in Mekele, Bahir dar and Hawassa. And a Directress, Accountant, Community Coordinator, office assistant and a cleaner in the main office.</p> <p>The organization also has its personnel policy and financial policy</p> <p>It also has undergone all the legal processes related to taxation and signed operational agreements with the agency and with all the regions.</p>		<p>The activity was also found more effective and owned by the region itself.</p>
<p>Printing IEC/BCC MATERIALS</p>	<p>A website was designed and will be hosted in 2012.</p> <p>The website includes membership forms, volunteers, access to documents on women's health and also has spaces for major NEWS and EVENTS.</p> <p>www.womenhealthethiopia.org</p> <p>A leaflet about WHAE was also printed</p> <p>Report on the conference was published</p>		

<p>Assessing possible regions for establishing new local unit</p>	<p>An assessment was carried out majorly in the seven regions in Ethiopia, Amhara, Oromiya, Addis Ababa, South, Tigray, Dire dawa and Harar. The others were briefly reviewed and the projects were revised accordingly. The assessment was carried out by volunteer women and men who travelled to those areas and assessed the common health challenges in the regions and also the common women right challenges in the regions.</p> <p>The assessment included identifying the target population and target areas. The assessment enabled WHAE to get the right target area from the regions. Accordingly Belay Zeleke kebele in Bahir dar, Ayder in Mekele, Kebele 6 in Gulele, Addis Ababa were selected according to the output of the assessment and the recommendation of the regional officers. Chanco in Oromia and Shone in South were already areas where women were previously organised by NKS. So the two</p>	<p>7 regions</p>	<p>7 regions</p>
--	---	------------------	------------------

	<p>areas were automatically chosen as our target areas.</p>		
<p>Establishing Local Units</p>	<p>Based on the assessments carried out, four new local units were formed and one in Chancho was also included in the activity. The local unit members were selected according to the following criterion.</p> <p>The women should be mothers, with low income (an average income of 200br/month or less), without a strong support system and those that have never been part of an NGO support system. These people were selected by the Kebele Women’s Affairs Office and lastly checked for fulfilling the criteria by WHAE. With this four local units were formed with 50 members and the fifth one in Chancho has 34 women members.</p> <p>Each local unit now has</p> <ul style="list-style-type: none"> • Its own bylaw • Its own board with selected five members • Started contributing money 	<p>5</p>	<p>5</p>

	<p>and started saving every month</p> <ul style="list-style-type: none"> • Have their own lottery system to raise more money for their local unit. 		
<p>Monthly meetings and health education</p>	<p>The local units meet every month over a coffee ceremony. In these monthly meetings the women are accompanied with local health extension workers or nurses and they teach them on the title of their choice. The women discuss the issues and also exchange information during the monthly meeting.</p> <p>The monthly meeting is also the time they contribute money and save into their account.</p> <p>It is also a planning session for the women about their health education with the community</p>	<p>Chanco-7 Shonie-7 Gulele-7 Ayder-7 Belay zeleke-7</p>	<p>Chanco- Shonie Gulele Ayder Belay zeleke</p>
<p>Training on health</p>	<p>30 women from each local unit were trained for five days on maternal and child health, nutrition, gender based violence and Hygiene.</p>	<p>3 days</p>	<p>5days</p> <p>Since the issues to be addressed were vast it was possible to extend</p>

	<p>During this training it was possible to invite local government officials from health and women affairs office. Additionally the last day of the training was attended by health extension workers in the area. In Mekelle the extension workers were in the training for all the five days helping trainers and networking with the women.</p> <p>At the end of the training each local unit was able to come up with an annual health education and activity plan. This plan was designed in collaboration with the health extension workers so that they can collaborate with them during implementation.</p>		<p>the number of days</p>
<p>Organise an experience sharing program among the local units</p>			<p>Since the local units were formed later than the planned time due to the process of operational agreement, it was impossible to</p>

			<p>share the experiences.</p> <p>However the plan is shifted for the beginning of the year 2012</p>
<p>Training on health</p>	<p>The training for the local units was organized for five days WHAE managed to squeeze the fund and make the training last longer for better understanding of women health issues. The training included issues like maternal health, Nutrition, reproductive health, contraceptive, and Gender Based Violence.</p> <p>The training included a half day exchange and partnership session with Health Extension Workers. In this session, the health extension workers briefed about the 16 health packages and they discussed on how to be model families. Then at the end of the training ten members from local units were partnered with one HEW who will guide them to be model families. The HEW will also</p>	<p>3days/ 50 women/local unit</p>	<p>5days/30 women/local unit</p> <p>Training fifty women at one time was not feasible as the issue discussed needs a lot of discussion and exchange.</p> <p>To compensate this, one day refresher training was provided for the rest of the group.</p>

	<p>be using them to reach more community members.</p> <p>The local unit members together with the health extension workers and regional coordinators managed to work on an annual health plan which will be funded by the sister local units.</p>		
<p>Organise a quarterly lecture series on women health for professional women</p>	<p>A national women health conference was organized for two days. This conference was conducted on establishing an agreeable data on the status of women in Ethiopia. This conference was opened by the State Minister and issues like the discrepancies of data on women health and general status of women and Gender based Violence were discussed. The Norwegian delegates were also present during the conference and shared their experience on their activities on GBV and cooperation in Ethiopia.</p>	<p>4</p>	<p>1 Lack of budget</p>

<p>Produce a financial and activity plan for economic empowerment for each group.</p>	<ul style="list-style-type: none"> For all the five local units, five business plans were developed. The business plan development process involved analysis of the potentials and assets of the local unit and based the recommendation of the women. Then business proposals were designed for each local unit for further processing, Business ideas are: Chancho-Diary farm Shone, Belay zeleke and Ayder-Food processing and milling Gulele- Knitting and tailoring 	5	5
<p>Provision of seed money for each local unit to run their economic empowerment project</p>	<ul style="list-style-type: none"> A starting capital of 22,500br/local unit was transferred for Mekelle, Chancho, Ayder and Belay Zeleke local units through their bank account. This is going to be used for a first step process of their training on running 	5 local units	4 local units

	<p>business and the money for business will be transferred after their training. As the Gulele local unit was on the verge of being formed, it did not get the seed money for 2011.</p>		
Campaign	<ul style="list-style-type: none"> • The Chanco local unit was able to organize a cleaning campaign in the town. For this WHAE provided them with cleaning materials that is owned by the local unit now • The Shone, Ayder and Belay Zeleke local units used their campaign to discuss with HEW on health issues. • The Gulele local unit was formed very late so they did not manage to have a campaign. 	5	4 The challenge to get the right target women in the area.
Meetings General Assembly and Board	<p>WHAE has been able to conduct various meetings. While the board was expected to meet once in three months four times in a year it was able to meet eight times.</p>		

	<p>WHAE has also conducted 8 meetings with regional health and women affairs offices.</p>		
--	---	--	--

Challenges

- The main challenge was the processing for registration and operational agreement in each region. Every region had its own format and criteria for the operational agreement and this took longer time for us to start our activities.
- Selection of members was not always as smooth and fair as we wanted. Some were false nominees and we had to work on the selection all over again.

Assets

- Cooperation of local bodies and working closely with the local Kebeles was a great asset
- Commitment of the local unit members in the region
- Commitment of staffs of WHAE
- The contribution of Volunteers of WHAE
- Good relationship and continuous communication with our sister organization, NKS.
- Frequent travels to the regions and also from NKS to WHAE and Vise versa helped us work in a smooth manner
- New policies like IGA policy, availability of NGO focal persons in every region and in the agency
- Our structure of local unit fits well with the health extension package structure which is a two way beneficial system.

Best practices

The most successful experience of WHAE was the integration of the local unit members with the health extension workers which is highly facilitating the health education in the community.

The commitment of the local unit members to women health was incredible as the women were all able to volunteer throughout the year by meeting every month and mobilizing the community without any incentive.

The above practices were able to be achieved by the strong linkage of WHAE activities with the local government offices and its flexibility to adjust to new emerging government policies. The other reason is the careful and joint selection of women in the local unit in collaboration with local women associations. This allowed us to find vibrant and committed women towards our goal.

Generally WHAE was able to accomplish almost 100% of the activities according to the plan and is looking forward for the coming year to continue the implementation through the already existing and newly formed local units.