



SOCIAL INDICATORS		
	Male	Female
Multidimensional Poverty Index (MPI)	0.537	
%age of Women in Parliament		22.5
Life Expectancy at birth in years (2013)	62	65.3
Labour Force Participation rate	78.2	89.4
Population with at least some secondary education (% aged 25 and above)	31.4	25.3
Estimated Gross National Income (GNI) per capita (USD)	1595 \$	1090 \$
Maternal mortality ratio (deaths per 100,000 live births) (2010)	350	
Adolescent birth rate (births per 1,000 women aged 15-19) (2010-15)	78.4	



REGION- AFRICAN	
Population (2014) (Estimated,000)	80,000
Population Density (2014 -per sq. km)	66.5
Human Development Index (HDI -2015)	0.435
Global Gender Gap Rank (2014)	127

ETHIOPIA

EAST AFRICA - INDIA UNITE: INTEGRATING WOMEN IN ECONOMIC DEVELOPMENT

Introduction

Ethiopia is the ninth largest country in Africa and is located in the northeastern region, popularly referred to as the Horn of Africa. The Ethiopian economy is dominated by the agriculture and services sectors-with each accounting for about 45% of Gross Domestic Product (GDP), leaving only about 10% for the industry, of which the manufacturing sector accounts for about 6–7%.

Gender Profile

The Global Gender Gap Report 2014 ranked Ethiopia at 127/142 on the gender index. The report indicated that country's performance on the overall gender gap index as well as on the sub-indices related to economic participation, educational attainment, health and survival and political empowerment needs considerable improvements.

Socio-Economic Profile

Despite high GDP growth (averaging 10.6% between 2004/05 and 2011/12), Ethiopia's per capita income (~USD410) remains amongst the lowest in the world. Economic growth, however, has helped

reduce poverty, in both rural and urban areas. While 38.7% of Ethiopians lived in extreme poverty in 2004/05, this number was reduced to 29.6% (2013).

In Ethiopia, 80% of the population resides in rural areas and women provide the majority of the agriculture labour. According to national statistics, only 24% of women are in technical and professional fields, while the bulk of women still perform tiresome, low paid and even unpaid jobs across Ethiopia.

Education Profile

The Net Enrolment Rate (NER) for the year 2000/01 was estimated at 41.7% for girls, 55.7% for boys and 48.8% for both sexes. The corresponding data for the year 2013/14 were found to be 95.1% for boys, 90.1% for girls, and 92.6% for both sexes. (UNESCO). This reflects effective policy intervention by the government, especially since the implementation of the Right to Education Act (2009).

Health Profile

There have been considerable steps taken to curb communicable diseases like malaria and HIV in the country.

In Ethiopia, a lack of awareness of the importance of skilled hospital deliveries, cultural beliefs and transport challenges are causing a high number of deaths during childbirth. Only 10% of deliveries take place within health facilities, according to the Ethiopia's latest demographic health survey results (<http://www.theguardian.com/global-development/2012/may/05/>).

There is much scope for developing the Health Management Information System (HMIS) in the public as well as private sector. It has been accepted by the Government of Ethiopia that the objective of universal health coverage needs involvement of all relevant stakeholders. Malnutrition ranks third among the top ten causes of morbidity and mortality.

National Framework: Policies, Programmes and Initiatives:

The Constitution guarantees women equality. However, disparities still exist in the implementation of gender equity measures.

The Civil Service Proclamation of January 2002, touches upon gender equity under the section on employment. The National Policy on Women (1993) aims to institutionalise the political and socio-economic rights of women by creating appropriate structures in government institutions.

At the national level, the revised Family Law (2000) and Criminal Code (2005) provide the legal framework for the protection of women's rights.



Addressing Violence Against Women

Physical violence on woman by intimate partner is around 48.7% (throughout their life time) and the prevalence of sexual violence is around 58% (WHO 2012). More efforts are needed towards dispelling myths, misconceptions and traditional norms and beliefs of the community. There is a need for amending and enforcing the existing laws as well as formulating new ones concerning women and violence including rape. (Abeya GS, Afework FM, Yalew WA.2012) Violence can result in physical, mental, sexual, reproductive health and other health problems, and may increase vulnerability to HIV. The social and economic costs of intimate partner violence and sexual violence are enormous.

Opportunities and Challenges

Ethiopia is yet to improve on its gender equality performance indicators in Sub-Saharan Africa. While remarkable progress has been made in several of the Millennium Development Goals (MDGs), it is lagging behind in MDG 3 (Promote Gender Equality and Empower Women). As empowering women and their safety

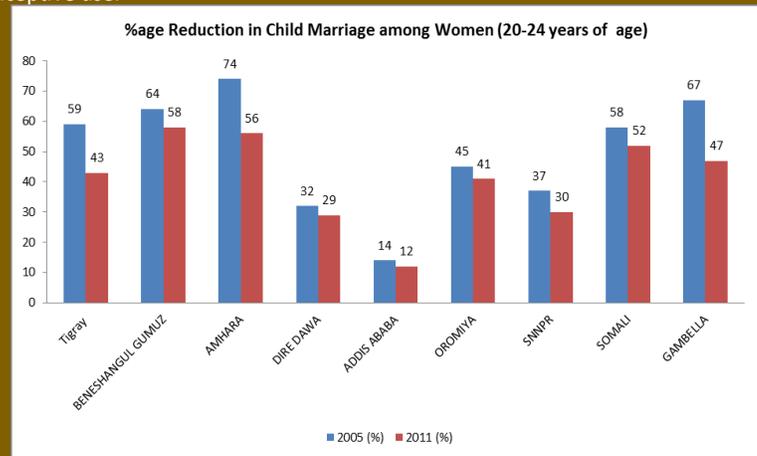
STORIES OF CHANGE: COMMUNITY TRANSFORMATION IN ETHIOPIA

Reforming entrenched cultural beliefs about child marriage does not come easy, but communities in Ethiopia are coming together as a powerful force for change. In the Amhara and Tigray regions, where child marriage prevalence hovered around 80%, grassroots efforts are engaging entire communities in the fight against early marriage and the promise of empowering girls.

Pathfinder International/Ethiopia collaborates with local partners to form early marriage cancellation committees, which involve all levels of civil society, including kebele (ward) administration officials, women's associations, religious leaders, health officials, teachers, parents and the girls themselves.

On the legal front, the Ethiopian Women Lawyers Association (EWLA), a nonprofit women's advocacy group, educates community leaders, law enforcement and judicial bodies about Ethiopia's revised Family Law, which raised the legal age for marriage from 15 to 18 and established a penal code criminalizing harmful traditional practices.

The Berhane Hewan programme ("Light for Eve" in Amharic), carried out by the Population Council is one of the few child marriage prevention interventions that has been rigorously evaluated. The programme, which targeted married and unmarried girls ages 10 to 19 in rural Ethiopia, resulted in increase in girls' social networks, age at marriage, reproductive health info, and contraceptive use.



seems a considerable challenge in Ethiopia, there is scope for cross-learning with India in the areas of women-empowerment through programmes such as SEWA, the Kudumbashree Programme of Kerala, JEEVIKA and others that focus on women.

The Way Forward

The need is to increase and maintain a high NER for the eight years of primary education, is to dramatically reduce dropout and repetition rates. This will also increase the efficiency of service delivery, with children taking eight – and only eight – years to transition from grade one to primary completion. Since the pharmaceutical sector is not well developed, access to modern pharmaceuticals is very limited. Expertise in drug quality and supply could be provided

by India to ensure universal health coverage.

India has the opportunity to provide technical support to develop and implement a pilot and plan scale up of community (women) led economic (social, political) empowerment of women initiatives.

** Compiled from various internet sources. The figures may not be accurate.*

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