



STORIES OF CHANGE

PLAN INTERNATIONAL ETHIOPIA

FIFTH EDITION



CONTRIBUTED BY

Edom Fikru, Head of Influencing, Partnership and Communications, Country Office
Elias Assefa, Communications and Marketing Officer, SNNP PA

Susannah Birkwood – Global Press Officer, Plan International Headquarters

Girma Eshetu, Former Roving Communications Coordinator, Country Office
Aderajew Asfaw, Former Emergency Communications Officer, Country Office

Hayelegebereal Seyoum, Graphic Designer and Web Administrator

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COUNTRY DIRECTOR'S NOTE

Dear readers,

I am delighted and proud to present the 5th edition of our Stories of Change Bulletin which covers key updates of the past year and to write this note as the newly appointed Country Director with only a year in Ethiopia. As a new CD I found the organization to be well organized in terms of staffing and structures. It also has good programming and good policies which allows its proper implementation of programmes.

I also noticed that our organization's portfolio is increasing year after year. To illustrate this: our funding for FY2019 is 20 million Euros which is two million Euros higher than the previous fiscal year. For FY2020, we have budgeted 22 million Euros. We target modest growth so that we continue to ensure our ambition of high quality programming and implementation.

There have been a lot of important developments for Plan International Ethiopia in FY18/19. We started up our emergency response to Internally Displaced Persons (IDPs) in Gedeo Zone of Southern Nations Nationalities and Peoples' Region (SNNPR) and in West Guji zone of Oromia Region and this was a very important piece of work implemented by our humanitarian department. Also, we have further consolidated our humanitarian work on the South Sudanese refugee response in Gambella and Benishangul Gumuz Regions (focusing on education in emergencies and child protection in emergencies) and the drought response works in Afar, Amhara, Oromia and SNNPR Regions. At the same time, we have started responding to the influx of Somali and Eritrean refugees in Ethiopia. Last but

not least, our structural development work across Addis Ababa City Administration, Oromia, Amhara and SNNPR Regions continued to be solid pieces of works. Our interventions on early childhood education, prevention of child marriage, WASH, youth economic empowerment, among others, have directly and indirectly reached out to millions of girls and women who are the most disadvantaged segment of the society.

Our humanitarian budget portfolio has been increasing significantly in FY19 and continues to do so. For FY20, it will be important to ensure that we will strike the balance between the humanitarian and development programmes.

We look forward to continue our excellent collaboration with the government structures at local, regional as well as national level. The newly ratified Charities Proclamation of March 2019 will offer new and important opportunities for Plan International Ethiopia to contribute to our global purpose of striving for a just world that advances children rights and equality for girls.

In light of Plan International's global strategy '100 Million Reasons, Plan International Ethiopia embarked on a transformation process, which is aimed at ensuring that our programmes are well aligned with this strategy. The process started in May 2019 and we will be continuing this journey in a participatory and inclusive way. We reviewed our draft country strategy and defined our priorities for the coming five year with to purpose to Seek Gender Justice for Girls, Adolescent Girls and Young Women. This will be followed by working on aligning the organizational structure to be fit for purpose to deliver the strategy. Gender transformative approaches will be at the heart of all the work we will do.

Dear readers,

Girls Get Equal (GGE), our new multi-year global campaign, aims to ensure that girls and young women have power over their own lives and can shape the world around them. It has been launched in Ethiopia in May 2019.

The campaign will raise the voice of girls and women, will demand power, and wants to see girls in parliament and governments. It will help us to even better deliver on the objectives of our Global Strategy.

What is important about Plan International is that we always engage boys and men in our work in order to achieve to the maximum of our potential. Equality for girls and women is not just a girls' and women's issue. It is a societal issue and can only be achieved with a joint effort.

Dear readers,

I am really glad to give you the highlight of what we have been doing over the past year and what we aspire to do for the upcoming year. Please go through this wonderful bulletin for a detailed and thorough analysis. I would like to appreciate the Influencing, Partnership and Communications team for all the hard work to successfully finalize such a great bulletin and to acknowledge all efforts exerted by the various departments for the compilation of all the stories.

Last but not least, my huge gratitude and respect go to all staff of Plan International Ethiopia for their dedication, loyalty and relentless efforts to achieve our goal of advancing children's rights and equality for girls in Ethiopia. Congratulations to all!!

Thank you for taking the time to read.

Geraldine Breukers, Country Director Plan International Ethiopia

OUR PURPOSE

We strive for

**A JUST WORLD THAT ADVANCES CHILDREN'S
RIGHTS AND EQUALITY FOR GIRLS.**

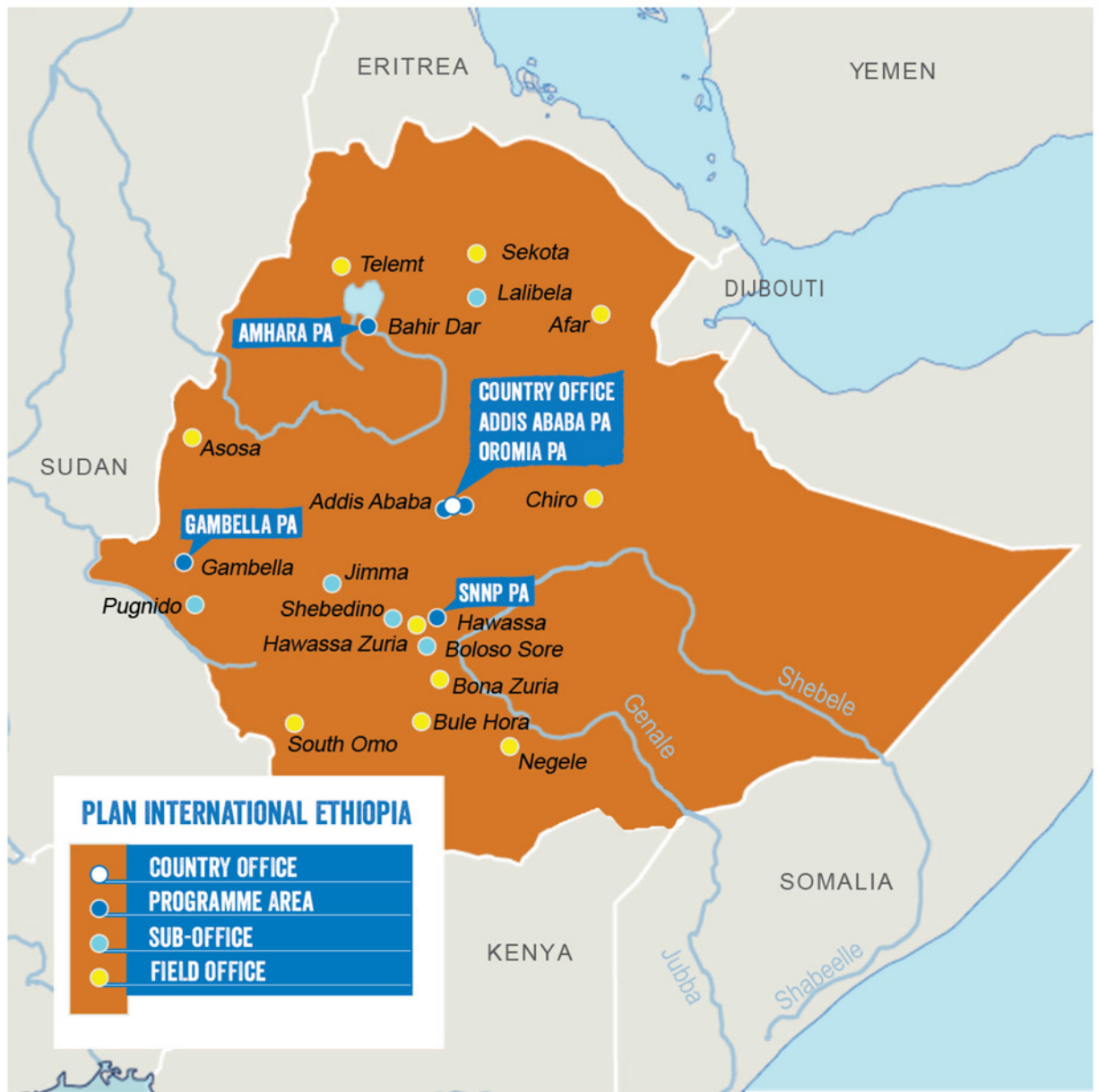
OUR VALUES

We strive for
**LASTING
IMPACT**

We are
**OPEN &
ACCOUNTABLE**

We work well
TOGETHER

We are
**INCLUSIVE &
EMPOWERING**



ABOUT PLAN INTERNATIONAL ETHIOPIA

Founded over 80 years ago, Plan International is an independent development and humanitarian organisation with no religious, political or governmental affiliations. Plan International works in 76 countries around the world, including Ethiopia, to empower communities, families and children to advance their wellbeing and equality for girls. Child sponsorship is the basic foundation of the organisation.

We believe in the power and potential of every child, specifically girls. However, poverty, violence, exclusion and discrimination have a powerful negative impact on children's development. Working together with children, young people, our supporters and partners, we strive for a just world, tackling the root causes of the challenges facing girls and all vulnerable children.

Plan International's programme in Ethiopia was established in 1974 and is currently being implemented in nine of the 11 regions in the country, including Addis Ababa City Administration. In the new Country Strategy (2020–2024), our programmes comprise structural development work as well as humanitarian and nexus interventions, currently focusing mainly on child protection, early childhood development, education, WASH, health/nutrition, youth economic empowerment, refugees, IDPs and drought response. Across all our programmes, we strive for a gender-transformative approach.

PROTECTION OF CHILDREN FROM VIOLENCE (PCV) COUNTRY PROGRAMME



WHAT PLAN DOES

According to the 2016 Ethiopia Demographic Health Survey (EDHS), female genital mutilation/cutting (FGM/C) is most prevalent among the 15–49 age group. In addition, 54% of urban women have experienced FGM/C, compared to 68% in rural areas. FGM/C is less prevalent among women with higher education and those in the highest wealth quintile. The 2016 EDHS shows a decreasing trend in FGM/C nationwide, with the prevalence in 15 to 19-year-olds down to 47%, compared to 65% in the 15–49 age group.

WHY PLAN NEEDS TO INTERVENE

In Ethiopia, the prevalence of FGM/C is estimated at 45%, child marriage at about 40%, and marriage by abduction at about 12%. Other forms of violence are also common. A large proportion of children are exposed to some kind of violence at home, in school or in the community on a regular basis. Violence against girls can be considered a key manifestation of societal gender discrimination and gendered power relations.

These problems are aggravated by traditional values, attitudes and practices that reinforce and glorify male dominance and superiority, which tend to tolerate or even justify violence against women and girls. These practices are exacerbated by a lack of public awareness of the negative impact of these practices; low household income and lower economic status of girls and women; poor education; limited opportunities for children's participation; lack of capacity for law enforcement; and lack of access to psychosocial and educational services.

HOW PLAN INTERVENES

Plan targets children, communities, and government institutions at all levels to address these problems, by:

- educating and training children, both in and out of school, on child wellbeing and life skills
- supporting child-led clubs in schools to take action to protect themselves and other children
- establishing and supporting child-focused groups in the community
- building the capacity of community-based child protection mechanisms through training and consultation, and supporting mechanisms for reporting violence against children
- building the capacity of formal child protection structures and supporting the establishment of referral systems/linkages for health, counselling and rehabilitation services
- mobilising communities for change using structured and continuous community conversation (CC) and intergenerational community dialogue approaches
- strengthening the livelihoods of vulnerable families and adolescent girls and boys through the provision of vocational skills training, and supporting them to set up small businesses
- supporting state structures to implement policies and enforce laws protecting children from harm
- supporting and building the capacity of structures at all levels of the Ministry of Women, Children and Youth Affairs, building its capacity to mobilise relevant stakeholders, including law

enforcement personnel and the judiciary

- raising public awareness by working with the media to disseminate messages on the wellbeing of children
- supporting regional and national child-focused networks and coalitions, and taking an active role so that harmful traditional practices (HTPs) are prioritised in policy discussions
- supporting community-based organisations and civil society to take a greater role in child protection
- improving child protection systems internally and within partners' organisations, and promoting inclusion of the most marginalised members of the community.

WHERE PLAN INTERVENES

Plan International Ethiopia implements the PCV Programme in Amhara; Oromia; Southern Nations, Nationalities, and Peoples' Region (SNNPR); and Addis Ababa City Administration. Specifically, Plan International Ethiopia works in Fagita Lekoma, Bahir Dar Zuria, Qewet, Guangua, Ayo Gugsa and Banja districts of Amhara Region; Diksis and Tiroafeta districts of Oromia Region; and Bensa, Dara, Gorche, Bolo Sore and Hagere Selam districts of SNNPR.

WHAT PLAN ACHIEVED

- Strengthened 37 anti-HTP steering committees in 35 kebeles (the smallest administrative unit in Ethiopia) and two woredas (districts).
- Equipped 21 health centres in East Gojjam Zone with age-verification facilities.
- Reached 37,605 direct beneficiaries of child marriage intervention in 35 kebeles in two woredas of East Gojjam Zone.
- Girls children outreach service to voice their rights increased.
- Managed to reduce by half the prevalence of FGM/C and early marriage in project communities.
- Supported 34 communities in Bona district (SNNPR) to declare laws banning FGM/C and early marriage.

- Successfully prevented and saved over 6,500 girls from planned FGM/C, and over 4,200 girls from arranged early marriage, through community-based child protection mechanisms.
- Supported a total of 280 traditional FGM/C practitioners to abandon the practice.
- Supported over 15,000 adolescents to improve their livelihoods through income-generating activities, thereby reducing their vulnerability to violence.
- Supported 600 school clubs and trained 500 children in life skills.
- Improved the knowledge and skills of adolescent boys and girls regarding sexual and reproductive health rights.
- Created safe and empowering spaces for marginalised youths.
- Increased the ICT skills of youths.
- Plan has established itself as one of the key actors in influencing child-focused issues in the country, and continues to engage a multitude of actors, including civil society organisations (CSOs), child-focused networks and coalitions, and key government agencies, to ensure children's issues are given due attention in public policy dialogues.

HOW MUCH IT COSTS

In FY2019, the total budget for six projects under this programme – Girls Advocacy Alliance (GAA), Yes I Do Alliance (YIDA), Yene Raey, Safe & Inclusive Cities, Transformed Assertiveness of Community and Local-government for Effective response (TACLE) against FGM/C, and My Choice for My Life – was €2.9 million.

CHALLENGES

The delivery of some PCV Country Programme projects is often challenged by long years of community practice and poor commitment of stakeholders who have a responsibility to promote child wellbeing.



“I TOLD MY FATHER THERE WAS NO WAY I’D BE GETTING MARRIED AT 13”

14-year-old Woyzer is a member of the Girls Advocacy Alliance, an initiative by Plan International to combat child marriage in Ethiopia. So, when a man visited Woyzer’s family looking for a wife, she was adamant that she would not become his bride.

“When I was 13, a man visited my family asking if he could marry me. I was out working on the land with the sheep at the time, so I never saw him, but my sister told me what had happened.

I confronted my father and told him there was no way I would be getting married and that he’d be wasting his time if he started preparing my wedding. I am still young, and I knew I would almost certainly get very ill if I got pregnant at this age. I also didn’t want to end up like my sister, who got married at my age.

I knew the man had not yet brought bread [traditionally, when the bread is broken by the prospective husband, together with the bride’s father, it makes the marriage proposal official], so I told my father not to accept it. He agreed.

I have greater awareness about why child marriage is harmful than my sister ever did. She didn’t know about the health problems – like fistula – that teenage pregnancy can cause.

I’ve also helped my friends cancel their weddings. I put a note in the box at school to alert my teachers that my friend Yekaba was about to be married. Thankfully her wedding was cancelled too.

I would like to get married one day, but not until I’m 18 and I’ve finished my education.”



ABOUT THE PROJECT

With a total target beneficiaries of 34,628 in Amhara region, Girls’ Advocacy Alliance (GAA) is implemented by Plan International Ethiopia to eliminate vulnerability of girls and young women to FGM, CM, trafficking and sexual exploitation, and rise their involvement in meaningful economic activities. Plan International Ethiopia involves actors, including, religious leaders, health officials, teachers, parents, girls themselves and other community structures to realize the objective of the project.



THE 12-YEAR-OLD WHO TURNED TO HER COMMUNITY TO HELP STOP HER CHILD MARRIAGE



Yekaba was just 12 years old when she found out her father was planning to marry her off to a man almost twice her age. Despite her youth, she decided to take a stand. She enlisted the help of everyone she could think of in her rural community in northern Ethiopia to persuade her father to cancel the wedding. Two years into a Plan International-led campaign to end child marriage in her area, Yekaba found lots of keen allies.

Here, Yekaba and others share the part they played in helping to cancel the marriage and keep her in school.

Yekaba

“When I was 12, a man visited my family to ask if I would marry him. I never saw him but I found out from my older sister. She said he was about 20.

I wrote down what she’d told me on a piece of paper and put it in the box at my school where students can share the things they’re afraid of. We mostly use it for reporting child marriages.

My teacher found the message and asked me what was going on. He asked me to bring my parents to school so they could learn why child marriage is wrong. I asked them to come, but they refused. They carried on preparing the wedding.

I decided to confront my father. I asked him if he’d given any thought to how I’d feel if I got married so young.

He replied that he couldn’t afford to send both of his daughters to school, so he’d decided I must get married. My mother didn’t want it – she wanted me to carry on with my education – but she didn’t feel able to help me in case my father beat her.

So, I asked my father if he’d considered the health problems I’d face if I got pregnant so young. I told him I would develop fistula if I fell pregnant because my body isn’t fully developed.

It seemed like he was listening to me. But then the man’s family came to our house bringing bread. It’s a traditional symbol around these areas when a man makes a formal proposal for marriage. And my father accepted the bread, meaning he had accepted the proposal.

So, I reminded my father of my cousin’s story. She was married at the age of 12, but is now a single mother because her husband rejected her after several years, complaining she wasn’t doing enough

housework. She had a baby before he sent her home when she was just 14. She's never been to school and the baby isn't very healthy.

I told my father about all the problems child marriage would cause me and also him. I told him everything I'd learned at school from the peer-to-peer discussion group.

My cousin in grade 12 also came and told my father not to marry me off. And my auntie, who is the kebele representative for Women, Children's and Youth Affairs, did the same.

My father eventually agreed to cancel the wedding and let me continue with my schooling. Now he is helping me pursue my education.



I'm confident he won't try and marry me off early again."

Desta, Yekaba's father

"I wanted to get my daughter married because I'm getting old and find it tiring doing all the work on my farm by myself. I wanted to have a man around the place who could help me with the work – and I'm also conscious that Yekaba needs someone to give her security in the future. I won't be able to look after her forever.

I didn't know that it was all wrong.

The main reason I decided to cancel the wedding was because my daughter insisted she wanted to stay in school. She told me she wanted to carry on with her education for as long as possible and that giving her away so young would kill her.

I was also aware that the government has started enforcing the law prohibiting child marriage, so I knew I could go to prison if I went ahead.

I want Yekaba to be a great woman one day. I now realise that pushing her to marry at this young age wouldn't have been right.

My advice to other fathers? Don't get your daughters married early. My two eldest daughters both had child marriages and they don't have good lives. But it's too late for me to change things for them. Now I just hope their children don't get married too young.

I love my daughter from the bottom of my heart. Cancelling her marriage made her happy. That makes me happy too."



Woyzer, Yekaba's friend

When Yekaba's friend Woyzer heard that her father was planning to marry Yekaba off against her will, she wrote a note and put it in the box at school provided for reporting child marriages.



Ayalnesh, Yekaba's aunt and former child bride

When I heard my niece Yekaba was going to get married, I went to her house and discussed the situation with her mother, brother and father. I explained to them that she should not get married; that she should continue her education and that she'll have a bright future if she does so.

I told her father: "If you refuse to cancel it, I will take her and care for her as one of my daughters. And the community will turn against you."

They agreed to cancel the wedding.

PRIEST SAYS HE DENOUNCES MARRIAGE INVOLVING THOSE UNDER 18



In the Ethiopia Demographic and Health Survey 2016, the Ethiopian government refreshed its commitment to eliminate child marriage by 2025. The commitment, which employs an integrated comprehensive strategy, puts girls at the centre. Despite the commitment, due to deep-rooted traditional values, attitudes and norms, the magnitude of the problem is still an issue for the community. Accordingly, Plan International Ethiopia, as a child- and girl-focused organisation, is currently implementing child marriage-focused interventions to reduce and eventually eradicate child marriage, as planned by the government.

Plan International Ethiopia engages various actors, stakeholders and community structures to create awareness, build capacities, enforce the law, and include the issue of child marriage in all community-based bylaws.

Accordingly, commendable results have been achieved in reducing child marriage in Plan International Ethiopia project intervention areas.

Eshetu, a 40-year-old priest from Basoliben Woreda in East Gojjam Zone of Amhara Region, a respected and influential figure in the community, decided to get involved in the project. Eshetu and his wife, Minbiyew, have been married for 20 years, but are yet to have their first offspring. Having no children has placed significant social and psychological pressures on the couple.

Eshetu explains that their difficulty with having children is related to the fact that they married when Minbiyew was too young. At the time he was married, he was only 18 and Minbiyew only 7. Unfortunately, their life wasn't something that Eshetu and his wife enjoyed in their younger years. According to Eshetu, Minbiyew has had a number of miscarriages linked to uterus damage from her early marriage and has had to deal with serious pain and emotional disturbance. "She has always been sick as far as I remember", says Eshetu. "We have spent so much of our money so that she could get medical help, but all my efforts

have brought no solution to the family, as she still feels sick and has no child."

"I started hating my life long ago... because of the social and psychological pressures. I even thought about divorcing my wife", he says. He couldn't do it because he is a priest. "I am not like other men and cannot divorce easily. The only option I have is giving prayers to God."

The priest now understands that the problems in his life are related to his early marriage. "I married my wife when she was too young", he says, adding that "The marriage was arranged by the two families so as to strengthen kinship between them."

"I didn't have formal education, and didn't have the awareness as well as the courage to say no to the arrangement. Had I known the associated psychological and pregnancy-related problems of early marriage, I wouldn't have dared to marry by then. I would have even helped other girls escape the consequences of child marriage. I know men of my age who have been educated are having a better life than me."

It is not only Eshetu and Minbiyew who are dealing with consequences of early marriage in the woreda. In view of this, Plan International Ethiopia, in collaboration with the Ethiopian Center for Development, is striving to raise awareness in the community through a project called 'Improve Learning & Coordination among programmes to Eliminate Child, Early and Forced Marriage in Ethiopia'. The project, which is supported by the Ministry of Trade and Development Cooperation and Embassy of the Kingdom of the Netherlands via Plan International Netherlands, includes community conversations (CCs), group discussions, school-based interventions, women's economic empowerment and capacity building. The project uses community dialogue and formal and informal groups as tools to identify local issues, prioritise problems and develop solutions.

Plan International Ethiopia and its local implementing partner engaged Yelemlem Community Conversation Group against Child Marriage, which was formed to eliminate child marriage in the community, to raise awareness within the community and condemn child marriage. Eshetu, as nominated representative of the community, got the chance to be part of this group, and

CCs are being held on the 29th day of every month. Eshetu was able to understand the puzzle of all the problems in his life through discussions in this group.

Now, Eshetu's community has become a role model in the woreda for its efforts and achievements against child marriage. "Our community has become a learning site. Everyone here shares ideas and supports each other against child marriage", he says.

Eshetu believes early marriage harms the lives of girls, in particular, and the community, in general, and should be eliminated. "Child marriage is something I want everyone to condemn. It is an evil act. If a girl is married early, she is be destined to give birth early, leaving her with various health complications and economic dependence, among other things."

According to the priest, in the past, it was normal to allow and bless a marriage, despite the couple, or one of them – typically the female – being too young. The series of CCs and discussions, and training on early marriage and gender equality, have informed the community about early marriage and the associated risks, so that such marriages will no longer be allowed. And he adds, "If a marriage involves parties under 18, I will denounce it and even report to the police."

As a result of the project intervention, girls become the front liners in eliminating early marriage due to the functioning of gender clubs in the school environment, and there is an increased awareness and knowledge among girls on the impact of child marriage, and increased confidence of girls to say 'no' to child marriage. Besides, many 'iddirs' (informal community-based organisations primarily formed to support marriage ceremonies and funerals in the community) improved and revised their bylaws by incorporating the issue of child marriage, especially to not lend wedding ceremony materials or attend marriage ceremonies.

Moreover, many religious leaders have been creating mass awareness with regard to child marriage in their churches and at other religious gatherings. They have also pledged not to attend and bless child marriages ceremonies, and started to condemn the practice.

Thanks to the one-year intervention, more than 300 child marriage cases were cancelled in the project districts.





“AT MY AGE, I SHOULD BE ENGAGED WITH LEARNING, NOT ENGAGED TO A MAN”

One day last year when Medhanit returned home from school, her parents were deep in discussion with the village elders about something that was clearly very important. But when she entered the room, they quickly stopped talking.

“I knew they were planning something involving me. What I wasn’t sure about was what it could be”, Medhanit says.

A top-grade student at her school in Ethiopia’s Amhara Region, 16-year-old Medhanit became even more concerned when rumours started to spread about her at school.

“I would see students staring at me and talking to each other”, she explains. “I didn’t know what was going on until my mother broke the news to me. That’s when I found out that all the fuss was about my marriage.”

In Ethiopia, two in every five girls are married

before their 18th birthday and nearly one in five girls marries before the age of 15.

Prevalence rates vary greatly by region, and are often higher than national figures. Amhara Region has the highest rate of child marriage, with nearly 45% of girls married before 18.

Medhanit was in total shock. As a member of her school parliament and the girls’ club at her school supported by Plan International Ethiopia, she was well aware of the negative impact of marrying early.

“I know that child marriage is a very serious issue in our community”, says Medhanit. “But I never thought that it would happen to me. I felt shocked and helpless at the time.”

Her parents told Medhanit that, as her eldest sister was getting married, she should be wed at the same time to save money. They had chosen a man who was much older than her.

Medhanit pleaded with her family not to force her into marriage. “I said ‘no’ to them and stopped talking

to them”, she says. “I even stopped dining at home and pretended to be starving myself, although I was eating at my grandmother’s house who lives close to us.”

Her parents tried to stop her from going to school by taking away her school bag and exercise books. But Medhanit was defiant and went anyway without them.

Despite this, her parents continued with their plans and started preparing for the wedding. “I saw my family buying grains and cereals and preparing them for the wedding.”

She decided that she needed help. “I had to tell my teachers and my uncle who lives in Bahir Dar.”

Her teachers came to visit her family to discuss her marriage. “Initially my parents were embarrassed and belittled the advice and warnings they received from the teachers that they would face charges”, she says. “My elder sister also warned them she wasn’t going to marry unless my marriage was cancelled.”

Eventually, Medhanit’s parents were persuaded to reconsider their daughter’s marriage. “After much discussion, my parents understood that school is where I should be and that, at my age, I should be engaged with learning, not engaged to a man. They didn’t know that I was a top-ranking student and they were happy to hear from my teachers that I could be a great woman if I stayed at school.”

Since then, Medhanit’s father has become an advocate against the practice of child marriage, even getting involved in the cancellation of another girl’s marriage. “A friend of mine was about to marry and teachers involved him when they visited the family so that he could share his experience.”

Medhanit is very proud that her father was able to influence the other family to cancel her friend’s arranged marriage, and she has no fear that anything like this will ever happen to her again.

“I am 16 years old now and want to be a lawyer when I finish school”, says Medhanit, who believes that, had she been married, she would probably be a teenage mother by now. “I want to defend girls’ rights and take those who violate it to the courts.”



HEALTH AND NUTRITION PROGRAMME



WHAT PLAN DOES

The interventions of the Health and Nutrition Programme seek to address the high levels of illness and death among children under 5 years of age. The goal, objectives and activities focus on strengthening health systems across the continuum of care for better service delivery; improving mother, newborn and child health (MNCH) behaviour and practices through community mobilisation; improving sanitation and hygiene practices; expanding access to sustainable water, sanitation and hygiene (WASH) facilities; and supporting the development of social and economic opportunities for women and other home-based health caregivers.

WHY PLAN NEEDS TO INTERVENE

Whilst the health service delivery system has expanded over recent years, critical shortfalls remain. These include the unavailability of essential pharmaceutical supplies and equipment; limited skills of health workers; insufficient skills to design and monitor evidence-based interventions which would enable robust local decision-making; and poor referral systems from the community to health facilities. Other community difficulties include limited knowledge about MNCH, such as the link between breastfeeding and reduced incidence of child malnutrition; lack of access to WASH facilities, which contributes to childhood illness and death; and the inability of women to knowledgeably and fully carry out their role as primary caregivers due to their low socio-economic status.

WHAT PLAN ACHIEVED

Strengthening health systems across the continuum of care.

- Essential MNCH medicines, supplies and equipment were purchased and distributed to six prioritised government health centres where sponsorship children and communities are residing in Addis Ababa City Administration. Accordingly, the supported health centres were able to access and utilise MNCH services, including low-cost and effective drugs whose progressive results have shown positive changes.
- Health Sector Gender Mainstreaming Manuals were disseminated to regional health bureaus, zonal and

HOW PLAN INTERVENES

Plan International Ethiopia works towards its health and nutrition objectives by:

- using the government Health Development Army (HDA) structure to improve awareness of MNCH issues
- engaging males to improve awareness of and support for MNCH interventions
- consulting women, children and people with disabilities, including their caregivers
- capacitating health extension workers and health workers
- strengthening the existing primary health care system in terms of essential equipment and supplies
- providing training, including gender awareness training, to health staff to support the provision of high-quality MNCH services.

WHERE PLAN INTERVENES

Plan International Ethiopia, with local NGO partners, implements its Health and Nutrition Programme in 35 districts of Amhara, Oromia and SNNPR. Plan improves MNCH for an underserved population of 622,170 through building the capacity of communities, especially women and their male family members, to recognise, prevent and respond to basic MNCH issues.

woreda health and other sector offices in order to help programme managers and technical staff make informed actions at different levels in project-targeted areas.

- A total of 33 needy sponsorship children families, as well as 186 individual family members, were assisted with safe water maintenance and a direct connection scheme in Addis Ababa.

Improving MNCH behaviour & practices through community mobilization.

- A total of 150 severely and moderately malnourished children (80 female, 70 male) under the age of 5 years, and 15 pregnant and lactating women in Addis Ababa, have received appropriate nutrition services, including therapeutic feeding services for the children and targeted supplementary feeding services for the women.
- Improved maternal and child-feeding skills and practices in and around the project-targeted communities have been achieved through regular monthly growth monitoring and promotion activities, undertaken by integrating WASH and nutrition-sensitive food cooking demonstration sessions.
- A total of 40 survivors (mothers and married adolescent girls) of SGBV identified from four woredas in SNNPR project operational areas have received assistance and support on sexual and reproductive health services.
- Over 10,000 community members (5,730 women) were reached via 150 community conversations, where they heard key messages on MNCH, prevention of mother-to-child transmission (PMTCT) of HIV, nutrition, gender and harmful traditional practices. Subsequently, good progress has been made in raising communities' awareness and improving health-seeking behaviour.
- A total of 1,153 school-aged sponsored children have been provided with scholastic materials, with the aim of supporting them to continue their formal education in the new academic year, as well as easing the economic burden of families and caregivers.

Improving Sanitation & Hygiene practices, & access to sustainable WASH Facilities

- 17,186 people – 8,694 women and 7,092 students (3,592 girls) – were provided with access to and the use of safe water supplies through the construction of 65 water supply schemes (seven schemes were constructed for schools) that can be managed by local communities.

- 543 WASH committee (WASHCO) members received training that helped them ensure sustainability and appropriate use of WASH facilities. Training of trainers was also provided to 46 staff members of partners and stakeholder organisations on the community-managed project approach and its implementation procedures.
- About 16 child and disable-friendly ventilated improved pit latrines (VIPLs) have been constructed, creating access to safe sanitation facilities for 7,845 students.
- 64,350 households have constructed latrines with hand washing facilities, and they have now started to use the facilities; 17 communities among the targeted 22 communities have been declared open defecation-free (ODF); and 195 community-led total sanitation and hygiene (CLTSH) facilitators received training on the CLTS approach.
- A youth association comprised of 120 individuals (35 females) was established to produce washable and reusable sanitary pads. Tailored-made training on sanitary pad production, menstrual hygiene management (MHM) and marketing management was delivered to youth members of the association.

Social & Economic Empowerment of Women

- Training on the merits of village saving and loan associations (VSLAs) was given to 642 VSLA groups, whose membership consists of 8,007 women and girls.
- A total of 2,273 VSLA group members (91% females) have received training on mango agronomy, agricultural marketing, vegetable production and business skills. A linkage was set up with a marketing corporation that has helped VLSA group members to sell 17.2 metric tons of mangoes at a good price.
- About 1,225 households have gained various skills through training in areas such as fish farming, horticultural crop production, metal and wood work, hair dressing, food preparation and catering.

HOW MUCH IT COSTS

Since 2012, Plan has invested approximately US\$5,450,153 to implement seven projects.

CHALLENGES

- Low employment status of youth skill trainees (about 30%).
- Fund shortfall to implement planned interventions.



HOW GOOD MENSTRUAL HYGIENE MANAGEMENT KEEPS GIRLS IN SCHOOL

Genet Mulugeta, a mother of two girls, is one of 96 hygiene promoters working in Ethiopia's Dara district in Southern Nations, Nationalities, and Peoples' Region (SNNPR). Unlike many other girls in her community, Genet's daughters never skip school because of their monthly menstrual cycle.

"Thanks to the training I received, both of my daughters don't miss classes or even go to school late", she says. "I am so happy that they are healthy and confident, and that is because they use sanitary pads and know how to properly manage their menstruation."

Genet, who advocates for better hygiene practices, safe sanitation and water, as well as tackling taboos in relation to menstruation, believes that awareness of MHM should be made available to all women so that they can pass on this vital information to their daughters.

"It is important that mothers, aunts and other women are provided with information on sanitary pads, if we really want the awareness to go down through the generations", says Genet, adding: "They will successfully pass on this information to their daughters, nieces and other young girls."

Project coordinator, Berhanu Tunsisa, explains how Plan International Ethiopia implemented the Integrated Hygiene project, focusing on improving girls' and women's health. "Through training and discussions, women are able to improve their health, but most importantly, they will also help their children become aware of the issues and overcome their shyness."

"We have taken mothers' education very seriously. Many young girls in the district prefer to get information related to menstruation from their mothers, because they feel less shy with them and their mothers are the ones the young girls trust the most."

Women in the district have been very supportive partners in encouraging their children to use sanitary pads provided during the training sessions. The pads are made by Edget Behibret, a training, marketing and production centre set up by Plan International Ethiopia to produce reusable sanitary pads and other hygiene-related products, providing women in the area with an income whilst also supporting their health and hygiene needs. The centre currently has 120 members who were previously unemployed.

“All in all, the project has benefited a network of 48 savings groups in the region across a range of areas, including tailoring, sanitary materials and soap production”, Berhanu says. “Members of the savings groups have also been trained in financial management, controlling demand and supply, and production quality, among other things, through professional and peer-to-peer sessions.”

As well as providing vocational training, Plan International Ethiopia teaches participants skills in product design, marketing and diversification. In addition, the organisation provides women with seed money to start up small businesses, and has furnished the centre with all the equipment they need to produce their goods, including sewing machines, irons, moulds and construction materials.

The centre now supplies sanitary pads to over 40 schools in the district and works alongside the education bureau, health bureau, schools, and other local administrations to educate and inform.

Genet is certain that the promotion of sanitation and hygiene practices in her community and the local school has had a positive effect on the lives of girls and women in the area.

“The project has improved menstruation hygiene management of communities in the district and, since absenteeism and the drop-out rate have reduced, has also improved girls’ performance at school.”



ABOUT THE PROJECT

In order to improve access to potable water, sanitation and hygiene (WASH), and health and nutrition services, Plan International Ethiopia launched the Integrated WASH, Health and Nutrition project, which has two components:

- providing clean water supplies to communities and schools
- promoting sanitation and hygiene in communities and schools.

The project has included the construction of girl-friendly latrines in schools; health and nutrition promotion/services in health centres and schools; gender equality training using the Gender and WASH Monitoring Tool; MHM training in communities and school clubs; and improving access to sexual and reproductive health services.





THE NUTRITION SERVICES SAVING MALNOURISHED CHILDREN'S LIVES

Abdurazak Abaraga's youngest son Wozir, 4, fell ill. At first, Abdurazak thought that his sickness was something simple that would clear up after a few days, but this was not the case. "He was sick for over two weeks", explains 38-year-old Abdurazak.

As time went by, his son's health started to deteriorate and he became so severely ill that he had to be taken to the nearest public health post, where they advised that Wozir should be taken to a private health centre. "The physician at the private health centre told me that Wozir was malnourished and to give him a variety of nutritious foods, which I couldn't afford at the time", Abdurazak says.

Wozir was so badly malnourished that he was not able to take the medicine prescribed to him and was too weak to eat the little bit of food that his father was able to provide. Abdurazak was worried that he would lose his child. "I felt so hopeless and so down because I was not in a position to save my baby. I felt very much ashamed", he says.

With his son close to death, Abdurazak heard about a health centre in his town that was pro-

viding free medical services to malnourished children. "The moment I heard this news, I decided to go", he says. "I didn't want to waste a moment."

Clinical nurse, Wubshet Alemu, recalls the moment when Wozir arrived at the health centre. "He had oedema (swelling) and pneumonia... fluid had swollen his whole body", he explains. "He was seriously sick."

Wozir was admitted for three weeks as an inpatient and received various treatments to reduce the fluid in his body. "He received food supplements, and other medicine. Wozir is now in good health and, as you can see, is very playful", says Wubshet.

Abdurazak is very grateful for his son's treatment. "I am sure I wouldn't have been able to pay for this type of health care", he says. "If I hadn't had this service for free, I would simply have lost him."

Wubshet is equally happy to see Wozir return to health. "It is such a wonderful feeling and I thank Plan International Ethiopia for supporting our health centre."

The organisation has provided nutrition training to health professionals, established the stabilisation centre to treat malnourished children, created referral linkages with the nearby hospital, and provided life-saving medical supplies. “Without the support from Plan International, I am not sure that the boy’s life could have been saved”, Wubshet says.

Looking ahead, Wubshet would like to see meals being made available at the health centre for sick children. “Caregivers have to bring their own food. This is challenging for most of the families who seek free provision of medical services. They either don’t have it or it is hard for them to bring food for over 20 days.”



ABOUT THE PROJECT

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WATER, SANITATION AND HYGIENE PROGRAMME



WHAT PLAN DOES

Plan International Ethiopia constructs and rehabilitates spring water and ground water wells, deep and shallow wells, and water harvesting equipment, and installs pipelines for communities and schools, who use water for drinking, latrines and MHM. Plan also undertakes awareness-raising work on water treatment and management at the household level.

In addition, Plan International Ethiopia works on environmental sanitation, such as creating open defecation-free environments, executing a community-led total sanitation (CLTS) approach, and drainage and environmental waste management. The organisation supports schools, health institutions and communities to upgrade their sanitation facilities through sanitation marketing, using village saving and loan associations (VSLAs) and a house-to-house demand creation approach. Plan International Ethiopia promotes better hygiene, such as MHM, hand washing and personal hygiene.

WHY PLAN NEEDS TO INTERVENE

According to a recent report by UNICEF, between 60% and 80% of communicable diseases in Ethiopia are attributable to limited access to safe water and inadequate sanitation and hygiene services. In addition, poor hygiene and lack of access to water supplies and sanitation account for around 50% of cases of under-nutrition. In turn, diarrhoea, the leading cause of mortality in children under 5, accounts for 23% of all under-5 deaths and more than 70,000 child deaths a year.

Access to improved water and sanitation facilities and the practice of key hygiene behaviour remains low, with only 28% of the population having access to improved sanitation facilities and 28 million people still practising open defecation. Scarcity of water is exacerbated during drought times, leaving children and adolescents suffering from water-borne diseases and malnutrition.

In rural areas, where the problem is likely to be greater, 53% of the households travel more than 30 minutes in search of drinking water. Adolescent girls and women are subject to a substantial risk of physical and sexual assault and harassment as they travel to fetch water from distant sources, according to Plan International Ethiopia's own findings. Also, 50% of adolescent girls miss school from 10 days to 3 months per year because of a lack of MHM facilities. Plan International Ethiopia implements WASH interventions in partnership with government authorities, targeting girls, young women and boys, and other disadvantaged people in the country.

HOW PLAN INTERVENE

Plan International Ethiopia's WASH Programme supports female-headed households, adolescent girls, youths and their caregivers under three pillars.

- i. Creating an enabling environment for girls, young women, and communities and local authorities through managing WASH services, and practising participation and leadership:
 - Support and influence the government by promoting gender WASH equalities through the Gender and WASH Monitoring Tool (GMWT) in its programmes to ensure the participation, leadership and decision-making of women and people with disabilities in the community.
 - Work with school WASH clubs to increase school girls' and boys' participation, decision-making and leadership.
 - Promote messages and share information using social and behaviour change communication (SBCC) materials to tackle the root causes of sexual and gender-based violence (SGBV), gender inequality, and water-borne diseases.
 - Address the special needs of girls through MHM training, pad provision, and MHM facility construction.
 - Involve women and girls in WASH committees to participate actively in the decision-making process, including leadership roles.
 - Strengthen male engagement and target role model teachers and boys to share their experiences of MHM.
- ii. Children, adolescent girls and young women adopt positive sanitation and hygiene behaviours,

and practice, promote and demonstrate gender equality through WASH:

- Increase good hygiene practice and service-seeking behaviour, MHM initiatives and baby WASH.
 - Promote and facilitate the availability of hygienic sanitary materials to girls, childbearing women and all community groups.
 - Promote hand washing and personal hygiene management, including MHM, through Plan's GWMT, CLTS approach, SBCC materials, and campaigns to enhance WASH service-seeking behaviour at the school and community level.
 - Capacity-building initiatives through training, mentoring, experience-sharing and frequent discussions with community, elders and leaders.
- iii. Improve access to WASH facilities and services within a safe environment for girls and young women:
- Construction and/or rehabilitation of WASH schemes at the community and institutional level (schools and health centres).
 - Undertake different WASH interventions, considering climate vulnerability and resilience approach.
 - Innovate and employ new technology for better WASH interventions.
 - Establish and strengthen VSLAs as a means of creating financial sources for women and girls to increase their purchasing power and utilise different WASH products and materials for their families and themselves.
 - Establish sanitation marketing (SanMark) groups to engage in latrine slab and concrete ring production. Different hygienic materials will also be used to create access to WASH products and job creation for girls and youth.

WHERE PLAN INTERVENES

Plan International Ethiopia implements its WASH Programme in Afar, Amhara, Benishangul-Gumuz, Dire Dawa, Gambella, Oromia, Somalia, SNNPR and Tigray.

HOW MUCH IT COSTS

In 2018/19, Plan International Ethiopia invested €2,125,319.73 in nine WASH projects.

WHAT PLAN ACHIEVED

- Constructed/rehabilitated 48 water supplies in Amhara, Oromia, SNNPR and Gambella.
- 9,497 people benefited from water treatment and hand washing technology.
- 49 MHM rooms constructed, containing hygiene kits, clean water supply and hand washing facilities
- Constructed 52 sex-segregated and disable-friendly VIPLs.
- Established six reusable pad production centres/groups and created access to low-cost and reusable sanitary pads for school girls and young women.
- Declared 54 kebeles open defecation-free (ODF) through community-led total sanitation (CLTS) and demand creation work via different social and behaviour change communication (SBCC) activities. Accordingly, positive social, behavioural and practice changes have been recorded in relation to gender.
- Established and trained 25 school WASH clubs.
- Provided 400 VSLA groups and their networks with VSLA kits, and established links with SanMark groups to increase the capacity of disadvantaged low-income people to purchase sanitation and hygiene products.
- Organised four WASH campaigns to encourage positive sanitation and hygiene behaviours and practices.
- 55 schools started to lead for MHM room models for adolescent girls.
- Through 48 established WASHCOs, women's role increased in WASHCOs/WASH management committees.
- Significantly increased awareness of hygienic management of menstruation, and tackled the taboo and myths surrounding girls' and women's menstruation, especially at school.
- Increased demand for low-cost and reusable sanitary pads.

NUMBER OF BENEFICIARIES

In 2018/19, 254,435 direct beneficiaries were reached.

CHALLENGES

Lack of funds for maximising the extra advantage of water supply for fostering WASH behavioural changes, reduction of SGBV, reducing the household burden of women and children, and entry points for women's empowerment.



IRON WOMAN AND IRON GIRL

Shiminku Sinda, 28, is a mother of four and lives in Malle Woreda in South Omo Zone, SNNPR. Every day, Shiminku used to travel four hours to fetch water from Boza River and return to her village – a four-hour round trip for just one 20-litre jerry can of water!

For a family of six, 20 litres of water was simply not enough for the daily cooking, washing of clothes and household items, bathing, and so on. Shiminku, therefore, doubled her travel time to and from the river to fetch at least two jerry cans of water every day. This took up one-third of her precious time every day. On top of that, as a housewife, she is due to do everything in the house, and helps her husband with work on the farm. Shiminku, like most women in Boylansa, is a young mother who deserves to be called an ‘iron woman’.

Access to clean water was not just a luxury but a fairytale for people in Boylansa and many adjacent kebeles. “We have been suffering so much from a lack of water nearby”, said Shiminku. “I have always dreamt of getting water around the village... but never thought it would come true.”

Askal Alta, on the other hand, is an iron girl. She had to endure all the challenges that grown-ups had to endure. She used to wake up early in the morning and travel on foot to Boza River to fetch water before going to school. A four-hour journey for water and another long walk to and from school was exhausting for a 7-year-old girl. Askal already has back pain from carrying heavy jars full of water for a long distance. But what worried her more was that she might be taken by Boza River, as it is wide, and sometimes deep. “It has taken grown-ups let alone a girl like me”, she said. The river is said to have

taken at least 10 people this year, and in previous years. According to Askal and Shiminku, the latest victim was a child who died about a month ago.

For both the iron woman and the iron girl, it was like a herald from an angel when they heard they would no longer have to travel for hours to get access to clean water.

When Plan International Ethiopia started implementing an emergency response project to address livelihood, WASH and child protection in two woredas of South Omo Zone, it installed water tanks and handed out water treatment chemicals to the people of Boylansa. This has given Shiminku and Askal access to water very near to their houses, allowing them to focus on other issues in their lives. For Askal, she now has a lot more time to study and, of course, play. As for Shiminku, she has a lot more time to work on her other tasks and get more sleep. “Plus, I am now engaging in income-generating activities, since safe and clean water is easily available right next to my door”, said Shiminku. “I am grateful to Plan International Ethiopia and wish all women and children of other villages, and in other woredas, to have the same luck as us.”



ABOUT THE PROJECT

Following the El Niño-induced drought in 2016, Plan International Ethiopia, with financial support from Plan International UKNO, implemented a two-phased project in Bena Tsemay and Malle woredas of South Omo Zone, SNNPR.

The project, which was targeted to directly benefit about 62,000 people with a total budget of over €10.3 million, was implemented between April 2017 and December 2018 with the aim of reaching drought-affected areas in SNNPR to offer gender- and age-sensitive WASH and livelihood support.



WATER FACILITY BRINGS ENANA BACK TO HER VILLAGE

When 18-year-old Enana escaped her child marriage and returned to her home village in Ethiopia's Amhara Region, she was astonished to see the change that had occurred in the three years she had been away thanks to the construction of a new solar-powered water system by Plan International.

Enana was just 15 when her family decided that she should be married to a man who lived in another community. She did not want to leave her family and school, but felt she had no choice but to follow her parent's wishes. Her marriage was not happy and three years later she decided to return to her home village and moved in with her aunt.

Glad to be back in her village, she was even happier when she saw the transformation that had happened while she had been away. A new water system had been constructed in the village by Plan International, and the changes it had brought were life changing.

"We used to have to fetch water far away from here and the water we collected was not clean", Enana explains. Before, the closest water source was an hour and half away and the women and children, who are largely responsible for collecting water in Ethiopia, would often have to wait up to four hours for their turn to access the water supply.

Typically responsible for domestic chores, girls and women often collect water from unsafe sources such as rivers, streams and holes in the ground. Collecting water – often for hours every day – can make them late for school or unable to work, putting them at a disadvantage to men and boys. And drinking, cooking and washing with this dirty water exposes them to deadly diarrhoeal diseases every day.

“Sometimes we would set off to go to the pond at 3am in the morning and might not get back home until 8am or 9am, just to get one jerry can of water”, Enana says. “Women and girls would be abducted or raped because the way to the pond was through a forest and an abandoned field.”

Since the construction of the solar-powered water supply system – a Safe Water project funded by Plan International Netherlands – the community now has access to clean water in the heart of the village.

“Things have improved amazingly in our village. Women and children no longer have to travel a long way in search of water. We have clean water very near to our houses”, says father of four, Asmamaw, 55. “We have said goodbye to water-borne diseases like diarrhoea.”

Everyone, says Asmamaw, including the youngest children in the village, is very grateful for the new facility and a water committee has been established to manage the water supply system properly, ensuring that it is sustainable.

“You have no idea how our lives have been transformed and we don’t ever want to go back,” Asmamaw says. “We know that Plan International will not be around forever, so we have formed a committee to manage the water facility properly.”

So far, the Safe Water project has built three water points in the village – two for general use by the community and one at the local primary school. A water tank has been erected with the capacity to store 25,000 litres of water. Water is pumped via a solar-powered system, so that the supply is not interrupted by electricity outages.

Over 190 households, who contribute 10 ETB (approximately US\$0.30) every month to pay for maintenance costs, benefit from the water facility.

For Enana, easy access to water has made a huge difference, saving time for her and the other women and girls in the village, which they can now devote

to their studies and to their personal hygiene. “Villagers would only wash their clothes for annual ceremonies, and they would wash their bodies only once a month on average, just because the water was so scarce.”

“Now we can wash our clothes every three or four days and our bodies every day”, Enana says. “Also, because the water is so clean, the community members no longer get skin infections caused by bacteria.”



ABOUT THE PROJECT

The Safe Water project is benefitting over 357,950 people in communities in Amhara Region and SNNPR. In a bid to reduce morbidity, mortality and malnutrition of children caused by water-borne diseases, the project aims to give people access to clean water within half a kilometre of their homes.



A LACK OF WATER AND LATRINES NO LONGER HINDER SCHOOLING

Every time a student falls asleep in class, in the middle of a lecture, a discussion or any other situation, everyone regards it as a sign of stupidity, idiocy, laziness or something similar. This is really unacceptable for Ametbeal Mehariw, 15, who is a grade 6 student in Amhara Region.

“I love school. I want education as much as anyone who claims to love learning, more than anything on this planet”, she says. “But I have, at times, fallen asleep in class. Though this doesn’t make me a genius, it certainly doesn’t make me an idiot.”

According to the teenager, she finds it very difficult to be an attentive and active participant in the class when she can’t get water to drink. “We are taught at school that a person has to drink three litres of water on average per day,” she says. “I am not sure if I have ever drunk one litre of water.”

Ametbeal should drink water at home early in the morning before she heads to school. Most of the time she doesn’t, because she doesn’t feel thirsty in the morning and doesn’t remember to, either. “Because mornings are cold... I forget to drink [water].”

Banchiamlak Abiyu, 14 and also a grade 6 student in the same school, shares Ametbeal’s experience. “Unless we drink water at home”, she says, “we always have a very tough day at school. That is because we don’t have a water facility here in the school compound.”

“It would take us a minimum of 30 or 40 minutes to get out of the school and drink water”, says Ametbeal. This would mean the students would miss classes. “For one thing, teachers get upset when we go out of the school while they are teaching. And for another, we miss class, making it so hard to catch up with lessons.”



Bezawit Gizachew, 27, a mathematics teacher at the school, believes that the water these girls get is from an unprotected hand-dug well, which is very harmful to health, causing water-borne diseases. “It is very dirty. I had to drink it one day because I didn’t have water, and I was seriously sick for a very long time”, says Bezawit.

For students, especially girls, in most schools in Bahir Dar Zuria and other woredas in the region, and beyond, this is not the only challenge that they have to deal with every day. Kenubish Melese, 16, is a grade 7 student in the same woreda. Because her school doesn’t have latrines, she has to hold her urine, which is very harmful to her health. According to Kenubish, “Even if I try to find water to drink, there comes another headache”, she says. “Because we don’t have a latrine, I must hold my urine, until the end of the class.”

“There’s a forest about 10 to 15 minutes away from the school. Because it is a bit far and difficult for girls, we choose to hold pee”, says Ametbeal. According to Ametbeal, it is more difficult for girls, unlike boys, to use open spaces in the school. “There’s so much bullying if we are seen peeing”, she claims. These girls believe that going to the forest during class is dangerous, because there will be no other people around. “There will not be many people in the forest and girls might be prone to abduction and rape”, says Ametbeal.

“Holding pee or wee, in the short term, affects our performance in the class, as we cannot concentrate on education. And, in the long term, is very dangerous to various body parts, including the kidneys”, says Ametbeal.

These students are very hopeful that the water facility and latrine constructions by Plan International Ethiopia will be completed shortly. “Plan [International Ethiopia] started drilling water wells and constructing latrines in the school compound for us”, says Banchiamlak. She believes that, when they are completed, students won’t have to go through the challenges related to lack of water and latrines. “We will be able to focus on our education and perform a lot better”, says Ametbeal. The teacher also believes that this will play a vital role in improving students’ health.

ABOUT THE PROJECT

With a target of reaching out to 6,452 students, including 3,033 girls, and 168 teachers in six primary schools in Chenta, Tigeza, Wonjita, Yigita, Wondata and Lata kebeles in Bahir Dar Zuria Woreda, Plan International Ethiopia, with the financial support from Plan International Netherlands, started executing the Skating for Water project. This two-year project focuses on the construction of water points, latrines, and bathrooms, as well as waiting rooms where girls with periods can rest for a while, and raising awareness via various training mechanisms.



NO GIRL QUILTS SCHOOL BECAUSE OF MENSTRUATION

When she became a teenager, Bezawit Gizachew, who is now 27 and a mathematics teacher at a primary school in Amhara Region, started worrying about what would happen when her periods started. She often heard her friends and family whisper about the ‘curse’ of menstruation, which according to them caused endless suffering and misery.

Talking openly about menstruation is a taboo subject in Bezawit’s community, so everything surrounding it happens in secrecy, leaving girls misinformed and fearful. “Almost everyone I knew felt that way and it shaped my mind to think that periods cause untold misery in women’s lives, and it is because they are cursed”, she says. “I didn’t want to grow up as a result – I wanted to remain a child.”

Bezawit’s anxiety grew until she finally started her period when she was 14. “I remember it was painful and stressful”, she says. “But I later learnt that what I had been told was exaggerated.”

Plan International Ethiopia is working in Amhara Region to teach adolescent girls about their bodies and menstrual health. WASH (water, sanitation and hygiene) clubs have been established in schools to promote good hygiene and prepare girls for when their periods start and, most importantly, washing facilities and girl-friendly toilets are being constructed in schools to ensure that girls are able to manage their periods safely and in private.

Thanks to the WASH club, girls at Bezawit's school now understand that their periods are very normal and natural and don't have to get in the way of their lives. However, the lack of latrines and water and MHM facilities at the school was a major problem.

"Our school did not have water or toilet facilities. As a result, almost all girls who started to menstruate were forced to be absent from school for an average of five days per month", Bezawit explains.

Plan International Ethiopia's Integrated Hygiene project recently constructed WASH facilities at Bezawit's school and she is sure this will address some of the water, sanitation and hygiene problems that are causing various health issues for students, sometimes forcing them to skip school.

"It will benefit everyone in the school, but it is a very good opportunity for girls. Some girls drop out of school and many miss classes and remain at home until their menstruation has ended."

Girls like 15-year-old Firnus are some of those who are benefiting from the project. "My period started a year ago and I didn't have any problem, as I was already aware of what would happen and what I should do when my period comes", she says. "Our club has taught us what to do, and how to keep ourselves organised, clean and confident."



Firnus recognises that she is lucky that she didn't have to go through what her teacher did, and is happy that her school is educating students about menstruation and related health issues, and has even created a safe space for girls who are menstruating where they can access free sanitary pads.

"Girls have a room where they can take a rest. Not only girls, but also boys know how to prepare pads from materials they can easily get in the village. We now have a water facility and separate latrines for girls and boys in the school compound", Bezawit says proudly. She is very happy that girls in her school will not face the same challenge as she did. "No girl should have to quit school or miss classes just because they are menstruating."



ABOUT THE PROJECT

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LIVELIHOOD & YOUTH ECONOMIC EMPOWERMENT PROGRAMME



WHY PLAN NEEDS TO INTERVENE

According to Ethiopia's Growth and Transformation Plan II (GTP-II), which was published in 2016, agriculture accounts for a little over 38.5% of GDP and provides 74% of employment. Statistics show that food insecurity situation in the country is precarious, as 7.6 million people are chronically food insecure, while currently 7.88 million people need regular relief food assistance, according to the government's 2018 Humanitarian Disaster Relief Plan. Youth unemployment in urban areas stands at 23.7% (overall) – 30.3% (female) and 16.5% (male), according to the Central Statistical Agency (CSA).

One of the identified structural causes relating to child illness and death is the low economic and social status of women in households and in society at large. This significantly limits women's access to resources and their capacity to access medical care.

HOW PLAN INTERVENES

Plan International Ethiopia's programme supports income generation among female-headed households, adolescent girls and youths, by working with youth and women's saving groups to provide members with training to start their own businesses, and establishing strong partnerships with government and the private sector to create employment and entrepreneurial opportunities.

The major activities include:

- capacity-building training for model farmers and providing agricultural and livestock inputs, especially to those affected by climate change
- creating value addition and market linkages
- promoting saving groups and financial inclusion, and creating linkages with formal and non-formal financial services by providing training to women and youth groups on establishing VSLAs and loan services
- providing financial literacy training
- increasing unemployed youth's access to income-generating activities through information communication technology for development
- engaging in formal job creation and employment for youth
- expanding opportunities for employment in firms by conducting marketable skills training

- supporting the roll-out of nutrition-sensitive and nutrition-specific interventions
- improving the care of young children by conducting campaigns and other activities to challenge gender norms
- promoting inter-sectoral linkages and networks with like-minded organisations and government partners.

WHAT PLAN ACHIEVED

- Through the Caring for Vulnerable Children project, specific target groups were economically strengthened, training of trainers (TOT) was provided on village saving and loan association (VSLA) modalities, basic financial literacy was provided to 90 experts drawn from 24 local implementing partners, and 1,949 VSLAs, consisting of 38,639 members (34,873 female and 3,586 male), were established. The VSLAs have saved loanable funds of nearly 3.4 million ETB and contributed over 433,500 ETB to a social fund to be used for emergencies, such as sickness, death, loss of resources, and so on.
- Associations have received support in creating networks and preparing business plans to engage in small-scale businesses in both grant and sponsorship projects.
- 22 centres of excellence or demonstration sites have been established to give technical support in implementing VSLA methodology,

and monitor the progress of establishing and developing the groups.

- Capacity-building training has been provided to 70 people, drawn from implementing partners and project staff, on planning and management, with priority given to financial management, marketing skills and business development services.
- Vocational skills training has been provided to 525 beneficiaries, 90% of whom are female. The training, which covered areas such as urban agriculture, pottery, catering, hairdressing and life skills, will enable trainees to improve their income and livelihoods. The outcomes have strengthened the decision-making skills of females at household and community level.
- Both statistical and cyclic data for 1,873 VSLAs have been uploaded onto the SAVIXI online system, which makes it easy to monitor groups' performance.

CHALLENGES

The tendency to fund livelihood and youth empowerment projects has gradually declined.

WHERE PLAN INTERVENES

Plan International Ethiopia implements livelihood/food security programmes in 129 districts of Amhara, SNNPR, Oromia, Tigray and Gambella, and in Addis Ababa and Dire Dawa city administrations.

HOW MUCH IT COSTS

In FY2019, Plan International Ethiopia invested over €300,000 to implement various economic security projects with high involvement of beneficiaries, committees, government institutions, and other stakeholders, in different regions. The above figure, however, does not include funds in other projects that have economic empowerment components.



LOANS AND SAVINGS IMPROVE THE LIVES OF WOMEN AND FAMILIES

Etenesh, 58, a mother of 10 children, managed to take a loan of 1,000 ETB (US\$35) from Buicheto Kayo VSLA in SNNPR, and used the money to expand her farm, where she works with her husband, and to rehabilitate the family's latrine.

She says she used the money to plant vegetables using irrigation. "We [the family] have long been dependent on the insufficient agricultural production of coffee, vegetables, sugarcane and enset [false banana] on our 2.5 hectares of land", she says. She believes that this is due not merely to low production, but mainly to a lack of awareness of the importance of saving. "We haven't been using our resources effectively", she says.

"Our life has changed a lot since I became a member of Buicheto Kayo VSLA, which was established by Plan International Ethiopia about two years ago. Since then, I have developed a culture of saving during the good days [cultivation time of the year]", says Etenesh, who is also the cashier of the VSLA network. "I am sending my three children to school; one of them is a college student at Hawassa University. I now have a happy family."

Etenesh believes that it is not only her and her family that have changed. "The community has also seen a remarkable change. We use the network to discuss various social problems and help each other during hard times, such as funerals or sickness", she says.

Beyenech Mekuria, 52, is another woman who has received a loan from a VSLA. Beyenech took a 20,000 ETB (US\$690) loan from Bereket Dej VSLA, of which she is a member, to finalise the construction of a house. She then rented out the house for 10,000 ETB (US\$345) per annum, and has been able to return 400 ETB (US\$14) a week to the VSLA network. Beyenech agrees with Etenesh that saving and being a member of a VSLA helps to realise plans.

Plan International Ethiopia supported 48 VSLA networks with the provision of start-up capital of close to 24,000 ETB (US\$828) each, and with awareness-raising training on saving and sanitation. This enabled them to have more capacity to give out loans and, as a result, increase the number of members.

Both women attribute the change in their respective families, as well as in the community, to Plan International Ethiopia's support to establish and strengthen VSLA groups, and they express their gratitude to the organisation.



DROUGHT AND INTERNALLY DISPLACED PEOPLE (IDPS) RESPONSE PROGRAMME



WHAT PLAN DOES

Plan International Ethiopia is currently responding to complex and huge humanitarian needs arising from crises caused by climate-induced drought and internally displaced people (IDPs) fleeing from inter-communal ethnic conflicts. Geographically, drought responses are mainly in the north eastern and south eastern lowlands and other pocket areas across the country.

WHY PLAN NEEDS TO INTERVENE

The government's first Humanitarian Disaster Resilience Plan, in 2018, reported that around 8 million people needed immediate provision of food or cash, and around 8.5 million people needed non-food items. However, as the Belg crop production improved across the country, the total figure for the immediate food or cash assistance was revised mid 2018 to 7.95 million people for food and 9.45 million for non-food assistance, including IDPs from Gedeo, West Guji and Wollega zones, and the ethnic and inter-communal conflict in Benishangul-Gumuz.

With this in mind, Plan International Ethiopia designed a response plan to respond to both the drought and IDP crisis. This plan has focused on nutrition, child protection, water, sanitation and hygiene (WASH), food security/livelihood and education.

WHERE PLAN INTERVENES

Plan International Ethiopia's drought responses has focused on the regions of Oromia, Amhara and Afar. Responses to IDPs have been provided in Somali, Oromia, SNNPR and Benishangul-Gumuz.

WHAT PLAN ACHIEVED

Plan International Ethiopia's drought response directly reached 400,000 people, of whom 280,000 are children, young women and pregnant and lactating women, in 26 woredas in Afar, Amhara, Oromia and SNNPR.

As for IDPs, Plan International Ethiopia responded to the needs of 350,000 IDPs, 70% of whom are children, young women and pregnant and lactating women, in nine woredas in the Gedeo Zone of SNNPR, West Guji and Wollega zones of Oromia Region, and Benishangul-Gumuz Region.

Under IDP responses:

- Provided logistics support to transport routine drugs and ready-to-use therapeutic foods to benefit 175 children (75 male and 100 female) and other community-based management of acute malnutrition (CMAM) supplies from the zonal health department to the woreda health office, as well as to the Therapeutic Feeding Programmes (TFPs) in all three sites.
- Strengthened referral linkages by covering the transportation, daily meals and related costs of caregivers/mothers of under-5 children with complicated SAM.
- Provided health education on infant and young child feeding (IYCF), hygiene and sanitation to 1,419 caregivers and pregnant and lactating women (548 men and 871 women) on supplementary food distribution days.
- IYCF optimal practice promotion activities, including cooking demonstrations during supplementary food distribution days in all kebeles, provided to 1,419 parents, caregivers and pregnant and lactating women (548 men and 871 women).
- Provided training on gender to 83 health workers (27 men and 56 women).
- Provided treatment for over 1,000 children under the age of 5 with moderate acute malnutrition (MAM) through Therapeutic Feeding Programmes (TFPs).

- Provided supplementary foods to 377 pregnant and lactating women through Targeted Supplementary Feeding Programmes (TSFPs).
- Distributed over 100,000 sachets of Bishan-gari, a water treatment chemical, in three IDP intervention areas.
- Distributed over 37,100 bars of laundry soap, over 37,800 bars of body soap, and over 15,600 20-litre jerry cans in three IDP areas.
- Distributed buckets to over 2,414 people in Gedeb and Kochere woredas.
- Constructed gender-disaggregated temporary latrines, including hand washing facilities, in five schools, benefiting over 2,400 students.
- Handed over 2,000 UNICEF-supplied standard dignity kits (sanitary pads, underwear, hand soap, slippers, toothpaste and brush) for adolescent girls. In addition, 1,500 metal cooking pots, 500 skirts and 500 trousers were handed over to girls and boys.
- Conducted community awareness-raising sessions on SGBV, disability inclusion, and other topics for a total of 4,700 community members and government staff in various kebeles.
- Constructed 23 temporary classroom blocks, each with four classrooms, in five IDP sites.
- Constructed 10 temporary gender-segregated toilet blocks – two blocks per school centre – in IDP sites.
- Provided school materials, such as pens, pencils, exercise books and other materials, to approximately 15,400 students.
- Established and strengthened a total of five community-based Child Protection Committees (CPCs).
- A total of 48 female health extension workers drawn from the three project districts were trained in integrated Community Case Management (iCCM) for five days. In addition, gender-awareness training on iCCM was provided to 72 health extension workers.
- Two roof water harvesting structures for two health posts were constructed, benefiting a target population of around 500 people in Sahala and Dahana districts.
- Three 2,400m³ water-holding capacity ponds were constructed.
- One spring, two collection chambers, seven anchor block extensions and 7km of water pipes were rehabilitated in Gento town.
- Six water points were rehabilitated in the towns of Kako and Keyafer.
- 1,400 meters of pipeline extension was installed in two rural towns, Arkiroko and Keyafer.
- 14,000 bottles of Wuha Agar (a chlorine-based water treatment solution) were distributed to 3,500 households.
- 10 water points were constructed – two in Kako town, five in Keyafer town, one in Keyafer High School and two in Arkiroko town.
- 652 goats were purchased and distributed to 163 women-headed households (four goats per household).
- 5,200 pullets were provided to 1,040 beneficiaries (five pullets per household).
- 387.50 quintals of different improved crop seeds were distributed to 4,990 people in two project woredas.
- A total of 5,293 farmers, mainly women, were provided with seeds and trained on improved agronomic practices. Around 1,203 people also received training on goat and sheep management.
- A one-day orientation training on key child protection risks, concerns and referral mechanisms was provided to 280 representatives drawn from 129 CPCs in Telemt and Bugna woredas.
- CPCs strengthened through capacity-building training provided to 106 people (58 men and 48 women) at kebele level in Buraka Dhintu and Guba Koricha districts.

Under drought response:

- A total of 10,825 under-5 children with moderate acute malnutrition (MAM) were admitted and treated at Targeted Feeding Programme (TFP) sites in Buraka Dhintu, Guba Koricha, Telemt, Bugna, Sahala and Dahana districts.
- A total of 8,890 pregnant and lactating women with MAM were admitted and treated at TSFP sites in Buraka Dhintu, Guba Koricha, Telemt, Bugna, Sahala and Dahana districts.
- A total of 1,053 boys and girls aged 6–59 months with severe acute malnutrition (SAM) admitted for treatment at TFP sites in Buraka Dhintu, Guba Koricha, Telemt and Bugna districts.

HOW MUCH IT COSTS

The budget for IDP response in FY2018/19 was €3,047,678, while drought response had a budget of €2,532,254.

CHALLENGES

Donor fatigue and the challenging of taking strategic geographical positions immediately after crises arose, especially for responses to IDPs.



“WHAT SCARES ME THE MOST IS THAT I CAN’T FEED MY BABY”

Nearly 1 million people have fled their homes following inter-communal violence along the SN-NPR–Oromia border. Displaced communities in Gedeo and West Guji are unable to access basic services, as most people left their houses with close to nothing.

Mother of two, Frenesh Tefera, 20, left her home and is now living in a camp for displaced people with her husband and children. Heavily pregnant with her second child when she was forced to flee her home, she gave birth to her daughter while on her way to the camp, set up in a college building.

“I was at full-term pregnancy when I left my village and headed to this place”, she says. “I had to give birth when I was on my way here.”

Frenesh was helped by a passing woman who didn’t have any experience in delivering babies. “The pain was so unbearable. It left me helpless”, she explains. “It is such a miracle to have made it and to be alive now.”

Now in the relative safety of the camp, Frenesh and her children are barely surviving due to the lack of available food. “We only receive dried maize once in a while and we have to wait our turn to get it. We don’t have sufficient utilities and must share one frying pan with eight families.”

She is very worried about her new baby daughter. “My breast has no milk because I am not getting enough food and the baby is too little to eat the dried maize.”

District officials have so far only been able to provide camp residents with dried maize, but this does not cover their nutritional needs. “Dried maize would hardly help people to survive for the long term let alone help mothers produce breastmilk for their babies”, says Wogene Yacob, Plan International Ethiopia’s Food and Nutrition Security Officer in Ethiopia.

Plan International Ethiopia is responding to the health needs of the displaced community through the provision of funds to purchase medicine and health supplies. We are also deploying staff to conduct health and nutrition screening and providing training to health care staff.

As well as our health interventions, we are implementing gender-sensitive nutrition, WASH, food security, child protection and education programmes, as well as distributing non-food items, such as clothing and dignity kits.

For now, Frenesh does not care about getting enough food for herself; she is only concerned about the wellbeing of her children. “I have seen children dying of hunger and sickness resulting from bad sanitation”, Frenesh says. “But what scares me the most is that I can’t feed my baby.”



NOTE



The outbreak of violence in southern Ethiopia has forced nearly 1 million people to flee their homes. The inter-ethnic conflict, fuelled by grievances over land, erupted in June 2018 along the border areas of Gedeo and West Guji zones.

Most IDPs have fled to other villages or are taking refuge in cramped public buildings without adequate food or water, and poor sanitation and hygiene facilities. Most people, including children, are sleeping on the floor without any mattresses and blankets, putting them at risk of pneumonia. The overcrowded living conditions are also creating a conducive environment for major disease outbreaks.



RESPONDING TO THE WASH NEEDS OF ETHIOPIA'S DISPLACED CHILDREN

There are more than 1 million internally displaced people (IDPs) in Gedeo and West Guji zones sheltering in schools, unfinished buildings and tents. The make-shift camps are crowded, with limited access to safe water, sanitation and hygiene (WASH), posing an increased risk of the spread of disease.

“We have been at this centre for four months now and we have a serious lack of water”, says 18-year-old Aster, who is living in a camp with around 8,000 other people. “It has become our daily routine to stand in a very long queue to get one jerry can of water. We don’t have access to soap, sanitary pads or clean underwear.”

Children and pregnant and breastfeeding mothers are at high risk of malnutrition. “I am pregnant and have a 2-year-old daughter”, says 23-year-old Meseret. “We are not getting enough water for our daily needs.”

According to Meseret, the 5,000-litre water container which supplies the camp is not filled regularly. “We share this water with thousands of other households in this camp and we have to wait for hours in a long queue just to get a jerry can of water”, she explains. “Sometimes, we do not get water for more than three days if the vehicles don’t come to fill the container.”

Because there is a lack of toilet facilities, open defecation is causing a serious health hazard. “It has become difficult for me to look after my daughter as I’m pregnant and need to rest sometimes”, Meseret says.

“She plays outside with the other children and they play in unsafe areas. My baby has had diarrhoea twice. I took her to the health centre and they gave her treatment, and warned me to keep her clean and safe, which is very difficult to do.”

It is not only Meseret’s daughter who is suffering the ill effects of living in unsanitary conditions. “Most of the children who come to our health post to get treatment are patients with pneumonia and diarrhoea”, says clinical nurse Tsehay Damenu.

“These diseases are the result of lack of sanitation and hygiene”, she explains. “There is an urgent need for education on health issues, as most mothers are not aware of how to look after their children properly. Even if they have the know-how, they often don’t have the facilities.”

Plan International Ethiopia is responding to the water, sanitation and hygiene needs of children and families living in temporary shelters. We are constructing latrines with separate facilities for men and women at IDP sites and installing lighting around the toilets so they can be used safely at night.

We are also working closely with the district health office to increase the number of temporary health and nutrition centres located close to the camps and distributing second-hand clothing and dignity kits to displaced women and girls, which contain hygiene supplies such as toothbrushes, toothpaste, shampoo, soap, sanitary pads and underwear.



GAMBELLA AND BENISHANGUL-GUMUZ EMERGENCY RESPONSE PROGRAMME



WHY PLAN NEEDS TO INTERVENE

Following the outburst of a destructive civil war, in 2014, a total of 422,240 South Sudanese refugees and asylum seekers entered Ethiopia. South Sudanese refugees hosted in Gambella and Benishangul-Gumuz make up 46.6% of all refugees in Ethiopia, and constitute 18.5% of the South Sudanese people who fled to other countries as a result of the war.

Children and women represent 86% of the whole South Sudanese refugee population, with children accounting for 64% of the total registered refugees. In addition, 18% are youth between the ages of 15 to 24, while the number of young women is double the number of young men. In 2018, there were 224,125 South Sudanese refugee children in Gambella and 37,087 in Benishangul-Gumuz. The number of separated, unaccompanied and other vulnerable children is 36,910, which accounts for 14.4% of the total child refugee population.

These populations, especially children, young boys and girls, unaccompanied minors, separated children, and vulnerable children with specific concerns, among others, need protection. In addition, about 18.5% of the refugee children are school-aged between the age of 3 and 18, and seek access to education.

In addition, youth groups are not taking part in social processes and don't have a voice in the community. They are largely idle, often addicted to alcohol and other drugs and engaged in unlawful activities, and are a source of social unrest in the camp and surroundings. Consequently, SGBV, early marriage and pregnancy, abuse and exploitation are rife.

Plan International Ethiopia works in Gambella and Benishangul-Gumuz to respond to the dire needs of children and young boys and girls, women and men, through child protection, education, youth empowerment and other undertakings, helping to create a positive living environment for them.

HOW PLAN INTERVENES

Plan International Ethiopia strengthens community systems to create a safe and protected environment to enable children's growth and development. Plan International Ethiopia identifies children, adolescent girls, youth, parents and community members as the key agents of change, and works in close consultation with them to address the problem of host and refugee community children. Plan International Ethiopia's priorities are:

Child Protection in Emergency

- Identification, determination, tracing and reunification: this involves identifying and registering separated and unaccompanied children, case management, administering the Child Protection Information Management System and family tracing and reunification.
- Establishment and functioning of child-friendly spaces and the provision of psychosocial support.
- Establishment and strengthening of community-based child protection mechanisms to strengthen the social cohesion between the refugee and host communities, and linking with the newly established community structures.
- Provision of non-food items to unaccompanied minors and separated children.
- Referring children who are in need of tracing and family link restoration to the International Committee of the Red Cross, and supporting the cross-border reunification process.

Education in Emergency

- Establishment of youth centres.
- Establishment of youth groups and provision of training, including life skills, vocational skills, sexual reproductive health and child protection.
- Organising football, volleyball and other indoor and outdoor sport competitions with youth clubs.
- Coordination of youth activities with the existing child protection, education, livelihood and SGBV programmes.

Youth Programme

- Establishment of youth centres
- Establishment of youth groups and provision of training including life skills, vocational skills, sexual reproductive health and child protection.

- Organize football, volleyball and other indoor and outdoor sport competitions with youth clubs.
- Coordination of the youth activities with the existing child protection programme, education, livelihood and gender-based violence programmes.

Water Sanitation and Hygiene (WASH) Programme in the Host community

- Construction of WASH facilities in schools, child-friendly spaces and in the community.
- Hygiene and sanitation training, and empowering communities in community-led total sanitation.

WHAT PLAN ACHIEVED

Child Protection in Emergencies

- Established 13 child-friendly spaces that meet the minimum standards, which includes indoor and outdoor playgrounds. More than 85,084 children (50% girls) have access to the child-friendly spaces and on average 4,200 children are engaged in different sports and simulation activities every month.
- Recruitment of 217 social workers, caseworkers and community outreach workers to facilitate activities in the child-friendly spaces and case management.
- Established 41 CPCs, which have a total of 167 members.
- Identified and registered 6,521 separated and unaccompanied children, and arranged appropriate care for them.
- Supported the referral of 1,085 vulnerable children to the necessary services, including for psychosocial and medical support.
- Initiated family tracing for 156 unaccompanied minors, and shared information with UNHCR to arrange reunification with their parents.

Education in Emergency

- In Kule, Pugnido-II and Itang host communities, established 15 education centres, which have a total of 116 classrooms (72 in Kule, 36 in Pugnido-II and eight in host communities).
- Plan enrolled a total of 13,361 students in grades 1 to 4.
- Seven ECCD centres established with more than 2,590 children enrolled.
- Recruited and trained 188 refugee teachers.

Youth Programme

- Established three youth centres in Kule, Jewi and Pugnido-II refugee camps, and benefited 17,505 youth members.
- Organised and strengthened 52 youth clubs.

- Established and chaired the Gambella youth working group.
- Developed the Gambella regional youth programme strategy.

WASH Activities

- The construction of nine separate latrines, six hand-dug wells and 17 water points in the camp and host communities.
- Provision of hygiene and sanitary kits for adolescent girls and households.
- About 5,562 community members benefited from hand-dug wells and latrine facilities in Akula and Kule.
- Around 17,900 community members benefited from water treatment materials, hygiene and sanitation education, and awareness-raising activities.

HOW MUCH IT COSTS

In 2018/19, a total of €5.7 million was mobilised in cash. More than €2 million donations in kind were received from different donors.

NUMBER OF BENEFICIARIES

- 36,639 (16,395 girls) children reached in Kule, Jewi and Pugnido-II refugee camps.
- 26,793 (female 13,664) community members reached in both refugee and host communities.

CHALLENGES

- Recurring security threats because of clashes between the host community and the refugees.
- Recurring security threats because of clashes amongst refugees.
- Ongoing influx of refugees.
- Lack of acceptance of the implementation of the Comprehensive Refugee Response Framework and the new Refugee Proclamation by host community and the regional government, who believe that the host community will have poorer access to basic social services than refugees.



MY DISABILITY WON'T STOP ME LIVING MY LIFE

Over 2 million people have now fled the ongoing civil war in South Sudan to neighbouring countries. Ethiopia has become Africa's second largest refugee-hosting country after Uganda, with around 400,000 refugees settling in Gambella Region.

14-year-old Nyaluak has been living in a refugee camp in Gambella since the beginning of 2017. She arrived with her mother, three brothers and four sisters. "When the war broke out in Upper Nile state, everybody was scattered and we became separated from our father", she says.

While on their way to Ethiopia, they travelled for long distances by day and night. "We travelled for five days on foot through the forest to arrive at the entry point", Nyaluak explains. "It was terrifying, there were dead bodies everywhere. Killing and shooting was a day-to-day experience."

While moving through the forest, Nyaluak was bitten on the leg by a snake. "Since that time, I have not been able to walk properly, I was seriously sick. There was no hospital, no medicine and no food at all. As a result, my injury has been hard to recover from."

When they arrived at the border with Ethiopia, Nyaluak was able to get access to health care. However, as she was critically injured, the health workers decided to cut off her leg, leaving Nyaluak with a serious disability.

Once in Ethiopia, Nyaluak and her family were moved to a refugee camp where Plan International Ethiopia is working to provide families with basic humanitarian services, such as the provision of non-food items, sanitation facilities, psychosocial support and food assistance, in collaboration with the World Food Programme.

With funding by the European Civil Protection and Humanitarian Aid (ECHO), Plan International Ethiopia has been supporting Nyaluak and her family. Now a pupil at primary school, she is a grade 3 student and her favourite subject is mathematics. At school she is a member of an adolescent girls' club, where teenage girls are encouraged to meet regularly to support each other and discuss the issues that affect them.

"We have been provided with items like a mattress, blankets and other sanitary materials. The psychosocial support provided by social workers has helped me to forget past bad experiences and think about the future. I didn't expect to live after experiencing such distressing events, but here I am", Nyaluak says.

**WEL COME TO
CHILD FRIENDLY SPACE
ENTRANCE**





A VICTIM OF SEXUAL AND GENDER-BASED VIOLENCE TURNS TO A PROTECTOR



Nyarach Omot, now 35, fled with her five children to Ethiopia because of the ethnic conflict in South Sudan, which left over 4.4 million people displaced to neighbouring countries.

Although she was able to reach Nguenyyiel refugee camp a year and half ago with the support of United Nations Mission to South Sudan (UNMSS) and other international agencies, including Plan International Ethiopia, she went through a lot on her way to Ethiopia. “I faced various abuses, violence and intimi-

dations”, she says. In search of protection, Nyarach married a relative of her ex-husband, giving birth to one child.

She says that ever since then she had wanted to do something about SGBV, but didn’t know how until she was recruited as a social worker for Plan International Ethiopia’s Child Protection in Emergency programme, which works towards strengthening refugee protection through the expansion of improved com-



munity-based and multi-sectoral child protection, and to support self-reliance. “As a social worker, I support vulnerable children in the camp who have been abused, neglected and been subject to exploitation and common violence, which have a negative effect on their wellbeing”, she says.

Nyarach is now a ‘community champion’ and a member of a Child Protection Committee (CPC), and has been trained to identify and challenge child protection issues so as to provide psychosocial support and to process referral linkages. “The training enabled me to understand and identify various forms of abuse and provide basic psychosocial support”, she says. “I feel that I am so blessed to be able to help children who have suffered a lot and are in trauma.”

When she started working in her new role, many people in her community, including her husband, didn’t like the idea. “The training provided to me by Plan International Ethiopia helped me to convince him and others”, she says. “Now, he encourages me to work harder and harder.” She says with the help of the CPC and the Refugee Central Committee, she managed to bring a man who raped a girl to court, who was later found guilty and imprisoned, and to facilitate the provision of support for the girl.

“I feel so good and important now, as I am saving the lives of children who are the future of my country, South Sudan”, says the woman. “Thanks to Plan International Ethiopia, who equipped me with all necessary skills and knowledge.”



SUPPORTING ADOLESCENT GIRLS ESCAPING SOUTH SUDAN'S CONFLICT

16-year-old Amal* has been living in a refugee camp in Ethiopia's Gambella Region since fleeing violence in South Sudan a year and a half ago. Her mother was killed during the conflict, leaving her to take care of her three younger brothers, as well as her own baby boy who was conceived when she was raped on her way to Ethiopia.

When fighting broke out in Upper Nile state, Amal, her mother and her younger brothers were forced to leave their village and move to Mathiang, a border district in South Sudan. However, the conflict followed the family there, and when the violence intensified her mother was killed.

"I remember feeling that it would have been better if we were all killed together", Amal says, recalling the pain of her mother's death. "My mind was not normal. I saw my mother killed while we were running away, and we saw many dead bodies on the way here. I had to carry my brothers and the few possessions we had; there was no one to help me."

After her mother's death, Amal, then 14, had to take responsibility for her younger brothers, her father having died of illness many years ago. It took Amal and her brothers a week to walk to a

border entry point – a temporary reception area where refugees from South Sudan are registered before being allowed entry to Ethiopia.

However, instead of being a place of safety, it was here that Amal was raped by a border guard carrying a gun. "I kept silent, as if nothing had happened; I didn't tell anyone else."

From the reception centre, Amal and her brothers were transferred to a refugee camp in Gambella, Ethiopia. Shortly after arriving, she realised that she was pregnant – a reminder of the turbulent journey which had brought her to this new life.

"When we lived in South Sudan, we were in a good situation: our mother took care of all our needs and there were no challenges to deal with. But things have changed because of the war," Amal explains.

With financial support from the European Commission (ECHO), Plan International Ethiopia is responding to the needs of children caught up in this crisis through child protection, education, water, sanitation and hygiene (WASH) and youth programmes operating in five refugee camps, as well as at entry points.



Children playing traditional games at the Child-friendly Space

As part of our initiatives, Amal has received non-food items, psychosocial support and was supported during her pregnancy, allowing her to give birth to her baby safely in the camp. We also arranged foster care parents for the family and introduced the younger children to the child-friendly space constructed by Plan International Ethiopia in their camp.

“Now we are in a safe place, I have resumed my education at the school supported by Plan International, and I am a grade 3 student. I want to be a teacher in the future. In my free time, I meet up with my friends at the child-friendly space.”

Amal, her 1-year-old baby and brothers are now living together with their foster care family and are grateful for their stable and peaceful lives in Ethiopia, although hope that one day they will be able to return to their own country.

“Let peace reign in the nation of South Sudan so that the people of our nation can live peacefully together without destruction”, says Amal.

**Name has been changed to protect identity*



ABOUT THE PROJECT

Child protection activities and services have gradually improved as a result of the Gambella and Benishangul-Gumuz Emergency Response Programme: the quality of child-friendly space and services have improved, and case management work is benefiting separated, unaccompanied and other vulnerable children. Plan International Ethiopia is providing support to refugee children through foster care arrangements, the provision of non-food items (NFIs), referrals, and other types of service based on the interests and needs of the child.

The project, supported by UNHCR and Plan International UKNO, has brought lots of positive changes to overall child protection and education services for the children in terms of safe centre accessibility, building a community-based system, increasing community awareness, strengthening child-friendly spaces and psychosocial support, and supporting separated and unaccompanied children through case management and with NFIs.



A BETTER CHILDHOOD DEVELOPMENT AND EDUCATION FOR ALL (ABCDE FOR ALL)

WHAT PLAN DOES

Plan International Ethiopia's objective to provide better childhood development and education for all includes:

- improving early-age stimulation for children aged 2–3 years
- influencing the evolution of the current national Early Childhood Care and Education (ECCE) policy towards a holistic ECCD approach
- establishing and improving the quality of services at ECCD centres for children aged 4–6, and supporting the smooth transition to primary school for children aged 7–8
- improving the primary school completion rate of children, especially among girls and children who have been marginalised or have disabilities
- improving the academic performance of boys and girls in primary education
- supporting the development of an improved curriculum for primary education.

WHERE PLAN INTERVENES

Plan is working in Amhara, Oromia, SNNPR and Addis Ababa City Administration. Plan International Ethiopia has strong relationships with the Ministry of Education, as well as with the regional and zonal education bureaus and district education offices.

WHY PLAN NEEDS TO INTERVENE

Plan International Ethiopia used various mechanisms to improve instructional leadership and accountability at schools. This has included training for teachers, support for parent associations, and collaborating with national, regional, zonal and woreda education structures. Plan International Ethiopia also implements inclusive education as a foundation of our global and country education strategies. Over the years, we have made sure that education programmes are also inclusive to children with disabilities, through partnership with specialist agencies and mainstreaming key components in all programmes, such as accessible infrastructural works, teacher training on disability inclusion, and community awareness. Plan International Ethiopia also increased the participation of communities, families, parents and mothers to support access, participation, completion, and transition to further phases of education for vulnerable children.

WHAT PLAN ACHIEVED

- Intervened in more than 200 primary schools, 12 post-primary schools and 51 kindergartens. The interventions included upgrading, expanding, maintaining and providing materials, and human capacity building.
- In 51 ECCD centres, 2,137 children aged 4–6 have been enrolled and their physical, intellectual, emotional and social development have been enhanced.
- Based on Plan International Ethiopia's new ECCD model, 287 parenting groups were organised. Moreover, 10,180 parents have benefited from parenting education routines. Members of parenting groups have effectively conducted village-level and centre-level discussions every two weeks and once a month, respectively. As a result of these discussions, children's wellbeing improved and members are applying the lessons in their practical care and nurturing of children, and in protecting children from various traditional harmful practices.
- As well as regular parenting education and discussions, some 50 groups of parents, consisting of 768 members (86 male and 682 female), started village saving and loan associations (VSLAs). These enable members of the group to carry out their own income-generating activities and strengthen livelihood income for their families.
- Plan International Ethiopia led the estab-

lishment of regional ECCD networks, which brought together government and civil society organisations to facilitate conversations on common issues and to advocate evidence-based policy.

- Some 51 selected early learning programme centres and nearby government primary and kindergarten schools have been equipped with special needs materials, such as hearing aids, sign language dictionaries, beginners' sign language books and sign language learning materials; braille alphabets, dictionaries and dominoes; canes, abacuses, slates and styluses; and desktop computers for children with visual impairment, hearing impairment and autism. As a result, 121 children with various disabilities have benefited.
- Two 'donkey mobile libraries' – consisting of 40-inch LED TVs, children's chairs, mats, various early-grade supplementary books, storybooks, solar panels, batteries, inverters and switches – have commenced operation. In addition, 20 cloth pocket libraries have been distributed to nearby primary schools so as to enhance class-based literacy, particularly reading, in primary schools.
- Plan International Ethiopia has collected indigenous stories from elderly people and has published them in a book. Thousands of copies of the book have been distributed to all ECCD centres and nearby primary schools.

CHALLENGES

The programmes have proved to be successful, with demand for ECCD provision from communities outstripping supply. However, limited funding and the lack of land for constructing early learning centres, especially in urban areas, makes it challenging to meet the demand.

Currently, the education sector, especially education in a development setting, faces a lack of resources because of the global shift to humanitarian programmes and response, and divided funding to other sectors.

NUMBER OF BENEFICIARIES

Direct beneficiaries of the programme for the year 2017/2018 were 38,138 students (18,688 boys and 19,450 girls).

HOW MUCH IT COSTS

Total budget utilised till the end of December 2017/2018 was €436,268.



SCHOOL RENOVATION AND THE PROVISION OF MATERIALS MOTIVATE HIRUT TO STUDY HARD

Hirut, 14, is so lucky that her school is only 500 metres from her house in Shebedino Woreda, SNNPR. There were times, however, when this 8th grader felt not only bored but also unsafe in this school, where her two sisters and over 1,000 other children, from grade 1 to grade 8, also attend.

“Our school had a shattered block which was dangerous for us [students]”, says Hirut. “Most of the desks were uncomfortable, as they were broken because of improper utilisation and age.” According to Hirut, she couldn’t see what teachers were writing because the blackboard was too old. “The blackboards have been in use since the establishment of the school 10 years ago”, she says.

Hirut says the only reason that she stayed in the school is because there is no other primary school nearby. “This is the only choice we have got in our village”, she says.

Bizunesh, the school director, agrees with Hirut. “We were hosting over 1,000 students in this school without the necessary resources”, she says. “Not only that, there were hardly any reference materials in the library”, the director adds. However, with the support provided by Plan International Ethiopia, the situation has greatly improved. “Plan International [Ethiopia] provided us with desks, tables, blackboards, and so many reference materials”, says Bizunesh. “The organisation has also rehabilitated one block and undertaken various capacity-building activities.”

Now, Hirut no longer feels unhappy about the school. “We have got very good and comfortable desks right now”, she says. “Our library is also filled with reference materials. We have new blackboards and, thanks to Plan [International Ethiopia], we are so happy at the moment and aim to study hard.”



OUR CAMPAIGN GILRS GET EQUAL



GIRLS GET EQUAL LAUNCHED

Plan International Ethiopia, in collaboration with Plan International African Union Liaison Office (AULO), launched the youth-led global campaign, Girls Get Equal (GGE), in May 2019. The campaign demands power, freedom and representation for girls and young women, who have always been undervalued, undermined and underestimated, leaving them to be victims of, among other things, violence and discrimination in most communities across the globe.

Girls' Ambassadors and Champions of Change from Lalibela, Hawassa and Addis Ababa, representing girls and young women across the country, called time on inequality at the launch of the GGE campaign, which ushers in a new era for girls' rights and calls for every girl and young woman to have power over her own life and shape the world around her.

Anne-Birgitte Albrechtsen, CEO of Plan International, Haile Gebreselassie, the famous Ethiopian long-distance track and road-running athlete, various influencers, decision-makers, girls' and young women's rights advocates, media gurus and owners, celebrities, and others, attended this fabulous event held at the Hilton Addis Hotel.

A WEEK-LONG CAMPAIGN SUCCESSFULLY CONDUCTED

Plan International Ethiopia, with its long-time partner Great Ethiopian Run (GER), conducted a successful week-long campaign as part of the 2018 Plan International Ethiopia's Children Races and Great Ethiopian Run 10K Adult Race in November last year.

The race event was conducted over two consecutive days.

At a Key Message Sponsor, Plan International Ethiopia's message, "Empower girls now; they are the next leaders", has been immensely visible in the city, creating awareness amongst the wider public for swift action on empowering girls and women.

The Great Ethiopian Run events attract tens of thousands of racers from across the country, and acclaimed and elite athletes from across the globe. Senior government officials, youth advocates and private businesses are active participants in the races. This year alone, Haile Gebreselassie, Founder and Board Director of Great Ethiopian Run, Meseret Defar, renowned Ethiopian female athlete, Zeresen Tadesse, famous Eritrean athlete, and Stephen Kiprotich, popular Ugandan athlete, graced the races with their presence. Geraldine Breukers, Country Director (CD) of Plan International Ethiopia, who attended both races, expressed her pleasure and triumph at the event. "Both races have been a massive success, in terms of the number of the attendees and the visibility that Plan International Ethiopia received over the weekend and days before that", she said. "With the children's race attracting 3,300 children and the Great Ethiopian Run attracting 44,000 runners, I have never witnessed such an exciting event in my life. It was truly thrilling."





AB'S VISIT TO ETHIOPIA

With her first-ever visit to Ethiopia, Anne-Birgitte Albrechtsen, CEO of Plan International, had a wonderful stay, amplifying Plan International's visibility in Ethiopia and the region.

A discussion with the president

Following a field visit to one of Plan International Ethiopia's works in Amhara Programme Area and a thorough and fruitful discussion with her colleagues from Plan International Ethiopia, Plan International African Union Liaison Office (AULO), and the Regional Office for Eastern and Southern Africa (RESA), the CEO was hosted by H.E. Sahle-Work Zewde, President of the Federal Democratic Republic of Ethiopia, for a discussion on the organisation's achievements, undertakings and prospects in Ethiopia.

The CEO, accompanied by Geraldine Breukers, Country Director (CD) of Plan International Ethiopia, and Samuel Norgah, Director of African Union Liaison Office, had a chance to discuss with the President girls' and young women's leadership and equal representation as a critical part of the global goal to achieve gender equality by 2030. According to the CEO, the Ethiopian government is already leading by example on these issues.

Plan International has been working in Ethiopia for 25 years and empowers thousands of girls each year so that they can lead, learn, decide and thrive.

On the International Policy Makers Conference

The CEO was here for the 8th International Policy Makers Conference on the African Child (IPC): Child Hunger in Africa, where a new study was published that demystifies the fact that Africa's future economic and social progress is under threat from alarmingly high levels of child hunger.

The conference concluded by underlining the need for political commitment at the highest political level and a constitutional or legal commitment to ensure that no child goes hungry. It was agreed to make it obligatory for governments to provide universal access to a minimum acceptable amount of food for all children, and to provide targeted social safety nets and school-feeding programmes across regions and communities. In her speech, Anne-Birgitte indicated how hunger limits the potential of girls and young women, and stops them from realising their dreams.

"Girls can be presidents and they can contribute to their communities. But they can't do these things with an empty stomach."



DATA FOR PLANNING AND PUBLIC SERVICE: INDONESIA'S EXPERIENCE

Back in August 2018, the Ethiopian government delegation from the Federal Vital Events Registration Agency, accompanied by Plan International Ethiopia's leadership team, paid a week-long study visit to Jakarta, Indonesia, to learn and gain experience on how Indonesia manages its technology-supported population administration and to understand the role of other development actors at the national-level implementation process.

The main objective of the visit was to expose the Ethiopian delegates to the structural arrangement, management and operation of the Child Registration and Vital Statistics (CRVS) system implemented by the Indonesian government with the support of Plan International Indonesia.

The delegation, led by Esayas Woldegiorgis, Director General of Federal Vital Events Registration Agency (VERA) and his two colleagues, joined Zudan Arief Fakrulloh, Director General of Population and Civil Registration of the Ministry of Internal Affairs and Arief Moelia Edie, Director of Civil Registration, and staff from their respective directorates for the discussion session, where they discussed their respective government population administration initiatives and expressed their commitment to make them more systems-based and accessible for nationwide purposes.

During the high-level discussion session, Zudan explained that in the context of the population administration system, all centres and regional offices use the same unified system and approach. Therefore, the products produced are one and the same throughout Indonesia. He

added that population data in Indonesia was used by all ministries and government institutions. This population data is used, among other things, for development planning and public services.

Director of Civil Registration, Arief Moelia Edie, said that the implementation of civil registration in Indonesia had a broad scope. The coverage includes, birth certificate ownership and various benefits, policies and strategies for birth registration, death, marriage, divorce, adoption, child recognition, and child approval.

In a separate session, the two government representatives held a discussion on the future collaboration of the two countries in technical and resource support.

During their stay in Indonesia, the delegation visited the various sectors, such as Data Population and Civil Registration, Ministry of Home Affairs Office, Jakarta Province Dukcapil Office, Depok City Dukcapil Office, Tarakan Hospital and South Jakarta Dukcapil Office. The visit leveraged the team to learn about and explore how the civil and military authorities use technology to manage populations and control the implementation of population administration from the regional to the national level.

The delegates also had a meeting with representatives of various stakeholders, including the Ministry of Home Affairs, Ministry of Social Affairs, Ministry of Religious Affairs, Ministry of National Development Planning, Ministry of Health, Presidential Staff Office and Ministry of Education and Culture, aimed at learning about how population registration is integrated in each sector, and what accountability mechanisms there are across the various sectors.

SPONSORSHIP (GLOBAL)

SNAPSHOT OF CHILDREN IN THE PLAN INTERNATIONAL
CHILD SPONSORSHIP SAMPLE



AGES RANGE FROM
UNDER ONE TO 18 YEARS OLD



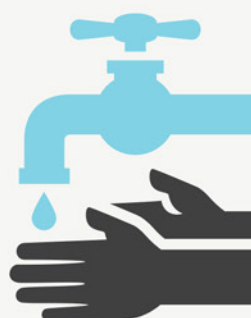
±61% ARE GIRLS



90%+
ATTEND SCHOOL
AND HAVE HAD THEIR
BIRTHS REGISTERED

71%+
CAN ACCESS
IMPROVED WATER

54%
CAN ACCESS IMPROVED
SANITATION



±40%
ARE DEEMED
MULTI-
DIMENSIONALLY
POOR

>1%
REPORT A
DISABILITY



±75%
ARE ASSIGNED
CHILDREN



±25%
ARE ENROLLED
CHILDREN

>7%
REPORTED A HEALTH
ISSUE IN THE PAST
12 MONTHS



±70%
LIVE IN RURAL
AREAS



±5%
LIVE IN URBAN
AREAS

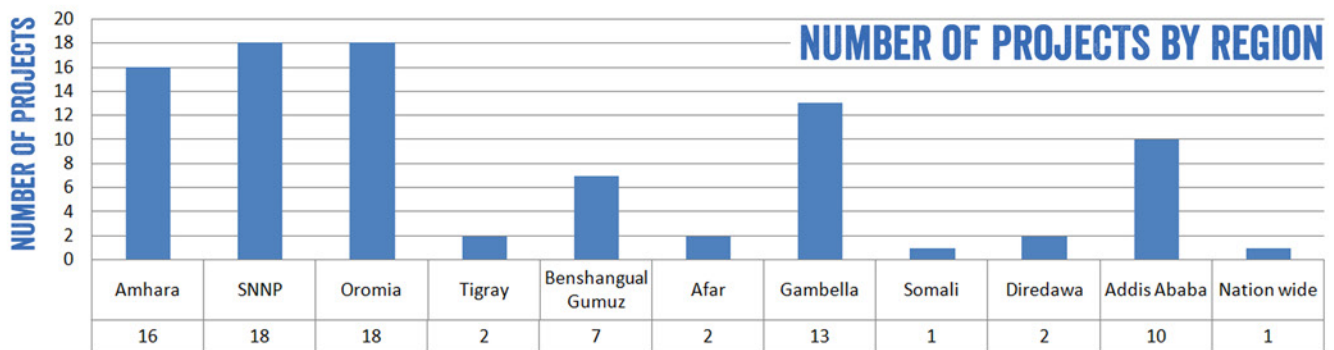
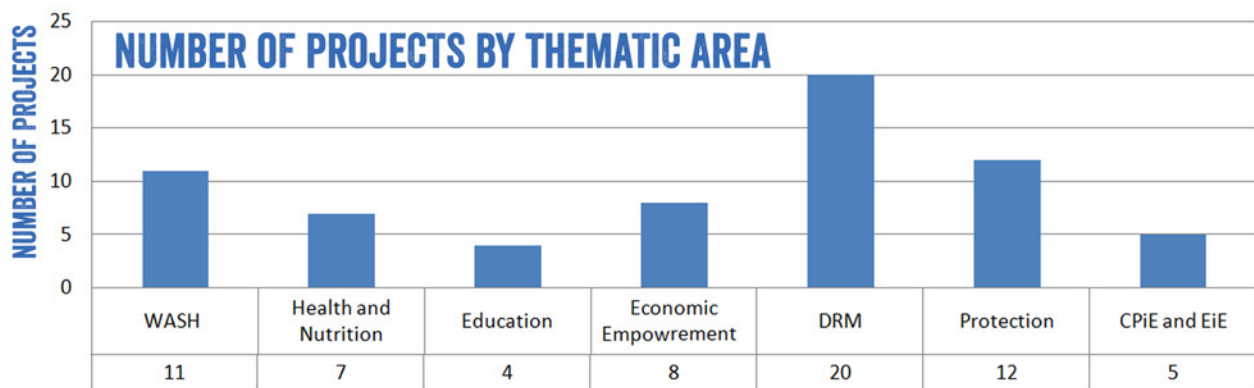
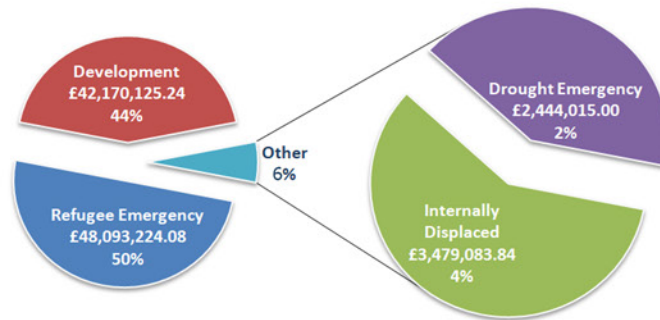


±25%
LIVE IN MIXED
URBAN/RURAL AREAS



OUR GRANT PORTFOLIO

GRANT ALLOCATED BASED ON PROJECT TYPES



OUR DONORS

