

FORUM FOR SOCIAL STUDIES

POVERTY DIALOGUE FORUM

Consultation Papers on Poverty No. 3



Civil Society Groups and Poverty Reduction

*Edited by
Meheret Ayenew*

**Addis Ababa
August 2001**

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The opinions expressed in this publication are those of the authors and do not necessarily reflect the views of FSS or its Board of Advisors.

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Introduction

This is the third issue of the *Consultation Papers* series that the Forum for Social Studies (FSS) has published on the problems of poverty and poverty reduction in Ethiopia. As reiterated in the previous two editions, the focus of discussion of FSS' Poverty Dialogue Forum is *the Interim Poverty Reduction Strategy Paper (I-PRSP)*, which the Government of Ethiopia has submitted to the World Bank and the IMF. The public discussions are intended to provide an open forum for the government and civil society organizations (NGOs, trade unions, professional associations, etc.), the private sector, donors and the poor themselves, to exchange views on the magnitude and severity of poverty and share experiences on how to overcome it. The papers presented and the main issues raised in the public debates will be published and disseminated to government decision makers and other stakeholders engaged in dealing with poverty.

This issue contains the three papers presented at the third FSS workshop held on 8 June 2001 by representatives of three civil society organizations. Each panelist talked about the magnitude and severity of poverty from the perspective of their organization and discussed programs and activities that need to be undertaken to mitigate the problem. Dr. Abonesh Haile-Mariam of the Ethiopian Public Health Association talked about the relationship between poverty and the health of women and children. She argued that it was necessary to provide adequate medical care for women and children in order to reduce poverty in this country. She also commented that the I-PRSP did not pay sufficient attention to the gender dimension of health in alleviating poverty and suggested that it should include programs specifically aimed at addressing the health problems of women and children.

Deacon Zena Berhanu of the Ethiopian Orthodox Church Mahiber Kidusan Sunday Schools Department underscored the importance of the traditional practice of sharing in fighting poverty and suggested that giving alms to the poor should be done in a more organized manner. He noted that there was a great deal of poverty in Ethiopian monasteries numbering more than 1000. These monasteries were largely ignored by the government and NGOs engaged in development in the different parts of the country. As a result, the monks who live in and around these places of worship have

been denied the benefits of development and this has not obviously helped to alleviate poverty among the faithful. He argued that monasteries should be helped with development to be self-sustaining and contribute their share to the improvement of the surrounding community. Successful development programs in monasteries could serve as a good example to the surrounding community.

Ato Zewdie Shite of the Confederation of Ethiopian Trade Unions (CETU) focused on the problem of poverty from workers' perspective. He stressed that unemployment was the root cause of poverty. He also argued that the Ethiopian Government should enact pro-poor policies that focus on poverty reduction and alleviation by harnessing the latent labor potential of the most vulnerable and destitute and it is CETU's view that employment-based safety nets should be an essential component of poverty reduction.

Following the presentations by the panelists, the following issues were raised by the participants of the workshop:

- ◆ Reservations were expressed from the floor about using public charity, which is often motivated by religious convictions, to reduce poverty as suggested by *Deacon Zena Berhanu* of the Ethiopian Orthodox Church. It was noted that the practice of begging was widespread in and around urban areas and was fast becoming an uncontrollable phenomenon as a means to earning income unscrupulously rather than an activity inviting charity.
- ◆ It was pointed out that religious organizations like the Ethiopian Orthodox Church can play a significant role in reducing poverty by emphasizing the importance of hard work and the dignity of labor. At the same time, it was stressed that there should be adequate employment opportunities for people to prefer work to begging.
- ◆ Whether the many public and religious holidays on which people, especially in rural Ethiopia, abstain from work contribute to poverty was an issue of contention. It was strongly argued that this was a misperception

that originates from a lack of understanding of the reality in much of the countryside. Some participants pointed out that not everybody desist from work all the time but that people do so only to commemorate Saints whom they consider as their patron and protector. Therefore, the argument that the existence of too many religious holidays indirectly contributes to poverty in the rural areas falls on shaky ground.

These were some of the main points and issues raised in the third workshop of the **Poverty Dialogue Forum**. We hope that the upcoming public discussions will be more informative and lively and that they will provide opportunities for a wide variety of views to address the problem of poverty and what needs to be done to mitigate it in our country.

Meheret Ayenew
Editor



Women's Health and Poverty in Ethiopia

Dr. Abonesh Haile-Mariam

Ethiopian Public Health Association

Introduction

This paper deals with general issues of women's health from the global and regional perspectives, but with a particular focus on the health of women in the Ethiopian context.

Definition of Health

According to the World Health Organization (WHO), health is defined as "*the complete physical, mental and social well-being of the individual, and not simply the absence of disease or infirmity.*"

Health is considered one of the basic human rights and essential for the development of the individual and society as a whole. That is why the WHO as the leader on health matters has been instrumental in the design and adoption of various strategies for health promotion. Based on the principles of equity and equality, the slogan "Health For All By The Year 2000" was one of the most important milestones for health. It envisioned Primary Health Care (PHC) as the most essential basic health care that would provide preventive and curative services to all individuals at affordable costs. PHC has eight components: clean/safe water supply and sanitation; health education; maternal and child health and family planning; nutrition; immunization; essential drug supply and treatment of common diseases.

Other strategies were also designed to address the most vulnerable groups of society, particularly women and children, with a focus on reducing maternal and child mortality. While a lot has been achieved from the above and available scientific advances, healthcare remains unattainable for millions, especially for women in developing countries like Ethiopia. Globally, many studies show that provision of medicine alone has not been able to address the health needs of women. There is strong evidence that the various determinants of health in the lives of women must be understood in order to design and execute effective interventions.

Determinants of Health

The health of an individual is influenced by sev-

eral factors and the interaction between them. Some of these are the following:

- Biology
- Physical Environment
- Socio-cultural, economic and political factors
- Gender relations
- Access to and utilization of health services (service and user-related factors)

Therefore, when we consider the health of women, we also need to consider the contribution of each of the above factors, their interaction and influence on each phase of the life - cycle of a woman's development from childhood to old age. According to several recent studies by medical experts and social scientists, the health problems of women everywhere have not been adequately addressed. It is true that much has been achieved in the developed countries to improve maternal and child health care. However, enough research has not focused on special diseases that affect only women. For example, problems such as breast cancer and cervical cancer, which are common among women, were not given the attention they deserve until recently.

The Interaction between Biological and Socio-economic Factors

Although women are considered as 'the weaker sex', it has been proven that the female chromosome is actually sturdier than that of the male. Most spontaneously aborted fetuses are male, and female infants survive better than male infants until the age of 6 months. This resistance declines thereafter and the mortality rate in females increases. In some societies there is intentional neglect and even infanticide of females although we cannot say that this practice (i.e. infanticide) exists in our society. However, we do know that female children are exposed to more harmful traditional practices like female genital mutilation than male children.

Second, it is possible that female children suffer from more severe malnutrition than boys do due to neglect. They definitely start sharing their mothers' workload at a very early age. Most of the work,

like carrying children, water and firewood, is beyond their physical capacity and hinders the development of their full physical stature. Hence, their bodies do not have the chance to develop well to bear their productive and reproductive roles as mothers.

Many young girls are also exposed to violence and sexual abuse, such as rape, abduction, early marriage, and these affect not only their physical development but also their future mental and social well being. Young girls in rural areas are forced into adulthood before they attain their full development as adolescents. This puts extra stress on their future life and contributes to their poor health status.

Although we lack data on the relative death rate between men and women in Ethiopia, it is known that while women globally live longer than men they nevertheless suffer from more illnesses. There are some biological risks, such as those related to the reproductive function of women. In developing countries, the risk of death for women due to complications of pregnancy is about 200 times more than in the developed world. In addition, women suffer from several forms of illnesses related to their work, due to lack of adequate nutrition, the various environmental hazards to which they are exposed and particularly due to their low status in the family and in the society.

Gender Inequality---The Double Burden of Women and its Impact on Health

Gender roles or the culturally-determined responsibilities of women impose several burdens on them. As wives and mothers, they are responsible for the care of their family members. The contributions of women to the family income, often unrecognized and 'unaccountable,' includes the heavy work they do to feed their family. Women in rural areas on the average spend 14-16 hours laboring under difficult conditions where the basic necessities, such as clean water and fuel for cooking, are not available. Fetching water and firewood means a long walk from home and back, often barefoot, carrying heavy loads on their back or head for hours and negotiating difficult terrains. Moreover, they collect and wash/use contaminated water and cook in an air-polluted environment. Hence, women and their children spend most of their time in an unhealthy atmosphere that greatly contributes to ill-health. When women fall sick, they delay care-seeking because they give less priority to

their personal needs. It is very common for women to wait until they are unable to move and do their daily chores.

Economic Factors and the Health of Women

Women in most of our societies are economically disadvantaged because they have no access to the resources of the family. While they are given the responsibility for managing the family income, they do not decide on the allocation of expenses for food or for medical care.

Poverty and its impact are worse on women because they add to the burden of women, as they have to do additional work outside the home to supplement the family income; or, as it happens quite often, the men in the family may leave home to seek work and the responsibility for heading the family is added to what is already unbearable.

Poverty has a direct link to ill-health: one reason is that women eat less and poorer quality food. As malnutrition predisposes them to diseases, particularly during pregnancy and lactation, this has a negative effect. Furthermore, it worsens the lack of access to health care thereby aggravating their conditions.

Demographic Data Relevant to Women's Health in Ethiopia

Population	61,672,000
Rural Population	85.3%
Primary Health Coverage	52.4%
Immunization	59.7%
Contraceptive Prevalence Rate	7.9%
Maternal Child Health Coverage	25.5%
Infant Mortality Rate	105/1000 Live Births
MMR	560-850/100,000
Births	
Life Expectancy at Birth	47-54
Access to safe water (rural)	24%
(urban)	80%
Access to sanitation (rural)	7.0%
(urban)	71%

Source: Health and Health-Related Indicators, Ministry of Health, 2000

From the above figures, we can say with confidence that women in Ethiopia have a serious health problem. While we cannot generalize for all women (health is definitely also affected by race,

ethnicity, rural-urban residence and class), we can state that the figures apply for the majority of our women population. We have seen that health coverage is low; there is low life expectancy, and infant and maternal mortality are among the highest in the world. All this means that the health status of women in Ethiopia is very poor.

Causes of Illness

- An estimated 60 to 80% of health problems are due to communicable infectious diseases and malnutrition.
- Poverty has a very prominent direct link with patterns of illness and death.
- Socio-cultural and economic factors that undermine the status of women play a very important role in the health of women, especially in the access to care for illness.

Leading causes of outpatient visits: (data not disaggregated by sex)

- All types of malaria
- Helminthiasis
- Acute respiratory infections
- Infections of skin and subcutaneous tissue
- Bronchopneumonia
- All other accidental causes
- Gastritis and duodenitis
- All forms of tuberculosis
- All other diseases of the genito-urinary system
- Pyrexia of unknown origin (fever)
- Parasitic diseases
- Bronchitis
- Muscular rheumatism & rheumatism dysentery.

Leading Causes of Outpatient Visits by Females:

- All types of malaria
- Acute upper respiratory infections
- Helminthiasis
- Gastritis and duodenitis
- Muscular rheumatism and arthritis
- Bronchopneumonia
- All other genito-urinary diseases

- All forms of Tuberculosis
- Accidents
- Pyrexia

Important Health Problems Among Women in Ethiopia

1. Reproductive Health:

The causes of most maternal death are:

- Hemorrhage
- Complications of abortion (especially illicit abortions)
- Obstructed and prolonged labor
- Eclampsia
- Sepsis

Most maternal deaths are preventable if there were adequate maternal health services, such as adequate care during pregnancy (antenatal care), assistance by a trained health worker, and especially the essential obstetrics care.

However, the real situation in Ethiopia is as follows:

- Teenage pregnancy, malnutrition and under-developed physical structure; also scars resulting from genital mutilation;
- Communicable diseases including parasitic infections such as malaria and hookworm that causes anemia;
- Pregnancies that are too close to one another;
- Unwanted, unplanned pregnancy;
- Sexually transmitted diseases;
- Poor access to medical care during labor;
- Inadequacy of services;
- Lack of time and money for early treatment.

The following are illnesses other than those of the reproductive system common among women:

- ❖ Infections:
 - Infections of the digestive system

- Malaria
 - Tuberculosis - particularly related to poverty and malnutrition
 - STD & HIV/AIDS
- ❖ Respiratory system disorders
- ❖ 'Arthritis', muscular and joint problems.

Most of these are related to poverty, poor sanitation, and poor environment conditions.

Lack of clean water is the single factor that causes several health problems in women. The direct and indirect consequences are as follows:

- Increased labor for fetching the required amount of water for home use and washing clothes;
- Heavy burden and injury to bones and joints;
- Infectious diseases - diarrhea is an important cause of malnutrition and especially for sickness and death in children;
- Parasites;
- Important - water-related diseases: e.g. schistosomiasis is in some areas associated with STDs and the stigma they involve;

Factors That Affect Access to Healthcare

The following are many issues that are identified regarding access to health. But, more research is needed to examine in depth the role they play in each particular setting:

Service Factors

- Physical infrastructure and service organization are not adequate in many rural settings;
- Lack of health facilities/inequalities in the distribution of facilities and personnel;
- Distance and cost;
- Problems of communication and infrastructure such as lack of transportation;
- Lack of drugs, supplies and equipment is often

part of the inadequacy of health services;

- Healthcare providers' capacity and attitude has been cited as the reason for poor health-service utilization;
- Vertical programs, especially those that focus on single activities on a given time, make it difficult for women to attend the services;
- Neglect of non-reproductive problems of those outside the reproductive age group (infertility, women with diseases of other systems, menopause, cancer of the cervix, cancer of the breast);
- Mental health needs of women are neglected issues not only because of the stigma attached to the illness but due to inadequacy of services.

Demand-Side Determinants: User factors

These are determinants associated with:

- User beliefs, knowledge, attitudes and practices ---women are socialized to accept and prefer what is most acceptable socially. They are influenced by social and cultural values and by how others look at them rather than how a given condition affects them individually.
- Information barriers---in addition to lack of education opportunities and the high prevalence of illiteracy among women, it is considered rude for women to ask and learn about a lot of things, including matters that affect their health, especially those related to sexuality.
- Low self-esteem----women often consider it normal or that it is their 'lot' to suffer from pain and discomfort.
- Decision-making power---it is often others in the family who decide when a woman needs care and where she should get it, and even who should treat her. This decision is also influenced by the person who handles the family income.

Recommendations

These recommendations must address the issues of policy, programs and research enumerated below:

- ♫ Information and data on women's health are

needed.

- ☞ To improve women's access to care we must address factors related not only to the above service-related factors but also those related to women's knowledge and attitudes, their cultural, religious and legal milieu.
- ☞ Cultural acceptability and perceived quality of care are very important.
- ☞ Expanding and re-organizing services, manpower and equipment.
- ☞ Supplying broader Reproductive Health needs, including that of care for infertility, needs of adolescents and women in menopause.
- ☞ Addressing non-reproductive health needs: care of the girl-child, those associated with disability, violent tendency and mental health.
- ☞ Solutions for distance barriers, community-based first level care and referral care for emergencies.
- ☞ Improving communication and transport systems for effective referral system.
- ☞ Increasing access to trained personnel, midwives and traditional birth attendants and improving communication with them.

- ☞ Understanding the minimizing the impact of economic crises by creating support mechanisms.

- ☞ Ensuring that services are affordable.

- ☞ Improving the quality of care.

User factors:

Increasing women's knowledge and understanding of:

- ✧ the need for and availability of care;
- ✧ risks and signs of illness;
- ✧ their right to be healthy;
- ✧ improving women's self-esteem;
- ✧ education, leadership training on gender violence;
- ✧ reaching decision makers - men, 'gate-keepers' in families (like mothers-in-law), community and religious leaders;
- ✧ overcoming cultural barriers - recognizing and resolving conflict between biomedical and traditional explanations;
- ✧ encouraging the growth of useful traditional



Ethiopian Orthodox Tewahido Church Mahibre Kidusan and Poverty Reduction

Deacon Zena Berhanu

Sunday Schools Department Mahibre Kidusan
Ethiopian Orthodox Tewahido Church

Introduction

The Ethiopian Orthodox Tewahido Church (EOTC) is one of the five non-Chalcedonian (Oriental) Churches; the other four are the Coptic Church, the Syrian Orthodox Church (Jacobites), the Armenian Church and the Malabar Church in India. The introduction of Christianity to Ethiopia goes back to the first century (34 A.D). It is associated with the coming of the Eunuch, who was an official of the then queen of Ethiopia, being baptized by Philipe the evangelist (Acts 8-38). Beginning from the 4th century, the Orthodox faith has been the official religion of Ethiopia.

The Ethiopian Orthodox Tewahido Church has contributed a lot for Ethiopia in all aspects of development among which, calendar, literature, alphabet, art, architecture and administration are the major contributions. The church has been the center for social and religious matters. It has also contributed to the unity of the country and the Ethiopian people.

The Holy Synod is the highest decision maker of the Ethiopian Orthodox Church. Under the Holy Synod the General Patriarchate, dioceses, "Woreda Betekhenet" and parish councils follow in a hierarchy. Through its long history, the church has acquired valuable heritages in the monasteries and churches both inside and outside Ethiopia. There are more than 1,000 monasteries and 15,000 churches. The faithful of the church are believed to be around 40 million.

Mahibere Kidusan (MK) is an association working under the supervision of the Ethiopian Orthodox Tewahido Church Sunday Schools Department. The association provides valuable and significant services in helping the church build close relations with the youth at the Christian faith. The association is guided by regulations that were ratified by the Holy Synod of the church. The aim of the association is to transmit and disseminate the faith, order, history and traditions of the Ethiopian Orthodox Tewahido Church to the new generation, especially to those who join institutions of higher education in the country. In addition, MK has the

objective to initiate its members to help the church by their knowledge, labour and money. As a result, MK has a vision to produce good citizens who love their country and fear God.

The members of MK are followers of the Ethiopian Orthodox Tewahido Church and are registered either in the parish council of a church or Sunday school of a parish church. The association was established in 1984 E.C. Today, it has contacts with more than 67 higher education institutions. Students of these higher education institutions learn the teachings of the church

The aim of MK is two fold. The first is obviously a spiritual aim to strengthen the faith of the EOTC. Second, it has a social aim, i.e. producing good and disciplined citizens who work for themselves, their families, colleagues, the community, the church and in general for the growth and development of the Ethiopian people.

The Church and Poverty

Poverty is a worldwide social problem. However, it is more severe in developing countries like Ethiopia than the developed ones. As most people agree, poverty can be defined as the inability to fulfill the basic needs of human beings, namely food, shelter, clothing and medication. We observe that there are many people in the world and in Ethiopia who do not get two meals a day, do not get enough food even once in a day, who are naked and suffer from diseases.

The Ethiopian Orthodox Church believes that poverty is a social problem. We also believe that social problems emanate from the society and have to be solved by society. It is not easy to dive into the never-ending debate regarding whether poverty is eradicable or not. The church believes that the world is a place where humankind can survive. God created man in his resemblance and example and gave him what is important for his survival. Accordingly, it is believed that the earth can provide humankind all his necessities. It is full of resources although it is not evenly distributed. So, sharing is the belief of the church and a solution for

everything including poverty. Sharing is the fruit of love. In the Bible it is written, "one who has two clothes let him give to his brother who has nothing". One who has more than his need should share with others. He might also be in short of one thing so he has to take from others who have more. It is not strictly a give and take solution; it is rather thinking for others like oneself. Through this sharing principle, those who face problems of hunger and thirst take from those who have more than enough so it is a matter of evening the uneven. Those who give do it out of love and those who receive do it out of right. This kind of life has been practiced during the period of the Apostles (Acts 4:32-37)

The Church's contribution in poverty reduction is mainly through disseminating the word of God. The word of God says, "One who doesn't want to work do not let him eat" (2 Tessalonians 3:10). Accordingly, a monk or nun is not allowed to pass a minute without work in monastic life.

Besides, practical steps have been made to reduce poverty in the country. For example, the Development and Inter-Church Aid Commission of the Ethiopian Orthodox Church (DICAC-EOC) was the first in the country to embark on relief and development activities beginning from the mid-1960s. Currently, the Commission undertakes various programs and projects in most part of the country.

The Experience of Mahibre Kidisan (MK) in reduction of poverty

Mahibre Kidusan works under the EOTC and tries to accomplish the mission of the church both spiritually and socially. Its primary objective is teaching the followers of the EOTC, who are students in higher educational institutions. Secondly, its members also contribute to the church as well as the country with their knowledge, labour and money. We believe that every activity we accomplish has an impact on the country. Because we live with the people, we can see, observe and feel both the joy and sorrow and the problem of the society. We also address the social problems of the country like AIDS, poverty, streetism, begging, sexual abuse, corruption etc., directly or indirectly.

In dealing with the poor and poverty reduction our efforts can be seen in two ways.

1. Through education

2. Through practical social actions.

Poverty Reduction Through Education

Education for Students of Higher Institutions

One of the aims of MK is to deliver to students of higher education the teachings and principles of the church. We teach the students that helping the poor and eradicating or reducing poverty is obligatory on them. Helping the poor is a religious as well as a social obligation. The students learn what to help and how to help. For example, almost all of our students give their bread to the poor and beggars during fasting seasons. This is the result of the church's teaching, i.e. sharing what we have with those who do not have. Being students, this is the way they can learn and what they can do. When they start work after graduation, they will have better capacity to help the poor and are expected to do more.

Basic concepts, for example, love for the country and positive attitude towards work, are also taught. Because of our undeveloped economy, we are dependent on the developed nations and this has made us indebted for a huge amount of money that cannot be paid in the coming decades. This means that we also are incurring huge debts for the coming generations. There is an analogy in the Bible that due to the original sin of Adam and Eve all their descendants became sinners and debtors of sin. The money we borrow today becomes a debt for the coming generation. We don't have to transfer debt to the coming generation. For this, we have to be ready to make sacrifices ourselves and make life better for the next generation. One of the major issues mentioned is the attitude towards work. It was earlier suggested that many graduates are job seekers and job makers. According to the church's belief, one has to work in order to live. As this is the order of God (Genesis 3:19), students learn that they have to work not only to get money or because they have degrees but also it is the order of God. So we teach them to change their attitude towards work. It is through hard work that we can fight poverty, and every work except sin is acceptable and dignified.

After graduation and during the summer, the students are expected to share what they have learnt. They are expected to go to every part of the country where there are Sunday schools and

teach their younger brothers and sisters. They teach high school students and arrange tutorial classes in order to get good scores in their subjects. This will have an impact on the household level. When one passes from one educational ladder to the next, it reduces the burden on the household and the number of dependants to be fed will decrease. When students give attention to their education satisfactory results will be obtained as a result of which the nation will get good citizens. So, through the participation of students of higher education we are transferring important concepts and values that could bring attitudinal change and consequently contribute to poverty reduction

Education Through Our Magazine and Newspaper

It is not only students that MK teaches but it also attempts to reach the rest of the population. By using its *Hammer* magazine and the *Sema Tsidk* newspaper, it reaches the mass of the people. Many articles regarding social problems like poverty have been written in the magazine and the newspaper. An attempt was made to preserve the tradition of the people in helping the poor. The faithful have a good tradition of helping the poor but what we are trying to inculcate is the idea that the people should create a system for its donations to the poor. Our newspaper and magazine suggest the donation system to be organized rather than being individualized. Through this effort we believe that grounds have been laid down to fight poverty.

Education Through Members

We assume that members of the association are change agents. Our members manifest the thoughts, ideas and principles of the association regarding issues like poverty. It is known that religion is the major source of ideas, perspectives, attitudes and behaviors. So the church's teaching and the association's effort influence the individual. Members of the association work in all kinds of organizations, including NGOs and GOs. They contribute their share to the nation in solving the problem by promoting the idea of the church and the association regarding poverty and poverty reduction

Practical Social Actions in Poverty Reduction

Since a few years back MK has been trying to

carry out some practical activities in the development sphere. In the beginning, it focused on monasteries, churches and traditional church schools. There are monks, priests, deacons, traditional church school students or "Yekilo Temari" in these places. We give special attention to these places because they are the sources of religious education. They are universities of the church and if we miss them we miss everything that the church has. In examining their situation, we found that all of them have a severe hunger problem. They do not have potable water and medical centers, and lack proper clothing and shelter. As a result, monks migrate to towns and church students interrupt their education.

We are doing two things to help them:

1. Provide urgent support to the very disadvantaged and destitute
2. Look for long-term solutions by preparing and implementing projects

Monasteries and churches found in famine areas are given relief help. For example, Bethlehem monastery in Gayent, South Gonder and Midre Kebd monastery in south Shewa, were provided with food and clothing. This is done to insure their survival and continuity. At the same time, we are trying to look for long-term solutions for monasteries by carrying out project studies. Some monasteries were studied very well and possible options of projects like river diverting, dam construction, grain mills, bee keeping, ranching, poultry, etc. have been designed. Some of the monasteries studied are Zena Markos and Belbelit Eyesus in north Shewa, Bethlehem in south Gonder, Mertule Mariam and Dima Giorgis both in east Gojjam, Nada Mariam in west Gojjam, Zur Aba Aregawi in south Gonder and Asebot Selassie in west Hararghe.

As was mentioned earlier, the very reason for our concern about the monasteries is that they are the sources of religious education of the church. Besides, most of them consist of large numbers of monks and priests, who are citizens of the country. They have to be assisted in order to help themselves. We also believe that monasteries can be the home of orphanages and elderly poor people. In addition, monasteries which become self-sustaining can also assist and support the surrounding people. For example, when a certain project is designed for a given monastery it is not only the monastery which benefits but also the people in the surround-

ing area. In sum, we believe that if proper attention and support is given to the monasteries they can be models for the surrounding community and the farmers. Basically, monks are working people. So our effort is to help them work.

The Nature of Poverty Among Students and Teachers of Traditional Church School "Abnet Timhirt Bet"

Students and teachers of "Abnet Timhirt Bet" face food shortages, and confront health, clothing and shelter problems on a daily basis. The teachers are paid poor salaries. Traditionally, students acquire their food through begging. The students have to beg for themselves and for their teachers from the neighborhood. This is the tradition even today. But, due to their increasing number and declining agricultural production, students do not get enough food. As a result, they have been compelled to get along with a small meal once a day. The health problem is associated with food shortage and unhygienic problems. Malaria, TB, water born diseases like jardia and typhoid and skin diseases are commonly seen. The clothing problem is manifested by the fact that they usually wear shorts and not trousers. A colorful sheet of hand made clothe known as "Gojjam Azene" is commonly used by them. They use the same piece of cloth for day and night. What makes matters worse is that they do not have the chance to alternate clothes and to wash their bodies. Most of them do not have shoes to wear. The kinds of shoes they wear do not protect them from various skin disease. They also experience a serious shelter problem because many of them live in small "gojos" or tukuls, and this makes them susceptible to transmittable diseases. In addition, it will not be easy to keep it neat and clean. They are easily exposed to cold and heavy rain. Last but not least, the teachers of the Abnet Timhirt Bet are paid starving salaries that are hardly enough for survival.

People Living in the Monasteries

It is believed that there are more than 1000 monasteries and it is estimated that there will be about 20 monks in a monastery on average. It is sad to note that these people are neglected. As citizens they have to be helped but they are forgotten.

We believe that helping them to help themselves can mean contributing to the reduction of poverty in this country. In the past, our monasteries contributed a lot to the country. Needless to say, they are sources of education, religious teachers and leaders.

These groups are disadvantaged partly because they are not registered by peasant associations, which are the government's grass root administration. This contributes to their being neglected by GOs and NGOs in their development and relief activities. Another reason which worsens the situation of monasteries is that they do not have enough land to till. Most of their land plots were reduced by the 1975 land nationalization policy. In addition, many monasteries were left with little or no land to plough following the recent land redistribution carried out in some parts of the country. To make matters worse, monasteries are not even included in the extension package program of the government.

MK has a vision on monasteries: it wants them to be self-sufficient and gradually help others.

Recommendations

The following are our recommendations to fight poverty in our country:

- ☞ Efforts should be made to change the attitude of the people towards work.
- ☞ Sharing should be advocated as one of the principles for reducing poverty.
- ☞ The good habit of the people regarding charity should be encouraged. A system should be designed for organized charity.
- ☞ Attention should be given to monasteries. By paying the necessary attention, we can make these areas productive and models for the surrounding farmers.
- ☞ Different studies and research should be undertaken in consultation with the church on monasteries and traditional church schools in order to understand their problem and to design ap-



Poverty Reduction from the Workers' Perspective

Zewdie Shite

Confederation of Ethiopian Trade Unions (CETU)

Introduction

The confederation of Ethiopian Trade Unions (CETU) is an umbrella organization of over 500 basic labor unions organized under nine industrial Federations. The total members of CETU are over 350,000. The driving motive of CETU is to defend the rights and benefits of fellow workers. By doing so, CETU's ultimate goal is to maintain industrial peace and enhance meaningful participation of the workforce in nation building. It is from this understanding that this paper tries to deal with the subject at hand.

The latest UNDP Human Development Index places Ethiopia at 172 out of 174 countries. That means we are at the bottom of the list, yet only a couple years ago in 1997, the picture looked somewhat rosier with Ethiopia being ranked 170 out of 175 countries.

This ranking did not occur in a vacuum but is a composite of various standard indicators that you are all familiar with, and so I shall not go into details about it. The figures attached to these indicators are very sobering indeed and should give us pause to think about the root causes of poverty and what can be done to really start to reverse these trends.

I think we all agree on the following:

- the Herculean efforts of the government of Ethiopia to examine and craft new policies;
- the staggering amounts of assistance that have poured into Ethiopia just in the past 10-15 years;
- the failure of the collective efforts to minimize the terrible state of poverty.

From the trade unions' point of view, we need to focus better on what can be done with the resources we have to tackle unemployment, which contributes to overall poverty. Too many of our programs that are designed to address poverty sound great on paper, but when we look at what they actually achieve at the grassroots (the unemployed and the working poor at enterprise level), where it really counts, the results are minimal.

CETU has become increasingly convinced that things need to be done differently from the past. We need to carefully re-examine all of our programs and priorities and re-focus our efforts on the "root" causes of poverty. If our efforts have no demonstrable impact on the destitute in our country, we are not definitely part of the solution and may even be contributing to the problem.

My organisation, as the organisation of the workforce, believes that the problem of poverty should be attacked with the full participation of the society and the committed efforts of the government. Based on this conviction, the Confederation of Ethiopian Trade Unions (CETU) would like to forward its views on the poverty reduction plan from two perspectives.

1. Employment Generation and Safety Net

Many agree with the idea that the process of economic development does not pay dividends for everybody. Indeed, the capitalization of the economy frequently results in unjust form of capital accumulation and wealth redistribution. While economists continue to argue over different theories of value and what stimulates sound economic growth in many poor countries, the poor just keep on getting poorer. No economy has provided full employment beyond taxing the employed for the unemployed.

In Ethiopia, the ongoing liberalization may benefit many but the adjustment process also carries significant risks for many more vulnerable groups. The privatization program is one of the components of the economic reform. According to data obtained from the Ethiopian Privatization Agency, some 215 public enterprises have been sold so far. Of the workers who were working in these enterprises only 14,194 were transferred to the new private owner and about 14,055 workers were organized in safety net programs. Sadly, however, unknown numbers of workers are currently laid off from their jobs. According to the Agency, some 111 enterprises with 78,000 workers are also in the pipeline to be sold.

There have been attempts to assess the social dimensions of newly introduced economic reform

measures and tackle potential negative impacts on the welfare situation of the vulnerable. Consequently, safety net programs were designed and implemented. These programs were targeted at re-trenched workers. However, neither the plan nor the accompanying institutional structure was properly set up to coordinate the implementation of the different components of safety net programs. As a result, most of the safety net schemes have been a failure.

In order to meet the needs of the most vulnerable and destitute, the Ethiopian Government needs to enact further pro-poor policies that focus on poverty reduction and alleviation by harnessing the latent labor potential of such groups and it is CETU's view that employment-based safety nets should be an essential component of an effective poverty reduction approach in Ethiopia. Labor remains an area of comparative advantage for low-income groups falling below the poverty line and labor productively remains unacceptably low. Policy makers need to take this into consideration when designing capital-intensive projects where the benefits do not reach the table of the poor.

From the workers' perspective, the Ethiopian I-PRSP should :

- Involve the active participation of civil societies, professional associations, and staunchest NGOs working for the poor;
- Focus on faster economic growth --- growth from which the poor benefit and to which the poor contribute;
- Reflect a comprehensive understanding of poverty and its determinants;
- Establish output /outcome indicators, which are set using participatory processes and effectively implemented and carefully monitored.

The Ethiopian I-PRSP needs to look seriously at the safety net issues as a priority area. It is wrong to assume that the process of economic development through a policy of market reform and liberalization will automatically provide employment opportunities.

Safety nets promote economic efficiency by providing income to those falling below the poverty line and enabling them to manage risk. They are also designed to catch the negative fallout from structural adjustment reforms and market-based liberalisation. Without income, managing risk often leads to the destruction of natural resources and other socially destructive activities. Safety nets also

allow market reforms to be made politically and socially acceptable.

Pro-poor economic development will need to exploit latent labour potential through the planning and implementation of labour intensive projects that increase labour intensification of the development process.. It should also minimise the negative effects of social instability caused by illegal activities conducted by poor groups.

Pro-poor programmes need to be developed as part of the I-PRSP to assist low-income groups. The employment based Safety net encompasses various transfer mechanisms and programs to play both a re-distributive and risk reduction role in economic development. A safety net would provide the following benefits to marginal and vulnerable groups as part of a wider livelihoods strategy:

- a) Income redistribution role:** The redistributive role of a **formal safety net** is intended to reduce the negative impact of poverty and provide incomes to vulnerable groups to bring them up from below the poverty line; and,
- b) Risk reduction role:** The risk reduction role will protect individuals, households and the wider community against income and consumption fluctuations.

A PRSP may need to consider a number of different safety net options that would need to be introduced at different stages depending on the specific context of rural and urban poverty at that point in time. **Fore example, as income rises, a shift from employment-based safety nets to credit based self-employment programs may need to be considered among other measures.** However, it needs to be stated that the idea of safety net is not a panacea for poverty reduction but rather one of a basket of measures that should be considered by the Government to address the problem of chronic poverty.

An employment-based safety net should focus on labour intensive programs. The introduction of new poverty alleviation programs addressing livelihoods through employment generation can be introduced. In comparison to capital-intensive projects, labour intensive investment substantially boosts employment creation opportunities and employs more manual labour as a key input.

Pillars of Employment-Centred Safety Net

According to Middlebrook, the following fundamental principles would need to be respected

with regard to employment-based safety net programmes in order to maintain the basic characteristic of the intervention. The safety net programs should:

- ❖ be employment driven;
- ❖ focus on vulnerable area targets;
- ❖ focus on productive asset creation only;
- ❖ be planned and mainstreamed into normal development plans;
- ❖ be participatory;
- ❖ be livelihood sensitive;
- ❖ be welfare driven; and
- ❖ be gender sensitive

Resource Requirements

In designing a safety net, a number of key considerations need to be made among which the safety net resource strategy is critical. Resources for labour intensive programs can be categorised as those falling broadly under the title of labour capital and natural resources. The various factor inputs may come from a number of different sources of which the natural environment, local populations, government, multi-lateral and bi-lateral organizations and NGOs are the most important.

2. Law Enforcement

Currently, Ethiopia is in a process of change to cope with the ongoing global economic order. Following the shift from command economy to market economy, many public enterprises have been privatized and many more are being privatized. Obviously, one would not need a high level of expertise to understand the effects of these changes on workers and their working environment.

Although it appears too early to comment on, the challenge of the privatization program, particularly on workers, witnessed so far is rather a very severe one. Innocent workers are helplessly exposed to insatiable exploitation and unjustified industrial measures by merciless employers and their despotic managers. Due to such irrational acts, the misery of many workers and their families have become the order of the day.

One of the major obstacles that the workers and their unions face in the process of defending their rights is the extreme delay of legal decisions by the labor court. Although Proclamation NO. 42/93 states that the concerned court should decide such labor cases within 60 days, the actual day-to-day practice shows that labor cases are not settled even within five years. What is more disappointing is the truth that the state has not made meaningful endeavor to protect many painfully aching workers through reinforcing its law respecting basic human rights and international labor standards to which Ethiopia is a signatory. In CETU's view, law enforcement should be an important component of the I- PRSP.

Conclusion

No doubt, the policy environment plays an important role in the success or otherwise of any major effort in tackling poverty. CETU's overall view is that Ethiopia has adopted many sound and constructive policies for the future economic development of the country, but considerable effort and support are still needed to properly implement these policies.

From CETU's perspective, a huge effort and support is still needed to ensure that employment generation schemes become effective enough to make a significant difference in the lives of people at the household level. While adopting the components of the reform such as the privatization program, meticulous planning and superb execution/implementation will be essential to properly tackle major side effects. CETU would like to caution that focusing too much on the policy and national level dialogue and forgetting what this actually means for the workers will aggravate and deepen the problem. The challenge being witnessed today is the problem of using resources that we have wisely and efficiently for the betterment of the poor.

CETU does not have the answer to solve poverty and for that matter no other agency, institution or government entity does, individually. However, CETU remains convinced that together, starting today, by building on successful efforts and thinking creatively we can collectively make a difference in the lives of millions of Ethiopians.

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Forum for Social Studies
P.O.Box 3089
Addis Ababa, Ethiopia

Tel. (251-1) 55 61 21/12 95 79/55 20 25
E-mail: fss@telecom.net.et

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