



## Equitable Service Delivery - WIDE Discussion Brief No.4 of 5<sup>1</sup>

June 2014

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### Key messages from the WIDE evidence

- **More access to, and better, services for more rural people** - There has been remarkable progress in service expansion across WIDE communities: a credit to the formal policies which promote inclusion and seek to prevent discrimination; and a credit to the practices and persistence of the Government of Ethiopia (GoE) at all levels. Without this achievement in *broad coverage*, a discussion about how to promote more *even* development would not be possible.
- **Poor people contribute more than they benefit** - An unintended consequence appears to be that poorer rural people contribute most to public goods, but benefit least. Two considerations are: addressing the *informal* rules of government-citizen interaction, and resolving the confusion between modern and urban models of service delivery.
- **Address informal as well as formal rules; learning to listen as well as tell** - GoE may wish to enhance the civil service training curriculum with an inclusive governance component, focussed on the 'software' dimensions of development, with deepened understanding of diversity. Rewarding respectful, empathetic behaviours towards poor and hard to reach people; setting qualitative targets; and monitoring diversity in more detail – could all help. Government may also consider a slight change in the language of policies on Harmful Traditional Practices where the term 'traditional' has become synonymous with 'rural' and 'backward'. Promoting consensus between government and diverse customary groups could achieve more sustainable eradication of 'harmful practices'.
- **Distinguish modern from urban in service design and delivery** - Services are currently modelled on urban lifestyles. GoE may wish to explore the distinction between modernisation and urbanisation of services in order to enhance suitability of services for rural people – drawing on experience from other contexts. Strategic alliances with national and international non-state actors could enable access to alternative and complementary technologies which can be scaled up. A coordinated approach to maximise resources for adaptation of services could assist a critical mass of rural women, men and families to contribute to more stable rural communities across the country. This may reduce levels of stress migration to Ethiopian towns and other countries, and enable the enhancement of diverse skills in Ethiopia's rural population required for climate change adaptation and long-term food security.
- **Adaptable services to anticipate big social change** - Developing adaptations of the current service design and delivery machine for hard to reach people will stand Ethiopia in good stead as it steps up to meet – for example - the increasing pressures for investment in the country's land base, the growing impact of *chat* production and consumption on wealth and well-being, and the prospect (within the next quarter century) of a significantly larger ageing population, living for longer.

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<sup>1</sup> WIDE is an independent longitudinal study of 20 rural communities in Ethiopia over 20 years. A map is provided at the end of the brief. The brief is using WIDE3 evidence to bring policy and implementation questions and possible implications to the attention of policymakers, with the aim of contributing to current debates on key issues through discussions with government, donors, and other stakeholders. Acknowledgement should be made of (1) the time and dedication of the research officers and supervisors who over the years made the data on which the brief draws, (2) the various funders who financed the research phases, and (3) the time and interest of senior Government officials, with whom the brief was discussed at a High Level Discussion Forum in March 2014, convened by the Ethiopian Development Research Institute (EDRI). The brief does not represent the views of EDRI, the Government of Ethiopia, or the financing Development Partners. The other Discussion Briefs and other research products are available at <http://ethiopiawide.net/>.

### Introduction

The Ethiopia wants and needs stable, healthy, productive and well-educated rural communities to maintain national equilibrium and peace. Measured growth, security and health of its towns and cities rely upon a well-served rural population of younger and older people contributing to national food security, stability, social cohesion and proper management of the land. In policy terms this is articulated as *'broad-based and even development'*.<sup>i</sup>

Derived from the commitment made in Ethiopia's constitution to 'Rights to Development' (Article 43) and Economic, Social and Cultural Objectives (Article 89-91)<sup>ii</sup>, the Government of Ethiopia pursues equitable service delivery through its sectoral development programmes in health<sup>iii</sup>, water<sup>iv</sup> and sanitation and education<sup>v</sup> - as well as through its policies on agriculture (covered under WIDE Discussion Briefs 1-3 and 5 in relation to gender); justice; women, children and youth; and other relevant sectors such as infrastructure. An imminent Social Protection policy is also reported to include strategies (such as fee waivers) to address some inequalities in access to social services.<sup>vi</sup>

While important for setting the context of equitable service delivery, the detail of these policies is not the primary focus of this Discussion Brief – except to state that these formal policies are intentionally pro-poor and seek to prevent or reduce discrimination on the basis of sex, occupational caste, disability, income, geographical location and age. This is a very important starting point for reviewing the WIDE3 longitudinal data sets which come from 'exemplar' communities. Alongside other sources of evidence, the feedback provided through WIDE data can help government and international development partners to check the reality of people's lives behind the more commonly available quantitative information. It is intended to complement other sources of information. Discussion Brief 4 concentrates primarily on the extent to which, from the perspective of individuals within WIDE communities, services are being delivered for, and used by, people - especially the poorest and hardest to reach women, men and children.<sup>2</sup> The explicit and sustained commitment of Government to equitable service delivery – substantiated through formal policies and matched by resource allocations and government supply leadership – make it possible to offer the discussion points which follow. Commentary on the experiences of marginalisation of some people coming through WIDE must, therefore, be viewed as unintended consequences of the challenges of public service provider capacity and implementation – not of policy failure.

The focus is on the period 2010-2013, and on services primarily provided by Government. WIDE datasets indicate that the private sector is also responsible for helping the expansion of services in some communities; however, the hardest to reach people appear, at best, secondary beneficiaries of such investments. There is little evidence to suggest that the private sector assumes a share of the burden of providing services to the poorest people. On the other hand, there are examples of civil society actors complementing government service delivery for the hardest to reach people.

### MORE ACCESS TO, AND BETTER, SERVICES FOR MORE RURAL PEOPLE

Insofar as reliable patterns can be discerned solely from the available wealth of granular data of WIDE3, and its presentation through five domains of power and action, it appears that over the last 5-10 years there has been impressive progress to different degrees in access to more and better services. The general population across the 20 WIDE3 communities has benefited in a variety of

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<sup>2</sup> In the presentation of this Brief to the Government of Ethiopia on March 7<sup>th</sup> 2014, it was noted by Ministers that it was important to make a distinction between policy intent of Government and the attitude and behaviours of individual civil servants. This is summed up by the Minister for Labour and Social Affairs: *'Discrimination and marginalisation are not the direction of the policies, which are pro-poor, be it in the areas of service delivery or governance'*.

ways: more girls and boys are vaccinated, go to school and attend school for longer<sup>vii</sup>; more women and men and their families can access preventive and curative health services<sup>viii</sup>; and more families appear to be living more sanitary and health-seeking lives with improved houses, separate living quarters for people and livestock, and more access to latrines (e.g. Shumsheha<sup>ix</sup>).

Real efforts have been made to push services out to the remoter areas of kebeles, and remoter kebeles through, for example, house to house visits by Health Extension Workers (HEWs) and volunteers, on-farm visits by Development Agents (DAs) and through the construction of satellite schools in some locations (e.g. Shumsheha and Summary Report<sup>x</sup>).

Education campaigns appear to have contributed to a reported scaling back of many harmful practices such as early marriage, female genital cutting, uvula cutting, baby teeth pulling, and the *mingi* practice of abandoning children believed to be cursed (e.g. Luqa, Shumsheha and Summary Report<sup>xi</sup>). In a number of places, there is some progress in reducing discrimination and stigma, a prerequisite for excluded groups to access services more easily (e.g. Girar<sup>xii</sup>). In some areas HIV treatment and more positive community attitudes have changed for the better the lives of people affected by the virus (e.g. Somodo, Shumsheha<sup>xiii</sup>).

Infrastructure has improved: there are better main roads, as well as feeder and internal roads allowing vehicles, horse and carts, and motor bikes to pass. Internal paths have made walking easier although it is also reported that inside roads were not well developed and the access gap between kebele centres and residents in remoter parts had widened (Summary Report 2013<sup>xiv</sup>). The improvements in infrastructure, along with expanded electricity, mobile coverage and increased investment in irrigation, appear to have increased opportunity to develop business (e.g. Shumsheha<sup>xv</sup>). This includes an expansion of horticulture, and, in some places *chat* production<sup>xvi</sup>. While there have been very significant improvements in access to safe water, this is one area where there are still significant gaps and spatial disparities (Summary Report 2013<sup>xvii</sup>).

Access to credit and other inputs have also contributed to new opportunities, for example in Harresaw it is reported that credit has helped people '*seize opportunities, and has been important in some successes*'.<sup>xviii</sup> One indicator of these improvements is that many more people - including children - appear to be eating more regularly and more nutritious food (Summary Report 2013, Luqa, Shumsheha<sup>xix</sup>).

The control of malaria in some areas has reduced prevalence of the disease and even enabled some people to start using land at lower altitudes - although this is not the case in other locations where malaria is still a killer (e.g. Luqa, Shumsheha<sup>xx</sup>). Services relating to land certification have been especially beneficial where this has formalised shared ownership of land and property between a wife and her husband, thereby providing more protection of women and children from hostile claims on family land, and from unilateral decisions about land being taken by men (e.g. Somodo, Girar, Turufe<sup>xxi</sup>).

**These remarkable achievements in service expansion are a credit to the policies, practices and persistence of the Government of Ethiopia (GoE) at all levels, especially over the last five years. Government leadership through pro-poor, anti-discriminatory formal policies has provided an essential foundation from which to assess the policy and practice implications of unintended impact, where this appears to show more limited achievements in equitable services for the hardest to reach women, men, girls and boys.**

### POOR PEOPLE CONTRIBUTE MORE THAN THEY BENEFIT

A trend which appears to be coming through the research is the difference in assets and lifestyle between the rich and poor households in WIDE communities. The Stage 2 Summary Report describes this as *"stark and increasing"*; while the 'rich' category appears to be getting richer, there is now differentiation among the poor into 'poor', 'very poor' and 'destitute' (e.g. Odadawata, Turufe<sup>xxii</sup>) Given this, and the very positive trajectory described above, the key questions for this brief are:

- Who is missing out, and why?
- What can be done to include them?

The nature of WIDE research allows different voices from exemplar communities to emerge, setting the perspectives of those in public service and the party alongside a range of views from younger and older women and men from different income and occupation backgrounds. While voices of poor people can be heard, the different filters applied to the data, and the research approach, inevitably create limitations. For example, WIDE researchers note in Shumsheha that it is impossible to include the views of people with hearing impairments because the researchers did not know sign language; stigma makes it hard to access the views of people affected by HIV<sup>xxiii</sup>; commentary on what is or is not happening in service provision is dominated by the views of service providers. For a variety of reasons it cannot be assumed that all informants are reliable. In order to look closely at the issue of *equity* in service delivery, this Discussion Brief has necessarily privileged voices which appear to have come directly from the hardest to reach women, men, boys and girls in WIDE communities; in addition, it has extrapolated from the comments of others the experiences of such people.

The challenge of providing services to *all* of Ethiopia's rural population should not be underestimated. A complex and diverse population of nations and nationalities, including indigenous peoples and hard to reach social groups, Ethiopian people experience marginalisation for a wide variety of reasons which Government policies endeavour to address: income poverty, geographical remoteness, living in peripheral areas (urban or rural) or being pastoralists; the sex or age of a person matters, as does membership of a particular caste or occupational group, such as craft workers; those affected by a particular disease (such as HIV) or condition (such as mental ill-health, visual or physical impairment) are also affected. Often these factors combine to create multiple levels of marginalisation - referred to as 'intersectionality'.

Designing and delivering services for the priorities of such a diverse range of people across a large geographical area, is a task at the *most* challenging end of the spectrum of service provision. It is a task not easily addressed through the standard range of service models, driven by quantitative targets, which GoE has needed to deploy in order to provide *"broad-based"* service provision. It should therefore be no surprise that, to the extent that conclusions can be drawn from available WIDE data, access to and use of services by the poorest and/or hardest to reach people is uneven and problematic.<sup>xxiv</sup> The overwhelming impression gained is that despite the impressive expansion of services, it remains difficult for many *"poor households and people to benefit from development interventions; at the same time many of them contribute time, labour and resources for the implementation of these interventions."*<sup>xxv</sup>

It should be noted that this is not a critique of how resources are allocated to the poorest and hardest to reach people. As a recent World Bank report<sup>xxvi</sup> indicates, the incidence of Inter-Governmental Fiscal Transfers expenditure<sup>3</sup> on equity in income/wealth terms appears to be positive, in that benefits accrued to all quintiles in all sectors. The results are better still in health and

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<sup>3</sup> Financed by Protecting Basic Services instrument.

education – the incidence of IGFT resources was much higher for the bottom two quintiles. However, the report acknowledges that it looks primarily at key outputs (such as numbers of agricultural and health extension workers and teachers) and does not look at quality or service delivery effectiveness. The data from WIDE would suggest that it is in these two areas – quality (meaning appropriateness) and delivery of services – where harder to reach people are losing out.

The evidence for this lies in small and everyday experiences: people living in the remoter parts of the kebele have more difficulty accessing schools, health centres, electricity and mobile transmission (where they can even afford a phone); in many communities internal roads and paths are impassable or very difficult in the rainy season as they are not all-weather. Poorer people struggle to access services which require them to input cash and in some cases time and physical effort: for example, it takes time and money for a pregnant woman to visit a Health Post for ante-natal checks, or for an older, infirm person living with HIV to go to the Health Centre to collect anti-retroviral treatment (e.g. Girar<sup>xxxvii</sup>). Poor young people need sponsorship in order to take up secondary or tertiary education which requires them to live far from home; parents sell their assets to meet the cost of educating their children and become bankrupt; their children fail to cope with university, drop out and resort to *"anti-social behaviour"* which is a *"disaster for the community"* (e.g. Adele Keke, Girar, Shumsheha, Somodo<sup>xxxviii</sup>).

Yet, at the same time, poor people contribute significantly to public goods - such as providing labour for public buildings like a Farmers Training Centre, income generating activities for public institutions like the local school, and social services which contribute to social cohesion, such as participation in self-help groups.<sup>xxxix</sup> The Stage 2 Summary (2013) reports that in eight of the communities, poor households, particularly those with land who are obliged to pay tax and other contributions, contributed more on average to public goods than they received in benefits (e.g. Do'oma<sup>xxx</sup>). This is primarily because they faced barriers resulting from their lack of resources: they could not afford transport, electricity and mobiles phones and, if they had no land, could not benefit from farming-related buildings. Some could not afford to maintain their children in the schools they had helped build.<sup>xxxi</sup> In Shumsheha, a poor man reported that he was involved in collective labour to cut grass at the school, weeding and harvesting for the kebele chairman, as well as contributing financially to the construction of the Woldiya stadium. An example of the cost of participation for poor people is eloquently expressed by a woman from the same location: *"One day's meeting, many years hunger"*.<sup>xxxii</sup>

Poor people suffer most when their land (or communal grazing land) is taken away for further development, with one-off compensation which represents only a tiny proportion of the long-term value of the infrastructure or business which is then constructed – or the livelihood value to the poor person.<sup>xxxiii</sup> The promised employment - as in Kormargefia - rarely appears to materialise to the extent expected during negotiations.<sup>xxxiv</sup> (This contrasts with the rare example in Do'oma where an investor gave employment to over 600 people.<sup>xxxv</sup>)

**An unintended consequence of the current design and roll-out of pro-poor service delivery and investment appears to be that poorer rural people contribute the most (from their available resources), but benefit the least. The reasons for this are complex and may appear intractable. Two possible solutions are offered for consideration - derived from close analysis of what is happening between service providers and poor people in WIDE communities: addressing the *informal* rules of government-citizen interaction which may be undermining GoE's pro-poor, anti-discriminatory formal policies, and resolving the apparent confusion between modern and urban models of service design and delivery.**

### ADDRESS INFORMAL AS WELL AS FORMAL RULES; LISTEN AS WELL AS TELL

Government campaigns implemented by civil servants and volunteers (including an enhanced role for male Elders and *iddirs*<sup>xxxvi</sup>) actively promote the formal policies and laws which have been drafted to promote inclusion and reduce exclusion. WIDE data suggest that this strategy has facilitated greater knowledge about these rules, and has increased the expectations of women and men, including from among some of the poorest, about the services that they wish to access (e.g. Turufe, Girar<sup>xxxvii</sup>).

In practice, however, the *informal* 'rules of the game' which operate at all levels of the system through individual civil servants and volunteers, have affected profoundly how policies are interpreted and implemented. This, in turn, affects the degree to which sustained, positive behaviour change takes place on both sides: service providers and intended users.

For example, hard to reach craft workers in Shumsheha acknowledge and appreciate that the government says *"everyone is equal"* but still feel that they are treated unfairly by the rest of the community, including by teachers who cannot stop the discrimination they experience, and sometimes *"join in"* themselves. The craft workers feel they *"contribute a lot to the community...but in return they get insults and discrimination"*. In another example, a user of the Lalibela hospital says that *"the only good thing about [it] is that it is a good building...It does not have good workers or enough drugs and the workers discriminate and look down on rural people"*.<sup>xxxviii</sup>

In Girar, potters report that Development Agents would not work with them because they believed they were no good at agriculture.<sup>xxxix</sup> In Adele Keke, a disabled man was told that he could not receive seed because he had a damaged right hand.<sup>xl</sup> In Somodo, a poor woman was *"forced"* to have contraceptive implant by wereda officials *"telling her that she could remove it whenever she wanted"*. When she wanted to remove it because it gave her pain, she could not find the professionals and the HEW who promised to help her *"kept silent"*.<sup>xli</sup> The poor family of a girl with anaemia in the same community could not afford treatment from the Health Centre, but because of this, could not produce the doctor's certificate to explain why she had missed two weeks of school. She was not allowed to resume her schooling.<sup>xlii</sup>

In Odadawata, it is noted that women not only lack the knowledge to break social norms and seek the service of justice, but also that prosecutors need to *'change their mind set. They are easily corrupted and this discourages women from coming forward'*. A recent case of a woman whose hand and head was broken by her husband (so serious that she was unable to walk) was taken to court but the husband only arrested for two days. It was reported that *'this discourages women who have similar problems from seeking justice'*.<sup>xliii</sup>

These examples suggest that despite their awareness of the formal rules intended to promote fairness, some government officials' behaviour towards poor or hard to reach women, men, girls and boys indicates a lack of empathy towards people and the factors which exclude them and not others. Their behaviours also suggest a lack of capacity for understanding the logic that drives the decision-making of hard to reach people. Services intended for all may, inadvertently, not benefit many of the poorest or hardest to reach because they cannot access or afford them, or because services are insufficiently suited to their requirements or because they experience discrimination at the hands of individuals - or a combination of all three.

As Discussion Brief 6 describes in more detail, civil servants and volunteers bear a load which makes it unsurprising that some of the softer sides of delivering services may be lost in the quest to meet

demanding quantitative targets. Those financing, managing and providing the services “*think that they have a responsibility to ‘change people’s attitudes and behaviour’ to make them appreciate (‘awaring people’) and use the services*”.<sup>xliv</sup> The tension which this creates between service providers and users is evident to different degrees in WIDE communities. In Harresaw, for example, the community appreciates many of the development initiatives but resents aspects of the government drive - for example, the enforcement to take fertiliser, and “*lack of individual choice and of space to challenge development ideas - which is taken as political opposition*”. In addition, “*views are mixed on the usefulness and effects of modern inputs*”.<sup>xlv</sup> In Shumsheha, farmers strongly resent the heavy coercion “*to take fertiliser that even the DAs reckon is unsuitable to local soil*”<sup>xlvi</sup> In Dinki, informants can identify examples of how the credit facility has helped, but also identify the need to adapt credit rules to help people cope with shocks. Many feel that real care is needed not to force credit onto those who cannot handle it: “*Credit [can] lead to sustainable poverty rather than sustainable development....Credit can be dangerous*”.<sup>xlvii</sup> There is a tendency on the part of government officials, however, to regard such attitudes as examples of resistance based on ignorance, rather than reflections based on lived experience and local knowledge.

By contrast, there are a few government officials who stand out as models of empathy, care and understanding. For example, in the agro-pastoralist community of Luqa, wereda officials and women's affairs representatives struggle to eradicate what are perceived to be harmful practices of bridewealth payments and widow inheritance through the standard campaign tools at their disposal. The wereda official reflects that “*it is a big problem to detach people from this culture*”. He suggests that discussion forums should be held “*to work on the software of the people before applying laws*”.<sup>xlviii</sup> In Girar the kebele leader is noted for being a “*good person, who respects the poor*”.<sup>xlix</sup> In Shumsheha, people comment on the HEWs “*doing their best*”, even working on Sundays; people living with HIV in the same location note the seriousness with which there is follow-up from the wereda on taking medication: “*If someone is missing to take the medicine from the wereda, they will often come to the kebele and check if something has happened to us*”.<sup>i</sup> In Somodo, some people report that there is no conflict within the community or with others because “*wereda officials and local policemen regularly insist on the importance of respecting each other’s religion and living peacefully together*”.<sup>ii</sup> Elsewhere, the value of empathy and understanding is noted as a key contributory factor in helping poorer women in Ethiopia to adapt to new dairy techniques in agriculture. The study revealed a significant, positive and strong relationship between the empathy between the DA and the women, and the women’s knowledge of dairy farming. It is reported that this empathy “*connects people together with better interpersonal relationships and therefore it gives a chance to share information [with] each other*”.<sup>iii</sup> In other words, it becomes a more reciprocal, mutually beneficial relationship.

Delivering the profound changes in the lives of women, men, girls and boys to which GoE growth and transformation targets aspire means that, alongside formal policies and laws which promote pro-poor inclusion, Government also needs to address the *informal* rules which can sustain discrimination and exclusion. This requires a depth of understanding of diversity on the part of civil servants which may not yet be sufficiently addressed through the civil service training programme. Civil servants may need more consciously to ‘stand in the shoes’ of people who benefit less, and strengthen listening skills in order to understand and respond to them more effectively. (This is not a requirement confined to resource-strapped civil servants in low income countries. A recent inspectorate report in UK expresses concern about the ‘poor attitude’ of British police officers to survivors of domestic abuse, and recommends additional training of police officers to address their ‘lack of understanding’, in order that they can provide a better service.<sup>iiii</sup>)

As elsewhere, deepening understanding of diversity among Ethiopian civil servants and volunteer leaders is likely to be a sensitive process. This is indicated by the community elders in Gara Godo who feared discussion of the experience of so-called Fuga, Wogache and Ayle people, out of deference to the GoE's ban on discrimination<sup>liv</sup>. It will require careful exploration of the underlying causes of exclusion in order to: develop alternatives to the assumption (held by many) that exclusion will be overcome solely through economic improvement; and help people in communities and in local government to overcome their fears about discussing these issues more openly. Some kind of sensitive monitoring mechanism (which goes beyond gender and disability to consider other forms of 'hard to reach') could also assist local government to track the extent to which a range of hard to reach groups are accessing services.

Perhaps the most helpful attitudinal change which could be supported by such a process is recognition on the part of all stakeholders that not all traditional practices are harmful, unreasonable or unprofitable; and not all government technical advice (in particular contexts) is beneficial, safe or logical. Pragmatic approaches developed locally to blend and update technical expertise and indigenous knowledge and practices could provide more 'win-wins' for both government and its people.

**GoE may wish to consider enhancing the civil service training curriculum with an inclusive governance component, focussed on the 'software' dimensions of development to deepen understanding of diversity – looking at Nepal as one possible source of ideas.<sup>lv</sup> Rewarding respectful, empathetic and caring behaviours towards poor and hard to reach people, and setting qualitative targets for effectiveness could also help. These investments could assist civil servants at different levels of responsibility to work effectively and efficiently with the diversity of Ethiopia's population - especially those groups who are inadvertently missing out on the benefits of current service provision. Sensitive monitoring of the extent to which different groups are accessing services could also be useful. Government may also wish to consider a slight change in the language of policies on Harmful Traditional Practices where the term 'traditional' has become synonymous with 'rural' and 'backward' - and may inadvertently feed discriminatory attitudes and behaviour on the part of some government officials. Promoting partnership and consensus between government and diverse customary groups and systems could help tackle 'harmful practices' in ways that achieve deeper and more sustainable changes.**

### **DISTINGUISHING MODERN FROM URBAN IN SERVICE DESIGN**

'Even' development is about equity of impact not just equality of access. Equity requires fairness for people and this may mean different treatment or special measures, for some persons or groups depending on their circumstances. While the unintended exclusion of people manifested in WIDE 3 appears to happen mostly in pockets, the frequency of these pockets across the communities, if representative of broader patterns of exclusion at a national level, suggests that a significant number of women, men, girls and boys in Ethiopia's rural communities increasingly feel unable to access resources that they see others enjoying - and that in some areas this may be inter-generational. Such a situation robs Ethiopia of the productive potential of a large section of its population - and further expands the gap between the very rich and very poor. Such gaps are often drivers of stress migration to towns and cities, and of conflict.

WIDE research focusses on rural and peri-urban communities, but one of the most powerful trajectories of change which is described in these communities is what is referred to as the process of 'urbanisation' - of infrastructure, services and cultures.<sup>lvi</sup> At the same time, the language of the research conflates urbanisation with modernisation. For example, in Luqa, the sub-heading 'local

modern repertoire' is synonymous with abandoning pastoralism, moving to farming and to some extent trade, embracing Protestantism, education and interventions in healthcare.<sup>lvii</sup> The implication is that the opposite of these changes is *non-modern*, or backward. A similar conflation can be seen in the Stage 2 Summary Report which describes the arrival of electricity and mobile transmission as examples of 'urbanisation trends'.<sup>lviii</sup> In Turufe the 'modern repertoire' involves *"greater engagement with the external world starting with education which is seen as a potential means to leave the land and the farming world and finds jobs preferably in towns"*.<sup>lix</sup>

The conflation between the two is understandable, not least because modern ideas, equipment and systems often come from people who travel out from urban settings. For example in Somodo, travel to and from urban centres has evidently increased the use of modern equipment such as TVs, more advanced baking equipment and satellite dishes. 'Modern' services such as electricity also emanate from institutions such as the Ethiopian Electricity Agency based in urban centres. The conflation between the terms becomes problematic, however, when it contributes to the assumption that services cannot be modern unless they are designed and delivered in a form which originates from, or is suited primarily to, an urban context. It becomes even more problematic when it feeds into a perception that only if people leave rural areas will they be able to find the quality and quantity of services they desire. An understanding of why the two need to be distinguished may also provide a helpful key to opening up services for the most marginalised people - and to offering a more positive vision for life in rural communities which can compete more equally with the service-related attractions of urban life.

Urban lifestyles have greater levels of predictability and shorter time-frames - for example, in relation to the distance between home and water points, banks, schools and markets. Communication is also more predictable because of proximity between people, and mobile or landline access. Urban areas will tend to have a higher density of literate people; urban ways of thinking tend to more standard and uniform approaches to life and livelihoods. By contrast, diversity and flexibility are much more prevalent and necessary for rural communities as women and men try to respond to the unpredictability of weather patterns, grazing, price changes, the growing and breeding cycle and other variables. Rural people often have advanced abilities to manage unpredictability which many urban people have lost. Their lives tend to be more contingent than those of urban dwellers.

While recognising the inevitability of continued urbanisation in Ethiopia, there are (at least) two reasons why it makes sense for GoE to prioritise provision of better services deeper into rural areas. Firstly, the larger proportion of Ethiopia's population continues to live in rural areas; in terms of numbers, then, making services work better in rural areas makes sense. Secondly, maintaining a robust, well-served population in the rural areas will stand Ethiopia in good stead in the future. Local and global requirements for food production grow in an era when people will need to demonstrate the skills of accelerated adaptation to climate change. These are not arguments against urbanisation, but are arguments for ensuring that rural, food producing locations appear modern and attractive for all ages, such that the rural population retains and develops the requisite skills for handling the demands of climate change adaptation which are already upon Ethiopia.

The tension between urban/rural and modernisation is illustrated in the table 1 below. The blue square describes the model of service design and delivery currently dominant in Ethiopia – developed from the patterns of life of urban populations. The ochre square describes equally modern services which could be much better customised to rural lifestyles and the priorities of hard to reach people.

Table 1 Contextualising Modern Service Models		
Location	URBAN	RURAL
<b>Lifestyle characteristics</b> of population	Structured, predictable market patterns, standard, uniform, relies upon proximity, can manage fixed rules, centralised delivery	Contingent, adaptable, responsive to external patterns (such as weather, harvests, livestock), affected by distances, requires flexible rules, decentralised points of delivery
<b>Modern models</b> of service design and delivery	Services designed and delivered to respond to structured, predictable lifestyles.	Services designed and delivered to respond to contingent, flexible lifestyles.

Despite real efforts by GoE to push services deeper into rural areas, government services are designed and delivered to suit urban rather than rural lifestyles. A satellite school may be located in a remote geographical corner of a kebele to reduce the distance between home and school for more remote students. But, if the school is not designed to adjust to the patterns of life and livelihoods of its primary rural users, and is poorly constructed, it is less likely to be successful and people are less likely to commit to using it - as has been discovered in Shumsheha and Dinki.<sup>lx</sup> It will also still be situated in a location which is still too far for many children to attend easily.

The same applies to out-reach health services. A Health Post located in a remote area of Gelcha, dependent on the technical services of Health Extension Workers who live in towns, is not open enough of the time for the service to be used.<sup>lxi</sup> Furthermore, outreach health care is predominantly preventive - important, but insufficient especially for the poorest people who cannot afford to get to the curative services only offered in larger towns (e.g. Geblen<sup>lxii</sup>). At the same time, government policy tends to disapprove of (and at times discourage) locally provided curative services - such as traditional birth attendants, bonesetters and herbalists.

Examples from education illustrate this tension further: in Shumsheha, a poor farmer notes that the Lalibela high school has good buildings and he heard that the teaching is good. But he is worried *“that his son is forced to travel daily to Lalibela and back home in the evening, making it difficult for him to study”*.<sup>lxiii</sup> In Somodo, the kebele collects people’s contribution for the salaries of the three school guards but says that the kebele education committee is not *“able to control school absenteeism during the coffee harvest”*.<sup>lxiv</sup> Parents are contributing financially to the education service, but can only afford to do so if their children can also participate in the essential tasks of the family livelihood.

In Adele Keke there have been plasma lessons in school since 2008 *“ but the plasma training given to teachers was not adequate...most students of this wereda are from rural areas it is difficult for them to get [understand] the lesson as the plasma lesson is delivered very fast.”* Urban children with their greater familiarity with screens will have fewer problems learning from plasma screen technology - unlike rural children, especially those from pastoral communities. (In the case of pastoral children, radio transmission might be a more ‘modern’ option.)

Concerns about credit are noted above. In relation to rural livelihoods, the limitations of the current credit facility in some locations are well-explained by a middle wealth farmer in Shumsheha. While no safety net loan borrowers were ever coerced to repay debt, all Amhara Credit and Savings Institution (ACSI) debts were recovered by selling debtors’ tin roofs and livestock; some debtors ran away in fear of harsh measures. His wife says they have never borrowed money because debt is

difficult for farmers to repay. *“It is much better for the businessmen than the farmer because the profit is not a day to day progress for the farmer”*. Elsewhere, it is reported that *“one sheep dies after an ox attack and ACSI demanded repayment after 6 months, and before the sheep started producing any offspring”*.<sup>lxv</sup>

The widespread construction of latrines is also more problematic than first appears. Again in Shumsheha, *“out of 81% latrine owners only 53% use them and the rest are built just to fulfil the graduation benchmarks. HEWs said that most of the time women prefer to go outside while men and children are better users”*. It would appear that the latrines are not well built and people prefer to use the space for growing vegetables. There were attempts to build a communal latrine (to address the issue of smells) but this was damaged by termites and not popular.<sup>lxvi</sup>

Kormagefia provides an example where services are being diverted away from rural consumers. The service cooperative, unable to source goods reliably from the zone cooperative union, has sought goods in bulk from the Wholesale Trade Corporation. They were told by the wereda that this organisation only provides for urban consumer cooperatives.<sup>lxvii</sup>

One reason why the lack of take-up of services is often blamed on poor people themselves is because of the stress that low take-up causes for civil servants, volunteers and political cadres as they seek to meet quantitative targets.<sup>lxviii</sup> Yet WIDE data suggest that the advantages of improved services are usually apparent to rural people (e.g. Shumsheha<sup>lxix</sup>). They often express ambivalence because the best of these services (such as curative treatment or better quality schools) is more likely to be available in urbanised centres - about which they are often rightly mistrustful because of the perceived negative influence of ‘urban lifestyles’ on their children and men in particular (bars, sex work, sexual violence, drugs and alcohol) over which they have very limited control (e.g. Luqa<sup>lxx</sup>).

Migration of younger and middle aged people to other parts of Ethiopia and beyond is a fact of life across almost all WIDE communities.<sup>lxxi</sup> On balance the push factors appear to outweigh the pull factors (e.g. Turufe<sup>lxxii</sup>) - which means that while migration is widely accepted as a necessary coping strategy, and some individuals may positively welcome new pastures, many informants express concern about migration as the ‘last option’. Some are evidently disturbed by the *“game of chance”* that migration poses for young people, with some parents receiving calls to collect or send money to their seriously ill children, or hearing of the death of their children (e.g. Harresaw, Shumsheha<sup>lxxiii</sup>). In Somodo, it is noted that *“almost all boys and young men wanted to stay in the community...want higher education and a formal job but still work in the community”*.<sup>lxxiv</sup> A young woman from Kormagefia left to work in Addis because she was the only person who could take financial responsibility for her disabled father and her siblings when her mother died. *“She did not like the heavy burden of the work as a housemaid or the lonely time ...in Addis. She stayed only because she had to support her family.”*<sup>lxxv</sup> The stress of those who fail at education, and fail in migration may also be adding to the burden of rural families; in Somodo, informants comment on the increasing number of young people who *“get mad when they realise that they fail to become economically independent”*.<sup>lxxvi</sup>

Within WIDE data, there are glimpses of initiatives and ideas for appropriate adaptation of services which can enable rural people, even remote rural people, to access a fuller complement of modern services suited to rural lifestyles, and available without requiring migration, or exhausting and costly excursions to towns and cities.

For example, in Odadawata one family’s latrine was damaged so they constructed a new one with a building for biogas.<sup>lxxvii</sup> This, with appropriate latrine-emptying technology from South Africa, could

be scaled up over a five year period to provide local sources of energy (which would compensate for loss of domestic horticultural land) as well as addressing the problem of smelly latrines.<sup>lxxviii</sup>

In Shumsheha, a woman who resents paying annual membership to Women's Affairs when they do not *"even ensure in what condition I am surviving"*, wonders why the training she is expected to attend cannot be delivered through media, allowing her to get on with other important tasks at the same time.<sup>lxxix</sup> In the same location, the investment of Traditional Birth Attendant (TBA) training and medical kits has expanded home-based support for pregnant women unable to get to health centres, by fostering closer links between TBAs and the formal medical facilities.<sup>lxxx</sup>

Mobile phone coverage (which is growing across WIDE communities) is beginning to be used much more for trade, including by younger rural men. Going one step further to link more young women and men through mobile technology to the Ethiopian Commodity Exchange could help young people see a modern future for themselves in farming and rural non-farming trade - without the need to leave their home communities for extended and risky periods. This could be one response, for example, to community concerns in Gelcha that not enough is being done to help them *"cope with deteriorating pastoralist livelihoods"*.<sup>lxxxii</sup>

Other changes could also be explored for scaling up modern services in:

- **Health:** mobile phone coverage and skype opens up the potential for mobile technology to link technical services across vast distances. Medical tests can be relayed to central points where diagnosis can be provided in order to administer the correct medicine at the point of delivery. Virtual diagnosis with well qualified experts can also be facilitated through skype.
- **Education:** Radio coverage – which is also growing – can enable distance education facilities for children so that they can both access their education and have the time and energy to do their studies and help their households with much needed labour. It could also enable classes to be developed in more local languages (as well as English), but to a consistent standard of quality. Curriculum development for rural populations could be enhanced by taking into account the learning needs of people in specific livelihoods localities.
- **Finance: Tax, Credit and Banking:** Adjusting the taxation and debt repayment system to take into account both the timing and the success of harvest or livestock production is likely to reduce the risk of pauperising people who might otherwise have been able to manage their tax and debt responsibilities reasonably well. Bringing banking facilities much closer to rural people (also through mobile phone technology) would also help more democratic management of household accounts (e.g. Somodo<sup>lxxxii</sup>).

**Government may wish to explore in more depth the distinction between modernisation and urbanisation of services in order to enhance suitability of services for rural people - drawing on experience from other contexts such as Nigeria for distance curative health and Australia for distance education. Strategic alliances with national and international non-state actors to access and scale up alternative and complementary technologies and methods are also an option.<sup>lxxxiii</sup> A coordinated approach to maximise resources for modern adaptation of services could assist a critical mass of rural women, men and families to contribute to more stable rural communities across the country. In addition to helping to reduce levels of stress migration to Ethiopian towns and other countries, this could also help Ethiopia to retain and enhance the diverse skills required for managing climate change adaptation in the all-important food-growing areas of Ethiopia in the years to come.**

### ADAPTING POLICIES FOR BIG SOCIAL CHANGES - DISPLACEMENT, CHAT AND

### OLDER PEOPLE

The success in accelerating and expanding services at a time of rapid social change in Ethiopia provides the country with a window of opportunity for doing what few other countries have managed: to achieve both broad-based *and* even development by learning quickly how to adapt and customise mainstream services for harder to reach women, men, girls and boys. This Discussion Brief concludes with three issues, emerging from the reading of Wide data sets. While not exhaustive, they represent issues likely to make growing demands on Ethiopia's public service sector.

**Services to support those most affected by land displacement:** alongside the progress made in reducing alienation of women and children in relation to household land, GoE has an opportunity to reduce the negative impact of investment on those whose land or access to grazing land stands in the way of important regional and national development opportunities. In WIDE data sets a number of communities (e.g. Do'oma, Gelcha, Shumsheha and Kormargefia) show the impact of such large and medium sized investment on the poorest - where one-off compensation is quickly consumed (more often by the husband), leading to pauperisation. If the experience of those people is representative of wider experience, the following could be considered:

- Strengthen the compensation system for land such that displaced land users (women and men) are able to: receive a fair compensation for the value of the land; have a safe place to deposit their financial assets; and obtain objective advice on how to generate a future living from the money. In addition, investors could be expected to provide more options for long-term income offered by those who take over the land to those who are vacating. This could include shares offered in the subsequent business, or subsidised access to services built on the land, or guaranteed jobs.

**Anticipating the impact of growing 'chat' production and consumption:** WIDE 3 shows a growing number of farming communities produce and benefit financially from *chat* (for example, Adele Keke, Girar and Somodo<sup>lxxxiv</sup>) and that a growing number of men – and some women – of all ages and across regions, consume it regularly<sup>lxxxv</sup>. This phenomenon appears to reflect country-wide trends, especially in the cities. GoE's policy towards *chat* production appears to be ambivalent. In Girar, *chat* is a major source of income for some households with the kebele leader saying that one farmer can sell up to 10,000 birrs annually. (He wonders why he is not awarded as a model farmer.)<sup>lxxxvi</sup> While some DAs support people with technical advice on the production of *chat*, in other communities they discourage production. In Adele Keke the income of *chat* production is making a significant difference to those who have land and every square inch is cultivated with the crop - including communal grazing land.

In the data, there is little informed reflection of the impact of growing consumption on anything other than youth behaviour (e.g. Girar<sup>lxxxvii</sup>) - but other worries are emerging. In Adele Keke, most of the community still eat only breakfast and dinner. Mothers and children may not get adequate food as heads of households eat first and are given the best food. Given that chewing *chat* reduces appetite, men rarely want lunch - which means that women do not prepare lunch for the family. The HEW mentions that she has come across pregnant women who are themselves malnourished.<sup>lxxxviii</sup> There is also concern about the impact of teachers who are addicts on the habits of students.<sup>lxxxix</sup>

In addition to the association between *chat* consumption and liver disease<sup>xc</sup>, there is growing body of research - especially from Yemen, on the link between chat and mental ill-health.<sup>xcii</sup>

Services, designed from a full understanding of the significance of this trend, are required to handle the impact of increasing production and use both on society as a whole and on the physical and

psychological well-being of users. *Chat* is a legal stimulant, an important social and religious practice in many parts of the country – and a valuable source of income for farmers, regional and national government. Nevertheless, *chat* production and consumption is unregulated, and there are almost no services available in the country which address the growing physical, psychological and social consequences of prolonged use and addiction.

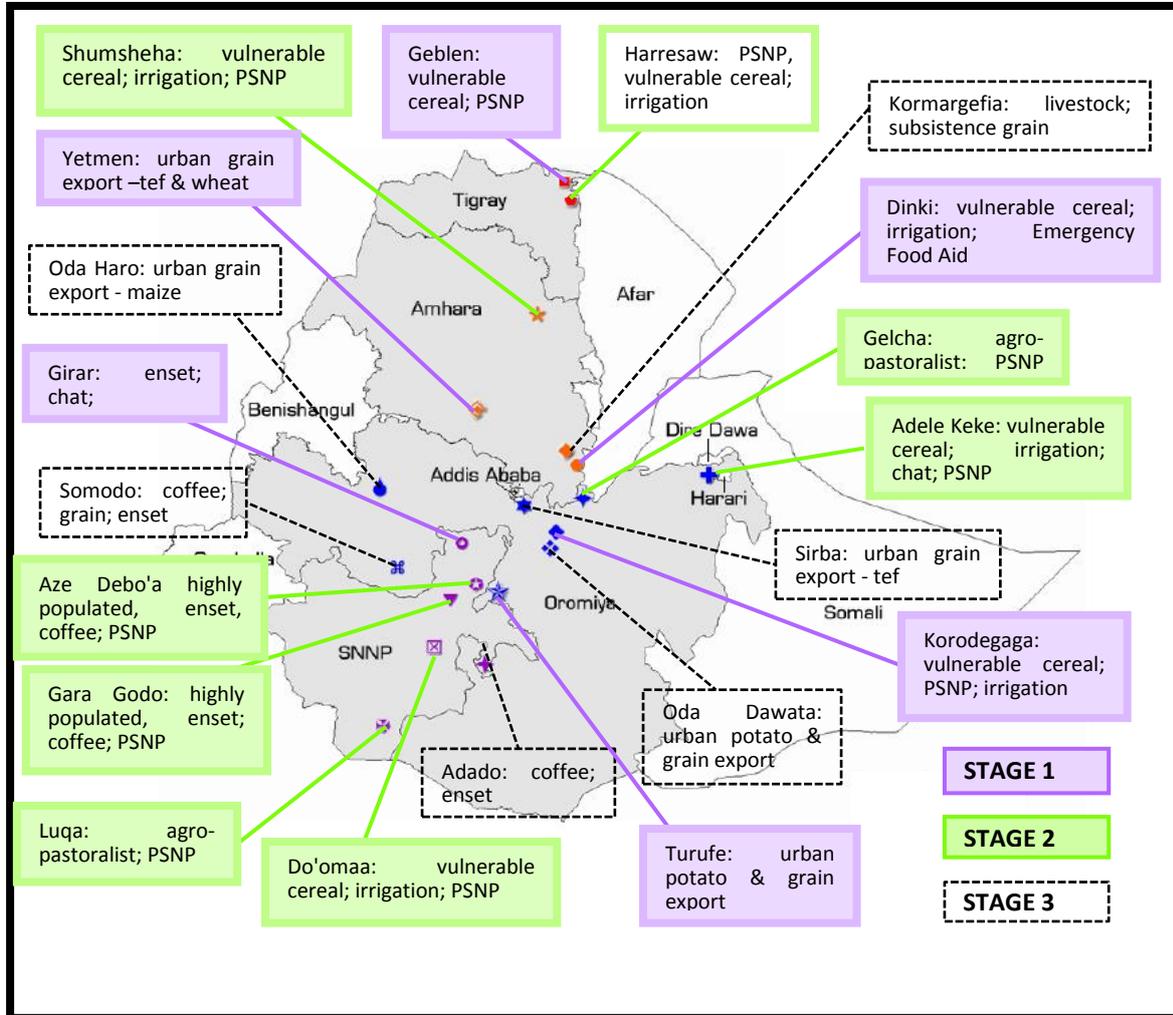
- GoE may wish to consider developing an evidence base on *chat* production and use, referring to the experience of other countries, from which objective and pragmatic policies can be developed to introduce gradual regulation, and provision of support services into Ethiopia for those affected by *chat*.

**Services to support an ageing, longer-living population in 25 years' time:** Ethiopia has a large, youthful population - nearly 65% between the ages of 0 and 24 - nevertheless, family sizes are (slowly) starting to reduce. Family and community support mechanisms, although still active, are weakening for both young and old, as illustrated in WIDE by some younger people no longer wanting or being able to share labour with older farmers, and women becoming too busy to provide the support for infirm relatives (e.g. Somodo<sup>xcii</sup>). Over the next 25 years, these changes will be brought more sharply into focus by Ethiopia's demographic transition from a predominantly youthful to a predominantly mid-life and older population. The current youth cohort will represent a very large population of mid-life and older people. While there will be an increasing proportion of the population in prime working age, there will also be growing numbers of Ethiopians who reach their 60s, and who will be living longer in old age, and requiring a different set of services from those which they require now. (For example, health services are currently dominated by the needs of women of reproductive age and children<sup>xciii</sup>. Yet mid-life and older women require services which cater for their needs during and after menopause, and older men are affected by different illnesses to younger men.) The resources needed to support them will depend on harnessing the capacity provided by the working age population in the context of much-reduced income from aid flows as Ethiopia acquires middle-income status.

Experience from elsewhere shows that low income countries can address this trend with timely policies<sup>xciv</sup>. The good news is that the current investment in health and education in the young population will help them both in their prime productive years and when they are older. Preparing for income security of older people when family security systems are no longer adequate means giving priority to pension provision sooner rather than later, and anticipating the mental and physical health requirements of a mid-life and older population in order to adjust service provision accordingly.<sup>xcv</sup>

Reference map: The 20 WIDE communities

The 20 WIDE communities are examples of the major types of agro-ecological systems found in the four central regions of the country.



### Research and Publication Information:

#### Research:

WIDE is a longitudinal study of 20 rural communities in Ethiopia over 20 years. WIDE1 produced 15 village profiles from 15 communities, selected by Addis Ababa University Economics Department and the International Food Policy Research Institute in the early 1990s, representing different agro-ecological types. (See: the Centre for the Study of African Economies, 1994: [www.csaee.ox.ac.uk/evstudies](http://www.csaee.ox.ac.uk/evstudies) ).

Three cash crop communities were added and in 2003 WIDE2 added two pastoralist sites during the Wellbeing in Developing Countries/University of Bath study ([www.welldev.org.uk](http://www.welldev.org.uk)).

WIDE3 returned to the 20 communities in three stages. Stage 1 in 2010 involved six communities that had been studied in-depth in WIDE2; stage 2 in 2011-12 included eight drought prone communities; stage 3 in 2013 studied the remaining six growth potential sites.

Community situation reports have been produced for all 20 sites over three research stages. Rapid briefing notes have been shared with an electronic work net of interested organisations and individuals. Key findings have been presented to key government stakeholders through the support of the Ethiopian Development Research Institute (EDRI) at workshops and through meetings with ministers, as well as to donors and international organisations.

#### Publication Information:

This is one of five briefs produced based on the WIDE3 data and commissioned by the World Bank. This brief has been written by Beverley Jones, independent consultant.

Three of these briefs have been produced by the Economic Policy Analysis Unit (EPAU) of the Ethiopian Development Research Institute (EDRI) on:

- Unlocking agricultural growth
- Farming and value chains
- Job creation for the rural youth

Two briefs have been produced by independent consultants on:

- Equitable service delivery
- Models and realities of transformation.

#### Disclaimer:

These five briefs, drawing on the WIDE 3 evidence, have been produced to bring policy and implementation questions and possible implications to the attention of policymakers, with the aim of contributing to current debates on the key issues addressed through engaging in discussions with government and the donors. They do not necessarily represent the views of the World Bank, the financing donors or the WIDE research team.

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#### ENDNOTES

<sup>i</sup> Ato Tefera Derbew, Minister of Agriculture, reported at WIDE meeting on November 27th 2013.

<sup>ii</sup> *Constitution of the Federal Democratic Republic of Ethiopia*, August 21st 1995: Relevant articles for equity include: Article 41 Rights to development: # 3. *Every Ethiopian national has the right to equal access to publicly funded social services*; # 4. *The State has the obligation to allocate ever increasing resources to provide to the public health, education and other social*

services; # 5. *The State shall, within available means, allocate resources to provide rehabilitation and assistance to the physically and mentally disabled, the aged, and to children who are left without parents or guardian.* Article 89 Economic Objectives: # 7 *Government shall ensure the participation of women in equality with men in all economic and social development endeavours.* Article 90 Social Objectives: #1. *To the extent the country's resources permit, policies shall aim to provide all Ethiopians access to public health and education, clean water, housing, food and social security.* Article 91 Cultural Objectives: #1. *Government shall have the duty to support, on the basis of equality, the growth and enrichment of cultures and traditions that are compatible with fundamental rights, human dignity, democratic norms and ideals, and the provisions of the Constitution.*

<sup>iii</sup> *Macro level policies, programmes and models entering rural communities: An update in 2013*, Dom C April 2013, Mokoro Limited. Op. cit. p. 54. GoE's health policy of 1997 explicitly establishes as a key goal, the 'development of an equitable and acceptable standard of health service that will reach all segments of the population within the limits of resources' through the health sector financing reform and the rollout of health extension programme. These include a focus on maternal and newborn health and nutrition. Challenges identified in the Health Sector Development Programme IV Annual Performance Report 2011/2012 include: keeping up with population growth in terms of access/coverage; reaching 'hard to reach' areas where service costs are going to be higher; addressing demand-side barriers (such as attitudes to birthing in health centres) and raising quality of health services – depending on better skilled and motivated health work force at all levels. One major challenge is to ensure full functionality of the massively expanded health infrastructure – for example, from 76 to 15,668 health posts from 2001/2 to 2011/12, and 87 hospitals to 195 for the same period.

<sup>iv</sup> *Ibid*, p. 66: In relation to water, sanitation and hygiene, the Growth and Transformation Plan stresses the need for integrated and sustainable development and the use of water resources for multiple purposes by linking the different sectors and actors while ensuring equitable use at the basin level. According to the government, the effects of increased attention given recently to water development have been visible on the ground, with a much increased safe water coverage rate: 80% nationally and 78% in rural areas, from 19% in 1990 (11% in rural areas). Progress in sanitation is reported at 60% of rural households having a pit latrine from a basis close to zero in 1990.<sup>iv</sup> Nevertheless, there are challenges not only in financing the policy to sustain the pace, but also in increasing coverage to 'hard to reach' areas in which the costs of service provision will be higher. Sector performance is also affected by high rates of non-functionality of the existing schemes.

<sup>v</sup> *Ibid*, p. 71-73: In the context of GoE's General Education Quality Improvement Programme (GEQIP), GoE has strongly stressed functional adult literacy, early childhood care and education, and inclusive education. Despite a massive push towards universal primary education, and slower progress in enrolment in secondary education, one of the major challenges is the expansion of primary education to hard to reach areas, and ensuring that more students complete the primary school cycle, requiring improved primary education quality. There have also been significant gaps between achievements and targets for Technical and Vocational Education and Training (TVET) graduation.

<sup>vi</sup> *Ibid*, p.83.

<sup>vii</sup> **WIDE Lecture to the Faculty of Business and Economics, Addis Ababa University: Service Delivery in rural Ethiopia: 1995-2013 October 24th 2013.** Bevan P, Dom C, Pankhurst A. "Education - Big Expansion - especially in primary education until 2010...Then secondary education picking up fast - Secondary schools in sites or walking distances in 7 among 14 stage 2 sites; Girls' education a high priority; Gradually higher emphasis on children starting school age 7; even remote villages in 2010 had some children in higher education whereas in 1995 nobody in these villages was educated beyond lower primary."

<sup>viii</sup> **WIDE Lecture October 24th 2013 op. cit.** "Health - Big change in access to preventive and curative services since 2003: Health Posts and Health Extension Workers (HEW) still relatively new in 2010, in place everywhere; Shift in in HEW's priorities as increased emphasis on some of the 16 packages (e.g. nutrition, birth deliveries, at the expense of others); New or upgraded and gradually better staffed Health Centres (e.g. health officer since 2011/2012); and an emerging (2013) sense of the importance of quality service in terms of politeness, friendliness, and attention to cultural values?"

<sup>ix</sup> For example, *Community Situation End 2011 Shumsheha, Amhara: Stage 2 Final Report Evidence Base 1*, Carter R, with Yirgu D and Yihdego E. February 2013. P. 116 on home improvements. 'Almost 50% of community members have built a chicken house and a separate livestock house' which appears to be an effect both of education on sanitation and house improvements, as well as increases in income to make the necessary changes. Also p. 134 'The community is developing the experience of seeking modern health curative services...the services are very good but the kebele health centre lacks professionals and drugs....during emergencies we suffer a lot since we don't access ambulances to reach them in a desirable time.'

<sup>x</sup> For example: **Stage 2 Summary Report, March 2013 Final Draft**, Bevan P. P. vii "There were two Health Extension Workers everywhere except one pastoralist site which only had one.

In Shumsheha 2011 op. cit. it is reported that two satellite schools complement the pre-schools and primary schools. (There used to be three but one closed down.)

<sup>xi</sup> For example, *Shumsheha 2011 op. cit.* P. 129 '*DAs, health workers and other government experts always teaching the community about the harms of customary health treatments so majority of people have accepted it. Anti -Harmful Traditional Practices committee prevents practices of cutting uvula, removal of milk teeth and circumcision of babies so parents and traditional medical practitioners ...fear being punished.'... 'Neck tattooing abolished.'*

Also in *Stage 2 Summary Report, March 2013 op. cit.* P.5 on **Luqa** states: "...all three forces (the government, the Protestant and some progressive elders/customary leaders) join hands with success (e.g. eradication of mingi, the custom of abandoning children thought to bring bad luck)."

<sup>xii</sup> For example: *Community Situation 2010 Girar SSNP Region Stage 1 Final Report Evidence Base 1*, Dom C. P. 26 gives an example of social organisation to counter discrimination against woman: incident of a woman potter who signed attendance sheet with dirty hands and 'wrecked it'. The kebele official broke her arm and this galvinised women in the village to organise against '*dictatorship of men*'. Also p.31 '*Wereda and kebele notables explain a campaign against discrimination of occupational castes and awareness raising about their importance in the local economy. These groups were excluding themselves from services like pregnancy, childbirth – but is now improving.*' There is still a distinct perception of 'otherness' but Wereda officials say that as '*discrimination is not exaggerated the social system by itself*' will adjust.

<sup>xiii</sup> For example: *Shumsheha 2011 op. cit.* On P.45, the Chair of the Association for People Living with HIV and AIDS notes that "*stigma and exclusion has decreased a lot and today PLWHA are given priority in receiving benefits*". On p. 125 a woman talks about how "*we eat and drink together and cannot isolate them because we believe they [people living with HIV] are human*".

This contrasts with *Community Situation 2013 Somodo, Oromia Region (Second Draft). Stage 3 Final Report Evidence Base 1*, Dom C. Here the issue of discrimination does not appear to be addressed and "*no one talked about cases of HIV/AIDS in the community*".

<sup>xiv</sup> *Stage 2 Summary Report op. cit.* P.i "*Roads connecting the kebeles to the outside world had improved considerably from 2008 but inside roads were not well developed and the access gap between residents of kebele centres and remoter parts had widened.*"

<sup>xv</sup> *Shumsheha 2011 op. cit.* P. 72 A mobile '*... receiver installed in 2010/1...now provides good coverage...estimates that about 150 people have mobiles in the kebele...many others have access to borrow from friends and relatives.*' Also, p. 89 '*Young men...supplement their income by liaising between truckers and grain traders and dairy owners in Lalibela to arrange transport of construction wood etc. They use mobile phones to organise their work.*'

<sup>xvi</sup> *Community Situation end 2011 Adele Keke Oromia Stage 2 Final Report Evidence Base 1.* Carter R. P. 11 '*With the chat boom every bit of arable land is cultivated, no communal grazing land is left...*' and p.16 '*the ability to get three [chat] harvests on irrigated land...*'.

Also **Odadawata** "*growing chat on irrigated land*" (from WIDE 3 Lecture Oct 2013 op. cit.). Also *Girar 2010 op. cit.* P. 33 "*Chat emerged as a high value crop which can bring a good income even with a small plot.*"

<sup>xvii</sup> For example: WIDE Lecture October 24th 2013 op. cit. "*Water... Big improvements in access to safe water through...reservoirs, spring protection and borehole etc.; However big differences between remote drought prone sites where water still a problem and long distances.; Within sites big differences with areas away from centres where water development usually takes place and remoter areas with up to 2 hours walk...Pollution of water in some sites increasingly a problem...;Water management an issue with repair of boreholes problematic...;Wider issues of water management with increasing irrigation affecting groundwater levels.*"

Also in *Stage 2 Summary Report March 2013 op. cit.*, it is reported that "*the organisation of safe drinking water left much to be desired everywhere.*"

<sup>xviii</sup> *Stage 2 Summary 2013 op. cit.* On p. 7, **Harressaw, Tigray.**

<sup>xix</sup> For example: *Stage 2 Summary op. cit.* P. iv "*As a result of a greater variety of crops, improved incomes and health extension, diets for some babies and children had improved, though many children, particularly in poor households, still faced hunger and poor nutrition during annual hungry seasons and prolonged drought*".

Also *Community Situation End 2011 Luqa, SSNP Stage 2 Final Report Evidence Base 1*, Pankhurst A. P. 150 notes that "*A greater variety of vegetables (including carrots, potatoes, green peppers, onions, garlic and cabbage) spices... and fruit*

(including bananas and mangoes) and oil have come from urban influences. One woman started cooking a black cabbage which she saw women selling in the market in Key Afer...".

Also *Shumsheha 2011* op. cit. P. 126 on improved eating habits among poor people: the "HEW provide education about importance of a balanced diet. We used to eat only shiro and kiki...now our diet has changed very much...we started eating three times a day...we use a variety of food including potato, tomato salad, linseed, garlic and occasionally meat...but milk, butter and egg have decreased...".

<sup>xx</sup> For example: *Shumsheha 2011* op. cit. P.121 notes that "people used to build their houses away from the lower places...but these days many have started living lower on plain areas because of the absence of malaria in most of the formerly infected areas".

Whereas in *Luqa 2011* op. cit, p.83 notes that "malaria is a serious problem...during the fieldwork three people died...despite prevalent malaria bed nets [these] are not distributed nowadays or people don't buy them....some people resist the spraying...and close their houses when spraying is done...".

<sup>xxi</sup> For example: *Somodo 2013*, op. cit. P.25 it is reported that "Land certificates now hold the name of the wife, but women like in the past do not get land when they marry. However, women now can take their case to court in case of divorce and get their share of property, including land and any permanent crop that would be on it".

Also in *Girar 2010* op. cit. p. 3 Land registration for women "The land is also certified by her husband's name and her name". Pp 26 'Women's land rights 'made practical' through land certification process, enabling some to protect from counter claims...although not clear how far certification has progressed.'

Also in *Community Situation 2010 Turufe Kechemba, Oromia, Stage 1 Final Report Evidence Base 1*, Pankhurst P. P.20 includes reference to major change that "gave women greater rights" from land registration and certification. "Female headed households were able to have land registered in their names and there were cases where they were able to assert their rights against sharecroppers...". In addition, "nowadays a husband does not contract out land without the consent of his wife. If she does not agree that contractual agreement will not be binding."

<sup>xxii</sup> Stage 2 Summary 2013 op. cit. p.iv. and also *Odadawata* p.35: '...The number of destitute and very poor [remain] the same, the number of poor people increasing. The number of middle people decreased as they became rich, and the number of rich and very rich increased'. In *Turufe* p.23: 'The poor and destitute are less likely to be involved in institutions and to benefit from interventions. Agricultural packages require payment for fertiliser, seeds and cross-bred cattle which the poor cannot afford and from which they are excluded by default.'

<sup>xxiii</sup> Stage 2 Summary 2013 op. cit., p.iv, section on 'Community lives'.

<sup>xxiv</sup> It is recognised that not all people living in remote areas are poor. The focus of this Discussion Brief is on people who are affected by one or more dimension of marginalisation which, as a result, limits their well-being and increases the threat of ill-being. Rich women and men are better able to protect themselves and their families from the impact of shocks because they have a wider set of choices available to them.

<sup>xxv</sup> Stage 2 Summary 2013 op. cit., p. x, section on 'Poor people and development interventions'.

<sup>xxvi</sup> "Improving Basic Services for the Bottom Forty Percent: Results of the Poverty and Social Impact Assessment of Decentralized Basic Service Delivery in Ethiopia". Social Protection Sector, Country Department AFCE3, Africa Region. January 2014? See Page 9 for description of methodology.

<sup>xxvii</sup> *Girar*, op. cit. p.46: 'The health centre head explains that as there is no ambulance, if a poor mother cannot afford the 300 birrs needed to be transported to the hospital she comes back to the health centre and they still have mothers and babies dying during delivery.

<sup>xxviii</sup> For example: *Shumsheha 2011* op. cit. on p. 46 notes that a girl living by herself "tried to go to Technical Vocational Education and Training (TVET) but was forced to drop the idea because life would become very hard if she did not have someone to help her." Also, on p. 143 'A destitute woman said her 13 year old has now dropped out of school and works as a herder because it is very hard for her to pay for school materials.' Also, on p. 123 where older people living with HIV need access to anti-retroviral treatment: 'Elderly people who begin taking ART: if they are not able to go to Lalibela to get the medicine they could have to stop it. We sometimes bring them theirs when we go to get ours...the kebele says that it can only be distributed at the kebele level if beneficiary numbers are 200 or above.' A female agricultural labourer said that when her son became sick she was forced to sell her house to take him to hospital in Woldiya for three weeks (p. 134) In *Adele Keke 2013* op. cit., a request for evening programmes for adult education was not met (p.41), while a disabled man is refused seed because of his damaged right hand and a visually impaired girl struggles with education because there is no braille.

In Somodo p.46 there are 13 physically disabled people, six mentally ill people and 17 older people – cared for by their families and there are no additional services. A woman also describes her husband's sickness from malaria. The HEW advised him to go to the health centre but he did not because of the cost...they have tried self-medication for their daughter's anaemia. *'They cannot borrow as they have not yet repaid the last Birr 500 borrowed from a neighbour.'*

In *Girar 2010* op. cit., p.27 notes parents concerned about the universities' practice of accepting too many students then dismissing them to balance resources – children of rural or poor background fail to cope with the university system. Parents sold assets to meet cost of educating their children may get bankrupt. Dismissed students have no choices but anti-social behaviour which is a "disaster for the community".

<sup>xxxix</sup> It is understood that urban poor people are not expected to contribute to the building of public assets such as schools.

<sup>xxx</sup> *Community Situation Do'oma SNNP End 2011 Stage 2 Final Report Evidence Base 1, Bevan P. p.139: "Everyone in the community is expected to contribute money, labour and in-kind contributions. There is no replacement for labour even for those who are very poor and helpless. If people refuse to contribute they are imprisoned for 24 hours and fined 10 birr....A poor woman said 'The contributions are very vast in kind. We suffer a lot to contribute materials such as water and sand....I am forced to borrow money from relatives or sell crops which I stored as food security. I look for all possible alternatives to pay the requested money because I do not want to go to jail. I am the only person to care for my children.'"*

<sup>xxxi</sup> *Stage 2 Summary 2013* op. cit., p. x under section 'Poor people and development interventions'.

<sup>xxxii</sup> *Shumsheha 2011* op. cit. p. 153.

<sup>xxxiii</sup> *Shumsheha 2011* op. cit. p. 43. A woman left by her husband explains that "they received compensation from the airport when their land was taken but her husband did not tell her where he put the money...she worries that she is getting older and cannot work as much". P. 36, a poor woman explains that communal land she used was taken for the airport "without compensation and without my consent....nobody heard me". She says "I can manage my life if I get compensation land. I do not want money as compensation."

<sup>xxxiv</sup> *Community Situation 2013 Kormargefia, Amhara Region. Stage 3 Final Report Evidence Base 1, Lavers T. P. 57. "The main investment is a private farm for fattening and dairy production...the wereda leased...five hectares of previously communal grazing land, although the proposal was subject to consultation with the community. Most...are reported to have supported the lease based on the expectation that it would create employment opportunities....In practice, the investors hired only three permanent staff. The kebele administration was not happy...and the community did not get expected benefits. At present the investors are reorganising and have hired 25-30 daily labourers for construction..."*

<sup>xxxv</sup> *Do'oma op. cit.p.38.*

<sup>xxxvi</sup> *Girar 2010* op. cit. P. 29 an informant reports that "These days in most public meetings I hear and see that respect for Elders is increasing – bless and cursing – in community management and dispute resolution".

<sup>xxxvii</sup> See *Turufe 2010* op. cit. p. 20 for promotion of women's rights, and *Girar 2010* op. cit. p.31 for campaign on equality of social groups.

<sup>xxxviii</sup> *Shumsheha 2011* op. cit. p. 134.

<sup>xxxix</sup> *Shumsheha 2011* op. cit. P. 42 and p. 43. *Girar 2010* op. cit. p. 4.

<sup>xl</sup> *Adele Keke 2013* op. cit. Pp 33-35 references disability. Kebele officials refused to give a disabled man seeds because of his damaged right hand. He received seeds the following year after filing complaints.

<sup>xli</sup> *Somodo 2013* op. cit. p. 46.

<sup>xlii</sup> *Somodo 2013* op. cit., p. 162.

<sup>xliii</sup> *Odadawata*, op. cit. p.53.

<sup>xliv</sup> WIDE Lecture October 24th 2013 op. cit. Slide on Governance and Service Delivery (1)

<sup>xlv</sup> *Stage 2 Summary (2013)* op. cit. p. 7.

<sup>xlvi</sup> *Stage 2 Summary (2013)* op. cit. p. 10. Also P. 113 "Two or three people were selected and trained to be models based on their hard work...This frustrated the other members of the association and made them less committed to their activity".

<sup>xlvii</sup> *Dinki 2010* op. cit. p. 31.

<sup>xlviii</sup> *Luqa 2011* op. cit., p. 128.

<sup>xlix</sup> Girar 2010 op. cit. p. 5.

<sup>i</sup> Shumsheha 2011 op. cit. p. 118 and p. 125.

<sup>ii</sup> Somodo 2013 op. cit. p. 20.

<sup>iii</sup> *Agricultural information networks of farm women and role of agricultural extension: the case of Dale Woreda, SNNP*. Kaske Kacharo, D (2007)

<sup>iiii</sup> *“Everyone’s business: Improving the police response to domestic abuse”*, Her Majesty’s Inspector of Constabulary. March 2014. See page 9: *“HMIC is concerned about the poor attitudes that some police officers display to the victims of domestic violence. This may stem from a lack of understanding....there is an urgent need to overhaul domestic abuse training.”*

<sup>liv</sup> *Community Situation end 2011, Gara Godo SNNP*, Bevan P, February 2013. P. 30 *“...some of the elders were asked how people like Fuga, Wogache and Ayle were treated in the community. One community elder reported that it is not ethical to ask this kind of question in the present situation. He reported...that no person from a better ethnic family is happy to marry a girl or boy from a previously marginalized family”*.

<sup>lv</sup> It may be useful to consider the Inclusive Governance curriculum which has been developed and introduced into the Nepal National Administrative Service College over the last two years – intended to address the ethnic, caste, religious and gender complexity of the country.

<sup>lvi</sup> Stage 2 Summary 2013 op. cit. p. i

<sup>lvii</sup> Luqa 2011 op. cit. p. 149.

<sup>lviii</sup> Stage 2 Summary 2013 op. cit. p. 12.

<sup>lix</sup> Turufe 2010 op. cit. p. 46.

<sup>lx</sup> Dinki 2010 op. cit. p. 11.

<sup>lxi</sup> Community Situation **Galcha Oromia end 2011** Final Report, Pankhurst A. P. 8

<sup>lxii</sup> Geblen, 2010, p.6. A woman reports that the HEW work is very important... *“In her view there isn’t any change in terms of curative health services. They have become very expensive (at least 50 birrs) and so the main issue is economic hardships preventing access. This is wrong: ‘a person shouldn’t die just because she/he doesn’t have money’.”*

<sup>lxiii</sup> Shumsheha 2011 op. cit. p. 50.

<sup>lxiv</sup> Somodo 2013 op. cit. p. 160.

<sup>lxv</sup> Shumsheha 2011 op. cit. p. 109 and 111.

<sup>lxvi</sup> Shumsheha 2011 Op. cit. p. 116 and 119

<sup>lxvii</sup> Kormargefia 2013 op. cit. p. 57.

<sup>lxviii</sup> Stage 2 Summary Report (2013) op. cit. p. vii. This section summarises feedback from across eight communities. *“The National Resource Management DAs were the most discontented; community cooperation was problematic and there was little support from the wereda....[most] Health Extension Workers wanted to leave their jobs...A common complaint was the lack of cooperation from community, kbele and/or wereda”*.

<sup>lxix</sup> Shumsheha 2011 op. cit. p. 131 - The delivery service is not provided at the health post or health centre...rather they have to go to Lalibela hospital, which is not easy to get to in an emergency as there is no ambulance. The community wants a full health centre in Shumsheha with a professional doctor, nurse and midwife.

<sup>lxx</sup> Luqa 2013 op. cit., p. 5

<sup>lxxi</sup> Stage 2 Summary (2013) op. cit. p. xiii, map showing migration routes for 14 communities: seven to Saudi Arabia and Middle East, two to South Africa, and couple to Europe/North America.

<sup>lxxii</sup> Turufe 2010 op. cit. p. 18. Younger women are drawn to the flower farms in the Rift Valley, sending remittances to their families to improve their well-being.

<sup>lxxiii</sup> Harresaw 2013 op. cit. p.108-9: *‘Wereda officials depicted migration, especially youth migration, as a big issue. They mentioned that in one single incident 49 youth from one tabie died on the way...[they] explained that migration in Saudi Arabia was not all good and there were tragedies. But “for the community it is the only solution”.’* Shumsheha 2011 op. cit.

p. 115. One informant notes that ‘Some young people without land migrate to Metea and Humera...there are both losers and beneficiaries “*It is a game of chance*”.

<sup>lxxiv</sup> *Somodo 2013* op. cit. p. 54.

<sup>lxxv</sup> *Kormargefia 2013* op. cit. p. 63.

<sup>lxxvi</sup> *Somodo 2013* op. cit. p. 50.

<sup>lxxvii</sup> *Odadawata* op. cit. p. 22

<sup>lxxviii</sup> ‘*After the pit latrine is full...what then? Effective options for lit latrine management*’, Still D., (2002) Partners in Development, P.O. Box 11431, Dorpspruit, South Africa.

<sup>lxxix</sup> *Shumsheha 2011* op. cit. p. 65.

<sup>lxxx</sup> *Shumsheha 2011* op. cit. p. 90.

<sup>lxxxi</sup> Stage 2 Summary Report (2013) op. cit. p. 8.

<sup>lxxxii</sup> *Somodo 2013* op. cit. p. 21.

<sup>lxxxiii</sup> For example, *Shumsheha 2011* op. cit. Plan International provides braille to support the education of visually impaired children in government schools. WIDE data sets also include a wide range of alternative NGO credit providers.

<sup>lxxxiv</sup> For example: *Adlele Keke 2013* op. cit. p. 11 ‘With the chat boom every bit of arable land is cultivated, no communal grazing land is left...’ and p.16 ‘the ability to get three harvests on irrigated land...’

<sup>lxxxv</sup> For example, in *Shumsheha 2011* op. cit. p. 144: A young poor man thought that ‘*previously boys and girls were more successful in their education because not exposed to addictive alcohol, cigarettes or khat...*’. Also in *Adele Keke 2013* op. cit. p. 105: “*Men chew chat in the evenings. Electric light enables community members, mostly male, to meet and relax together in their neighbourhoods, chewing chat together. This means men are chewing more chat and some sleep in in the mornings as they spend half the night together chewing. Chewing in the evening, sometimes up to midnight, is a new leisure pattern for male youngsters and adults.*”

<sup>lxxxvi</sup> *Girar 2010* op. cit. p. 29.

<sup>lxxxvii</sup> *Girar 2010* op. cit. p. 27 provides an example of rival youth ‘chat’ gangs.

<sup>lxxxviii</sup> *Adele Keke* op. cit. p. 114

<sup>lxxxix</sup> *Adlele Keke* op. cit. p. 131.

<sup>xc</sup> See: Severe acute liver injury and chat leaves *New England Journal of Medicine* 2010 Vol 362:1642-1644. Chapman Kajihara et al.

<sup>xci</sup> For example, The impact of qat-chewing on health: a re-evaluation, by Nageeb Hassan, Abdullah Gunaid and Iain Murray-Lyon 2005, published in the *British Yemeni Society*.

<sup>xcii</sup> For example, *Somodo 2013* op. cit. p. 20 notes: “*Increasing number of youth migrating to Sudan...This leaves many old parents without anyone to assist on a day-to-day basis*” although this is also generating a steady flow of remittances for some of the youth’s families.’ On p. 21, an informant reports that “*The extent of people’s cooperation with each other is not as it used to be...nowadays people give more attention to their own hard work and want to avoid wasting time...[meaning] that some earlier forms of social organisation disappear*”. While later (p. 25), a couple talk of helping people through the mosque: “*they provide food to an elderly couple who do not have family support - making sure that they eat -...but their assistance is not enough and they need full-time help*”

<sup>xciii</sup> For example, *Shumsheha 2011*, op. cit. p. 130.

<sup>xciv</sup> *Global Age Watch Index, 2013*. Help Age International, UK. Also personal communication with Mark Gorman, Policy Director at Help Age International, March 2014.

<sup>xcv</sup> *Shumsheha*, op. cit. p.18. In labour exchanges, it is noted that young farmers avoid mutual labour sharing with (less productive) older people. It is also noted that ‘*support for family and friends has decreased*’.