"NOW I CAN STAY FOCUSED ON MY DREAMS"

Empowering Female Health Science Students in Ethiopia: A Case Study

innovating to save lives

Jhpiego

an affiliate of Johns Hopkins University

This document is part of a series of case studies that showcases how gender can be integrated into Jhpiego's programs. It describes a program that empowers female health science students in order to improve school performance and graduation rates, and build a high-quality cadre of female health professionals to address shortages in Ethiopia's human resources for health.

Jhpiego is an international, nonprofit health organization affiliated with The Johns Hopkins University. For more than 40 years, Jhpiego has empowered frontline health workers by designing and implementing effective, low-cost, hands-on solutions to strengthen the delivery of healthcare services for women and their families. By putting evidence-based health innovations into everyday practice, Jhpiego works to break down barriers to high-quality health care for the world's most vulnerable populations.

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Brown's Wharf
1615 Thames Street
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www.jhpiego.org

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Abebe Kebede
Bekalu Assaminew
Ermias Mergia
Fantu Abebe
Firew Ayalew
Lalem Belay
Muradu Chuma
Maria Mamo
Mintwab Gelagay
Myra Betron
Yodit Kidanemariam
Yohannes Molla
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ABBREVIATIONS

DHSC	Debre Tabor Health Sciences College
GBV	Gender-based violence
GOE	Government of Ethiopia
GRP	Gender-responsive pedagogy
HRH	Jhpiego's Strengthening Human Resources for Health Program
MDGs	Millennium Development Goals
M&E	Monitoring and evaluation
MOE	Ministry of Education
SDGs	Sustainable Development Goals
WHO	World Health Organization

SUMMARY OF KEY ACHIEVEMENTS

Under Jhpiego's Strengthening Human Resources for Health Program

- Under the Strengthening Human Resources for Health (HRH) Program in Ethiopia, Jhpiego has supported Ethiopia's Ministry of Education (MOE) in establishing 52 gender offices in institutions of higher learning to improve the performance, retention, and graduation rates of female students.
- The HRH Program appointed 208 gender focal persons to help establish student gender clubs, carry out life skills orientations for 4,225 female students, pair struggling female students with "big sisters" to support them, engage male students, address sexual harassment, identify female students in need of additional support, conduct basic academic and social counseling, and organize ongoing events to address gender on campus.
- Fixed-amount cash awards for expenditures such as tuition and transport were provided to 472 financially disadvantaged students; 138 best-performing female students received awards of recognition; and orientation workshops were held for newly enrolled female students.
- A total of 4,835 female students in midwifery, nursing, and medicine were empowered through gender offices and clubs, financial support, life skills education, and gender sensitization of academic environments through a gender-responsive pedagogy to meet the needs of both male and female students.
- Jhpiego supported the MOE and institutions to begin the development of a standard, national-level sexual harassment reporting template and monitoring tool to improve reporting of sexual harassment and documentation of gender-related activities; and to begin a tracer study, in collaboration with the registrar, on the leading cause of high drop-out rates among female health students.

INTRODUCTION

Ethiopia has made significant strides in improving the health and well-being of its citizens, including reducing deaths among children under age 5 by two-thirds, reducing the proportion of people below the poverty line by half, and reducing the incidence of malnutrition, HIV, and tuberculosis. In fact, Ethiopia was one of the few low-income countries to meet six of the eight Millennium Development Goals (MDGs) by the year 2015[1]. Tellingly, the two goals on which Ethiopia has lagged are MDG 3 on achieving gender equality (namely, parity in boys' and girls' education) and MDG 5 on reducing maternal mortality.[1] The follow-on to the MDGs, the Sustainable Development Goals (SDGs), which must be achieved by 2030, call for universal health coverage and "ensuring good health and well-being for all."[2]

Three SDG targets pertain directly to the gender inequities faced by female health workers:

- Target 5.1 is to end all forms of discrimination against all women and girls everywhere;
- Target 5.4 is to recognize and value unpaid care and domestic work; and
- Target 8.5 is to achieve full and productive employment and decent work for all women and men, and equal pay for work of equal value.[2]

To fully meet its global health and development targets, and to improve health care for all citizens, Ethiopia needs to prioritize the health and well-being of women and girls and, in particular, scale up investments in its female health workforce. To do this, Ethiopia needs to improve gender equity in the education of health care professionals, ensuring fairness and justice in the distribution of resources, benefits, and responsibilities. Gender equity refers to fairness in representation, participation, and benefits. The goal is that both women and men have a fair chance of having their needs met, and have equal access to opportunities to realize their full potential. Gender equality in pre-service education will ensure that male and female students can enjoy equal status, recognition, consideration, and opportunities to participate and benefit in programs. In addition, male and female students' similarities and differences must be recognized and equally valued.

In higher education, Ethiopian women have lower participation and achievement rates, as well as higher attrition, than their male counterparts. Women pursuing training in health care also have significantly lower graduation rates and scores. The reasons include an unfavorable teaching and learning environment for women, the extra burden of unpaid labor in the home compared to male students, a lack of decision-making and communication skills, poor self-confidence, peer pressure, weak academic backgrounds, sexual harassment, and financial problems.

The Jhpiego Strengthening Human Resources for Health (HRH) Program is addressing these challenges in order to increase the number of qualified female health workers in the country. This case study examines the HRH Program's work to address gender inequities in health science education in Ethiopia through the empowerment of female pre-service students. It explores successful strategies to keep female students in school, empower female health workers in facilities, and create health systems where women can not only deliver high-quality care, but also achieve their full potential.

GENDER DISCRIMINATION FACED BY FEMALE HEALTH WORKERS

Female health workers and health students in Ethiopia are not alone in the challenges they face. The 2016 report by the World Health Organization's High Level Commission on Health Employment and Economic Growth notes that throughout the world, women are the main providers of care, making up two-thirds of the health and social sector workforce, but female health workers face a pay gap compared to males with similar qualifications. Women are also underrepresented in leadership and decision-making, relative to their share of employment in health care. Female health workers are more likely than male health workers to experience physical and sexual violence and harassment. WHO argues that "gender biases . . . create inefficiencies in health systems by limiting the productivity, distribution, motivation and retention of female workers, who constitute the majority of the health workforce."[3]

Employment in the health care industry plays a very important role in women's personal economic success in almost every country, providing women with a path to financial independence, credit, savings, and opportunities to support themselves and their families. Because health care is one of the greatest sources of employment for women worldwide, the gender dimensions of health care work must be addressed and explored.

A 2017 global survey on midwifery, led by WHO, the International Confederation of Midwives, and the White Ribbon Alliance, with support from the USAID-funded HP+ Project, found that "discrimination, harassment, and a lack of professional support and respect are key barriers hindering midwives' ability to provide lifesaving, quality of care," and "37% of some 2,400 midwives in 93 countries have experienced harassment at work, with many describing a lack of security and fear of violence."[4]

A seminal 2010 *Lancet* report, "Health Professionals for a New Century," written by renowned public health expert Julio Frenk, Afaf Meleis, and others, points out the critical need to invest in human resources for health and estimates that by 2030 the world will be short 18 million health workers needed to deliver essential health services. The authors argue that investing in the health workforce could result in a 9:1 return on investment, and that health care will generate millions of direct job opportunities in the coming years.

Frenk et al. posit that women are the predominant consumers and providers of health care, and they are indispensable to the delivery of health care services. However, women's role as caregivers fuels and is fueled by a vicious cycle of gender inequality, in which women are disproportionately burdened with providing health care for which they are often unpaid or underpaid. Informal and unpaid work reproduces hierarchies not only across gender but also across class and race, with low-income, minority, and immigrant women doing the bulk of unpaid and informal care work.6 Female health workers have less time for work due to the burden of home obligations, and female physicians and nurses sometimes find it difficult to be stationed in remote or rural locations due to family commitments and security considerations. Countries that lack an accessible, acceptable, high-quality health care workforce have a demand for women and girls to step in to fill the gap through unpaid or informal health care work.[5]

The *Lancet* authors also found a "persistent gender stratification of professional status" in health education, referring to the tendency of females to go into health cadres that have traditionally been lower paying and less well regarded (e.g., nurses or midwives, versus physicians). They note that "[t]he gender composition in admissions has a major impact on health-system performance. Gender stereotypes are strong between health professionals—e.g., women and nursing."5 Compounding this inequity, nursing and midwifery are also often devalued compared to medicine, despite the fact that nurses and midwives are critical to any functioning health system and to achieving universal health coverage. Nursing and midwifery professions have also been historically underrepresented within fora that set health agendas. It requires extra attention to ensure that nurses and midwives have the power, support, and status they need to take on leadership roles within interdisciplinary teams that set local, national, and global health priorities.[5]

BACKGROUND AND COUNTRY CONTEXT

As one of the most rapidly growing and urbanizing nations in the world, Ethiopia faces increasingly complex challenges in meeting the needs of a diverse and shifting population. The country has a critical shortage of health workers, with a health workforce density of 0.8 doctors, nurses, and midwives per 1,000 population. (The threshold for achieving the SDGs is 4.45 per 1,000 population.)

While the Government of Ethiopia (GOE) has greatly expanded pre-service health education in recent years, investments in the quality of health education have not kept pace. Poor human resource information systems; weak human resource planning and management capacity; and uneven distribution, low motivation, and high attrition of health workers are some of the most pressing human resources challenges.8

Underlying these health care workforce challenges is significant gender inequality in access to education, as demonstrated in (Table 1).1, Across Ethiopia, 48% of women ages 14–49 receive no formal education at all (compared to 28% of men of the same age).6 By comparison, in neighboring Uganda, only 12.9% of women and 4.1% of men ages 15–49 receive no formal education, a much smaller proportion.

Only 12% of Ethiopian women enroll in secondary education, compared to 15% of men, and only 5.6% of Ethiopian women enroll in tertiary education or higher, compared to 9% of men. A mere 31% of tertiary education students in Ethiopia are female, and the country has some of the lowest percentages of female scientific researchers in the world. This leaves a considerable gap in the pipeline of potential health workers, and women who do achieve the status of a health care professional experience significant obstacles at each stage of their education and careers.

The Ethiopian Ministry of Education (MOE) has studied the enrollment rates of females in secondary education and identified the following main reasons for lower enrollment of women:

- Traditional gender norms related to the division of household labor, which result in "time poverty for girls"— i.e., time taken away from studies and play and given instead to cooking, cleaning, and child care;
- An unfavorable cultural environment, including negative parental or community attitudes toward girls' education and working outside the home;
- Harmful traditional practices, including early and child marriage and the resulting physical and psychological consequences;
- Migration and trafficking; and
- Poor infrastructure and the distance between homes and secondary schools, which place female students at risk of violence or present unaffordable expenses for transport or housing.

When it comes to tertiary education in health care, research conducted by Jhpiego Ethiopia found that female students achieve lower scores than males in midwifery and anesthesia education.13, Among midwifery students, females spent 25.9 hours per week studying and preparing

for class, whereas males spent 35.3 hours, a statistically significant finding (p <0.001). When asked about their reasons for studying fewer hours, 19.5% of female students, compared to only 6.1% of men, cited "work takes up my time." "Work" in this case likely refers to unpaid household labor such as cooking, cleaning, and child care, which disproportionat y falls to females. As female students move up the ladder of the pre-service education system, the number of female students enrolled compared to the number of males enrolled decreases significantly, particularly during the first year of college life, due to the challenges of adjusting to a new environment and the demands of schooling. Figure 1 demonstrates the lack of female representation among nurses, physicians, university graduates, and teachers in health institutions supported by Jhpiego.

Table 1. Demographic Information: Ethiopia

Maternal mortality ratio (deaths/100,00 live births)	420
Total fertility rate	4.6
Female population with some secondary education	7.8%
Male population with some secondary education	18.2%
Female labor force participation rate	78.2%
Male labor force participation rate	89.3%
Female literacy rate	38%
Male literacy rate	65%

Jhpiego's focus group discussions and key informant interviews found that female students have less confidence and a greater fear of failure than their male counterparts, and that they face greater challenges in adjusting to an educational environment. In addition, female students face greater financial constraints in paying for their basic needs while in school compared to male students, due to increased obligations to take care of children and families outside of school and less family support for their studies. Because women often enter higher education with lower test scores and lower levels of confidence, they are required to spend more time catching up on what they missed—leaving less time for opportunities to generate income. In a baseline assessment of the HRH Program's gender efforts, Jhpiego also found that female students have a greater tendency than males to enroll in technical and vocational education and training instead of enrolling in universities.

These gender disparities must be addressed as a major obstacle to creating an effective health workforce. Achieving the goal of increasing the quality and quantity of health workers involves not just improving women's access to higher education, but ensuring that women are able to succeed and complete their education once they make it to university.

THE GOVERNMENT OF ETHIOPIA'S COMMITMENT

The GOE has put a major emphasis on scaling up education to meet the country's growing health care workforce demands. The government is dedicated to increasing access to—and the quality of— education through the Educational Sector Development Programme, undertaken in 2015.7 The program identifies the core priorities, indicators, and targets for the education sector in Ethiopia from 2015 through 2020. The MOE has committed to supporting both university and vocational programs to increase the quality of the workforce, in which training is currently limited, and to support women's education across all stages. In order to do this, the GOE took a multi-tiered approach:

- Develop and strengthen gender offices;
- Create women's clubs/associations; and
- Revise gender mainstreaming guidelines on life skills and gender-based violence (GBV).

These actions are being taken to increase women's enrollment and participation in education and training. The gender systems and improvements are important first steps, but they are still being adapted and have not been sufficiently evaluated, leaving significant potential for gaps in implementation.7

The GOE's commitment to expanding the health workforce is comprehensive and detailed. The Ministry of Health (MOH) released the Health Sector Transformation Plan in October 2015.7 The first goal of the plan is quality and equity—core values that require dedication to supporting health professionals. The plan prioritizes building a "caring, respectful and compassionate health workforce," and includes a strong focus on supporting female students. These commitments have ushered in a political environment that has made gender a priority not only for the GOE, but also for Jhpiego.[7]

The MOE has put forward several initiatives to increase the number of female students in higher learning institutions, including the following:

- Tutorial classes;
- A national code of conduct for the elimination of sexual harassment;
- The preparation of a life skills module in university training packs;
- The Girls' Education and Gender Equality Strategy for the Education and Training Sector 2014;15 including:
  - The expansion of universities to underserved regions;
  - The implementation of affirmative action policies, such as lowering the grades required for enrollment of girls compared to boys; and
  - The formation of gender offices in all higher learning institutions.

Even with the affirmative action policies that are currently in place, the number of women who have completed grade 12 and are eligible for acceptance into institutions of higher education is small. In light of this, gender inequality within the Ethiopian education system must be understood beyond the enrollment numbers; the range of disadvantages and discrimination women face over their lifetime must be considered.[7]

Common Gender Issues: The Bigger Picture

The gender offices work to bring awareness to gender issues to support their students. These include:

- GBV
- Burden of balancing unpaid work in home and child care with schooling
- Limited access to economic opportunities
- Less access to income-generating and professional networking opportunities outside the home compared to men

ETHIOPIA'S STRENGTHENING HUMAN RESOURCES FOR HEALTH PROGRAM

The HRH Program is a 5-year (2012–2017), USAID-funded, bilateral cooperative agreement with an overall goal of improving health outcomes for all Ethiopians through strengthening human resources for health. The Program is implemented by a Jhpiego-led consortium that includes Management Sciences for Health, the Ethiopian Midwives Association, the Ethiopian Association of Anesthetists, and the Open University.

The HRH Program has four objectives:

1. Improve human resources for health management;
2. Increase availability of midwives, anesthetists, health extension workers, and other essential health workers;
3. Improve quality of pre-service education and in-service training of health workers; and
4. Generate program learning, research, and evaluation evidence on critical HRH issues.

In order to address gender disparities in pre-service education that have been prioritized by the GOE, the HRH Program established and strengthened gender offices in health teaching institutions, which serve as the epicenter of all gender programming. As of 2016, HRH had established and/or provided technical and financial support to gender offices in 52 higher education institutions. A total of 4,800 female students have benefited from the activities of the gender offices and associated student gender clubs. In addition, 208 gender focal persons were trained in life skills, and 62 gender focal persons and guidance counselors were trained on basic counseling skills.

The Program supports gender equality through a range of activities and programs aimed at pushing back against ingrained, discriminatory ideas about female students and female professionals. These ideas include limits on a woman's ability to work outside the house and the belief that women do not belong in traditionally male-dominated fields. In addition to supporting female students, the HRH Program addresses institutional policies, cultures, and norms within systems that may be perpetuating ingrained inequalities.[15]

HRH provides direct funding, capacity building, and technical support to the gender offices at higher education institutions and to student gender clubs.

"Now I Can Stay Focused on My Dreams": A Story of Success at Debre Tabor Health Science College

As a new student at Debre Tabor Health Science College (DHSC), Mehret was forced to adapt quickly to living away from her home and family, and functioning independently. In addition to the stress of the new academic environment, she had to manage new and intimidating situations that she felt she did not have the tools to handle. When she first arrived in Debre Tabor, Mehret was the victim of a scam in the town—a common occurrence among new female students. She was overcharged by a taxi driver who agreed on a price at the outset of their trip and then demanded exorbitant payment upon arrival at their destination. While Mehret was still in the process of getting settled in a new environment, her feelings of safety and confidence in her ability to manage her experience at DHSC were eroded by her lack of skills to fight back against the taxi driver or avoid the situation altogether.

Luckily, Mehret came across the college gender office's information booth during club sign-ups and recognized that their goal was to support disadvantaged female students like her. She became immediately involved with the gender office and enrolled in its many activities. She attended meetings with the gender office and gender club groups to discuss the issues and challenges of being a female health science student, and attended life skills training events to learn valuable skills. Her participation in the gender club gave her the tools she needed to push back against the gender norms and inequalities that might have prevented her from succeeding academically and attaining her goal of becoming a nurse. The club provided her with opportunities to connect with other students—both female and male—to address the issues in their lives, support one another, and make changes within DHSC.

As a result of her involvement with the gender office and the gender club, Mehret says, her experience as a student has dramatically changed. Being away from her family for the first time forced her to assess what is risky—from venturing into the community to relationships with abusive boyfriends—and then manage that risk. The gender club has given her both tools for risk management and a community with whom she can discuss her life and her concerns. The women in the group are now able to speak with anyone—male, female, professor, taxi driver—to get what they need, ask questions, and stay safe. Her new tools have given Mehret a sense that she can protect herself and stay safe, and interact with people no matter their gender or status. Her confidence has led to an increase in academic success and has completely changed her sense of her abilities as a capable and independent woman and future nurse.

The benefits of involvement in the gender club extend to men as well. Mehret says that men in the club have learned to truly listen to women and treat them as sisters. The men have provided Mehret with a support network of allied male students who are willing to listen and respect their female classmates.

Mehret says she has three very important wishes for herself and her community. The first is for women health professionals to be accountable to the populations they serve. This wish is based on Mehret's desire to be a good health care provider—an opportunity her involvement in the gender clubs has afforded. The second is for gender education and advocacy to become universal, especially to include rural areas, because this is where many women will be based as nurses. Finally, her third wish is that all who feel disempowered become empowered—a reflection of Mehret's identity as a strong woman. Mehret is currently the female representative to the student council, a role she takes with great pride and honor. When the college asked her to take on the position, she accepted, saying, "Women can do anything."

GENDER PROGRAMMING IN ACTION

The HRH Program uses the gender offices as the base for all of its programming. Students find themselves in the offices for many reasons, including financial struggles and academic problems. From the first day of a female student's experience in higher education, gender offices work to support her with special attention and support.

All HRH-supported gender offices provide the following main activities:

1. Raising awareness about gender issues
2. Life skills training
3. Financial support
4. Gender-responsive pedagogy training for academic staff

The gender offices provide services that help female students develop more equal footing with men, at each stage of their education and training. The HRH Program's impact was summarized by one participant as nothing short of transformative: "My dreams for the future are bright because of my involvement with the gender office."

RAISING AWARENESS

One of the key activities of the gender offices has been creating awareness of gender issues. The gender offices are visible at events such as welcome meetings, new student orientations, and International Women's Day. These events have been important for showing female students from day one that the schools are dedicated to their well-being and academic success. Students come from many different cultures and communities, with a variety of preconceived and culturally defined ideas about gender and women's roles. The gender offices work to create a culture where expectations about gender are defined, made clear, and consistently reinforced, including the multitude of roles women can play both in and outside of the classroom. Through events like role plays, drama, and discussion fora, the gender offices are able to raise awareness about gender issues among both the students and the wider institution.

LIFE SKILLS CURRICULUM

Life skills training has benefited 4,225 female students, making a significant impact on their communication skills. Female students said that they are traditionally taught to be subservient and meek. They feel uncomfortable speaking up and face very strict boundaries in their relationships with men. One student noted that "our culture discourages females from speaking." She said that female students often don't feel free to speak in class or ask questions, are not called on as frequently as male students, feel invalidated, and are often sidelined in class and within the general community.

From negotiating taxi prices to asking questions in class, female students' ability to thrive within the community-at-large was limited by their lack of assertive communication skills. Because of their traditional upbringing, they felt uncomfortable when speaking to men or asking questions of authorities, and were thus limited in their ability to self-advocate, ask questions, and receive support from professors or their academic peers.

Post-intervention, however, in focus group discussions and key informant interviews conducted by Jhpiego staff, gender focal persons reported that women were more comfortable speaking up for themselves inside and outside of the classroom. Women increasingly made programming decisions, shared insights, and took leadership positions on student councils and committees. These leadership roles gave them opportunities to advocate for themselves and other women on campus, and to empower more women to get involved and speak up for their needs.

Female students have reported facing harassment and mistreatment by male professors, male students, and the taxi drivers they rely on to get to school. The gender offices' promotion of communication skills and self-advocacy has helped women stop and speak out against harassment. Their new communication skills not only protect them while they are in school, but are also important in becoming effective health professionals.

Life skills training is based on the goal of providing women with tools to overcome their disadvantaged experiences. The life skills curriculum provides female students skills such as leadership and stress management. As a result of this training, gender focal persons—the staff designated to manage the gender offices and provide and coordinate the associated services—have seen a range of important improvements among their female students, some of which are highlighted below.

Ranked the number one factor affecting academic performance in a study conducted in 2009, lack of self-confidence plays a significant role in reducing the quality of female students' educational experience and increasing the chances that they will drop out of school.

Gender offices throughout the HRH Program report that their students are increasingly confident and empowered to succeed in their education, and are using that confidence to inspire others. Not only are the female students in the program fighting back against internalized sexism by focusing on their education, but they also have the self-esteem needed to work with community members to challenge gendered stereotypes. As one student explained, "Before . . . I was suffering [from] problems like poor academic performance, low confidence, and feeling[s] of helplessness. But thanks to [the] gender office, I survived all my problems."

The Impact of Life Skills Training

Since the founding of the gender office at Menelik Health Science College in 2013, the four life skills trainings implemented by the office have already made a large impact. Feedback from participants included the following:

- "I used to spend my time [on] less important things. After the training I learned how to use my time effectively and prioritize my important tasks."
- "We can stand on our own and make decisions for ourselves."
- "We started discussing how to solve our problems with our community."

Components of Life Skills Training

1. Psychosocial factors
2. Academic factors
3. Stress and stress management
4. Reducing risk behaviors
5. Leaders and leadership
6. GBV, HIV, and reproductive health
7. Problem solving and decision-making
8. Becoming a good mentor

Beyond Financial Investment

With support from the HRH Program, Shashemene Health Science College developed a gender office in 2013. With this support and a financial grant, Shashemene provided monetary support to 40 female students who were facing severe financial burdens in paying for educational materials and basic needs (books, pens, soap, sanitary napkins, etc.). Both students and professors noted not only that class attendance improved but that students' concentration, participation, test scores, and overall engagement with their friends and their community also greatly benefited. One student explained the dramatic impact of the financial support for supplies as follows:

"Due to a lack of personal hygiene materials, I was feeling embarrassed and missing classes. The donation of the sanitary items has supported me to maintain my hygiene, to improve my confidence and to attend class regularly."

FINANCIAL SUPPORT

In addition to the life skills curriculum and training, the gender offices provided financial support—a core element of the HRH Program's gender programming—to 472 female students.

Throughout Ethiopia, women have less earning power and fewer opportunities for income generation than men.6 Even among those who are able to make it to higher education, the financial burden is significant and can require time away from schoolwork and academic activities. One student remarked that, "My father sends me 200 ETB ($9.00 USD) monthly, so the money is not enough for me to survive on. No one is helping me except my father."

To help alleviate this burden, all of the gender offices created and supported through HRH provide monetary support to students at the top of their classes, as well as to women who are struggling financially and might have to drop out. Providing money for supplies like books and sanitary pads has been an important way for the gender offices to show support for their students. Financial support is not provided as an end in itself. The gender focal persons sit down with the students to understand their circumstances and the context of their challenges, helping them on a case-by-case basis to devise solutions. This provides students with material support for supplies, as well as an important sounding board for problem-solving and experience sharing.

GENDER-RESPONSIVE PEDAGOGY

Gender-Responsive Pedagogy is a two-day orientation designed to equip professors and clinical preceptors with knowledge, skills, and attitudes to promote, create, and mainstream a gender-responsive academic environment that ensures the equal participation of all genders. The HRH Program adapted the training developed by the Forum for African Women Educationalists, and applied it to address low performance and high attrition among female pre-service students. The pedagogy helps instructors consider and address gender and its impacts on learning in the following ways:

- Encouraging female students to speak and participate in class more often;
- Ensuring the institution has a sexual harassment policy in place;
- Putting in place safety mechanisms to protect female students (e.g., transport late at night);
- Ensuring that classrooms, lessons plans, and course materials are free of gender stereotyping and bullying language;
- Ensuring that there is a balance in the gender breakdown of instructors and leadership at the institution;
- Addressing the needs of vulnerable students (e.g., providing bursaries/small stipends or sanitary napkins to poor girls, ensuring gender balance in student leadership positions, etc.);
- Tracking enrollment, retention, and performance of female versus male students, and rewarding those students who have made the most progress over time; and
- Engaging male students to challenge harmful norms and behaviors and to support female students to excel.

The HRH Program also provides tutorials, or extra classes, for struggling students. As one might expect based on the multitude of inequalities faced by female students in Ethiopia, women's scores and graduation rates are significantly lower than those of their male counterparts. In order to fully support female students and increase retention, the gender offices either provide, coordinate, or promote the provision of extra help sessions among the students. Gender focal persons and the schools have reported both an increase in women's scores and a decrease in drop-out rates since the implementation of the extra classes. The story of Jigjiga University illustrates this well.

The HRH Program is working to improve its monitoring, evaluation, and documentation efforts and to maintain a high level of quality in all gender offices and clubs. It has developed a quarterly monitoring tool for gender offices to use to assess their staffing, budget, accomplishments, and impact. In particular, the tool looks at the number, performance, and retention of female students. Offices are ranked on a 5-point scale on the following criteria:

Rank	Accomplished Activities

1	▶ Gender office established
	  ▸ Secured office, equipped with essential furniture
	  ▸ Gender focal person assigned

2	▶ Established gender club ▶ Began implementation of activities (orientation, discussion fora, life skills and leadership trainings, tutorial classes, International Women's Day Celebration on March 8 each year) ▶ Held gender awareness-raising activities for all students, faculty, and institutional leaders ▶ Gave awards to best-performing female students ▶ Gave financial support to female students in need
3	▶ Developed organizational structure for gender office ▶ Secured approval for organizational structure from the institutional leadership ▶ Established effective documentation process for gender activities
4	▶ Mobilized internal and external resources (i.e., organized income-generating activities) to strengthen the gender office ▶ Developed a short- and long-term gender strategic plan to mainstream gender in the institution ▶ Established gender polices, including a sexual harassment policy
5	▶ Secured an annual budget for the gender office from the institution ▶ Developed a system for monitoring and quality assurance of gender responsiveness in the institution

Jigjiga University's Success Story

The gender office of Jigjiga University, College of Health Sciences, was established 2 years ago with financial and technical support from the HRH Program. The office has been conducting a variety of activities to ensure that female students are getting the support they need to succeed and graduate.

What Has Been Done So Far?

- Thirteen female students from the departments of midwifery, nursing, and health administration were found to have financial problems. The HRH Program provided each student with 500 ETB ($22.40 USD), along with free stationery, training materials, and supplies. As a reference point, a sanitary pad costs 50 ETB.
- Six students from the midwifery, nursing, and health administration departments were awarded with prizes (reference books for their respective disciplines) for their outstanding academic performance (scoring above 3.25 GPA) in 2015.
- HRH arranged tutorial classes for 150 students in 30 courses over the last three semesters.
- HRH provided Jigjiga University support to conduct an assessment of female participation during active learning processes. Based on the findings, the gender office provided all 52 newly enrolled female students with a 2-day life skills training to help them adjust to university life.

Outcomes of Jigjiga's University's Efforts

- The attrition rate fell by over 75% for female students. Two years ago, six female students had an academic status worthy of dismissal. However, following the launch of the gender office, only two students were dismissed in 2015 and only one in 2016.
- Female students are more motivated to attend classes. Moreover, rewarding outstanding students has motivated others to attend all classes.
- The life skills training, tutorials, fora, and mentoring activities have contributed positively to students' confidence in undertaking rigorous studies. This has been demonstrated by improved participation and achievement of female students in leadership positions as representatives of their student batches and members of the college academic commission. One participant remarked that, "My friends in my classes followed my example because they have seen my good academic performance and asked me if it was possible to participate in the gender clubs as well."

LESSONS LEARNED

CONDUCT A GENDER ANALYSIS BEFORE UNDERTAKING ACTIVITIES

A gender analysis is a systematic way of examining the differences in roles and norms for women and men, girls and boys; the different levels of power they hold; their differing needs, constraints, and opportunities; and the impact of these differences in their lives. The HRH Program was only able to conduct analysis on the specific barriers faced by female students partway into the program, and lacked sufficient standardized data on female students' grades, attendance rates, attrition rates, and graduation rates across Ethiopian higher education institutions. A gender analysis conducted at the beginning of the program would have allowed HRH to evaluate progress and outcomes over time. It could also have provided information about students' and educators' gender knowledge, attitudes, and beliefs, and whether or not they changed over time.

DEVELOP A MONITORING AND EVALUATION (M&E) FRAMEWORK AT THE START OF THE PROGRAM

Monitoring and evaluating the program has been challenging due to the lack of a baseline assessment and the lack of integration of M&E approaches in the program design. Gender offices have suffered from poor documentation of their activities and results, and they lack data on the causes and prevalence of gender issues at the institutions.

To address this challenge, the HRH Program collaborated with the MOE to develop M&E tools for documentation. They also undertook efforts to promote the value of documentation and support institutional leadership to routinely measure the program's impact on academic achievement, self-confidence, resilience, attrition, and graduation rates. HRH will also help to routinize exit reports for gender focal persons who are transitioning on from their responsibilities, to ensure that institutional memory is not lost.

ENSURE FUNCTIONALITY OF GENDER OFFICES

Gender focal persons have reported that some academic institutions have challenges with infrastructure in the gender offices (adequate space, furniture, AV materials, etc.). To ensure that students visit the gender offices on a regular basis and that the offices provide high-quality services, it was important to collaborate with the institutional leadership and raise their awareness about the importance of the gender offices.

RECRUIT A FULL-TIME GENDER FOCAL PERSON WHOSE POSITION IS IN THE INSTITUTION'S ORGANOGRAM

An important program lesson is that it is essential for gender focal persons to have full-time positions. HRH staff noted that there is high turnover among gender focal persons due to heavy workloads and the demands of rigorous teaching schedules. Gender focal persons were not always included in the institution's organogram, and they had to take on multiple other responsibilities because their role was not formally defined. When instructors were expected to serve as focal persons in their spare time, gender activities were not as effective. This resulted in overburdened gender focal persons and contributed to higher attrition rates.

To address this challenge, Jhpiego advocated to the GOE to designate a full-time gender focal person in higher education institutions to help make gender mainstream and to implement gender activities. In addition, when gender focal persons turn over, there is a need to train replacements on a more systematic basis.

PROVIDE ONGOING MENTORSHIP TO PERSONNEL WORKING ON GENDER EQUITY INITIATIVES

At each level of the program, the gender offices were supported financially with a grant through Jhpiego's program office and technically by Jhpiego technical officers. Jhpiego strove to create a culture of supportive supervision in each of the HRH-supported gender offices to ensure that milestones were met before funding was disbursed. Gender focal persons and HRH Program staff met regularly to monitor progress on implementation of the grant, discuss challenges, and agree on possible solutions. Jhpiego's financial support augments the gender offices' endeavors to support female students and establish gender parity in their institutions. For many of the gender focal persons, the position is one they are fulfilling in addition to their regular work duties. Therefore, the consistent, hands-on and one-on-one support provided by the HRH Program has empowered the focal persons to adapt the program and make the most out of the resources and tools provided.

CLEARLY COMMUNICATE THE PURPOSE OF THE GENDER OFFICES AND CLUBS

Some female students reported that they were reluctant to join the program, due to a mistaken belief that the program would be discriminatory because it focuses on empowering women. Some professors were also reluctant to support the program, which they viewed as something to benefit females only. Both students and professors worried that having a separate tutorial organized for female students would worsen relations with male students, who might resent that they were not singled out for empowerment programs like the female students. This points to a need for better communication with the wider student body about the goals, activities, and benefits of the gender offices and greater sensitization to the importance of gender equity. To address this, HRH held more networking and experience-sharing fora to help students understand what the offices and clubs were hoping to accomplish, and what kinds of activities and services they offered.

PROMOTE WOMEN IN LEADERSHIP IN FACULTY AND STUDENT BODY ORGANIZATIONS

The deans, gender focal persons, and students have discussed how important it is for female students to be involved in decision-making roles and have an avenue for sharing their voices. As a result of the HRH Program, women have joined student councils and become student representatives, thus making an impact on the wider school community. This has not only greatly benefited the women, but also has exponentially increased the gender offices' reach. The gender focal persons say that providing rewards and prizes for female students who excel in school after participating in the program has been an especially important motivator.

At Debre Tabor Health Science College, the HRH Program helped the college assign a trained gender focal person to make gender issues a standing agenda item for the academic commission, ensuring that the issues continue to receive attention. The college has also made gender part of the academic plan, so that it is not sidelined among other issues. This means gender activities and plans are an integral part of the college's academic plans and are now given the same level of attention as other college plans. This type of strategic positioning has been essential to the success of HRH, and gender offices now seek to integrate their activities within their institutions' general academic calendars.

INVEST IN SYSTEMS-LEVEL CHANGE

Reducing gender inequality and addressing gender disadvantages and discrimination in the university setting starts with changing the institutional and broader cultures that breed such inequality. Such changes include implementing policies to address sexual harassment, building a physical infrastructure that facilitates activities by the gender clubs, and sensitizing staff and students on the need for gender-sensitive and equitable strategies. To ensure the acceptability and sustainability of the gender offices, the HRH Program worked hard to obtain buy-in and support from the GOE and institutional leadership. Academic institutions have now institutionalized gender programming and analysis to understand the needs and constraints

faced by female and male students, and have incorporated gender issues into the larger agenda of the institution. One academic dean mentioned that after establishing the gender office and adopting the changes from the HRH Program, the school's environment changed dramatically and there was a significant improvement in the school leadership's understanding of the importance of gender equality. He said that students came from many different communities, with deeply held traditional beliefs about women's roles and abilities, but that the school was dedicated to creating a culture of equality and challenging harmful norms.

While the importance of taking a holistic approach is a key lesson of HRH, it also points to the vast amount of coordination required from the highest levels to meaningfully engage the MOH, the MOE, the Ministry of Women, Youth and Children's Affairs, and the Gender Directorates. Gender focal persons say that eventually there should be a public budget for sustaining the promising practices that have resulted from the HRH Program.

Female students are already improving their performance, graduating at higher rates, taking on positions of leadership, and speaking up more in class. The impacts of the HRH Program are expected to ripple across Ethiopia's higher education system. Ethiopia's commitment to and progress toward empowering female health students must be acknowledged and replicated by other low- and middle-income countries struggling to strengthen their health workforce and systems to meet growing demand. Jhpiego is working to deliver concrete assistance to female health students and workers to help them stay in school, perform at their fullest potential, graduate, and go on to deliver high-quality care in the places in the world where they are most needed. Through support groups, training and mentorship sessions, grants, gender sensitization of professors, establishing and enforcing sexual harassment policies, and engaging male students to transform harmful norms, Jhpiego is investing in the future of female health workers.

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