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Joint stakeholder report by Right Here Right Now Ethiopia partners:

RIGHT HERE
RIGHT NOW

Development Expertise Center
Development Expertise Center (DEC) is a National Civil Society Organization established in 2007 and re-registered in May 2019 per the accord to proclamation 1113/2019 for CSOs bearing registration number 0009. DEC has the program goal of designing and implementing sustainable development programs that address the social and economic needs of its target groups. DEC facilitates child and youth centered comprehensive development interventions to create a safe and conducive environment to fulfil the best interest of the children, and youth wellbeing. The Development Expertise Center is committed to improving the lives of children, youth, women, and the community and strives to enhance the quality of and access to education, reproductive health and life skills information and education, skills training and employability, and empower the community to claim their rights.

Ethiopia Women with Disabilities National Association
Ethiopian Women with Disability National Association (EWDNA) is a local, nonprofit making, nongovernmental organization based in Addis Abeba with 9 branches in Amhara (Gonder, Bahir Dar, Mehale Meda), Oromia (Ambo, jimma, Adama) SNNPR (Arba Minch), Hawassa and Dire Dawa. EWDNA is established in September 2002 with the initiation and struggle of 7 women with disabilities and one non-disabled woman.
EWDNA works on women with 5 types of disabilities; women with visual, hearing, physical & intellectual disability, and women affected by leprosy. EWDNA has a membership of 10,555 girls and women with disabilities across the country. Our mission is to to promote the full and effective participation of women with disabilities in socio-economic and political spheres through advocacy, capacity development, and an inclusive approach.

TaYA
TaYA is an Ethiopian non-profit, non-partisan, youth focused national CSO founded in 2003 by a group of dedicated, professional, young volunteers united by a common vision of a healthy, empowered, prosperous, and dignified young Ethiopian community who have realized and exercised their full potential. Its motto is "empower youth - they will play a constructive part in their own growth, as well as the development of their community and the country at large." Its aim is to promote youth empowerment, health, and well-being by removing barriers and helping them to reach their full potential by focusing primarily on social, economic, and political involvement and related concerns, as well as exerting efforts on youth SRHR. TaYA is one of Ethiopia's largest youth focused development organization, with a prominent leadership position in youth involvement, HIV/AIDS prevention, and young people's empowerment in social, health, political, and economic entitlements, and rights.

Organization for Development of Women and Children in Ethiopia
Organization for the Development of Women and Children (ODWaCE) the former Ye Ethiopia Goji Limadawi Dirgitoch Aswogaj Mahiber (EGLDAM) is an indigenous not-for-profit, non-governmental organization established in 1987 as a National Committee on Traditional Practices of Ethiopia (NCTPE) under the Inter African Committee (IEC). The IEC is an umbrella membership Organization composed of 28 African countries. NCTEP was initially registered as an NGO by the Federal Ministry of Justice. In 2008 the Organization changed its title from NCTPE to Ye Ethiopia Goji LImadawi Dirgitoch Aswogaj Mahiber (EGLDAM). In

line with Charities and Societies Agency's law, the organization registered for the third time as Organization for the Development of Women and Children-Ethiopia in 2013 through changing its title from EGLDAM to ODWaCE under the registration number 0098. ODWACE is one of the organizations that applis a human rights based approach for its programing in general and advocacy in particular. The human rights based approach to programming and advocacy starts with the understanding of the situation of the right holder in relation to the enjoyment level of his or her rights.The human rights-based approach (HBRA) looks at the context for our targeted categories of children, women and youth in terms of the rights and entitlements they have, the deficit in their enjoyment of those rights and entitlements and, most importantly, the ways in which the decisions or inactions of duty bearers contribute to those processes and gaps.

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And submitted by

Sexual Rights Initiative
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Acronyms

CSA	Central Statistical Agency
FDRE	Federal democratic republic of Ethiopia
GBV	Gender Based Violence
GRB	Gender Responsive Budgeting
MHM	Menstrual Hygiene Management
MOE	Ministry of Education
MOH	Ministry of Health
MOWSA	Ministry of Women and Social Affairs
NGO	Non-governmental organizations
SRH	Sexual and reproductive health
WHO	World Health Organization

Key words: Gender Based Violence (GBV); Menstrual Hygiene Management (MHM); Gender Responsive Budgeting (GRB)

1. This report has been prepared by the esteemed alliance partners of the Right Here Right Now2 (RHRN2) program in Ethiopia, consisting of four organizations: Development Expertise Center (DEC), TaYA, Ethiopia Women with Disabilities National Association (EWDNA), and Organization for Development of Women and Children in Ethiopia (ODWaCE). Additionally, the technical support provided by CHOICE has been integral to the completion of this comprehensive report.
2. This report encompasses the period from 2021 to 2024, providing a comprehensive overview of the gaps and challenges in SRH in Ethiopia. The insights presented are drawn from a comprehensive desk review, consultations with young people, SRH experts, and key government stakeholders. The report focuses on three critical issues:

Issue 1: Identifying Gaps in Addressing Gender-Based Violence in Ethiopia: Toward Strengthened Government Initiatives

a. In Ethiopia, gender-based violence remains a significant issue, affecting the lives of many women and girls. According to a study conducted by the World Health Organization in 2014, 24% of women in Ethiopia have experienced physical or sexual violence by an intimate partner in their lifetime [1]. This statistic underscores the urgent need for effective interventions to address GBV in Ethiopia.
b. The government of Ethiopia has taken steps to address GBV, including the establishment of the Ethiopian Human Rights Commission and the National Action Plan on Gender-Based Violence. However, challenges persist, including resistance at the local level influenced by traditional norms and gender inequality. Women's access to education, employment, and decision-making roles is impeded, necessitating sustained efforts to challenge harmful norms and enforce policies promoting equality [1].
c. The WHO has contributed to addressing GBV in Ethiopia by advocating for health services for survivors without out-of-pocket payment required at the point of care at one-stop centres. WHO has also supported the development of national and regional guidelines on prevention and workplace harassment, including sexual exploitation and abuse, and the formulation of a training package to build the capacity of health workers [1].
d. Despite these efforts, gaps remain in addressing GBV in Ethiopia. The government, civil society, and international community must continue to prioritise and invest in efforts to prevent and respond to GBV, including addressing resistance at the local level, promoting gender equality, and building the capacity of local organisations to serve women and girls affected by GBV.
e. In conclusion, addressing GBV in Ethiopia requires a multifaceted approach, involving the government, civil society, the international community, and local organisations. By addressing resistance at the local level, promoting gender equality, and building the capacity of local organizations, significant progress can be made in addressing GBV in Ethiopia.

Issue 2: Barriers Regarding Proper Menstrual Hygiene Management (MHM) of Girls and Women in Ethiopia

f. While Ethiopia has made commendable progress in SRHR, challenges persist in ensuring proper MHM for girls and women. Rooted in limited access to hygiene facilities, insufficient education, and stigmatisation, these obstacles hinder menstrual health. Recent data from various studies in Ethiopia reveals that 67% of girls lack access to education on puberty and menstrual health, indicating a significant gap in knowledge and resources. Unsafe MHM practices among adolescent girls range in prevalence from 43.1% to 58.41%, with factors such as residence, mother's educational status, and knowledge about menstruation influencing practices. The prevalence of safe MHM practices in Ethiopia varies from 28.2% to 52.69%, highlighting the need for improved education, infrastructure, and support systems. Efforts are underway to address these challenges, emphasising the importance of providing clean water, sanitation facilities, and hygiene education in schools to

empower girls and ensure their overall well-being.

Issue 3: Inadequate Progress on Gender-Responsive Budgeting (GRB) Implementation in Ethiopia

g. Despite positive strides in SRHR, the report highlights inadequate progress in the implementation of GRB in Ethiopia. This indicates a need for increased attention and commitment to integrating gender considerations into budgetary decisions. Enhancing GRB implementation is vital for ensuring that financial resources are allocated equitably to address the specific needs and challenges faced by women and girls. This, in turn, contributes to advancing gender equality and promoting comprehensive sexual and reproductive health and rights for all.
h. Thus, while Ethiopia has achieved notable successes in SRHR, persistent challenges demand sustained efforts and focused initiatives. This report serves as a call to action, emphasising the urgency of addressing gender-based violence, improving menstrual hygiene management, and accelerating progress in gender-responsive budgeting. By prioritizing these issues, Ethiopia can further advance its commitment to fostering a society where sexual and reproductive health and rights are upheld for all, particularly for girls and young people.

Issue 1: Identifying Gaps in Addressing Gender-Based Violence in Ethiopia: Toward Strengthened Government Initiatives

3. Ethiopia is home to more than 110 million people, with an ethnically and socially diverse population. Ethiopia has made progress towards gender equality such as by reducing the education gap between boys and girls and increasing the representation of women in politics. However, Ethiopia remains a highly patriarchal society where women are disadvantaged to men. Ethiopia's ranking as 75 out of 149 countries on the Global Gender Gap Index reveals that gender inequality is pervasive. (1)
4. In Ethiopia More than 1 out of 4 (26%) women age 14-59 has experienced physical and/or sexual violence. More specifically, 23% of women experienced physical violence starting from the age of 15, and 15% experienced physical violence in one year. Ten percent of women have experienced sexual violence at some point in their lives, and 7% were currently experiencing sexual violence. (2)
5. GBV is not a new phenomenon in Ethiopia, but has deep roots in the patriarchal traditions and customs that have long-shaped Ethiopia, including strict gender roles, patriarchal authority, and customs of hierarchical ordering within the family. (3)
6. Among the cause of gender-based violence in Ethiopia are culture harmful traditional practices (female genital mutilation, early marriage, abduction), poverty, and low level of community awareness, which amplify the susceptibility of individuals, particularly women, to exploitation and abuse. Additionally, the lack of robust legal frameworks, inconsistent enforcement, and gaps in access to justice, lack of availability and access to quality essential services, including protection, healthcare, psycho-social support and shelter, are some of the main barriers and challenges that GBV survivors face in Ethiopia. (3)

Gender-Based Violence Among Adolescent and Young Peoples in Ethiopia

7. Various studies indicate that in Ethiopia gender-based violence is common among adolescent and young girls in and out of school. One study conducted by Save the Children, the Ministry of Education and the Ministry of Women and Social Affairs on violence against girls in primary and secondary schools in 9 regions of Ethiopia found that 46% of students experienced harassment, degrading treatment and sexual attacks, most frequently on the journey to and from school, but also in school compounds.
8. Several Ethiopian studies have found incidents of verbal sexual harassment, physical harassment in the form of unwanted touching of breasts or genitals, rape and attempted rape. For example, one study on female high school students aged over 15 in Jimma, an urban location in Oromia, found that 20.4% of girls had their first experience of sex as a result of forced sex or rape.

9. Another study with 764 female secondary school students in Eastern Ethiopia found that male students readily admitted perpetrating sexual violence, with 23% saying that they had physically forced sexual intercourse.
10. A study conducted in secondary school in Addis Ababa, the capital city of Ethiopia, indicated that both boys and girls expressed the view that more teaching in sexuality-related topics, including sexual violence, would be valuable for them, helping to address taboos in speaking about these sensitive topics. Several other studies have also found that young girls are reluctant to speak out about sexual violence(4).

Gaps in Implementation of Law, Policy, and Strategy

11. While Ethiopia's legislative and policy framework has emphasised promoting equality, including gender equality, and has paid increasing attention to gender-based violence in recent years, specific gaps and weaknesses continue to exist. Notably, marital rape remains not criminalized, and intimate partner violence is excluded from the Criminal Code under certain extenuating circumstances. These challenges within the policy framework, coupled with factors such as structural barriers and societal norms, such as legal gaps, limited access to justice, economic dependence, and cultural norms contribute to the ongoing significant challenges and the prevalence of gender-based violence in Ethiopia. (5)
12. Although acts of sexual violence, domestic violence, sexual harassment, and harmful practices are illegal under the law, government enforcement of such laws is inconsistent. The challenge for gender-based violence survivors is access to justice, as cases of domestic violence and rape are often given a low priority in the justice system and face significant delays due, in part, to poor documentation and inadequate investigation(3).
13. The implementation of gender-related laws and policies at the local government level is inadequate. Variations across regions, the absence of capacity-building training for local civil servants, uneven staff deployment, insufficient budget allocation, and resistance to the work of gender specialists pose significant challenges, often resulting in improper execution to address these issues. The government should prioritise awareness-raising and capacity-building initiatives at both regional and local levels. (5)

Availability and Accessibility of Rehabilitation and Reintegration Centers

14. As one of the response mechanisms for GBV, rehabilitation and reintegration centres or shelters have a great role to play in the provision of secure accommodation for women and girls who are at risk of or have been subjected to violence. There are 69 shelters currently in Ethiopia, which provide rehabilitation and reintegration and legal services for women and girl survivors of violence.
15. The number of shelters has significantly improved over the past few years but, considering the population size of the country, there is a need to establish more shelters that are accessible for survivors. Shelter services were difficult to access for women living in the rural areas, with some shelters excluding women with physical disabilities, mental health problems and on the basis of pregnancy. Furthermore, the lack of awareness on the availability of services was evident, which resulted in the underutilization of the services available. (6)

Lack of Awareness Concerning Gender-Based Violence

16. There has been significant progress in raising awareness about GBV in Ethiopia, led by governmental agencies, NGOs, and community-based initiatives. However, persistent gaps in awareness underscore complex challenges deeply ingrained in cultural norms and limited educational opportunities, especially in rural areas.
17. A consultation from this report with young people from schools, youth centres, and school teachers indicated that the societal taboo surrounding open discussions about gender-based violence poses a significant hurdle to effective awareness initiatives. Further, lack of

gender and life skills education contributes to a widespread lack of awareness regarding the various forms of gender-based violence and its consequences. Additionally victim blaming by the community and by certain law enforcement bodies contributes to the non-reporting of violence.

18. There are regional variations in awareness concerning gender-based violence, underscoring the imperative for tailored and culturally-sensitive approaches to address specific awareness gaps within diverse communities. Ongoing research and targeted interventions are crucial for obtaining a profound understanding of the dynamics that contribute to the existing gaps in gender-based violence awareness.

Developing strategies that resonate with the diverse societal contexts in Ethiopia is essential for sustainable impact.

19. Studies have indicated attitudinal barriers among service providers, including among police and healthcare professionals, towards certain forms of gender-based violence, such as intimate partner violence(7, 8). Addressing these attitudinal barriers (such as blaming the victim and reporting gender-based violence cases) is critical to ensuring that service providers play a proactive role in effectively responding to, and supporting individuals affected by, gender-based violence.

Access to Justice

20. The Federal Democratic Republic of Ethiopia (FDRE) Constitution of Ethiopia establishes a foundation for gender equality, aligning with major UN Conventions on human rights and discrimination against women. It mandates the state to protect women from harmful customary practices and prohibits laws and customs that oppress women. Despite these legal provisions, challenges persist, and women facing domestic violence encounter barriers to accessing justice. (9)
21. The lack of community awareness about women's rights, economic factors contributing to the dependency of survivors, societal attitudes perpetuating inferior positions for victims, and structural issues such as geographically distant judicial institutions pose significant hurdles. The inadequacy of existing laws and the need for capacity-building among law enforcement agencies are highlighted, emphasising the importance of specialised training to address the private nature of domestic violence cases.
22. Furthermore, the complexity of domestic violence requires a comprehensive institutional approach involving collaboration among various stakeholders, including governmental bodies, judicial institutions, and advocacy groups. Persistent efforts and discussions are needed to allocate sufficient resources and ensure the effective implementation of laws protecting women's rights.

Barriers regarding proper Menstrual hygiene management of girls and women in Ethiopia

23. Menstrual hygiene is a critical aspect of women's reproductive well-being substantially affecting women of reproductive age. The prevalence of safe menstrual hygiene management practice in Ethiopia was reported to be 52.69% in a study conducted in 2023 [1]. This figure indicates that only about half of adolescent girls in Ethiopia have safe menstrual hygiene practices. Despite efforts to address menstrual hygiene challenges, including initiatives by international and local organisations, there is still a significant proportion of girls facing barriers to proper menstrual hygiene management
24. According to a study published in 2022, the practice of safe MHM among adolescent schoolgirls in Ethiopia was found to be 28.2%, indicating a significant gap in adequate MHM practices [2]. Another study conducted in 2023 revealed that only half of adolescent girls in Ethiopia practised safe MHM practices, with the prevalence of safe MHM being

52.69% [2]. These findings underscore the persistent barriers and challenges faced by girls and women in Ethiopia pertaining to managing menstruation hygienically and with dignity. Efforts are needed to improve access to education on puberty and menstrual health, provide adequate water, sanitation, and hygiene facilities, challenge societal myths and stigmas surrounding menstruation, and address discriminatory social norms to ensure that girls can manage menstruation safely and effectively.

25. The lack of proper menstrual hygiene management affects the right to health, education, work, water and sanitation, non-discrimination, and gender equality of girls and women. Data from a systematic review and meta-analysis in Ethiopia revealed that 64.63% of girls use commercial menstrual absorbents and 53.03% use cloth from home for menstrual care. Disposal of absorbent material into latrines was the most common practice, with 62.18% following this method [3].
26. The study titled "Menstrual hygiene management practices and determinants among schoolgirls in Addis Ababa, Ethiopia: The urgency of tackling bottlenecks" sheds light on the challenges faced by schoolgirls in Addis Ababa regarding menstrual hygiene management. The research found that less than one third of schoolgirls had satisfactory access to menstrual hygiene products, contributing to period poverty. Factors such as taxation on raw materials and economic inflation have exacerbated period poverty, leading many women to resort to unhygienic materials, increasing their vulnerability to infections and other health complications [4].
27. A study involving 650 schoolgirls in Addis Ababa found that 50.3% reported missing classes during their menstrual period, with 85% of them absent for 1-3 days and 15% absent for more than 4 days every month. This could be attributed to the lack of awareness on menstrual hygiene management and the lack of privacy in schools for managing menstrual hygiene [5].
28. While only 25.3% of schools in Addis Ababa provided menstrual hygiene education, a UNICEF report showed that 70% of schoolgirls face lack of privacy to manage their menstrual hygiene. This highlights the lack of readiness of schools to provide basic amenities for menstrual hygiene management. They are not equipped with menstruation products, safe places for changing the products, running water and disposal facilities [6].
29. According to the youth consultation carried out with youth representatives from selected government schools, even though they are physically present in the school, girls have reduced performance and poor concentration during their periods due to the stigma surrounding menstruation. Menstrual periods are wrongly perceived as reasons to be embarrassed and as a result, there is a limited discourse among families and communities on proper menstrual hygiene management, leading to the lack of awareness. The cultural and religious values, such as the perception of menstruation as impure, contribute to the misconception that hinders women from excelling in schools and in their other engagements.

Inadequate Progress on Gender Responsive Budgeting (GRB) Implementation in Ethiopia

30. Women constitute half of the total population of Ethiopia (CSA 2016). Despite this, Ethiopia remains one of the countries with intensive gender inequalities, which persists in access to, and control of, a range of productive, human, and social capital assets and therefore to opportunities. Gender gaps refer to the continued disparities and differences between genders in areas such as education, employment, entrepreneurship, and public life. These gaps result in women having limited opportunities and experiencing unequal outcomes compared to men. To address this, it is necessary to promote equal access, challenge existing norms and biases, and provide support to eliminate these disparities.
31. The unequal distribution of resources between men and women is also evident concerning the provision of SRH services for women and youth in Ethiopia. According to a study conducted in 2016, out of the 11.7 million women of reproductive age, a staggering 4.4 million have an unmet need for family planning. This disparity results in women,

marginalised populations, and youth facing significant challenges in accessing adequate SRH services. To address these challenges effectively, it is crucial to prioritise appropriate budgeting, which is a key policy tool for the government. By ensuring adequate budget allocation, the government can effectively address SRH challenges and make tangible progress in improving the well-being of women and youth.

32. Due to the existing lack of rights, of opportunities, of respect for women and unmet needs, there is an increasing need to focus on addressing the specific challenges faced by young women and girls. To support and enhance gender equity with the ultimate goal of achieving gender equality, it is crucial to adopt a gender equality approach which is a strategy that aims to ensure equal rights, opportunities, and outcomes for people of all genders.
33. According to the Gender Development Index 2021, Ethiopia has made progress in certain sub-dimensions such as education and economic participation by 47%, but the country still lags behind in achieving gender parity. The largest gender disparity is observed in the health sub-index, where there is an 11% difference, followed by political participation with a 14% gap.
34. To bridge these gaps and promote gender equality, it is imperative to prioritise efforts that address the specific needs and challenges faced by women. By implementing a gender equality approach, Ethiopia can work towards creating a more inclusive and equitable society where all genders have equal rights and opportunities.

GRB in Ethiopia

35. In Ethiopia, the amended federal government Financial Administration Proclamation (No. 970/2016), stipulates that “Gender issues shall be taken into consideration during public budget preparation. The proclamation No 1263/2021 declares that “development projects should benefit women and children, youth, persons with disability and elderly; facilitate sympathetic conditions to persons with disabilities, the elderly, and segments of society vulnerable to social and economic problems for full participation and benefit from equal opportunities”.
36. The Ministry of Finance manages the national financial system to ensure women are equally benefitting from macro-economic policies and interventions. The Ministry of Finance has the mandate of reviewing budget request documents, attending budget-related discussions and forwarding its comments on the proposed budget requests. Further, Ethiopia has taken steps to mainstream gender in the federal program budget process since 2008, with the development of gender responsive budgeting guidelines by the Ministry of Finance. Efforts are underway in collaboration with the Ministry of Women and Social Affairs and UN Women and its partners to implement GRB at the federal level in Ethiopia. Efforts include the development of GRB implementation instruments such as GRB guidelines, toolkits and accountability frameworks. Additional efforts include gender mainstreaming performance evaluations and ranking tools, creating experience sharing and learning platforms globally, institutional arrangements for GRB such as establishing a gender mainstreaming department in federal and regional sectors. These initiatives aim to create an enabling environment for integrating gender perspectives into budgeting processes and promoting transparency and accountability in resource allocation.
37. The Government has adopted several global and continental conventions, declarations, protocols and international mainstreaming initiatives. The Ethiopian government is signatory to most key international instruments for gender equality and women’s empowerment such as CEDAW (1979), the Declaration Elimination of All Forms of Discrimination Against Women (DEDAW, 1993), the Cairo International Conference on Population and Development (ICPD, 1994), the Millennium Development Goals (MGDs, 2000), as well as the Beijing Platform for Action (BPA, 1995) which adopted gender mainstreaming as a key strategy to achieve gender equality.
38. The Government also formulated legal, policy and national strategic frameworks and began to implement these international commitments. With regard to the legal framework, gender is included in the FDRE constitution (article 35), in proclamations such as the federal civil servant (515/2007), and labour proclamation (377/2003), and in the rural land

administration and land use proclamation (455/2005). Policies such as the national women policy, health policy and education policy have been integrating the gender perspective in their narrations. Moreover, the federal ministries and the regional bureaus have established gender departments to work on gender mainstreaming in response to the broader government agenda to advance gender equality as evidenced by the National Action Plan on Gender Equality and recent gender responsive legislative reforms.

39. The Ministry of Women and Social Affairs is evaluating gender mainstreaming and women's empowerment in federal sectors using a systematic evaluation and ranking tool. However, consultations with experts reveal significant challenges faced by gender directorates in terms of structure, power, budget, and human resources. The heads of gender directorates in federal and regional offices often lack membership in their respective institutions' management committees, limiting their ability to advocate for women's interests and integrate women's perspectives into sector activities. Insufficient budget allocation further hampers their ability to address strategic issues. Institutionalising Gender Responsive Budgeting in all government institutions can address these challenges and enhance gender mainstreaming and women's empowerment efforts.
40. Although the Ministry of Finance developed guidelines for gender-responsive budgeting in 2008, the actual execution of these guidelines has been inadequate. A UN Women assessment report on the gender responsive budgeting performance in Ethiopia (2018) and consultation with gender experts revealed that there are different reasons for fragile gender responsive budgeting in Ethiopia. The main challenges identified include a prevailing attitudinal bias that places the burden of addressing gender issues solely on women, resulting in inadequate attention to these issues. Additionally, there is a lack of sufficient skills and knowledge regarding gender-responsive budgeting, as well as limited commitment from experts and executives. Furthermore, sectoral plans and budgets often fail to effectively demonstrate how allocated funds address the specific concerns and needs of both men and women. Additionally, lack of partnership among the Federal Auditor General, Ministry of Finance, and Ministry of Women and Social Affairs is a major obstacle for the poor implementation of gender responsive budgeting.
41. Consultation with Ministry offices also indicated that there is limited monitoring and evaluation and supervision efforts. Those institutions and committees, which are established to monitor organisational performance in relation to gender equality, still remained fragile and inconsistent. The Federal Auditor General, Ministry of Finance, and Ministry of Women and Social Affairs are primarily responsible for promoting and overseeing the implementation of gender-responsive budgeting activities. However, there has been a lack of effective collaboration among these ministries, which hampers their collective efforts. Specifically, the Ministry of Women and Social Affairs, tasked with overseeing gender mainstreaming in sector institutions, faces challenges in fulfilling its mandate due to the absence of an accountability framework.
42. Gender Directorates in Government sectors currently lack budget, and their Directors are not included in their respective organisations' management teams. As a result, these directorates, which have various responsibilities, must share the budget with other departments. Unfortunately, this arrangement has resulted in limited funds and hindered their effectiveness.
43. Furthermore, it is crucial to address the issue of MHM. Many women, particularly adolescents and young women, face significant challenges due to the lack of access to affordable and reliable sanitary pads during menstruation. This scarcity of menstrual hygiene products has profound consequences for their health and well-being. In the absence of proper resources, they resort to using unhygienic alternatives, putting themselves at risk. The impact of this goes beyond their health; it also leads to a high rate of school absenteeism, with some students missing up to 50 days per year due to period-related challenges. This perpetuates a cycle of inequality, hindering their educational and economic empowerment. Taking steps to address MHM is crucial for promoting gender equality and ensuring the holistic well-being of women and girls.
44. Efforts to address this issue include providing free or subsidised sanitary pads, raising menstrual health awareness, and advocating for policy changes that prioritise menstrual

hygiene management. By ensuring access to sanitary pads and promoting comprehensive menstrual health education, we can help young women lead healthier lives, break down the stigma surrounding menstruation, and enable their full participation in education and society. Although a policy on Ethiopian women and other gender sensitive public policies exist in the country, these have not been adequately translated into action due to lack of implementation strategies. Gender disparities are very high in many sectors, with relative improvements in education and health. A wide gap exists in access to resources, training, information, financial and educational services, and leadership and decision making. Women are unable to reap benefits from the existing policies and strategies.

RECOMMENDATIONS FOR ACTION

We call on Ethiopia to:

1. Finalise and endorse the National Women Policy by creating an appropriate structure in government offices and institutions so that public policies and interventions are gender-sensitive and can ensure equitable development for all Ethiopian men and women.
2. Strengthen existing gender directorates in Government offices, integrate them into the management teams of their respective organisations, and assign budgets to facilitate the implementation of GRB.
3. By the end of 2025, approve legal frameworks, namely the Gender Responsive Budgeting Accountability Guideline and Gender Mainstreaming Guideline.
4. Implement a compulsory Gender-Responsive Budget system in Ethiopia by 2025 to address the lack of accountability for gender equality and women's empowerment outcomes.
5. Strengthen the capacity of independent institutions such as the Auditor General Commission, and monitoring and supervision bodies such as standing Committees of the federal parliament, mainly Legal, Justice and Democracy Affairs Standing Committee, Health, Social, Development, Culture and Sport Affairs Standing Committee and the Human Resource Development, Employment Allocation and Technology Affairs Standing Committee.
6. Ensure that women and girls enjoy the right to menstrual health and hygiene by taking a multisectoral and comprehensive policy approach to address cultural norms, false religious teachings, economic disparities and taxation that limits access to quality menstrual hygiene products.
7. Allocate sufficient budgeting for school gender clubs to operationalize menstrual health and menstrual hygiene management education for school communities starting from the 2025/2026 academic year. Educate both boys and girls, and foster an environment where menstrual health is understood and normalised.
8. Adopt a policy that ensures access to designated corners for menstrual hygiene management (safe-corners) in government and private schools in Ethiopia to decrease female students' absenteeism from school due to menstruation-associated issues by 2026.
9. Ensure the immediate implementation of commitments made by the Ministry of Health (MoH) and Ministry of Revenues to alleviate heavy taxation on menstrual hygiene products, considering them as essential items rather than luxury goods.
10. Address menstrual hygiene challenges for vulnerable young women in Ethiopia, and implement targeted outreach programs in rural areas, collaborating with community leaders and local NGOs. Integrate menstrual hygiene education into existing healthcare initiatives, ensuring sustained support. Provide vocational training for economic empowerment, enabling access to quality hygiene products.
11. Adopt a comprehensive and inclusive law on gender-based violence, addressing all forms of violence against women, including acid attacks, domestic violence, rape, marital rape, gang rape and other forms of sexual violence.

12. Expand the implementation of tailored educational programs that address the cultural sensitivities and norms surrounding gender-based violence, particularly in rural areas. These programs should be designed to reach diverse communities, providing comprehensive information about different forms of gender-based violence, its consequences, and available support services.
13. Enhance the effort on providing accessible information on gender-based violence addressing attitudinal and social norm barriers through various governmental and non-governmental media channels, government structures such as health extension workers and women development army, community-based organisation such as edirs and schools.
14. Expand and enhance gender and life skills education on a national scale to strengthen the foundation for gender-based violence prevention.
15. Further provide members of the judiciary, prosecutors, police officers, other law enforcement officials adequate and health care providers with training on women's rights and on gender-sensitive investigation, interrogation procedures and provision of health services in cases of gender-based violence against women.
16. Adopt a comprehensive and inclusive strategy to eliminate discriminatory gender stereotypes concerning the roles and responsibilities of women and men in the family and in society, and regularly monitor and assess the measures taken to eliminate discriminatory gender stereotypes and harmful practices.
17. Strengthen and fully equip and supplement One-Stop-Centers for GBV survivors in all the hospitals and health centres in the country. Enhance awareness on the availability and service of One-Stop-Centers.

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