ST. MARY'S UNIVERSTY

SCHOOL OF GRADUATE STUDIES COLLEGE OF BUSINESS ADMINISTRATION

DEPARTMENT OF PROJECT MANAGEMENT

THE EFFECT OF I POUR LIFE PROJECT ON ECONOMIC EMPOWERMENT OF WOMEN WITH LEPROSY AT KORE DISTRICT, ADDIS ABEBA

BY
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ID NO: SGS/0614/2009A

JUNE 2018

ADDIS ABEBA, ETHIOPIA

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A THESIS SUBMITTED TO ST.MARY'S UNIVERSITY, School of Graduate Studies College of Business Administration IN PARTIAL FULFILLMENT OF REQUIREMENTS FOR MASTER OF ARTS (MA) DEGREE IN PROJECT MANAGEMENT

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SEBLE AYELE

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DECLARATION

I, the undersigned, declare that this thesis is my original work, prepared under the guidance of Dr. Dereje Teklemariam (Associate Professor). All sources of materials used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

____________________________ __________________________

Name	Signature
St. Mary's University, Addis Ababa	Date

ENDORSMENT

This thesis has been submitted to St. Mary University, school of graduate studies for examination with my approval as a University advisor.

Dereje Teklemariam, PhD

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Signature

St. Mary's University, Addis Ababa **June 2018**

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LIST OF ACRONYMS

AIDS…………….	Acquired Immuno-deficiency syndrome
ALERT…………….	All Africa Leprosy Tuberculosis Rehabilitation
CSA ……………	Central Statistics Agency
EAGC-ADA……….	Ethiopian Assembly of God Church Aid and Development Association
EDHS ……………	Ethiopia Demographic and Health Survey
EFY……………	Ethiopian Fiscal Year
ETB……………	Ethiopian Birr
FMOH……………	Federal Ministry of Health
GOE………………	Government of Ethiopia
HIV………………	Human Immuno-deficiency Virus
HSTP ……………	Health Sector Transformation Plan
IDEA………………	Integration, Dignity and Economic Advancement
KII ……………	Key Informant Interview
M&E……………	Monitoring and Evaluation
MORHAN………..	Movement for Reintegration of People Affected by Hansen's disease the
ARPAL………..	Association for the Reintegration of People Affected by Leprosy
NGO………………	Non-governmental organization
SDPRP……………	Sustainable Development and Poverty Reduction Program
UNHDI………..	United Nations Human Development Index

ABSTRACT

Kore woreda (KolfeKeranyo subcity in Addis Ababa) has the largest Leprosy women community in the country. I Pour Life International implemented a Leprosy women economic empowerment project in 2014-2017. This study intends to assess the impact of the I Pour Life leprosy women economic empowerment project. The methodology employed was descriptive research methodology using qualitative and quantitative research methods. The study used primary and secondary data sources. To this end, household survey questionnaire and key informant interview checklist were produced. A total of 90 beneficiaries and ten key informants were involved in the study. Data collection tools were structured questionnaire (for household survey) and semi-structured interview checklist (for stakeholders). Pre- test has been done before the survey was conducted on three leprosy women and two stakeholders. Qualitative data were transcribed and analyzed through thematic coding. Quantitative data were cleaned, coded, entered and analyzed using a computer program (SPSS software). The *findings were interpreted using literature review findings (secondary data source). Project activities include trainings (set up small business, work ethics, health education), start-up capital, follow up and initiate saving. Prominent effects of the project were getting better quality and regular meal, sending children to school, became self-supportive and independent, better understand their rights and start saving. Sustainability had been well considered in the project. Hence, 80% of beneficiaries sustained their achievement even following the project phases out. However, 20% of the beneficiaries failed to sustain. This is mainly due to lack of strong and sustained collaboration with the woreda government bodies and other stakeholders in the woreda. Furthermore, their focus was mainly on economic empowerment and did not address other determinants such as medical, social and psychological factors.*

Key words

Ethiopia, leprosy, economic empowerment, Effect

CHAPTER ONE

I. INTRODUCTION

Background of the study

Women represent near half of the world population; real development lies in a meaningful involvement of empowered women (Dheepa and Barani, 2010). Women usually invest a higher proportion of their earnings in their families and communities than men. A study in Brazil showed that the likelihood of child survival increased by 20% when the mother-controlled household income (Zoellick, 2010).

Women perform 66% of the world's task and produce 50% of the food; yet they earn only 10% of the income and own 1% of the property. Women empowerment/involvement is indispensable in any development venture—such as education development, and fighting global climate change (Bill Clinton, 2009)

Women play an important role in the family and community, which is related to their household responsibility, child bearing, working to earn money and looking after the sick in the family. Empowering women is essential to build strong economies, achieve goals for development and sustainability, and improve the quality of life for the family and community at large.

Empowerment is an emotional development in which persons think positively about their capability to make change and gain over problems at individual and community levels (Zimmerman, 2000). Economic empowerment is the capacity to share in, contribute to and benefit from advance processes, in addition to identify the importance of their contributions, respect their dignity and benefits from growth (Gender-development, 2011).

Empowering women' is a popular subject of study in underdeveloped countries where women's status is low, mainly due to gender discrimination, the persistence of patriarchal structures, and women's limited access to resources, (Jejeebhoy and Sathar 2001; Bano 2009; Dufloo 2012; Ngo and ZakiWahhaj 2012).

Economic empowerment is the capacity of women and men to participate in, contribute to and benefit from growth processes in ways which recognize the value of their contributions, respect their dignity and make it possible to negotiate a fairer distribution of the benefits of growth. Economic empowerment increases women's access to economic resources and opportunities including jobs, financial services, property and other productive assets, skills development and market information (Eyben, R et.al, 2008).

Over the past two decades, there has been significant growth in support for women's entrepreneurship development worldwide. Promotion of women's entrepreneurship development establishes a key strategy for private sector development, poverty reduction and women's economic empowerment. Increasingly, governments, private sector stakeholders, bilateral and multilateral agencies are trying to tap into the potential of women-led businesses as a means to economic growth and job creation.

Leprosy is a treatable infectious disease caused by bacteria known as Mycobacterium Leprae. It is transmitted from nasal secretion and skin lesion. It usually invades cooler body parts—such as skin, nerve, nose, ears, fingers and larynx. It is usually diagnosed using clinical examination and skin biopsy. Treatment usually goes between six months and one year. Furthermore, the psychological, social and economic implications the disease needs sustained and coordinated support (Justin and Azra, 2015).

I Pour Life Project

If you want to change your future, begin change your mind
I POUR LIFE International CEO

I Pour Life is a US-based non-for-profit international NGO established in 2011; it focuses on assisting people suffering from social isolation. The organization beliefs the most effective way to support individuals overcome social separation is by evolving their exceptional strengths and talents so that they become economically independent. I Pour Life target the neediest communities in different country. I Pour Life work in partnership with local administrations, schools, churches, and with compatible organizations to bring sustainable change to individuals, families, and communities across the world.

I Pour Life—both at national and international level—chose to empower people so that they could work and sustain their income. Their vision focuses on equipping individuals with the tools to become sustainable which in turn brings dignity to the individual and the entire family. Depending on the nature of their problems, I Pour Life provides holistic and sustainable support. Its current engagements include 'Life Strengths' in the United States, 'live Gold' in El Salvador and 'Women's Economic Empowerment' in Ethiopia (I pour life, 2014).

I Pour Life Ethiopia operated in partnership with Assembly of God Church Aid and Development Association (EAGC-ADA) June 2014-August 2017. In 2014, drawing lesson from Convey of Hope International (partner of EAGC-ADA), I Pour Life piloted women empowerment project in Kore woreda with 20 Leprosy women. Later, the project was scaled up to 136 Leprosy women living in the woreda. The organization upgraded itself and registering and licensed under the Federal

Democratic Republic of Ethiopia Ministry of Justice Charities and Societies Agency as an international Charity Organization to officially undertake the end of 2017 (EAGC-ADA, 2017).

The organization thought that for the following reasons leprosy women are the most unprivileged groups in the country: known by their own people as cursed and outcast, suffer medical condition considered as divine curse in many communities, suffer social stigma and discrimination, due to late treatment many suffer deformity, relatively illiterate and poor. For these reasons I POUR LIFE project involves to improve the economic condition of the leprosy women in Kore district, Addis Ababa.

The selection criteria include; women diagnosed with Leprosy, report from ALERT hospital stating that they completed treatment for Leprosy, age range 18-45 (if in a better physical condition up to 50), lives in Kore (woreda 01) and verification letter from the woreda office stating that they are poor and not being supported by other organization or government. The project supported 135 Leprosy women in the past five years.

Once recruited, a week-long business orientation and health education had been given. The business type was jointly selected by the project and beneficiaries based on their potential, convenience, favorable condition, health condition, local market and amount of budget. The commonly selected small businesses include; charcoal sale (mostly at the entrance of their home), church/household utilities, vegetable and clothing sale. In sum, the project inputs include; training, counselling, follow up, startup capital (mostly in kind), open saving account and facilitate experience sharing and business link. This paper aims to find out the outcome of leprosy women economic empowerment project and to provide informed suggestion.

Statement of the problem

Leprosy is known to be a treatable infectious disease. Once treated, the person will no more be infectious. Nevertheless, many people still stigmatize and discriminate them as contagious under divine curse. This in turn forces them to consider themselves as outcast and form their own impoverished community and suffer multi challenges from generation to generation. Women suffer the most in the community, which is related to their household responsibility, pregnancy and child bearing, begging to earn money and looking after the sick in the family.

Khasnabis et al (2010) stated that leprosy can have a significant economic impact on persons and their relatives. People may not be able to work for three main reasons; 1) due to the physical damage related to Leprosy, 2) because of the stigma associated to leprosy, 3) lack of economic empowerment.

Leprosy currently occurs significantly in counties of Asia, Africa, and central and South America. But, the disease is detected to be severe and extensively spread in Africa. As the baseline need assessment study carried out in 2001 revealed, the spreading and occurrence of leprosy is neither uniform nor random. The distribution and prevalence of leprosy are observed to be higher in males than females apart from certain African countries, where higher rates have been reported among females. However, it is the female who suffer more from the effects of leprosy than men due to the low natural immunity, resulting from pregnancy and their low social status. ((Menberu et al., 2001)

Leprosy is considered as hereditary and a curse of God. Even marriage with leprosy affected people was prohibited legally in the former Ethiopian family law. There were also poems written to depict the social disparity of the victims from others. The misconception about the disease inhibited the victims from going to hospital but rather resort to traditional medicine. (Desalegn, 2014)

Over the past two decades, there has been significant growth in support for women's entrepreneurship development worldwide. Promotion of women's entrepreneurship development constitutes a key strategy for private sector development, poverty reduction and women's economic empowerment. Increasingly, governments, private sector stakeholders, bilateral and multilateral agencies are trying to tap into the potential of women-led businesses as a means to economic growth and job creation.

Moreover, almost all the projects pay attention to promoting women's enterprises specifically, about half the 50 projects offer access to credit or business networks or have a policy development component of encouraging women's business start -up initiative, few include access to business premises. Women are found to be more conservative and capital efficient raising more money and selling when they get a good offer than they are male counterparts (Dow Jones, 2012).

Africa has enormous unexploited potential, especially the potential of women. The World Bank report (2000) pointed out that women comprise one of Africa's hidden growth reserves, providing most of the region's labour, but their productivity is hampered by widespread inequality in education as well as unequal access to land and productive inputs. Women usually invest a higher proportion of their earnings in their families and communities than men. A study in Brazil showed that the likelihood of a child's survival increased by 20% when the mother controlled household income (Zoellick, 2010).

Women perform 66% of the world's work, and produce 50% of the food, yet earn only 10% of the income and own 1% of the property. Whether the issue is improving education in the

developing world, or fighting global climate change, or addressing nearly any other challenge we face, empowering women is a critical part of the equation(Bill Clinton,2009) The African society believes that, no matter how well a woman works, she can't be considered as being equal to a man, because a man is stronger physically than a woman (Abimbola, 2011).

Women affected by leprosy also face a challenge to get employment; and even if they get hired they do not get equal opportunity and are discriminated. Furthermore, socially a woman affected by leprosy lacks self-esteem to become involved in different social activities such as Idir, wedding and different social gatherings with the other community members freely. (Rahel, 2016)

The government of Ethiopia advocates equal opportunity policy among its people with regards to living, job-opportunity, basic infrastructure, education and health facilities (FMOH, 2014/2015-2019/2020). The goal of women economic empowerment project was to contribute to the economic improvement of the destitute leprosy women living in Kore district Addis Ababa, through evidence-based holistic support. It envisions designing and implementing the project in line with the government priority and approach. In partnership with the local government and other stakeholders, I Pour Life had been working in the community since 2014.

The idea of NGO empowerment projects for destitute women suffering with Poverty and social restrictions initiated with the idea of micro-credit projects. The available academic literature deals with studies researching the effectiveness of NGO micro-credit projects. However, the evidence regarding their success in empowering women is mixed.

Scholars such as Adegoroye and Adegoroye (2008), Parveen and Chaudhury (2009), Prabhakar, Latha and Rao (2010), Khan and Bibi (2011), Jan and Hayat (2011), Idrees, Ilyas and Cheema (2012) Shah et.al (2015) have all contributed to debates on the effectiveness of micro-credit projects. These studies, in turn, have been critiqued by (for example, Goetz and Gupta 1996; Montgomery 1996; Rogaly 1996; Rahman 1999; Khondkar 2002; Onyuma and Shem 2005; Al-Amin and Chowdhury 2008; Balasubramanian 2013) all of these researchers have pointed out the weaknesses of these projects and evaluated them as not necessarily being effective in empowering the women targeted.

Understanding the above scholarly arguments, the study attempted to describe the effect of the Leprosy women economic empowerment project. Due to the additional responsibility they have at the family and community level and the negative or low attitude given to them, the research focuses on economic empowerment project of women affected by leprosy in on kore district and makes

recommendations for areas of joint work that the Working Group could carry out in future to improve the situation.

Research question

The study endeavors to answer the following key research question:

- What was the effect of the project on the economic status of leprosy women?

Objectives of the study

General Objective

The overall objective of the study is to explore the effect of economic empowerment project on women with leprosy in the case of women empowerment project in Kore district.

Specific Objectives

- To explore the economic status of the project beneficiaries before and after the project
- To identify the challenges faced during the implementation of the project

Significance of the study

The study has dual purposes—theoretical and empirical goals. The theoretical significance is to review the whole process of the project and contribute to knowledge. The empirical significance is to contribute to the wellbeing of Kore Leprosy women through providing evidence base and actionable recommendations for women economic empowerment Project and future related projects.

This study has significant contribution to knowledge, managerial decision making, literature, references, and policy making. The study sheds light on the effect of leprosy women economic empowerment projects. The study's findings and recommendations are extremely significant to management of the organization because it pulls their attention to some of the points where corrective actions are necessary and allow them to make such corrections. The research could be used to establish an outline for succeeding studies that can work with more ample data sets. Moreover, it could motivate further research. The findings and recommendations of the study are highly important to policy makers because it draws their attention to some of the points that need corrective measures on their side

Scope and limitation of the study

Considering the time, human resource and related cost, the study has manageable geographic and thematic focuses. The geographic focus is Woreda-1 (Kore), Kolfe Keranyo Sub-city, Addis Ababa, Ethiopia. This is one of the areas in the capital where large number of leprosy women resides and project site for I pour life. The thematic focus is economic empowerment of leprosy women, which is about improving their living condition through various income generating activities and addressing influencing factors through taking experience from I pour Life project.

Challenges with the study and mitigation efforts

- Lack of comprehensive list of beneficiaries from both the project office and woreda health office. I used the available list from the former I Pour Life Senior Facilitator and CEO
- High turnover of woreda health officers resulting in difficulty to get proper information on the project. I tried to complement with the woreda women and children affairs officer
- Difficulty to get sampled Leprosy women at home (given contact address) during the time of data collection for they frequently change housing due to increasing house rent. I utilized the former community-based volunteers who were well aware of the whereabouts of the project beneficiaries as guide to get the respondents.
- Paucity of information on the situation of Leprosy women in Kore woreda. I tried to get more primary data/information from the different actors serving in the woreda.

Ethical consideration

The researcher strongly believes that respondents are the real owners of this research. All respect should go to them and they have the right to be treated with all dignity and politeness. Furthermore, understanding the obligation of any researcher has, the researcher assured the respondents of the anonymity and confidentiality of the information they were supplied

Organization of the study

The paper has five chapters. The first chapter presents introduction part, which includes background of the study, problem statement, research objective, research questions, and methodologies, significances of the study and the scope and limitations of the study. The second chapter reviewed literatures during research phase of the study. The third chapters focus on research methodology. The fourth chapter is on analysis and interpretation of the data that gathered. The last chapter, i.e., chapter five is about the summary and conclusion of the study and recommendations.

CHAPTER TWO

II.LITRATURE REVIEW

2.1. Theoretical review

The African society believes that, no matter how well a woman works, she cannot be considered as being equal to a man, because a man is stronger physically than a woman (Abimbola, 2011).There is a bidirectional relationship between economic development and women's empowerment defined as improving the ability of women to access the constituents of development in particular health, education, earning opportunities, rights and political participation. In one direction, development can play a major role in driving down inequality between men and women; in the other direction, continuing discrimination against women can, as it has been forcefully argued, hinder development. Empowerment is a major contributing factor that accelerates development (Duflo, 2012).

The Human Development Index is a standard comparative measurement of life expectancy, literacy, education, standard of living, and quality of life for countries worldwide. According to United Nations Human Development Index (UNHDI, 2012) Ethiopia ranked 173rd out of the 186 nations. Household income consumption and expenditure survey revealed almost half of the country's population cannot afford the Ethiopian health care system, which is one of the least developed in Sub-Saharan Africa and is not able to effectively cope with the significant health issues the country faces.

Ethiopia has the second largest population number in Africa (next to Nigeria), with a population estimate of 92 million (CSA 2016). The present government has recognized that a fast growing population, this impairment to social and economic development and has committed to improving the country's failing health system.

Ethiopia is often affected by recurrent drought and prolonged civil war. Although poverty is higher in rural Ethiopia, it remains a problem in urban areas, including Addis Ababa, are currently facing further social and economic challenges. Poverty reduction has continued the declared core objective in the Government of Ethiopia (GOE's) Sustainable Development and Poverty Reduction Program (SDPRP). In its effort to fight against urban and rural impoverishment, the government recognized microcredit services as one of the major poverty reduction strategies. However, the neediest women are unable to access these services due to their absolute poverty, fear of failure to pay and due to poor educational backgrounds.

Many impoverished women suffer from poor health and experience higher rates of maternal death. Women in Ethiopia face an array of health issues related to their reproductive roles, often relating to poor nutrition, low access to clean water and sanitation, and little access to quality medical care. Consequently, higher rates of poverty tend to parallel poor health and/or maternal death.

Problems faced by destitute families in Ethiopia are multi-faceted and ancient. Many women face significant constraints in accessing resources due to socio-cultural factors that downgrade women's roles to the household, denying them access to important resources such as land. On top of that poverty and restricted movement of women due to social stigmas, high workloads, and unpaid labor has pushed Ethiopian women into inferior positions in the society.

Sustainable development and poverty reduction strategies recognize that women and men have different access to various critical economic resources and varying power to make decisions that affect their lives as a consequence of widespread gender gaps in Ethiopia. The persistent and increasing burden of poverty on women, as well as inequality in economic structures and resources, has greatly affected the lives of the Ethiopian women.

Small scale business enterprise has been found to be an effective tool in the fight against poverty in Addis Ababa by providing financial services to those without access to commercial banks and reliable financial institutions. Providing credit opportunities and micro-finance loans has been widely proven to reduce poverty rates in under-served communities, resulting in widening access to education and improved health care facilities. This economic empowerment improves living standards and diminishes cultures of dependence on government and social programs.

2.1.1. Situation of Leprosy

Global context

Leprosy currently occurs significantly in counties of Asia, Africa, and central and South America. The spreading and occurrence of leprosy is neither uniform nor random. The disease is detected to be severe and extensively spread in Africa. The distribution and prevalence of leprosy are observed to be higher in males than females apart from certain African countries, where higher rates have been reported among females. However, it is the female who suffer more from the effects of leprosy than men due to the low natural immunity, resulting from pregnancy and their low social status. (Menberu et al., 2001)

Ethiopian context

Ethiopia is one of the top 16 countries with higher prevalence of Leprosy (WHO,2016). Leprosy is known to exist in Ethiopia since the sixteenth century; in nineteenth and early twentieth centuries more cases observed—mostly among lower classes of the community. Regional distribution showed more leprosy cases seen in north part of Ethiopia (Gojjam and Gonder), on south part of Ethiopia (Oromia) and Ankober (Pankhrust ,R. 1961 pp58-59).

The milestone role for modern leprosy started in 1955 in Ethiopia. Afterwards, a German reporter Graf Von Magnis and a theology student Mr. Recke when they met Dr. Jean Feron the pioneer of modern medication for leprosy patients in Ethiopia. The French Doctor came to Harar in 1930 and facilitates leprosy medical service with Catholic Church. Governor of Harar, RasMekonnin, in the beginning of the 20th century granted a plot of land for looking after leprosy patients. (GLRI, 2012).

Taking the medical and socio-economic consequences into consideration, the Ethiopian government considered TB and leprosy among the priority health programs in the country (Federal Ministry of Health (FMOH), 2016). FMOH reported that the prevalence of leprosy has significantly reduced from 200 per 100,000 in 1983 to 0.5 per 100,000 in 2012. This is related with the introduction of multidrug therapy and early diagnosis/treatment.

In 2016, 3076 new leprosy cases were detected in the country; the three leading regions were Oromia, Amhara and Addis Ababa regions (FMOH, 2015). For the past 5 years, the amount of new cases has stabilized at 4700/year, the male-to-female ratio was 2:1 with the highest occurrence in the 15-44 years age group (Rahel, 2016)

All Africa Leprosy Tuberculosis Rehabilitation (ALERT) hospital, located in KolfeKeranyo sub city, was established in view of providing holistic support to Leprosy and Tuberculosis patients—which include; prevention, diagnosis, treatment and rehabilitation service. In 1995, ALERT staff expressed concern about the increasing number of people who continued to use the ALERT hospital and field clinics for the management of wounds (e.g. foot ulcers), despite having received many years of health education.

In relation with the large size of Leprosy cases and shortage of Leprosy treatment centers, ALERT had limited financial/material resources, especially for those with physical damage or complications (WHO, 2010). In response to this problem, Self-care groups weredeveloped by ALERT to encourage people to take responsibility for managing and monitoring their own wounds. By 1999,

there were 72 established groups and a number of positive outcomes were reported. For example,the number of Leprosy cases with physical damage (usually due to late diagnosis and treatment) decreased and self-respect, dignity and participation in the society have also improved.

2.1.2. Common myths about leprosy

Though awareness and knowledge about leprosy have progressively improved over time, there are still some common traditions that pass generation to generation. These include;

1) Leprosy is incurable; treatment with multidrug therapy MDT can cure leprosy. Over the past 20 years, more than 14 million people have been cured. WHO provides MDT for any country that needs to eliminate leprosy and treatment is available free at health center (WHO, 2010).

2) Leprosy is highly contagious; leprosy can be transmitted to other people (via droplets from the nose and mouth), but it is not highly contagious. Only people with large numbers of bacteria can pass the disease through chronic close contact. Hence, many people with leprosy are not considered contagious. It is also estimated that 95% of the world's population has a natural resistance to leprosy which makes transmission unlikely. MDT is very effective in killing the bacteria; therefore once people start MDT, they are not *contagious* (WHO, 2010).

3) Leprosy is a divine curse caused by extraordinary sin by the victim or relatives. Leprosy is a chronic infectious disease caused by Mycobacterium Leprae. The disease mainly affects the skin, the peripheral nerves, the mucosa of the upper respiratory tract and the eyes (WHO, 2017).

Mesele (2016) stated that judgmental terms on leprosy reveal that the effects of derogatory words in major languages of Ethiopia to growth the misconceptions of the people towards leprosy which signify either the divine action, incurability, fear of the disease or pathological implications of leprosy this mention on Pankhurst (1984) and (Melese 2005).

Khasnabis C, HeinickeMotsch K, Achu K,2010 stated that Leprosy can have a significant economic impact on persons and their relatives. People may be incapable to work, or may unable to continue working, due to damages relate with leprosy. Individuals may also lose their works because of the stigma associated to leprosy. People with leprosy are often very poor; additional issues, such as stigma, discrimination and disability associated with leprosy often restrict opportunities for work, which increases their poverty.

Children may be directly affected by leprosy, or may suffer because their parents or relatives are affected by leprosy. As a result, they may be denied access to school, forced to drop out, isolated from former friends, hidden away by their families, or required to work and earn an income.

2.1.3. Leprosy Association

It is important that people affected by leprosy are aware of their rights and how to speak up for themselves so that they can gain access to services and resources. Self-organization can be an effective way to do this, and around the world, people affected by leprosy have organized themselves into local groups and associations. Examples include the Movement for Reintegration of People Affected by Hansen's disease (MORHAN) in Brazil, the Association for the Reintegration of People Affected by Leprosy (ARPAL) in Angola, and the National Forum in India.

Some of these groups have joined together as the International Association for Integration, Dignity and Economic Advancement (IDEA). Some people have also joined local disabled people's organizations. These associations have been active in organizing empowerment workshops and other meetings on themes, such as the International Convention on Rights of Persons with Disabilities.

The Ethiopian National Association of Persons Affected by Leprosy (ENAPAL) is committed to improving the livelihood of its members to enable them to regain dignity and self-esteem. Currently, the association has 20,000 members distributed across 54 local associations in the seven regions of Ethiopia. It has implemented awareness, advocacy and livelihood projects in partnership with national and international agencies. The livelihood projects demonstrate that people affected by leprosy have the potential to be productive just like any other citizen.

ENAPAL uses revolving funds for members to enable them to engage in income-generating activities. It also provides education opportunities for members' children, empowering families to break the cycle of stigma and poverty. With the same aim, the association organizes self-help groups for women affected by leprosy.

2.1.4. The effects of leprosy on women

In many developing countries, women hold dominated and dependent status. When she becomes disabled, she loses the little positive status she may have all together. Therefore, she becomes totally isolated, immobile and confined to the house. It is much more difficult for her than it is for a male with disability to participate in public activities or meetings, unless special efforts are made to help her do so. For her, there is no disability allowance, no environmental adjustment, practically no access to education or training and therefore to employment, and no opportunity to become involved in self-help movements. (Alemu,2002).

Woman affected by leprosy are not different from other people affected by leprosy. However, the effect has severely affected women due to the low status given to them in (many rural)

community. The burden of women affected by leprosy is doubled due the gender or power relationship between male and female in the community. As a result, many women suffer discrimination and less access for resources. Lack of money to go to health facilities or get treatment is part of the influence of gender. In relation to their physical damage, manyleprosy women are not able to fully undertake their household responsibilities.

2.1.5. Profile of the target community

Addis Abeba is the capital city of Ethiopia with a population estimate of 3.35 million (2008 EFY CSA estimate). The city is structured into ten sub-cities and 99 woredas; one of which is KolefKeranyo sub-city.KolfeKeraniyosub city that located in the Western outskirt of Addis Ababa, which is one of the most populated Sub City. The sub city population size is estimated to be524, 200 (near half females), which represent 15.6% of the Addis population. The sub city is renowned by the largest number of Leprosy cases—estimated to be near 100,000. Some of the reasons for the large Leprosy patient community in the sub city were: existence of Alert hospital in the sub city (Leading Leprosy center in the country), and avoid stigma (established their own community), relatively cheap house rent (KolefKeranyo sub-city Annual Report 2016).

Unemployment, high prevalence of HIV/AIDS, food insecurity, and poverty all are epidemic in the KolfeKeraniyocommunity. TheKolfeKeraniyo Sub City is generally known as the most impoverished, relatively poor economic status and low infrastructure area of Addis Ababa.

According to the sub city administration report, KolefKeranyo is characterized by the existence of large number of destitute women living in absolute poverty. Women unemployment was relatively high and majorities depend on their life in irregular daily labor. In relation to low house rent, many destitute people in the capital prefer to live in this sub-city. As a result, sharing houses for two or more households and high congestion are widely observed. In addition, their relatively low awareness level and contraceptive coverage resulted in high population size.

Kore (woreda-01) is one of the six woredas in the sub city where largest number of Leprosy women resides. Kore is located near city garbage dumping place (locally known as “*Koshae*”). According to a recent census by the woreda job creation and food security office, the woreda population size is 23,048 (55% female). The total number of Leprosy women in the woreda was estimated to be 6,000.

2.2. Empirical review

The World Health Organization Quality of life research revealed that quality of life deteriorated gradually in leprosy-affected persons. Leprosy, if untreated, leads to progressive physical, psychological and social disabilities and rehabilitation. Because of the stigma associated with the disease, patients sometimes delay seeking proper care until they develop physical deformities. The quality of life of such persons declines rapidly.

Leprosy patients used to be forced to leave home; some were admitted to asylums or sanatoriums. Today, however, they remain within their families, although they are often looked down on and may receive little or no support from their communities identified by Study protocol for the World Health Organization Quality of life research (WHOQOL, 1993).

Study states that leprosy does not only affect the day-to-day functioning in the family, but considerable restrictions are imposed on patients due to the fear of social stigma. Segregation in some cases a direct outflow of the reject ion that people affected by leprosy experience from the broad community (Scott, 2006, pp.48-52).

In General, Leprosy women are vulnerable to violence, abandonment, and/or loss of home and children. Leprosy women economic empowerment is known to be the most important strategy in reducing stigma, improve income and to normalize leprosy in the community. NGO supported women empowerment projects, for destitute women suffering with poverty and social restrictions, mostly operates through micro-credit projects.

The available academic literature deals with studies researching the effectiveness of NGO micro-credit projects. However, the evidence regarding their success in empowering women is mixed. Empowering women' is a popular subject of study in underdeveloped countries where women's status is low, mainly due to gender discrimination, the persistence of patriarchal structures, and women's limited access to resources, (Jejeebhoy and Sathar 2001; Bano 2009; Dufloo 2012; Ngo and ZakiWahhaj 2012). Indeed, developed countries donate large sums of money to support women's empowerment projects (Siddique and Ahmed 2012; Kaiser, Doullah and Noor 2014).

Bano (2009) contends that most of the international development organizations are giving prime consideration to women's empowerment programs. Among these programs, economic empowerment is at the top of the list. 'Economic projects identify women as a vulnerable group locked out of the economy and therefore efforts are concentrated on enabling women to become income generators'(Stein ,1997 p. 27).

Many studies have debated the role of NGOs in women's empowerment, and women's willingness to change their marginalized condition particularly in underdeveloped parts of the world (Fonjong 2001; Dheepa and Baran 2010; Srivastava and Austin 2012; Kala and Margaret 2013; Wadekar 2014).

Many scholars have contributed to the effectiveness of micro-credit projects. These include; Adegoroye and Adegoroye (2008), Prveen and Chaudhury (2009), Prabhakar, Latha and Rao (2010), Khan and Bibi (2011), Jan and Hayat (2011), Idrees, Ilyas and Cheema (2012) Shah et.al (2015). Conversely, many others doubt the effectiveness of micro-credit projects. These include; Goetz and Gupta 1996; Montgomery 1996; Rogaly 1996; Rahman 1999; Khondkar 2002; Onyuma and Shem 2005; Al-Amin and Chowdhury 2008; Balasubramanian 2013).

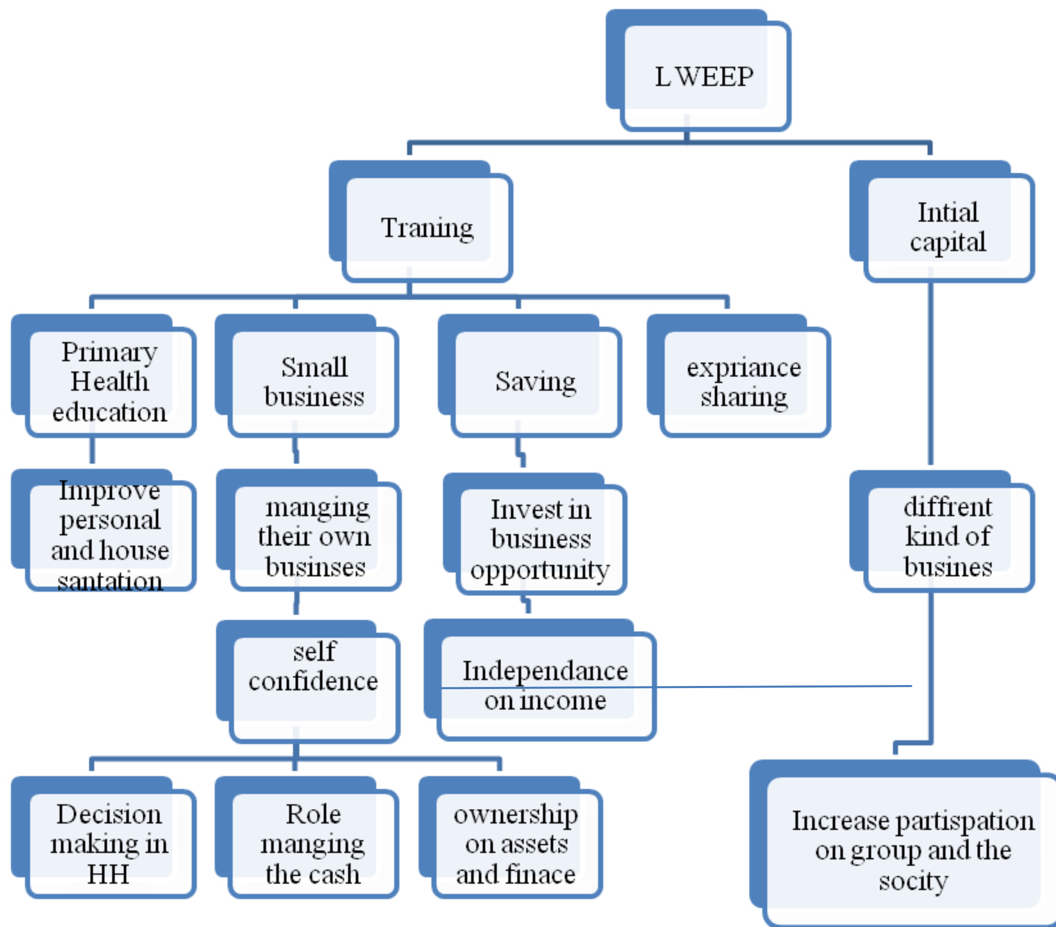
Taking the above arguments into consideration, this study attempted to measure the impact of the women economic empowerment project leprosy women in Kore woreda.

2.3. Conceptual Framework

This section presents the project logic and expected outcomes/impacts from their intervention. Leprosy Women's economic empowerment project (LWEEP) engagements begin with extensive trainings on related topics; such as health education, small business, saving and experience sharing. With the training, the project provides start-up capital to the beneficiaries.

The above trainings are supposed to change their personal hygiene, environmental sanitation, managing business and invest in business opportunities. These in turn will build their self-confidence and be financially independent. Consequently, they will develop decision making power, own assets/finance, manage cash and increase participation in the society.

Graph 2: 1Conception framework for Effectiveness review



Adapted from Women's Empowerment Impact evaluation in Uganda: Effectiveness Review Series 2014–15

CHAPTER THREE

III: RESEARCH METHODLGY

3.1. Introduction

The methodology section was divided into six sub-sections which were the general research design, population and sampling technique, source and tools of data collection, method of data analysis, reliability test and the last one was ethical considerations population and sampling technique, source and tools of data collection, method of data analysis, reliability test and the last one was ethical considerations

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3.2. Description of the study Area

The Leprosy women economic empowerment project had been implemented in Kore Woreda from 2004 to 2007. The project beneficiaries were recruited jointly with the woreda administration office. Based on the baseline assessment, the project provided need-based support so that they generate their own income and support their family in a sustainable manner. The activities of the project includes; capacity enhancement training, jointly select business sector, provide seed money (mostly in kind), established saving scheme and close follow up. According to the former project officer, a total of 135 poor leprosy women were supported by the project. In relation to poor documentation, however, the database and contact address of only 90 beneficiaries were accessed.

3.3. Research Design and Approach

A descriptive study is a study concerned with describing the characteristics of a particular individual, or of a group (Kothari, 2004).This study adopted descriptive research design based on relevant/related documents reviewed, key informant interviewed and participant questioner to leprosy women was done in the community.

3.4. Data Type and Source

3.4.1. Data type

For this research, the data collection tool was structured questionnaire and interview. The questionnaire survey has two sections. The first part was intended to acquire the demographic profile of the respondents, while the other section was contain a set of outcome statements. The interview was semi structure questioner. Both questioners and interview was prepared in Amharic.

3.4.2. Data source

According to Cooper and Schindler (2001 as cited in Maniram, (2007), data includes facts collected from participants or observations, published information which is categorized as primary and secondary. Understanding that no single source has complete information, this particular study used

both primary and secondary sources. Primary data were gathered by the researcher from participant using questionnaires and using key informant semi structured interview. Primary resources describe those who have direct related or indirectly related by the project.

3.5. Target population and Sample

According to Welman and Kruger (2004 in Maniram (2007) population is defined as study object, which may include individuals, groups, objects, events or the conditions to which they are uncovered. Furthermore, De Vos (2000 in Maniram 2007) defines a sample as a small portion of the total set of objects, events or persons which together comprise the subject of the study. Thus, the target population and sample size of the research are indicated below

3.5.1. Target population

This site was selected based on the preliminary assessment, researcher observed that many leprosy patients and leprosy affected women were there supported by the project of women economic empowerment at kore woreda one. The target population was the Leprosy women they live in Kore (woreda one). According to the former project officer, a total of 135 poor leprosy women were supported by the project in the past five years. In relation to poor documentation, however, I could access the database and contact address of only 90 beneficiaries.

Sampling is a process of selecting a section/sample out of the target population for the given survey—adequacy and representativeness are vital to ensure inference to the target population. According to Welman and Kruger (2004) population is defined as study object, which may include individuals, groups, objects, events or the conditions to which they are uncovered. Furthermore, De Vos (2000) defines a sample as a small portion of the total set of objects, events or persons which together comprise the subject of the study. Thus, the target population and sample size of the research are indicated below.

3.5.2. Sample size determination

Sampling is a process of selecting a section/sample out of the target population for the given survey—adequacy and representativeness are vital to ensure inference to the target population. The ninety leprosy women living in the community and supported by the project; they were ten officers from the sub city health bureau, woreda health office, woreda women children and youth affairs office, I Pour Life ministry, and Ethiopian Leprosy Association, EAGC-ADA. The study organizations were selected based on their responsibility and activities related with leprosy women. The study subjects will select based on their responsibility and duration of stay in the position. The target population and sample size of the research are indicated below.

The sample size was determination using a Single Population Proportion formula, $n = \frac{Z^2 P(1-P)}{d^2}$

P—Proportion of leprosy women involved in the project. Of the total of 2500 Leprosy women living in the woreda, 90 were found to benefit from the economic empowerment project—making their proportion to be 3.6%.

Z–-95% confidence interval 1.96

d—Margin of error of 4%; and

An upward adjustment for non-response taken to be 10%

Accordingly, the total sample size was calculated to be 91.

$$\frac{1.96^2 .0.036(1-0.036)}{0.04^2} = 83 + 8 = 91$$

3.5.3. Sample selection procedure

Although the officer in charge of the project claimed that 135 Leprosy women were involved in the economic empowerment project in the woreda, data and contact address were found only for the 90 women. This is related with poor documentation and lack of proper handover during officers' exchange. The existing list was taken as a sampling frame and all were included in the study. In other words, the calculated sample size coincided with the available sampling frame, making the study a census survey.

3.6. Data Collection Methods and tools

The study is organized in a way that secondary and primary data on the topic were collected from relevant documents and the study participants using different data collection instruments. For the literature/document review, data collection guide was developed. For the key informant interview, semi-structured questionnaire and structured questioner will develop.

3.7. Data Analysis and Presentation

Structured questionnaire was developed for quantitative data collection tool. The questionnaire had three inter-related section—socio-demographic characteristics, economic empowerment project activities and economic empowerment project process. The tool has a total of 15 questions. It was initially pre-tested by five people and necessary changes were made.

Data was collected by the researcher assisted by a highly experienced data collector with relevant educational background. At the field level, all completed questionnaires were checked by the researcher for completeness and consistency. Data entry codebook that links the questionnaire to data to be entered in the computer was developed and data cleaning and entry into *SPSS version 2*0 software statistical software were performed . Descriptive and inferential statistical analysis was conducted using tables and graphs depending on the nature of the result. The findings from the

quantitative data analysis were triangulated with outputs from the qualitative section and interpreted using literature review findings.

The qualitative data was collected through literature/document review and key informant interviews (KIIs). A total of ten key informants (from different institutions) were interviewed using a semi-structured key informant interview checklist tool (see annex---). The tool was later translated into Amharic. The study institutions were selected from the target woreda in consultation with the supervisor. However, the study subjects in the selected institutions were identified purposively; meaning, based on their position/status, knowledge and experience on the given topic.

As part of literature/document review, relevant/related materials (soft and hard copies) were reviewed in view of understanding the project, current scholarship on the topic, government policy/strategy, existing related programs/actors, related high-impact interventions and standing challenges. In relation to poor documentation, however, relevant documents on the project implementation and follow up were not accessed. Key Informants Interviews (KII) had been critical in getting in-depth qualitative information on the project outcome and influencing factors. Luckily, all sampled KII participants were available and willing to participate. The qualitative data were interpreted using thematic coding. Finally, qualitative and quantitative data were triangulated and written in the report in a coherent flow.

CHAPTER FOUR

IV: DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

A total of 90 Leprosy women living in Kore Woreda were involved in the household (quantitative) survey—making a response rate of 96%. In addition, 10 key informants (well aware of the topic and situation in the woreda) were involved in the key informant interview (qualitative survey). The study samples were representative for all the available leprosy women living in the woreda during the time of data collection were interviewed. List of Leprosy women living in the woreda during the time of data collection (Sampling frame) was taken from the woreda administration office. Attempt was made to interpret the above primary data with the secondary sources (literature/document review) and presented as follows.

4.1. Socio-demographic characteristics of respondents

Table 4: 1 Socio-demographic characteristics of household survey respondents

No	Background characteristics	Percent	Remark
1	**Age**		
	21-30	29%	
	31-40	58%	
	Above 40	13%	
	Mean	34years	
	Median	35years	
2	**Marital status**		
	Single	15%	
	Married to Leprosy case	44%	
	Married to non-Leprosy case	16%	
	Divorcee	17%	Out of 17% of divorcee leprosy women 8% divorced related to their Leprosy status
	Widow	8%	
3	**Education status**		
	Illiterate	64%	
	Elementary	23%	
	High school	12%	
4	**Pre-project income source**		
	Begging	28%	
	Daily laborer	29%	
	Craft work	40%	
5	**Pre-project monthly income**		
	Up to 100 birr	24%	
	101-200 birr	34%	
	201-300 birr	22%	
	Above 300	20%	
6	**Post-project income source**		

	Charcoal sale	8%	
	Vegetable sale	18%	
	Clothing sale	33%	
	House-hold/church material sale	39%	
7	**Post-project monthly income**		
	Up to 500 birr	10%	
	501-1000 birr	26%	
	1001-2000 birr	51%	
	Above 2000 birr	13%	

The project rehabilitation program involves Leprosy women above 18 years of age with a mean and median age of 34 and 35 respectively. This tells the project focuses on women in a reproductive age for its economic empowerment project. In relation with low literacy and limited access to family planning service, Leprosy women are known to have relatively large family size. Nevertheless, the project did not include reproductive health program.

Overall, 15% of the project beneficiaries were never married; whereas, 60% married and the remaining 25% either divorced or widowed. Near half of divorced leprosy women attribute their leprosy status for their divorce. Although the study has not captured their family size, in relation to low literacy level and limited access to family planning service, their fertility rate is relatively high. The study highlights 44% of the Leprosy women get married with Leprosy men. This tells that they are being discriminated to establish family with non-leprosy men. In other words, the project did not work enough on social discrimination.

4.2. Educational status

Near two third (63%) of leprosy women in the woreda did not attend formal education at all. This is related to their ill-health status, poor economic status, stigma and being internally displaced from their birth place. Low education status, in turn, negatively affected their economic status and life style. Only 12% joined high school.

4.3. Economic status

Leprosy women in Kore woreda suffered multifaceted challenges. These include low literacy, poor health, isolation and stigma related to their leprosy status, unemployment and high fertility. These have resulted in very poor socio-economic status. Before the start of I Pour Life Leprosy Women empowerment project in the woreda, they were supporting their living through begging (28%), daily labor (29%) and different craft work (40%).

Although these were the only income sources availed for them, their income amount was very low; near a quarter (24%) less than hundred a month and only 20% above 300 birr a month. Following the project, they were trained and capacitated to generate their own income through informed income-generating programs. These include; House-hold/church material sale (39%), clothing sale

(33%), vegetable sale (18%) and charcoal sale (8%). These are less stressful and tiresome activities with better profit. Almost all (99%) testified significant improvement in their living condition (in the first couple of years) with two thirds making above 1000 birr a month.

By so doing, the project met its objective to economically empowered the women through increasing their income, generating their own income, encouraging them to work more, avoiding dependence, making house hold decisions and participating in community gathering (such as*Ikub* and *Ider*).

The above graph highlights significant improvement in their economic status after the introduction of the project in the woreda. Before the project, only 20% were making above 300 birr a month; after the project, 90% were making above 500birr a month.

A study showed that the likelihood of a child's survival increase by 20% when the mother controlled household income (Zoellick, 2010). Because of increased income, the family can be able to send their children to school and feed a proper meal that resulted in not only increase survival of children but also the existence of healthy and fruitful children for the family and the society.

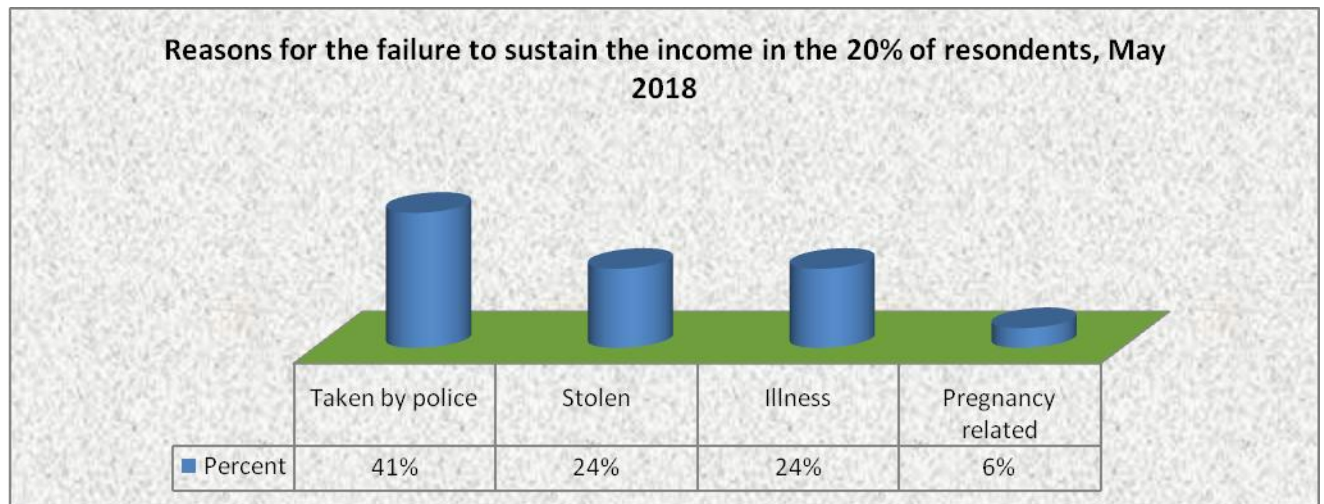
4.4. Change in their life style

As many stated, on top of avoiding dependence and related psychological trauma, they observed significant change in their life style. The outcome/impact of the project showed 80% attained significant financial improvement (of which 90% reported to make over 1000birr a month). They expressed to have better/regular meal, send children to school, be self-supportive and independent and improve/change household utilities. Furthermore, 68% reported to start saving women are found to be more conservative and capital efficient raising more money and selling when they get a good offer than their male counterparts (Dow Jones, 2012).

4.5. Sustainability of the project

Continued improvement in their life style even after the phase out of the project had been the desired and well planned essence of the project. To this end, the project capacitated the leprosy women through training/counseling, seed money and follow up. As a result, 80% of study participants reported that their life style has continued to improve even after the project phases out. The following graph highlights prominent reasons for the failure of the remaining 20% to sustain their income;

Graph 4: 2 Bar graph displaying the reasons for the failure of the 20% of beneficiaries who failed to sustain their income



Although the project supported the poor leprosy women with training/counseling and finance, they have not done more to secure legal status to trade in the woreda. As a result, the local police has confiscated the property of 41% of women who could not sustain their income—making 8% of the overall project beneficiaries. Of those who failed to sustain their income, a quarter associated with being stolen and a similar number noted that they suffered different illnesses and could not work properly. The remaining 6% failed to sustain their income in relation to pregnancy and lactation.

As stated in the above graph, 24% of women failed to sustain because of their illness, Khasnabis C, Heinicke Motsch K, Achu K, 2010 stated that Leprosy can have a significant economic impact on persons and their relatives. This is mainly related with their physical damage and related medical conditions.

The project major implementation challenges were the women frequently changing their work place and rental house during their business follow up process. And there was no contingency plan for unforeseen situation (pregnant and lactation women and also those sick related with leprosy). The major limitation of project was shortage of fund that leads to result in relation to the magnitude of the problem; the project supported only 90 women (1.5% of total leprosy women in the woreda). In addition, the project did not perform end line evaluation and disseminate their experience so that interested organizations could draw lesson and scale up the program.

Development in general and economic empowerment of Leprosy women in particular is a cost-intensive venture. I Pour Life alone could not support all poor Leprosy women in Kore woreda. While providing financial support to relatively few selected beneficiaries, the project could have launched wide scale economic empowerment trainings to the remaining poor Leprosy women in the woreda.

In low-and middle-income settings, weak health care systems are common (Mills 2004). The project not give provision for the other determent factors of the leprosy women such as medical support, in relation to that out of fail to sustain leprosy women 24% of women fail to sustain because of their illness. Almost all examples of successful project based learning exploit on the success of cooperative or collaborative knowledge (Land & Greene, 2000; Marx etal., 1997)

CHAPTER FIVE

V: SUMMARY, CONCLUSIONS AND RECOMMENDATION

5.1. Summary

The purpose of the study was to measure the impact of women empowerment project performed in Kore woreda, KolfeKeranyo sub city from 2014 to 2017. The methodology employed was descriptive research design using primary and secondary data sources. A total of 100 respondents were involved (90 household survey and 10 key informants). Prominent findings of the study were; financial income significantly improved, enjoyed regular and better meal, managed to send children to school, encouraged to work and be self-supporting, started saving, understood and claimed their rights and restored from Leprosy-related psychological trauma. The project was mostly (80%) sustainable, which is related to their focus on building the capacity of the beneficiaries to generate their own income, promote community volunteers and encourage saving schemes. Its major limitation is that they have not offered attention to related determinants—such as health condition, social stigma/discrimination and low esteem.

5.2. Conclusion

Understanding the dire situation of Leprosy women in Kore woreda, I Pour Life International had developed a women empowerment project. The project aims to improve the economic status of poor Leprosy women living in the woreda in a sustainable manner. The project supports were informed training, regular follow up, startup capital and encourage saving. The study attempted to measure the effect of the project using primary and secondary data sources. A total of 90 beneficiaries and 10 key informants were involved in the survey; relevant and related materials were reviewed.

The study showed before the start of the project, majorities of Leprosy women were involved in daily labor and beggary, by which near half (58%) were making less than 200 birr a month. The project performed baseline survey and designed a well-informed project, considering their potential, health condition and local market.

The selection criteria entail; age, health condition, income status and access to other supports. Although it is too early to measure the impact of the project (one year since phases out), the study tried to identify the effect of the project thus far. Accordingly, 80% attained significant financial improvement. Before the project, 80% were making less than 300 birr a month; after the project, 90% reported to make over 1000birr a month. They expressed to have better/regular meal, send children to school, be self-supportive and independent and improve/change household utilities. Furthermore, 68% reported to start saving. Overall, the study affirmed that I Pour Life Leprosy

women economic empowerment project brought significant change in the life style of its beneficiaries.

5.3. Recommendations

To the Woreda administration office

- Shall closely work with the project and provide working space and legal/security cover
- Shall facilitate free essential medical care for such poor Leprosy women

To the I Pour Life project or similar stakeholders

- Engage the worda administration and relevant actors at all levels of the project
- Introduce community awareness program to the woreda community—focusing on leprosy-related stigma and discrimination
- Design contingency plan in case of unforeseen challenges in sustaining their income

To future researcher

- Explore the social and psychological impact of the project on the beneficiaries and target community

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APPENDICES

Appendix I: Household Survey Questionnaire--English

Dear Respondent,
First of all thank you for your willingness to be part of the survey. This questionnaire is prepared by Seble Ayele Master's Degree student of St. Mary's University, School of Graduate Studies, College of Business Administration, and Department of Project Management to collect data to be analyzed for a master's thesis (study) which is a requirement for a student to accomplish the master's program. The title of the study is "THE IMPACT OF ECONOMIC EMPOWERMENT PROJECT ON MARGINALIZED WOMEN: EVIDENCE FROM WOMEN WITH LEPROSY AT KORE DISTRICT, ADDIS ABEBA.".

The objective of the study is to explore the impact of economic empowerment project on women with leprosy in the case of women empowerment project in Kore district. Your participation as respondent is entirely voluntary and the questionnaire is completely anonymous. Finally, I want to assure you that the information which you shared with me will be kept confidential and only used for the academic purpose. No individual's responses will be identified as such and the identity of persons responding will not be published or released to anyone. All information will be used for academic purposes only.

Thank you again for your kind cooperation and time!
SebleAyele

……………	Woreda……………………………………………………	Kebele……………………………………
………..	Data collector ………………………………………………	Supervisor ………………………………

No	Question	Choose	skip
	Part I personal information		
1.	Age (in year)	Age in number:………….. I do no……………99	
2.	Marital status	Single ---------1 Married to PAL (people associate with Leprosy) ……………..2 Married to non-PAL ……………..3 Divorced ---------4 widowed ---------5 others 88	
3.	If divorced or separated, why?	because of leprosy ---------1 because of other reason ---------2	
4.	Level of Education	Illiterate ………1 Elementary………2 High school………3 Religious education………4 others……………………………………………………. 88	E
5.	what was your job before you involve on the project	Daily labor ……………...1 Bagging ……………..2 washing cloth (cleaning)……………..3 different kind of skills……………..4 others.. 88	
	Part II Economic empowerment project activities		
6	Average monthly income of the family before involve on the project	No income ……………..1 Up to100 birr ……………..2 101-200 birr ……………..3 201-300 birr ……………..4 More than 301birr ……………..5	
7	In which project activities do you participate?	charcoal ……………..1 church material ……………..2 vegetables ……………..3 cloth ……………..4 others…..88 House hold materials…………5	
8	Did you think the project change your life?	yes ……………..1 No ……………..2	

No	Question	Choose	skip
9	If yes, In what way your lives change?	Buying house hold staff ……………..1 By saving my money ……………..2 sending my children to school and feeding proper meal ……………..3 I can work and that make me independent ...4 1&2……………..5 3&4 ……………..6 others …..88 .... All…………7	
10	what is the average monthly income after involve on the project	Up to500 birr ……………..1 501-1000 ……………..2 1001-2000 ……………..3 2001-3000 ……………..4 more than 5000 ……………..5	
PART III: Economic empowerment process flow			
11	Did your monthly income sustainable?	yes ……………..1 No ……………..2	
12	If 'No', why?	Taken by thief ……………..1 Materials Taken by police ……………..2 Illness ……………..3 Pregnancy and lactation……………..4 other 88	
13	Did you have additional support from the project?	Weekly follow-up ……………..1 Blanket ……………..2 House renewal ……………..3 Mattress ……………..4 Medical support ……………..5 other...88	
14	State any Strength of the project?	saving ……………..1 children sending school and proper meal……2 Independency and encourage working …..3 Buying house hold materials ……………..4 Ikube and social gathering ……………..5 1,2,3………………….6 4,5 ……………..7 All ……………………………………………………..8	
15	State any limitation of the project?	Additional finical support ……………..1 Working place ……………..2 Nothing ……………..3	

Appendix II: key Informant Interview questionnaire--English

Dear key informant,
First of all thank you for your willingness to be part of the survey. This questionnaire is prepared by Seble Ayele Master's Degree student of St. Mary's University, School of Graduate Studies, College of Business Administration, Department of Project Management to collect data to be analyzed for a master's thesis (study) which is a requirement for a student to accomplish the master's program. The title of the study is "THE IMPACT OF ECONOMIC EMPOWERMENT PROJECT ON MARGINALIZED WOMEN: EVIDENCE FROM WOMEN WITH LEPROSY AT KORE DISTRICT, ADDIS ABEBA.".

The objective of the study is to explore the impact of economic empowerment project on women with leprosy in the case of women empowerment project in Kore district. Your participation as respondent is entirely voluntary and the questionnaire is completely anonymous. Finally, I want to assure you that the information which you shared with me will be kept confidential and only used for the academic purpose. No individual's responses will be identified as such and the identity of persons responding will not be published or released to anyone. All information will be used for academic purposes only.

Thank you again for your kind cooperation and time!
Seble Ayele

Part I: Personal information

Name ____ Sex____________ Age______

Educational status__________________________ Occupation /Sector ____________

Part II:

1 For how long you have been working here?

2. How many leprosy women live in this community Woreda one?

3. How many projects work on leprosy women empowerment project on kore district (Woreda one)?

4. Did you know I pour life project and area of their involvement? And in what way work with them?

5. What are the criteria to select the women and how many leprosy women they empower?

6. Do you think the project have significant impact on the economy of the women?

7. Did the project have sustainable in the women economy?

8. What are their challenges and the impacts of the project?

Appendix III: Household survey questionnaire--Amharic

ሰላምታ! ስሜ.........................ነው፤ የመጣሁት ከቅድስተ ማርያም ዩኒቨርስቲ የስራ አስተዳደር ኮሌጅ ነው፡፡ የመጣሁትም የማስትሬት ድግሪዬን ለማጠናቀቅ የሚረዳኝን ጥናት በሚመለከት መረጃ ለመሰብሰብ ነው፡፡ የጥናቱም አላማ "በአዲስ አበባ ክልል፣ በቆሬ ወረዳ የሚገኙ የስጋ ደዌ ህሙማን ችግረኛ ሴቶችን የኑሮ ሁኔታ የሚደግፈውን ፕሮጀክት/ አገልግሎት ተጽዕኖ/ ውጤት ለመመዘን ነው"፡፡

እርሶ በዚህ ጥናት የተካተቱት ከላይ በተጠቀሰው ፕሮጀክት/ አገልግሎት ድጋፍ ይደረግልዎ ስለነበር ነው፡፡ የዕርሶ ምላሽ ለሌሎች ተመሳሳይ አገልግሎቶች መጠናከር የሚጠቅም ሲሆን የሚሰጡንም የግል አስተያየትዎ በሚስጥር የሚጠበቅና ከጥናቱ ውጭ ለሌላ አካል አልፎ የማይሰጥ ይሆናል፡፡

ፍቅደኛ ሆነው ጊዜ ስለሰጡን እናመሰግናለን!
ሰብለ አየለ

የከተማ ስም……………………………………………………	የወረዳ ስም………………………………………………… ………	የቀበሌ ስም……………………………………
መረጃ የተሰበሰበበት ቀን …………………………………	የመረጃ ሰብሳቢ ስም………………………………………………	የተቆጣጣሪ ስም……………………………

ተ.ቁ	ጥያቄ	ምርጫ
ክፍል-1፡ የግልመረጃዎች		
1.	ዕድሜዎ ስንት ነው (በአመት)?	ዕድሜ በአመት:………….. አላውቀውም…………….99
2.	የትዳር ሁኔታ	ያላገባ---------1 ከስጋደዌ ታማሚ የተጋባ……………..2 የስጋደዌ ህመምተኛ ካልሆነ የተጋባ……………..3 የተፋታ ---------4 መበለት (ባሏ የሞተባት) ---------5 ሌላ(ግለጽ)…………………………………………………88
3.	የተፋታች ከሆነ በምንምክን ያትተፋቱ?	ከስጋደዌ ህመሚ ጋር በተያያዘ---------1 ከሰስጋደዌህመሚጋርባልተያያዘ---------2
4.	የትምህርትሁኔታ	መደበኛትምህርት ያልተማሩ………1 የመጀመሪያ ደረጃ………2 የሁለተኛ ደረጃ………3 የሃይማኖት ትምህርት………4 ሌላ(ግለጽ)…………………………………………………88
5.	ዋና መተዳደሪያ ስራዎ (ሙያዎ) ከፕሮጀክቱድጋፍበፊትምንነበር?	የቀንስራ ……………...1 ልመና……………..2 ልብስማጠብ (ጽዳት)……………..3 የተለያየየእጅሙያስራ……………..4 ሌላ(ግለጽ)…………………………………………………88
ክፍል-2፡ የኢኮኖሚማጎልበቻፕሮጀክትአገልግሎቶች		
6	በፕሮጀክቱከመደገፍዎበፊትየቤተሰብዎአማካኝወራዊገ ቢምንያህልይሆናል?	ገቢአልነበረንም……………..1 እስከመቶብር……………..2 ከ101 እስከ 200 ብር……………..3 ከ201 እስከ 300 ብር ……………..4 ከ301 ብርበላይ ……………..5
7	እርሶዎበየትኛውየፕሮጀክትአገልግሎትተሳትፈዋል?	የከሰልንግድ……………..1 የቤተክርስቲያንመገልገያዎችሽያጭ……………..2 የአትክልትንግድ……………..3 የልብስ/ጨርቃጨርቅንግድ ……………..4 የቤትቁሳቁስ……………..5 ሌላ(ግለጽ)………………………………………………… 88
8	በፕሮጀክቱበመደገፍዎየኑሮዎሁኔታተለወጠወይ?	አዎ……………..1 አልተለወጠም……………..2
9	መልስ ዎአዎንከሆነበምንሁኔታተለወጠ ?	የቤትቁሳቁስመግዛትቻልኩ……………..1 መቆጠብቻልኩ……………..2 ልጆችንማስተማር ና በደንብመመገብቻልኩ……………..3 መስራትናራሴንማሰስተዳደርቻልኩ ……………..4 1,2……………..5 3,4……………..6 ……………..7 ሌላ(ግለጽ)………………………………… 88
10	በፕሮጀክቱከተደገፉብኋላየቤተሰብዎአማካኝወራዊገቢም ንያህልሆነ?	እስከ 500 ብር……………..1 501 እስከ 1000 ብር……………..2 ከ1001 እስከ 2000 ብር……………..3 ከ2001 እስከ 3000 ብር ……………..4 ከ5000 ብርበላይ ……………..5
ክፍል-3፡ የኢኮኖሚማጎልበቻአገልግሎቶችሂደት		
11	ወራዊገቢዊአሁንምቀጥላልወይ?	አዎን ……………..1 አልቀጠለም……………..2
12	መልስዎአልቀጠለምከሆነለምን?	ተዘረፍኩ……………..1 በደንቦችተቀማሁ……………..2 በህመሜምክንያት ……………..3 በእርግዝናናወሊድምክንያት ……………..4 ሌላ(ግለጽ)……………..88

የከተማ ስም………………………………………………………	የወረዳ ስም……………………………………………… ………	የቀበሌ ስም……………………………………
መረጃ የተሰበሰበበት ቀን …………………………………	የመረጃ ሰብሳቢ ስም……………………………………………	የተቆጣጣሪ ስም……………………………

ተ.ቁ	ጥያቄ	ምርጫ
13	ከፕሮጀክቱያገኙትተጨማሪድጋፍምንነበር?	ሳምንታዊምክርናክትትል……………..1 ብርድልብስ……………..2 የቤትእደሳ……………..3 ፍራሽ……………..4 የጤናክትትል……………..5 ሌላ(ግለጽ)………………………………………………88
14	የፕሮጀክቱን/አገልግሎቱንብርቱነትይግለጹ	የቤትቁሳቁስመግዛትቻልኩ……………..1 መቆጠብቻልኩ……………..2 ልጆችንማስተማር ና በደንብመመገብቻልኩ……………..3 መስራትናራሴንማሰስተዳደርቻልኩ ……………..4 ……………..5 ……………..6 ……………..7 ………………………………… 8
15	የፕሮጀክቱን/አገልግሎቱንውሱንነትይግለጹ	……………..1 ……………..2 ……………..3

Appendix IV: key Informant Interview questionnaire--Amharic

ክፍል-1፡ የግል መጠይቆች

ስም___________________________________ ጾታ____________ እድሜ______

ስራ/ድርጅት______________________ ሃላፊነት ____________ ስልክ____________

ክፍል-2፡

1. በዚህ ለምን ያህል ጊዜ ሰሩ

2. በዚህ ወረዳ ምን ያህል በስጋ ደዌ የታመሙ ሴቶችይኖራሉ

3. በወረዳው በስጋ ደዌ የታመሙ ሴቶችን የሚደግፉ ምን ያህል ፕሮጀክቶች አሉ

4. አይፖርላይፍ ስለተባለው ድርጅት ማንነትና አገልግሎት ምን ያህል ያውቃሉ ከነርሱስ ጋር በምን መንገዶች በጋራ ትሰራላችሁ

5. በፕሮጀክቱ ለመታቀፍ የመምረጫ መስፈርታችሁ ምን ነበር እስካሁንስ ምን ያህል የስጋደዌ ህሙማን ሴቶች በፕሮጀክቱ ታቅፈዋል

6. ፕሮጀክቱ በተረጂ ሴቶች ኢኮኖሚ ላይ የጎላ ተጽዕኖ እንዳመጣ ያስባሉ

7. ፕሮጀክቱ በተረጂ ሴቶች ኢከኖሚ ላይ ዘላቂ መፍትሄ አምጥቷልን

8. የፕሮጀክቱ ጠንካራና ደካማ ጎን ቢገልጹልን