

REPORT CARD

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



ETHIOPIA

COUNTRY CONTEXT:

Size of population:	74,777,981 ¹
Life expectancy at birth:	45.4 years ²
Percentage of population under 15 years:	43.7% (male 16,373,718 / female 16,280,766) ³
Population below income poverty line of \$1 per day (2004):	50% ⁴
Median age at first marriage for women (ages 20-49) in 2005:	16.5 ⁵
Median age at first marriage for men (ages 25-59) in 2005:	23.8 ^{5a}
Median age at first sex for women (ages 20-49) in 2005:	16.5 ^{5b}
Median age at first sex for men (ages 25-59) in 2005:	21.2 ^{5c}
Health expenditure per capita per year (2003):	\$20 ^{5d}
Contraceptive prevalence rate ⁶ :	9.7% ⁶
Total fertility rate:	5.4 children born/woman ^{6a}
Maternal mortality rate per 100,000 live births adjusted:	673 ⁷
Ethnic groups » Oromo Amhara Tigre Sidamo Shankella Somali Afar Gurage other ⁸	
Religions » Muslim Ethiopian Orthodox Animist other ⁹	
Languages » Amharic Tigrinya Oromigna Guaragigna Somali Arabic other local languages English ¹⁰	

AIDS CONTEXT:

Adult HIV prevalence rate in 2005:	3.5% ¹¹
Female HIV prevalence rate:	4% ¹²
Number of deaths due to AIDS in 2005:	134,500 ¹³
Number of orphans (ages 0-17) due to AIDS in 2005:	744,100 ¹⁴
Number of people living with HIV/AIDS:	1,320,000 ¹⁵

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Young women, and girls in particular, are disproportionately affected by the epidemic. For instance, 55 % of the 1.32 million people in Ethiopia living with HIV are women, and they also account for 53.2 % of all new HIV infections.¹⁶ The 2005 Ethiopian Demographic and Health Survey (EDHS)^{16a} showed that HIV prevalence among women is twice that among men (1.9% compared with 0.9%). Numerous obstacles contribute to the vulnerability of young women and girls to HIV. These include cultural and religious factors, which can decrease respect for women's legal rights and access to key services. These factors include early marriage, widow inheritance, early sexual abuse, and female genital cutting/mutilation. This reality, combined with low levels of capacity at the local level to provide sexual and reproductive health (SRH) and HIV prevention, care and support services, especially in rural areas mean that women are twice as likely to be infected with HIV as men.¹⁷ Critically, once living with HIV, women lack access to the services they need to live positively and prevent subsequent transmission. This is particularly important with regard to sex workers who are not officially recognised.

However, availability of services is not the only factor. The number of young women and girls accessing voluntary counselling and testing (VCT) is also

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN ETHIOPIA.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an **advocacy tool**. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Ethiopia. Its key audiences are **national, regional and international policy and decision-makers, and service providers**. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the **current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Ethiopia**. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides **recommendations** for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Ethiopia.

The Report Card is the basis of extensive research carried out during 2006 by IPPF, involving both desk research on published data and reports, and in-country research in Ethiopia to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Ethiopia' (available on request from IPPF).

hindered by a distinct lack of awareness, (especially amongst out-of-school girls). Accessibility is also constrained by stigma and discrimination and men's negative attitudes towards allowing women to admit their positive status. These factors are particularly prominent in rural areas. Therefore comprehensive and effective prevention programmes must also include men in order to allow genuine progress to be made. Although some women's organisations are supporting young women and girls on these issues, they are scarce in rural areas.¹⁸

The Ethiopian Strategic Plan for Intensifying Multisectoral HIV/AIDS Response (2004-2008)^{18a} addresses a full continuum of HIV and AIDS strategies, including care and prevention, support and treatment but the reality on the ground is often different. Centres are not easily accessible in rural areas and many people are reluctant to visit them due to stigma and lack of confidentiality. It has, however been recognised that Youth (15 – 24) are disproportionately affected by the epidemic and should be targeted in prevention plans and also that gender inequality has led to women and girls being more vulnerable but implementation does not match policy statements.



1»

PREVENTION COMPONENT 1 LEGAL PROVISION (NATIONAL LAWS, REGULATIONS, ETC)

»» KEY POINTS:

- **The minimum legal age for marriage** is 18, however many groups remain uninfluenced by this law. The median age for first marriages among women age 20-49 is 16.5 years and among men 25-59 it is 23.8 years.¹⁹
- A **current objective** of the 2004 -2008 strategic plan is **to review and reform national legislation** in order to protect people living with HIV from discrimination and to protect groups vulnerable to HIV.²⁰
- **HIV Testing is mandatory only for military pilots, both civil aviation and airforce.** Migrant workers are also tested, although this is not stipulated in Ethiopian legislation.²¹
- There is no **clear legislation on Voluntary Counselling and Testing (VCT) and the age of consent** at present. The fact that this remains for interpretation could potentially undermine efforts to reduce HIV prevalence in young women and girls.^{21a}
- Abortion is legal when pregnancy is life threatening or in the case of rape.²² In addition, abortion may be performed to preserve the physical, or mental health of the woman or in the case of foetal impairment. Studies suggest **54% of women with unplanned pregnancies seek abortion services from persons who are non medical professionals.**²³
- Article 35 of the **Ethiopian Constitution** commits to **giving women equal rights and protecting them from harmful practices.**²⁴ The **Family Law** of 2000 **improved women's status** to ensure that they are no longer subordinate to men **in marriage.** This law has helped Ethiopia to inter alia better address the links between gender-based violence and HIV infection.²⁵
- The Ethiopian **Penal Code** (updated in 2005) **recognises statutory rape** and abduction and allows for stronger penalties in the cases of child rape and gang rape. However, the Penal Code **does not recognise marital rape** as an offence.²⁶
- Most of the nightclubs and hotels where sex workers are based operate legally under working licenses. **Many sex workers have organised themselves into groups** even though sex work is not a legally recognized 'profession.'²⁷
- In **2004 laws against Female Genital Mutilation/Cutting (FGM/C)** were introduced with a penalty of three years in prison if someone causes an injury whilst performing FGM/C. However the practice is still widespread (74% of women had undergone some form of FGM/C in 2005²⁸) while evidence suggests that this practice may increase the risk of HIV transmission.²⁹
- A revision of the penal code in 2005 included **penalties for child marriage and domestic violence** although legislation is difficult to implement, especially in rural areas.³⁰

»» QUOTES AND ISSUES:

- **"The Family Law of 2000 has liberalized abortion rights,** especially for women who have experienced rape or incestuous intercourse. There are no legal prohibitions on the use of HIV prevention and STI treatment services for girls and young women." (Interview – Management, UN agency)
- **"The law does not ...protect HIV positive women from evictions and property losses"** (Interview - Coordinator, PLHIV women's association)
- **"Strengthen enforcement of the laws** which prohibit early marriage and harmful traditional practices such as tonsillectomy, vasectomy and female genital circumcision."³¹ (Focus Group Discussion Married Young Women – 18-23 years, Soyoma Genji, Becho district, Oromia Region, Rural area)
- **"Government should introduce a law that restricts sex work.** The absence of such a law denies the women involved any protection and exposes them to HIV." (Interview – Senior Management, Family Planning Association)
- **"The community does not cooperate in enforcing the laws.** When a girl is raped, it is often settled through mediators and bribes. They keep quiet when Female Genital Mutilation occurs." (Interview - Coordinator, PLHIV women's association)
- **"Strengthened sanctions and enforcement on rape will protect those who are vulnerable to HIV/AIDS as a result of rape. But laws that directly criminalise the transmission of HIV are not the best way to do rights-based HIV prevention."** (Interview - Senior Management, Family Planning Association)
- **"The legal restrictions on abortions as well as the recent changes have a more significant impact on urban and unmarried girls** who are more likely to be exposed to unwanted pregnancy. The right to use Sexual and Reproductive Health (SRH) services is **more likely to be beneficial for in-school girls who are more informed** about these services." (Interview – Management, UN Agency)
- **"This (Legislation) should be supplemented with education for elders who are the main decision-makers on their children's marriage."** (Focus Group Discussion- 18 to 23 years - Soyoma Genji, Becho district, Oromia Region, rural area)



2»

PREVENTION COMPONENT 2 POLICY PROVISION (NATIONAL POLICIES, PROTOCOLS, GUIDELINES, ETC)

» KEY POINTS:

- The **National Strategic Plan for Intensifying a Multisectoral HIV/AIDS Response (2004-2008)** states that a minimum package of services for targeted prevention, care and support has to be defined at all levels.³² It proposes to increase primary health service coverage from 60% to 80%. Other specific and salient points are:
 - It **does not reference girls and young women but identifies sex workers, out of school youth**, migrant workers and teachers as **Special Target Groups** and gives strategies to reduce vulnerability to HIV infection for these groups:
 - 1) Promoting Voluntary Counselling and Testing (VCT) and other behavioural change interventions.
 - 2) Promoting the use of male and female condoms and making them freely available.
 - 3) Providing free user-friendly Reproductive Health and STI services.
 - 4) Integrating HIV/AIDS in life skills education and basic curriculum.
 - 5) Developing youth centres and providing peer education.³³
 - Proposes to **organise PLHIV into groups** and also proposes to update policies **to ensure their protection and rights**.
 - There is **no reference to confidentiality** although stigma and discrimination is being addressed by creating associations of PLHIV and through other already established means.³⁴
- Two strategic documents being developed by the Ministry of Health through support from UNFPA are (i) the **National Reproductive Health Strategy (2006-2015)**; and (ii) the **National Adolescent and Youth Reproductive Health Strategy (2007-2015.) Complete access to contraceptives for every woman of reproductive age** and at all socio-economic levels is to be provided. This will improve access for women, out-of-school youth, girls within marriage and sex workers. Other strategies listed include:
 - improving research in reproductive health counselling centres;
 - increasing research in reproductive health;
 - promoting male involvement in family planning and diversifying available contraceptives methods.³⁵
- **HIV/AIDS is included in school curricula (Biology)** to be taught in school and peer education and HIV/AIDS mainstreaming in other subjects is now occurring.³⁶
- The Ministry of Health has published a Reference **Manual on Prevention of Mother to Child Transmission (PMTCT)**. It advocates for VCT as a routine part of maternal health.³⁷
- There are also guidelines on Antiretrovirals (ARV) and a policy to ensure male and female condoms are available in relevant sites.³⁸

» QUOTES AND ISSUES:

- "The national **HIV/AIDS strategy stresses expanded availability of male and female condoms**. The **policy on ART makes it widely available free of charge**." (Interview – Management, UN Agency)
- "*The policy on mainstreaming HIV is helpful in directing line ministries to allocate 2% of their budget to HIV prevention.*" (Interview – Management, UN Agency)
- "The proposed VCT policy, which allows **service providers to take the initiative to suggest testing, is beneficial**, and will increase the number of VCT clients. Vulnerable girls and young women, including sex workers, who come for other services, will be able to benefit from this." (Interview – Senior Management, Family Planning Association)
- "**We have not had lessons on HIV in our school.** In our biology class, we have been taught about the menstrual cycle and our anatomy, but very little on HIV." (Focus Group Discussion- 17 to 20 years, Addis Ababa, urban area)
- "The National HIV/AIDS policy emphasizes HIV prevention, promotes utilization of VCT and **discourages stigma and discrimination against PLHIVs**. The Women's and Youth Policies also complement it. However, implementation of the policy is weak." (Interview - Senior Management, Family Planning Association)
- "*The Ministry of Education has incorporated Life Skills in the national curriculum, which includes attention to SRH issues such as HIV and STI prevention. However, there is substantial variation in the extent to which the different regional administrations have adopted it in their regional curriculum.*" (Interview – Management, UN Agency)
- "**Married women think they are safe** because they are married and fail to use protection. **Unmarried women however use condoms** because their relationship with their partner is more casual. **Out-of-school girls have less access to information**, so they are less likely to want to test for HIV." (Focus Group Discussion- 13-21 years, Addis Ababa, urban area)



3»

PREVENTION COMPONENT 3 AVAILABILITY OF SERVICES (NUMBER OF PROGRAMMES, SCALE, RANGE, ETC)

KEY POINTS:

- There are **488 voluntary counselling and testing (VCT) centres** and 7 hospitals operating a weekend VCT service.³⁹ VCT sites are predominately free of charge although some charge 5 to 10 Birr (US\$ 0.6 – 1.2) and a few cost 50 Birr (US\$6). In **rural areas**, Voluntary counselling and testing (VCT) are **sparse** and far between and are often located in district capitals.⁴⁰
- In 2005 there were an estimated 211,000 people needing ART. As of December 2006, there are **225 ART sites but this is increasing every month**. At these sites 48,737 people were receiving ART at the end of 2006.⁴¹ **ART through private hospitals and government pharmacies is fee based**. However, it is **free through Global Fund and PEPFAR funded initiatives** in the public and private sector, and also through private initiatives.⁴²
- Currently, there are **131 hospitals, 600 health centres and 4,211 health stations providing sexual and reproductive health services (SRH) services** in the country.⁴³
- There are **128 Prevention of Mother To Child Transmission (PMTCT) sites**.⁴⁴
- There was a **free and anonymous HIV/AIDS hotline** established in March of 2005 which receives 3,000 to 4,000 calls a day.⁴⁵
- Availability of **services in some areas (Somali region, which is agro-pastoralist) is scarce** (only 2 hospitals and no centres for ART).⁴⁶ This poses a problem as **young women and girls** are particularly **vulnerable** to drought and other weather conditions which affect **food shortages** as they travel to local towns to **supplement their income by becoming sex workers**.⁴⁷
- There are various **programmes which highlight HIV and AIDS awareness amongst young people**. The School AIDS Education Programme:
 - Advocates and facilitates the **productive engagement of youth**.
 - Develops strategies to **establish comprehensive youth centres and education facilities**.
 - Advocates for the **expansion of youth friendly health services**.
 - Enhances youth focused Information Education and Communication (IEC) and care and support activities.⁴⁸
- By 2009/10 **30,000 health extension workers** will have been **trained and deployed and 13,635 health posts established**.⁴⁹
- In 2005/06 about **84 million male condoms were distributed** by NGOs. A **Female Condom Initiative** to promote the use of female condoms in Ethiopia has now been launched.⁵⁰
- UNHCR is **addressing HIV/AIDS issues in seven refugee camps** in Ethiopia with support from UNFPA. **Internally displaced persons** are among the **target groups of the UN joint effort** on addressing HIV/AIDS in emergency situations.⁵¹
- A specific **project addressing the SRH and livelihood needs of sex workers** in Ethiopia has been initiated by UNFPA and recently funded by UNAIDS.⁵²

QUOTES AND ISSUES:

- **“Two hundred health centers now offer PMTCT services**. But since the number of such facilities is limited in rural areas, condoms, STI, VCT and ARV services are **unavailable to most of the rural population**.” (Interview – Senior Management, Family Planning Association)
- **“Availability and access to ARVs, STI treatment and information on HIV is greater for boys and young men who are more knowledgeable about them.”** (Interview – Management, UN Agency)
- **“Sex Workers** visit health centers to get treatment for STIs and are often **offered condoms through outreach activities** and orphaned girls with HIV who are involved in home-based care also get ARVs from the government.” (Interview Senior Management, Family Planning Association)
- **“HIV prevention programmes for girls and young women have been limited and not as effective... we see some improvements among this group in that they are more likely to use services freely. The number of girls’ anti-AIDS clubs is increasing and more girls are involved in post-test clubs and as peer promoters.”** (Interview – Senior Management, Family Planning Association)
- **“Improvements in HIV prevention services should include expanded availability of female condoms**. It is something that increases their control and girls could carry them around easily and use them in case of rape.” (Interview- Coordinator, Youth reproductive health NGO)
- **“The availability of HIV prevention services for boys and young men is similar to that of females, but their access to information is higher because their opportunities to listen to the media and join anti-AIDS clubs are greater.”** (Interview - Coordinator, PLHIV women’s association)



4»»

PREVENTION COMPONENT 4 ACCESSIBILITY OF SERVICES (LOCATION, USER-FRIENDLINESS, AFFORDABILITY, ETC)

»» KEY POINTS:

- In reality there are multiple **social, logistical and financial barriers** to girls and young women accessing services in Ethiopia, including:
 - Judgemental attitudes of families, community members and health workers.
 - Stigma associated with HIV and AIDS makes people reluctant to visit voluntary counselling and testing (VCT) centres.
 - Lack of information about available services.
 - Distance to services and costs of transport. Prevention of mother to child transmission (PMTCT) centres, for example, can be up to 130km away for their ART referral hospitals.
 - Lack of privacy and confidentiality.
 - Traditional norms of gender inequality.

Many of these barriers particularly affect girls and young women who are poor and/or live in rural areas^{52a}.
- **Condoms are provided free in government health facilities** but usually only offered to family planning clients.⁵³
- The HIV Curriculum for the Health Professional training booklet covers **issues of stigma and discrimination faced by youth** and adults in HIV/AIDS programs in Sexual Reproductive services and hospitals.⁵⁴ The training specializes and offers training in youth-friendly programmes as well as in other topics.⁵⁵
- The Girls 'Birhu Tesfa' **programme targets out-of-school girls (mostly migrants) aged 10 to 19** in Addis Ababa. The programme **promotes literacy, life skills and reproductive health education** and takes place in a gender sensitive atmosphere. **Around 60 % of out-of-school eligible girls in Addis Ababa have been reached** by the programme.⁵⁶
- Although there are hospitals and health centres equipped to deal with HIV positive pregnant women in labour, some **data suggests** that (at least in Addis Ababa.) referral between health centers and hospitals exists and **HIV positive women in labour may not always be able to access safe birth care**.⁵⁷
- The **government and two major providers** of family planning services have been **affected by USAID funding criteria** which stipulates that in order to receive funding NGOs **neither perform nor actively promote abortion** as a method of family planning. **Shortage and lack of funding** of contraceptives contributes to the climbing HIV infection rates among young women, aged 15-24.⁵⁸
- **A lack of implementation (due to capacity) at the local level** means that services are not always delivered, particularly in rural areas.⁵⁹
- Some **girls** as young as 11 have been recruited **into sex work** and **prevented from accessing information, prevention or care services** by their brothel-owners.⁶⁰

»» QUOTES AND ISSUES:

- **"We need more HIV test centers** because only the health center provides this service and it may be too far for some to reach. In our area, there is no STI counselling centre. The clubs also do not distribute contraceptives on a regular basis." (Focus Group Discussion - 13-21 years, Addis Ababa, urban area)
- **"Barriers to girls and young women using HIV prevention services include the cost of VCT services; location of services is also more of an obstacle for rural girls and women... and lack of privacy..."** (Interview – Senior Management, Family Planning Association)
- **"It would be beneficial if VCT services are offered free of charge to rural, unmarried and out-of-school girls and young women."** (Interview – Senior Management, Family Planning Association)
- **"In rural areas, the location of HIV prevention services and lack of transport constrains many women from using health services...Health workers may not be receptive to the youth."** (Interview - Senior Management, Family Planning Association)
- **"There is ...lack of openness regarding SRH within the family.** If a girl experiences a problem, she is not able to talk to her parents and to make use of services." (Interview - Senior management, HIV Prevention and Support NGO)
- **"Rural women are also constrained by cultural norms and lack of awareness. While in-school girls have greater access to information, they may have less access to condoms which are not offered in schools."** (Interview - Senior Management, Family Planning Association)
- **"Many males may restrict women's and girls' use of services.** For instance, we commonly hear girls saying "If I ask him to use a condom, he refuses saying 'you must have had sex with others. I know my status.'" (Interview - Senior Management, Family Planning Association)
- **"The community does not have a good attitude towards people who want to take an HIV test. They often say, 'why does she doubt herself? She must have done something wrong.'"** (Focus Group Discussion - 17 to 20 years, Addis Ababa, urban area)
- **"Our husbands say that condoms reduce sexual satisfaction and do not want to use them. People are too embarrassed to take condoms** from health workers and health centers." (Focus Group Discussion- 18 to 23 years, Soyoma Genji, Becho district, Oromia Region, rural area)
- **"We didn't know that ARVS for pregnant women were available elsewhere than Addis Ababa!"** (Focus Group Discussion - 18 to 23 years, Soyoma Genji, Becho district, Oromia Region, rural area)



5»

PREVENTION COMPONENT 5 PARTICIPATION AND RIGHTS (HUMAN RIGHTS, REPRESENTATION, ADVOCACY, PARTICIPATION IN DECISION-MAKING, ETC)

»» KEY POINTS:

- Ethiopia **ratified the Convention on the Rights of the Child (CRC) in 1993 and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1981.**⁶¹ It has not signed the Convention on the Consent to Marriage, Minimum Age of Marriage and Registration of Marriages.⁶²
- The **government is addressing gender inequality** and advocating for mainstreaming gender in all sectors of **development and services in rural areas.** The focus includes:
 - **Enhancing the participation of women in all interventions** mainly in prevention, Home Base Care (HBC) and support services, and Prevention of Mother to Child Transmission (PMTCT).
 - Advocating for and promoting vulnerability and risk reduction **programs against rape, early marriage and harmful traditional practices.**
 - Addressing gender inequality through the empowerment of women and girls is one of the key pillars of the national Poverty Reduction Strategy Paper (PRSP).⁶³
- Dawn of Hope is an **association of People Living with HIV (PLHIV)**, including orphans due to HIV/AIDS. It is implementing the programme of education, care and support, and advocacy throughout the country. They have more than **10,000 members** and it has twelve branch offices in Ethiopia.⁶⁴
- **PLHIV have not been significantly involved in policy-making**, such as the creation of the national AIDS policy. However it appears that opportunities for greater involvement of PLHIV are improving.⁶⁵
- **Radio Programmes address** the issues of **stigmatisation and marginalisation** that many PLHIV face. It is a series of self-narrated stories of the everyday lives and experiences of PLHIV.⁶⁶

»» QUOTES AND ISSUES:

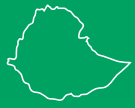
- “The protection of the human rights of girls and young women is not strong. The **CRC and CEDAW lack reporting mechanisms**, which makes it difficult to assess implementation.” (Interview – Program Officer, UN Agency.)
- “**Women’s representation on national and regional HIV/AIDS councils and the Country Coordination Mechanism for the Global Fund should be ensured.** There is a need to strengthen capacity in the Women’s Affairs Ministry on Gender and HIV.. **HIV should be main-streamed in the National Gender Action Plan.**” (Interview – Management, UN Agency)
- “The **National AIDS policy is not ‘rights based’** because **PLHIV were not involved** when it was being developed.” (Interview - Senior management, HIV Prevention and Support NGO)
- “*The National AIDS Policy recognizes the reproductive rights of women living with HIV. Many men do not permit their wives to reveal their positive status. These women therefore cannot get any care or assistance. Some men also force such women to have children.*” (Interview - Coordinator, PLHIV women’s association)
- “A **youth club brings together girls and boys** on a monthly basis to discuss various issues. It **improves their decision-making skills and helps them develop confidence** in themselves.” (Focus group - Aged 13 to 21, Addis Ababa, urban area)
- “*The policies would be much more effective if the youth, who are most affected by the problems, are more involved in their design.*” (Interview - Coordinator, Reproductive Health Youth NGO)
- “We should **reach out to parents to encourage them to allow their daughters to participate** in Anti-AIDS clubs.” (Focus group - Aged 17 to 20, Addis Ababa, urban area)
- “**Enable HIV positive girls and young women to provide peer-to-peer education.**” (Interview - Coordinator, PLHIV women’s association)
- “Although the protection of children’s and women’s rights is improving, **many AIDS orphans suffer from stigmatization.** Care should therefore be taken in using children in advertisements about AIDS orphans. These advertisements also often perpetuate gender stereotypes.” (Interview - Coordinator, Reproductive Health Youth NGO)





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RECOMMENDATIONS

» Based on this Report Card, a number of programmatic, policy and funding actions could be recommended to enhance HIV prevention for girls and young women in Ethiopia. These are actions that key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider:

Legal Provision

1. Ensure the scheduled **legal reform** stated in the National Strategic Plan includes the following :
 - Legislation on confidentiality
 - Legislation on voluntary counselling and testing (VCT) and age of consent to access VCT
 - Provision of penalties for discrimination that takes place in the workplace and by landowners
 - Repeal of legislation that criminalises the transmission of HIV
2. Collate all new legislation on **gender-based violence** including early marriage, harmful traditional practices, marital rape and abduction and domestic violence and ensure that there is thorough dissemination of the legislation, and information on the implications of these practices for the spread of HIV infection, at all levels including regional, *woreda* (sub-regional) and *zonal* (local) levels.

Policy Provision

3. **Gender must be mainstreamed** into national HIV/AIDS relevant policy and strategic documents and programmes. Within this, it must be ensured that the **most vulnerable groups** of young women and girls including sex workers, women living with HIV, out-of-school youth, and girls within marriage are effectively targeted and **their sexual and reproductive health (SRH), HIV/AIDS needs are addressed by integrated service provision.**
4. Provide for and conduct **capacity building of service providers and sensitization training of health workers** addressing confidentiality to ensure all service – providers are youth and female friendly and working efficiently at the *woreda* (sub-regional) and *zonal* (local) level in order to ensure targets on HIV prevention at these levels are reached.

Availability of Services

5. Increase availability of **antiretroviral therapy (ART)** whilst also promoting **positive prevention** for all people, specifically in rural areas. Ensure that areas that have poor infrastructure (Somali, Afar) with pastoralist communities are provided with ART facilities in places other than the district capitals.
6. Government to take the lead in scaling-up **free, universal and accessible voluntary counselling and testing (VCT) services**, throughout the country.
7. Continue to **expand prevention of mother to child transmission (PMTCT) sites**, and ensure that hospitals and health centres working with HIV positive pregnant mothers have the capacity to provide assistance to these mothers during labour, ensuring that referrals are kept to a minimum and that they can give birth safely.

8. Ensure that **access to information on HIV prevention and testing**, including access to condoms, is available in all health centres, hospitals and SRH services, so that young women and girls, particularly those out-of-school and girls in marriage can become aware of HIV and prevention methods.
9. Make **condoms (male and female) available free in schools** and in all health facilities and promote usage in already existent sex education and HIV prevention classes.

Accessibility of Services

10. **Promote positive Behavioural Communication Change** interventions by working with whole communities, including young men to reduce stigma and discrimination for young women and girls accessing HIV prevention, care and support services.
11. **Work with men and boys to improve their health seeking behaviour**, reduce the transmission of HIV and STIs to their regular partners, and increase young women and girls' access to essential services.
12. Aim to take a comprehensive **approach and integrate HIV/AIDS and SRH services within a wider health systems context**, so that users do not feel stigmatised and therefore reluctant to attend. In order to increase the impact of services and break down cultural barriers, communities should be actively encouraged to use such services.

Participation and Rights

13. Review and strengthen Ethiopia's action in the light of the aspects of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.
14. **Strengthen reporting and enforcement mechanisms** for international conventions particularly the CRC and CEDAW.
15. **Increase the involvement of people living with HIV** in the national AIDS response, to ensure that this response fully recognises their sexual and reproductive rights
16. Rather than tacitly acknowledge that **sex workers** exist, specifically **target them in terms of a rights based approach** to universal access to HIV prevention, treatment, care and support. This includes: addressing the economic, social and gender-based reasons for entry into sex work; providing health and social services to sex workers; and, providing opportunities to alternatives to sex work.

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