From research to action: Programming principles to reach the most out-of-reach

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Gender Dimensions of HIV & Adolescent Programming in Ethiopia
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Moving ahead with the assets we have: Redirecting and focusing

ASSETS

- Data which allows us to identify highly affected communities
- Youth-serving, faith-based, and community health and development programs
- Schooling—and increasing commitment to universal schooling
- Civic participation programs
- Youth livelihoods programs
- New adolescent reproductive health strategy, with focus on vulnerable groups
- Rapid expansion of HIV programs including VCT and ART, etc.
Proposed policy directions

1. Conduct context specific assessments to locate highly vulnerable adolescent girls in urban and rural areas
   - Ecological approach (e.g. food security programs)
   - Going beyond HIV knowledge to address social isolation, family living arrangements, support systems and safety nets
Women married as children (DHS -2005)

Source: 2005 DHS data

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Girls not living with either parent who are not in school (DHS—2005)
Women aged 15—49 who were married before 15 who accept gender-based violence as deserved (DHS—2005)
There are an estimated 8,000 girls in Merkato Kebele 13/15 aged 10-19; Less than 13% have access.
2. Create girl-only spaces as a primary prevention strategy for girls at highest risk that offer health and social support

- Such spaces provide a base from which to deliver protection strategies, information, support, and services
- Such spaces can be created by redirecting current youth serving efforts, and may be implemented by government agencies, NGOs, and faith based organizations
- Program content and venue should be gender specific and age sensitive; younger girls (8-14) and older (15-19) may require different programs approaches
2. Create girl-only spaces as a primary prevention strategy for girls at highest risk that offer health and social support

National adolescent and youth reproductive health strategy /2007–2015/

1. Examples of outreach programs
   • Strengthen linkages between the health system and venues where adolescent congregates

2. Cross-cutting strategies
   • Develop social networks

   social isolation and poverty have been associated with increased risks of sexual violence
2. Create girl-only spaces as a primary prevention strategy for girls at highest risk that offer health and social support

a. design programs to reduce social isolation of marginalized and vulnerable groups so that youth can meet and discuss their issues and aspirations

b. Link such social networks to mentorship programs and referrals to health facilities
Gender- & age-specific spaces could facilitate girls in:

- Finding friends & adult mentors
- Providing literacy, catch-up schooling and mainstreaming into formal education
- Obtaining vital documentation (ID cards, health certificates)
- Accessing entitlements, including HIV and other health-related services
- Referral to health servicing including post-rape services and delivery of ARV treatment
- Dealing with prolonged illness, death, rape, emotional distress
Gender- & age-specific spaces could facilitate girls in:

- Planning for seasonal stresses, like school fees, which often increase pressure to exchange sex for gifts or money
- Learning basic financial literacy skills (principles of money management, building and safeguarding assets)
- Establishing safe and independent control over savings and other assets
- Building readiness to access more demanding opportunities, such as entrepreneurship training, group lending, establishment of business
A safe place for younger girls…
Example from Mercato: Biruf Tesfa

- Pilot program which began in 2005 implemented in Kebele 13/15 by Addis Ababa Youth & Sport Commission
- Collaboration with local governmental and nongovernmental organizations, including Sub-City Health and Education Department
- Targets out of school girls aged 10 to 19, mobilized through house to house visits.
- Local women recruited and trained as mentors
- Girls formed into girls’ groups convened by adult female mentor
A safe place for younger girls...
Example from Mercato: Biruf Tesfa

- 600 participating girls including 120 domestic workers
- Meetings held in a variety of local venues including kebele structures, schools, rented houses, etc.
Lessons

- High level community contributions
  - Dedicated health personnel, donated school space after hours, donated kebele space
- Employers (of domestic workers) and other gatekeepers can be surprisingly easily persuaded to allow girls to participate
- Girls learned to aspire; expect more of themselves and the program
Why a safe space makes a difference

- Unlike a one-off program, it creates a trusted structure for disclosure of crises, abuse, and situations that put girls at risk, as well as building a bridge to existing services
  - Two examples
3. Promote girls’ schooling and make schools safer to engage girls at risk of child marriage and poor girls under pressure to exchange sex for gifts and money

- Emphasize getting girls to school on time and keeping them there through adolescence – being in school (even in poor schools) is generally protective*
- Make schools safe and supportive for girls, including managing their personal hygiene
- Teach girls realistic self protection and negotiation skills vis-à-vis resisting pressures for school leaving, child marriage, forced sex, exchanges of sex for gifts and money
- In high HIV affected areas, explore creating girl-only schools or sessions, and/or girl-only safe spaces within schools

*Lloyd 2004.*
4. Move citizenship processes and encourage civic participation; potentially.....

- provision of ID cards, health certifications, and other personal documentation
- orientation to their rights: legal age of consent, voting, harmful (and illegal) traditional practices
- encourage positive gender norms
- health check-up (and catch-up immunization)
A safe place for younger girls...

Example from Mercato: *Biruf Tesfa*

- Identification
- Reduce Psychological stress
- Facilitate communication and access

- First experience
- Access to health services /RH, counseling and rape crisis /

ID card

Wellness Check and health referral
5. Develop age-, gender-, lifecycle-, and context-specific livelihoods approaches:

- provide a variety of financial products and services that allow girls at highest risk to protect their security while building their economic base
- improve the terms of work and provide safe spaces to high risk girls in the informal sector, especially those in domestic service
- foster a girl- and youth-friendly economic environment by encouraging early and flexible access to formal savings and personal documentation
6. While pressing to eliminate child marriage, give married girls and first-time mothers the health, social, and economic supports they need to negotiate safety and better reproductive health outcomes/PEPFAR/

- Create awareness that marriage is not a sexual safety zone / religious leaders /
- Promote concept of safe and unsafe partners, highlighting both STI/HIV status of older husbands and undermining power differentials between spouses/ VCT
- Promote VCT for engaged couples, frank and open dialogue as an ongoing process/

Supporting married girls and creating awareness…

Example from Amhara: *Safer marriage in Amhara*

- Create married girls clubs in community centers, churches, youth venues
- Offer catch-up schooling, functional and financial literacy, savings clubs, micro insurance schemes, and build the economic and negotiating strength of married girls*
- Creating awareness of the HIV and RH risks associated with early marriage

*Population Council*
THANK YOU!