



Assessment of Youth Reproductive Health Programs in Ethiopia

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ACRONYMS/ABBREVIATIONS

ABC	Abstain, Be faithful or use a Condom
ADA	Amhara Development Association
AHA	Africa Humanitarian Action
AIDS	Acquired Immune Deficiency Syndrome
ARH	Adolescent reproductive health
ARSH	Adolescent reproductive and sexual health
BCC	Behavior change communication
BSS	Behavioral Surveillance Survey
CBRHA	Community-based reproductive health agent
CORHA	Consortium of Reproductive Health Associations
CPS	Contraceptive Prevalence Survey
CSW	Commercial sex worker
DfID	Department for International Development
DHS	Demographic and Health Survey
DSW	German Foundation for World Population
EC	Emergency contraception
ECP	Emergency contraceptive pills
EECMY	Ethiopian Evangelical Church Mekane Yesus
EKHC	Ethiopian Kale Hiwot Church
EMDA	Ethiopian Muslim Development Agency
EOC	Ethiopian Orthodox Church
ESHE	Essential Services for Health in Ethiopia
ESOG	Ethiopian Society of Obstetricians and Gynecologists
FBO	Faith-based organization
FGAE	Family Guidance Association of Ethiopia
FGC	Female genital cutting
FHI	Family Health International
FLE	Family life education
FY	Fiscal year
HAPCO	HIV/AIDS Prevention and Control Office
HIV	Human Immunodeficiency Virus
IEC	Information, education, and communication
IPO	Implementing partner organizations
IPPF	International Planned Parenthood Federation
ISY	In-school youth
IUD	Intrauterine device
JICA	Japanese International Cooperation Agency
LAM	Lactational amenorrhea method
MOE	Ministry of Education
MOH	Ministry of Health
MYSC	Ministry of Youth, Sports, and Culture
NFP	Natural family planning
NGO	Non-governmental organization
NOP	National Office of Population

OIC	Opportunities Industrialization Center
OSSA	Organization for Social Services for AIDS
OSY	Out-of-school youth
PAC	Post-abortion care
PLWHA	Persons living with HIV/AIDS
RH	Reproductive health
SDM	Standard days method
SIDA	Swedish International Development Agency
SNNPR	Southern Nations, Nationalities, and People's Region
SO	Strategic objective
STI	Sexually transmitted infection
TOT	Training of trainers
UK	United Kingdom
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USA	United States of America
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO	World Health Organization
YRH	Youth reproductive health
YFS	Youth friendly services
YLWHA	Youth living with HIV/AIDS

I. EXECUTIVE SUMMARY

USAID/Ethiopia invited a team from the YouthNet Program to carry out an assessment of current youth reproductive health programs and identify unmet needs and gaps, with the aim of further strengthening reproductive health programming for Ethiopian young people. The assessment was carried out by a team of five individuals from November 6-20, 2003 in the regions of Oromiya, SNNPR, and Amhara. The programs reviewed by the team included youth reproductive health programs supported by USAID/Ethiopia and the David and Lucile Packard Foundation in the three aforementioned regions. The team also visited public sector providers and met with personnel from the Ministry of Health and Ministry of Youth, Sports and Culture, as well as with UNFPA representatives, to learn about youth reproductive health initiatives supported by government institutions and other donors.

The reproductive health problems faced by Ethiopian youth are tremendous and include gender inequality, sexual coercion, early marriage, polygamy, female genital cutting, unplanned pregnancies, closely spaced pregnancies, abortion, sexually transmitted infections, and AIDS. Lack of education, unemployment, and extreme poverty exacerbate and perpetuate the reproductive health problems faced by Ethiopian youth.

Many existing programs are attempting to address these problems. Government support for youth reproductive health is strong, and the policy/legal framework is positive. Both the Ministry of Health and National Office of Population have special programs/initiatives addressing youth reproductive health.

NGOs, both international and Ethiopian, are at the forefront of youth reproductive health programs in Ethiopia and provide a wide variety of services to youth. The Consortium of Reproductive Health Associations (CORHA) is the principal network of NGOs working in reproductive health in Ethiopia and is the chair of the Adolescent Reproductive Health Technical Subcommittee under the MOH National Reproductive Health Task Force. In addition to government and NGO programs, USAID and other donors also support private commercial ventures that provide reproductive health services, though these are not necessarily targeted to youth. These include private franchise clinics and contraceptive social marketing. Support for youth reproductive health programs in Ethiopia comes primarily from the Ethiopian government, USAID/Ethiopia, the David and Lucile Packard Foundation, UNFPA and a few smaller bilateral assistance programs.

As a result of this assessment and the needs and gaps identified, YouthNet proposes to support youth reproductive health in Ethiopia by working primarily through CORHA in several initiatives, including the following:

- *Development of an adolescent reproductive health strategic plan.*
- *Development of training curriculum and manual for youth reproductive health providers.*
- *Planning and implementation of an Adolescent Reproductive Health Forum.*
- *Assessment of existing family planning services to youth.*
- *Technical assistance in family life education to CORHA members.*
- *Technical assistance in building youth-adult partnerships among CORHA members.*

In addition, YouthNet proposes to work with both CORHA and the Ministry of Health in training trainers in contraceptive technology and family planning counseling for youth.

II. INTRODUCTION AND BACKGROUND

Ethiopia is a nation of young people – over 65% of its population is under 25 years of age¹ – and a nation whose youth have profound reproductive health needs. Among the many sexual and reproductive health problems faced by youth in Ethiopia are gender inequality, sexual coercion, early marriage, polygamy, female genital cutting, unplanned pregnancies, closely spaced pregnancies, abortion, sexually transmitted infections (STIs), and AIDS. Lack of education, unemployment, and extreme poverty exacerbate and perpetuate the reproductive health problems faced by Ethiopian youth.

Young people in Ethiopia also disproportionately suffer from the country's unsustainable population growth. Ethiopia's population of 71 million is projected to increase to 173 million by 2050,² becoming Africa's second most populous country after Nigeria. This rapid population increase will strain the government's ability to provide health care and education to young people and create conditions for even greater unemployment, poverty, and unrest. Besides unsustainable population growth, the specter of AIDS hangs heavy over Ethiopian youth. HIV prevalence is 6.6% in the adult population³ and a large proportion of new HIV infections occurs in young people under 25 years of age.⁴ A sign at the entrance to Addis Ababa University proclaims "Get Addis Ababa University Degree, Not HIV Positive Certificate."

Another underlying problem that negatively impacts reproductive health and retards overall development is pervasive gender inequality. The low status of women and girls and lack of male participation in family planning and AIDS prevention activities makes it especially difficult for reproductive health programs to achieve success. Societal inequalities between males and females, inequities within the family, harmful traditional practices against young girls, and the "sugar daddy" phenomenon are common in Ethiopia and are powerful forces that impede efforts to educate young women and men about reproductive health and provide them with needed services.



Young women in Ethiopia tend to marry early, marry older men and not use contraception.

Unless they are addressed, the reproductive health problems facing Ethiopian youth threaten to retard the country's development even further (Ethiopia was 168 out of 173 countries listed in the 2002 Human Development Report in order of development status) and bring greater instability to a country already suffering from high levels of unemployment, food insecurity, and widespread extreme poverty. Fortunately, there is consensus among the government, civil society, and international donors that youth reproductive health⁵ needs are pressing and deserve greater attention and resources, though there is not always agreement on what strategies to pursue nor how to finance them.

¹ Calculated from the U.S. Bureau of the Census, International Data Base generated at <http://www.census.gov/cgi-bin/ipc/idbagg>.

² Population Reference Bureau. *2003 World Population Data Sheet*. Washington: PRB, 2003.

³ Disease Prevention and Control Department, Ministry of Health and The Futures Group International (Policy Project). *AIDS in Ethiopia. Fourth Edition*. October 2002.

⁴ HIV/AIDS Behavioral Surveillance Survey (BSS) Ethiopia 2002 (unpublished).

⁵ "Youth" is defined by YouthNet as encompassing young people 10-24 years of age, while "adolescents" refer to the 10-19 age group.

Youth Reproductive Health Data

To understand the dynamics of youth reproductive health in Ethiopia the team consulted several nationally representative surveys of reproductive health, stratified by age, including the 2000 Demographic and Health Survey (DHS)⁶ and the 2002 HIV/AIDS Behavioral Surveillance Survey (BSS), implemented by the Department of Community Health of Addis Ababa University. In addition, the team consulted the draft Contraceptive Prevalence Survey (CPS), conducted by Family Health International in 2003 in USAID-funded project areas.

Key data concerning youth reproductive health found in the DHS are presented below.

Fertility

General fertility rate (births per 1,000 women):	
15-19 total	110
15-19 urban	60
15-19 rural	123
20-24 total	244
20-24 urban	149
20-24 rural	266
Percentage of 19 year old women who are or have been pregnant:	
	40

Family Planning

Percentage of currently married women who know at least one contraceptive method:	
15-19	80
20-24	85
Percentage of currently married women who are using a contraceptive method:	
15-19	3.9
20-24	7.5
Percentage of unmarried sexually active women who are using a contraceptive method:	
15-19	45.7
20-24	45.6

Marriage

Percentage of women ever married or in union:	
15-19	30
20-24	73
Median age at first marriage for women 25-49:	
	16

Fertility Preference

Percentage of unmet need for family planning among currently married women:	
15-19	40
20-24	38

⁶ Central Statistical Authority and ORC Macro. *Ethiopia Demographic and Health Survey 2000*. Addis Ababa, Ethiopia and Calverton, Maryland: Central Statistical Authority and ORC Macro, 2001.

HIV and STIs

Percentage of women 15-19 who have heard of AIDS, by source:	
Community meetings	68
Radio	35
Schools/teachers	29
Friends/relatives	23
Percentage of youth 15-19 who know of at least two programmatically important ways to avoid HIV/AIDS:	
Women	40
Men	60
Percentage of men who have heard of AIDS and been tested for AIDS:	
15-19	1
20-24	2.4
Percentage of men who have heard of AIDS and want to be tested:	
15-19	66
20-24	70

Sexual Activity

Median age at first intercourse for women 25-49:*	16
Percentage of currently married youth, 20-24, with extramarital partners in the past 12 months:*	
Women	2
Men	6
Percentage of unmarried youth, 15-19, who had sex in the past 12 months:	
Women	4
Men	10
Women: 2 or more partners*	0.4
Men: 2 or more partners*	2
Percentage of unmarried youth, 20-24, who had sex in the past 12 months:	
Women	19
Men	30
Women: 2 or more partners*	2
Men: 2 or more partners*	9

Condoms

Percentage use of condoms by women, 15-19, in last intercourse:	
With spouse or cohabiting partner	0
With non-cohabiting partner*	22
Percentage use of condoms by women, 20-24, in last intercourse:	
With spouse or cohabiting partner	0.5
With non-cohabiting partner*	14
Use of condoms by men, 20-24, in last intercourse:	
With spouse or cohabiting partner	0
With non-cohabiting partner*	32

When comparing these data with the 1990 National Family and Fertility Survey conducted by the Central Statistical Authority, one can see a drop in age-specific fertility rates for every age group except for the age

* USAID core indicator for monitoring and reporting on HIV/AIDS programs.

group 15-19, which increased from 95 to 110 over the decade interval. Adolescent fertility is a growing problem in spite of overall increases in family planning use and overall reductions in fertility.

Contraception among young people remains a very limited practice. Even among currently married women 20-24, the prevalence is a mere 7.5%, with injectables being the most common method used, followed by the pill (data on this page and following pages comes from 2000 DHS unless otherwise noted). Among married women 15-19, contraceptive prevalence is only 3.9%, with the pill being the most popular method used, followed by injectables. It is worth noting that IUDs and implants – methods used for birth spacing among married women in other countries – are not used at all by Ethiopian women 15-24, and used by less than 0.5 % of older women of fertile age. By contrast, use of contraception is much more common among sexually active unmarried youth, with four in ten reporting use of a method. The most common method used by these women is the pill, followed by the condom.

Consistent with reports of household possessions (only 21% of households reported owning a radio and only 2% owned a television), only two out of ten young people, 15-19, reported hearing a family planning message on radio or television. Even fewer – 8% – reporting seeing a message about family planning in the print media (newspapers or magazines).

Ethiopian women tend to marry early, at a median age of 16. The median age for first intercourse is also 16, suggesting relatively little premarital sex among women. In fact, 94% of sexually active adolescent girls 15-19 are married. Men, on the other hand, have higher rates of premarital sex and their median age at first intercourse (20.3 years) is three years lower than their median age at first marriage (23.3 years).

Among currently married women, four out of 10 women 15-24 have an unmet need for family planning – nearly all of it for spacing rather than limiting the next birth.

A large majority of youth have heard about AIDS and the most common source for AIDS information is community meetings, followed by schools/teachers, radio, and friends/relatives. Knowledge of key prevention behaviors to avoid HIV/AIDS (abstinence, partner reduction, or use of condoms) is more common among young men than young women with only four out of 10 women 15-19 able to name at least two key prevention behaviors. Currently, testing for AIDS is relatively uncommon (less than 2% of male youth have been tested), but a majority report that they would like to be tested, suggesting the potential for expanded use of voluntary counseling and testing (VCT) activities.



School attendance is a protective factor for reproductive health, yet less than a quarter of school-age girls in rural areas attend school.

Reported extramarital sexual activity among currently married youth is uncommon, with only 6% of men and 2% of women, 20-24, reporting one or more sexual partners other than their spouse or cohabiting partner. Reported sexual relations in the past 12 months by unmarried youth is more common for men than women, and increases with age.

Condom use is extremely rare by young married men and women with their regular partner. Among non-cohabiting partners use is higher: 32% of young men and 14% of young women used a condom at last intercourse. For male youth reporting sex with commercial partners, condom use is quite high – 88% (BSS).

The HIV/AIDS BSS, conducted in 2002, contains a wealth of data that describe reported behaviors of both in-school youth (ISY) and out-of-school youth (OSY). In comparing these two groups, it is important to remember that the majority of rural girls and boys are not in school. As expected, the OSY report much higher levels of sexual activity, including higher levels of unprotected sexual activity. The majority of both ISY and OSY have knowledge about AIDS and how to prevent it and they also know where to obtain condoms. Over two-thirds reported that they had been exposed to messages about HIV/AIDS in the mass media.

An important finding of the BSS is that ISY who had correct knowledge about HIV/AIDS prevention methods seemed to exhibit safer behaviors than the OSY, suggesting that education played an important role in converting knowledge into practice. The gap between knowledge and behavior was shown clearly by data for older OSY; this group knew that abstinence and monogamy were protective against HIV infection but were still likely to have premarital sex and more than one partner in the last year.

The BSS also elicited information about reasons for youth engaging in risky sexual practices. The most common reason youth gave for not using a condom the last time they had sex with a non-regular partner was because they trusted their partner.

HIV/AIDS in Ethiopia

The AIDS epidemic in Ethiopia is a generalized one, though the HIV prevalence rate in the general population is far less than in many other Sub-Saharan countries of Africa. Data from 34 sentinel surveillance sites across Ethiopia indicate a national adult HIV prevalence rate of 6.6% with an estimated 2.2 million persons living with HIV/AIDS in 2001.⁷ Ethiopia is now among the most heavily affected countries, with 10% of the world's HIV infections (the sixth highest in the world).

The highest prevalence of HIV is seen in the group 15-24 years of age (12.1%). Data show that the number of females infected between 15-19 years is much higher than the number of males in the same age group. This discrepancy is attributable to earlier sexual activity among young females with older male partners.⁸

In one of the few studies to measure HIV seroprevalence among men from predominantly rural areas, over 71,000 army recruits were tested during 1999 and 2000 and prevalence was found to be 3.8%.⁹ Prevalence rose with age, and was also higher among urban recruits. Prevalence was also higher among Orthodox Christians than Muslim recruits.



Sign outside Addis Ababa University

Children between the ages of five and 14 represent the fewest estimated number of HIV-infected persons and represent the “window of hope” for preventing the

⁷ Disease Prevention and Control Department, Ministry of Health and The Futures Group International (Policy Project). *AIDS in Ethiopia. Fourth Edition.* October 2002.

⁸ Ibid.

⁹ Abebe Y, Schaap A, Mamo G, Negussie A, Darimo B, Woday D, Sanders E. HIV Prevalence in 72,000 Urban and Rural Male Army Recruits, Ethiopia. *AIDS* 2003; 17(12):1835-1840.

infection. If these boys and girls can be taught to practice the “ABCs” (abstain, be faithful, or use a condom) of prevention before they become sexually active, they can remain infection-free and eventually make a major impact on diminishing the epidemic. Hopefully, increased access to antiretroviral medications will become a reality in Ethiopia and further mitigate the infection and lessen its death toll. Given the fact that older youth have the highest HIV prevalence rates in the country, while younger youth represent the “window of hope,” youth are one of six target groups for preventing and controlling HIV/AIDS in Ethiopia, according to the HIV/AIDS Prevention and Control Office (HAPCO).¹⁰ Other target groups include female sex workers, military personnel, farmers and pastoralists, long-distance truck drivers, and factory workers.

A summary of the youth reproductive health situation in Ethiopia is presented in Annex 1.

¹⁰ Disease Prevention and Control Department, Ministry of Health and The Futures Group International (Policy Project). *AIDS in Ethiopia. Fourth Edition.* October 2002.

III. YOUTHNET ASSESSMENT TEAM VISIT

The U.S. Agency for International Development Mission in Ethiopia recognizes that among Ethiopians, youth are at high risk of becoming pregnant and/or infected with STIs or HIV. Moreover, in order for program efforts to reduce the prevalence of unplanned pregnancy, STIs, and HIV, they understand the need to focus on youth and on those people most directly involved with young people, including parents, teachers, health workers, community leaders, and religious leaders. As a result, in September 2003, USAID/Ethiopia invited a team from the YouthNet Program to carry out an assessment of current programs and identify unmet needs and gaps, with the aim of further strengthening reproductive health programming for Ethiopian young people.

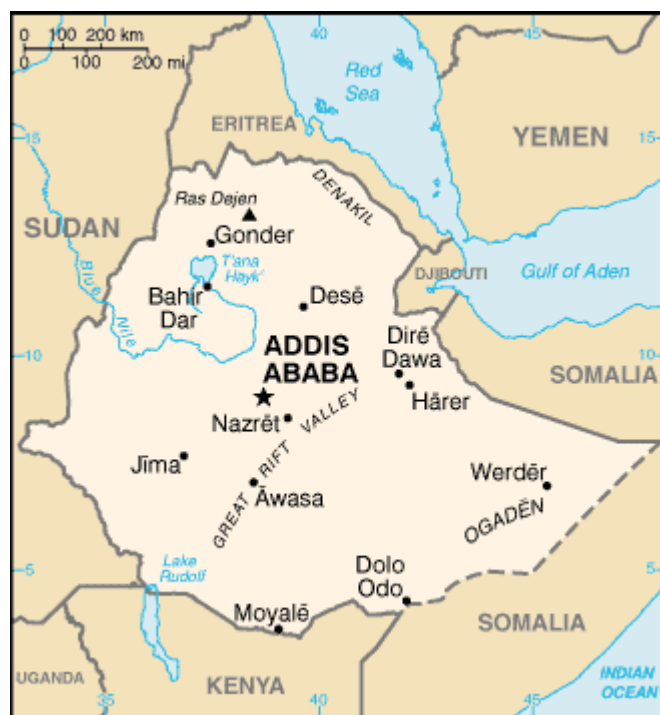
The assessment of youth reproductive health programs was carried out by a team of five individuals from November 6-20, 2003 in the regions of Oromiya, SNNPR, and Amhara. The cities visited included: Addis Ababa, Jimma, Dessie, Kombolcha, Awassa, and Shashemane. The team consisted of two senior managers from YouthNet, Ed Scholl and Jane Schueller; an Ethiopian technical consultant, Mulugeta Gashaw; and two Ethiopian youth advisors, Abiye Wagaw and Liya Wolde Michael. Logistical assistance was provided by the FHI/Ethiopia office as well USAID/Ethiopia. They arranged for the team to meet with key informants from a variety of non-governmental organizations (NGOs), faith-based organizations (FBOs), donors, government ministries, and donor agencies. In addition, the team met with three groups of young people, two from the Ethiopian Orthodox Church and one from the Ethiopian Youth Network. The names of organizations visited and individuals interviewed are provided in Annex 2 and brief descriptions of each organization are included in Annex 5.

About YouthNet

YouthNet is a five-year cooperative agreement awarded by USAID/Washington in October 2001 to a team led by FHI, with partners CARE, USA; Deloitte Touche Tomatsu, Emerging Markets Group, Ltd.; Margaret Sanger Center International; and RTI International. The goal of the YouthNet Program is to improve reproductive health and HIV prevention behaviors among young people ages 10-24. To achieve effective and sustainable youth programming, YouthNet aims to achieve the following three results (Rs):

R1: Enhanced community and political support – Strengthened community support for youth reproductive health and HIV prevention programs. This includes interventions at the policy level, with mass media, and with community-based volunteer organizations, including faith-based groups.

R2: Improved knowledge, attitudes, skills, and behaviors – Enhanced capacity of the education sector to reach in-school and out-of-school youth with knowledge and skills needed to foster and sustain health-affirming behaviors.



R3: Greater access to quality products and services – Increased availability and quality of youth-friendly services and products to meet the reproductive health and HIV prevention needs of young people, including those who are most vulnerable.

The YouthNet Program focuses on many different areas having to do with youth reproductive health and HIV prevention. These include: education, research, behavior change communication (BCC), private sector involvement, policy support, faith-based initiatives, and knowledge management. The Program also has two important cross-cutting themes which emphasize gender equity and youth participation. Monitoring and evaluation are key components of YouthNet programming so that achievements towards program goals and objectives can be measured. Research to advance state-of-the-art programming for youth, and information sharing across a wide range of programs are two additional components of the YouthNet Program. YouthNet seeks to complement programs already being successfully implemented by identifying gaps, promoting sharing of information and skills, and helping to address unmet needs. As with other FHI programs, YouthNet's emphasis is on collaboration with local implementing partners and building the capacity and ownership of programs for sustainable interventions.

Assessment Team Methodology

To conduct an effective assessment of adolescent reproductive health programs, it was important for the team to first gain an understanding of the general context of reproductive health in Ethiopia. The process for doing this was to conduct a SWOT (strengths, weaknesses, opportunities, and threats) analysis based on the desk review carried out prior to arriving in Ethiopia and information and materials obtained during meetings with NGOs, FBOs, Government ministries, youth, USAID Cooperating Agencies, and donor agencies. The results of this analysis are presented in Annex 4.

The basic methodology used by the YouthNet Assessment Team to gather information in country was a question and answer format, with the goal of identifying what is happening in Ethiopia with regard to youth reproductive health, what the gaps and challenges are, and what stakeholders viewed as possible solutions to the existing situation in order for current programming to have sustainable impact. The primary goal of the meetings with NGOs, FBOs, Government ministries, and donor agencies was to actively listen to what they are doing on the ground. A set of generic questions was used to stimulate and guide discussions. An illustrative outline of these questions is provided in Annex 3. Every meeting started with an introduction/overview of YouthNet as well as the purpose of the visit and included questions on what the organizations/individuals saw as the most critical problems and needs of youth, possible solutions, and priority areas for programs and services. The team also held focus group discussions with three groups of youth to ascertain norms and practices among various communities in Ethiopia. An illustrative outline of the questions asked at these meetings is also provided in Annex 3. Finally, the team met periodically during the assessment with USAID/Ethiopia staff and provided an end of assessment debriefing to the Mission and various partners working in the field of youth reproductive health.

IV. EXISTING PROGRAMS

There are currently a great many reproductive health programs targeting youth in Ethiopia, including programs run by NGOs, government agencies, and private commercial providers. The purpose of the YouthNet consultancy was to conduct an assessment of youth reproductive health programs supported by USAID/Ethiopia and the David and Lucile Packard Foundation that are implemented by Ethiopian and U.S. NGOs in three regions of the country (Oromiya, SNNPR, and Amhara). Though our assessment was thus limited to specific regions and to implementing agencies funded by USAID/Ethiopia and the Packard Foundation, we also visited public sector providers and met with personnel from the MOH and MYSC, as well as with UNFPA representatives, to learn about youth reproductive health initiatives supported by Government institutions and other donors.

A summary of the service delivery programs we observed that offer reproductive health care to youth is provided in the table on the following page, categorized by the type of services provided.

More detailed information about the services provided by each of these organizations, as well as information about other organizations visited that provide support or funding for youth reproductive health programs, can be found in Annex 5. A brief summary of the types of existing programs and policy initiatives that support youth reproductive health, as well as the donors that fund them, follows.



Computer-assisted learning for at-risk youth at OIC Center

Organization	Location Observed	CBRHA	General Clinic	Youth Centers/Clubs	Youth - Friendly Clinics	Peer Ed.	School-based HIV/RH Education	Income Gen./ Vocational Training	Mass Media	VCT	Care and Support/ OVC
Ethiopian Orthodox Church	Addis Ababa Jimma			✓		✓				✓	✓
CARE/Ethiopia	Addis Ababa			✓		✓	✓	✓	✓	✓	✓
Ethiopian Muslim Development Agency (Pathfinder funded)	Jimma			✓		✓	✓				✓

Government Programs and Policies

Government support for youth reproductive health (YRH) is fairly strong and reflects the concern on the part of Government authorities to prevent unintended pregnancies, STIs, and HIV among youth. The policy/legal framework for YRH is also positive, as previously noted. Examples of governmental support for YRH include the adoption of the 1993 population policy (still in effect today), passage in the Parliament of the Family Law (raising the minimum age of marriage, among other supportive articles), and revision of the penal code, decriminalizing the advertisement and sale of contraceptives. Additional support for YRH by the Government has been in the form of advocacy, sectoral guidance and policy formulation, inter-agency coordination, leadership development, and school-based FLE.

The principal government ministries and offices that provide youth reproductive health education or services include the Ministry of Health, the National Office of Population, the Ministry of Youth, Sports, and Culture, the HIV AIDS Program and Control Office, and the Ministry of Education. The assessment team particularly focused on the Ministry of Health and the National Office of Population; a brief summary of these two institutions follows.

1. Ministry of Health (MOH)

The MOH has been pursuing various adolescent reproductive health initiatives under its Family Health Department. Under its National Reproductive Health Task Force, it has formed an Adolescent Reproductive Health Technical Subcommittee to coordinate activities related to YRH and oversee implementation of its YRH program. Activities carried out by the Family Health Department include training on YRH for providers from the various regions, conducting workshops on YRH issues, and development and distribution of IEC materials on YRH.

In 2002, the Family Health Department of the MOH developed the “Five-Year Action Plan for Adolescent Reproductive Health in Ethiopia (2002-2007).” The plan aims to increase access and utilization of YRH services by youth, and increase information and knowledge about reproductive health that leads to positive behavior change by youth. The Five-Year Action Plan also identifies the need to develop a YRH strategy for the country, which the MOH is currently undertaking. As such, an adolescent reproductive health strategy will also soon be developed which will be part of the overall National Reproductive Health Strategy. Several key informants told the team that the MOH Action Plan has not received adequate attention by the Government and has not progressed far due to a lack of financial support to implement it.

MOH facilities – be they hospitals, health centers, or rural health posts – are often referral sites for NGO providers, especially the community-based reproductive health agents (CBRHA) affiliated with various NGOs. These referrals, some of which are for youth, are for clinical family planning methods, diagnosis and treatments of STIs, and VCT, among other services.

According to some of the key informants that the team met with, YRH services remain underdeveloped in MOH establishments. They are not particularly youth-friendly and youth must access services in them in the same manner as adults. Many youth are embarrassed to do so given the stigma associated with unmarried women being sexually active and, therefore, youth tend not to receive reproductive health services from MOH establishments. This perception was borne out by the team’s visit to MOH facilities in the area of Dessie.

2. National Office of Population (NOP)

The NOP was established in 1993 following the country's adoption in the same year of an explicit population policy. Several strategies outlined in the 1993 population policy, which the NOP is charged with helping to implement, pertain specifically to youth. These include reducing the high attrition rate of females in the educational system, providing career counseling in secondary schools and universities, establishing youth reproductive health counseling centers, and raising the minimum age of marriage for girls from 15 to 18. This latter aim was achieved with the recently passed Family Law.

The NOP is an active participant in both USAID (through Pathfinder) and Packard Foundation-supported youth reproductive health programs. The Reproductive Health Women and Youth Affairs Department of the NOP chairs a technical committee that reviews and does final selection of Pathfinder subgrantees. With Packard, the same department of the NOP participates in quarterly grantee meetings. The NOP also collaborated in the recently developed National Youth Policy, presented to the Council of Ministers by the MYSC.

In January 2000, the NOP launched its "National Population Information, Education and Communication and Advocacy Strategy: 2000-2005," with technical assistance provided by Johns Hopkins University/Center for Communication Programs. This ambitious strategy identified twelve thematic areas to be addressed through mass media, print media, traditional media, institution-based communication, formal and non-formal education, and counseling. Youth are among the primary audiences for nearly all of the twelve thematic areas and one area – "Youth and Development" – is entirely focused on the needs of youth.

Unfortunately, we were informed that much of this strategy has not been implemented, owing in part to disagreements between the NOP and MOH over management of the reproductive health component of the strategy. The primary donor for implementation of the strategy – UNFPA – reportedly withdrew its support for the reproductive health component of the strategy but continues to fund implementation of the population and development component.

Another initiative that the NOP is actively involved in is developing leadership in the country in the area of population and reproductive health. A steering committee emerged in 2001 with the aim of fostering in-country leadership development. The NOP is currently the chair of the taskforce charged with implementing the recommendations made by the steering committee.

NGO Programs

NGOs, both international and Ethiopian, are at the forefront of adolescent reproductive health programs in Ethiopia and were the subject of the majority of the team's visits, interviews, and observations during our time in-country. The team's assignment consisted of assessing youth reproductive health programs supported by USAID/Ethiopia and the Packard Foundation in three regions of the country. The NGOs supported by USAID/Ethiopia that were visited by the



OSSA affiliated Anti-AIDS club members in Awassa

team included Pathfinder International and many of its sub-grantees, and Save the Children USA. The Packard Foundation-supported NGOs that were visited were many local NGOs, including one of the largest NGOs in the country – the FGAE (also the IPPF-affiliate in Ethiopia).

As shown in the table presented earlier (“Types of Youth Reproductive Health Service Delivery Programs Observed”), these NGOs provide a wide variety of services to youth. More detailed information about each of the NGOs is provided in Annex 5.

The NGOs supported by USAID/Ethiopia and the Packard Foundation are all members of a consortium known as CORHA – the Consortium of Reproductive Health Associations.



FGAE Youth Center in Addis Ababa

There are 65 member organizations of CORHA, including both international and local NGOs. CORHA’s 2002-2007 plan includes four principal strategies: interagency coordination, advocacy, capacity building, and sustainability/fundraising. To facilitate its work in advocacy, CORHA began a national reproductive health advocacy network in 2002. Adolescent reproductive health is one of the advocacy issues being addressed by the network.

CORHA receives financial assistance from USAID through Pathfinder (for institutional strengthening) and FHI (for research and monitoring/evaluation). The Packard Foundation also provides assistance to CORHA for its advocacy work.



Save the Children- trained peer educator in front of classroom

CORHA is the chair of the Adolescent Reproductive Health Technical Subcommittee under the MOH National Reproductive Health Task Force. They plan to soon have a forum on adolescent reproductive health with working groups formed on the issues of sustainability, BCC, advocacy, service delivery, and research and monitoring/evaluation.

Private Commercial Sector

The two types of programs involving the private commercial sector that the team observed were private franchise clinics and commercial social marketing of contraceptives.

1. Private Franchise Clinics

Through its grant funds from the Packard Foundation, Pathfinder International is expanding reproductive health services by involving the private for-profit health sector. This program has established links with 96 “franchise clinics” that provide general medical care and reproductive health care to low-income populations in the communities where they are located. Adolescents are sometimes among the clients served by these clinics, though for the most part they serve adult clients.

Pathfinder provides training in contraceptive provision to the franchise clinic providers, including training in tubal ligation, IUD insertion, and emergency contraception. Training in post-abortion care is also provided, as well as training in reproductive health counseling. In addition, Pathfinder provided contraceptives to these private providers at a discounted price. One of the challenges faced by Pathfinder is to motivate the franchise clinic providers to talk about reproductive health issues with their clients and offer them contraceptives (for which the providers can charge very little) when they can make much more money by attending to sick patients with medical problems for which they can charge much more.

2. Contraceptive Social Marketing

USAID/Ethiopia, DfID, the Packard Foundation, and the Government of the Netherlands all support a contraceptive social marketing program in Ethiopia managed by DKT International. This program markets the “Confidence” brand of Depo-Provera, “Prudence” oral contraceptives, and “Trust” condoms. According to DKT, they account for 90% of all condoms distributed in Ethiopia (68 million in 2002). DKT sells their contraceptive products at a discount to both commercial pharmacies and NGOs, who then offer them to the public at agreed-upon low prices. The price to the public for a three-pack of Trust condoms, for example, is 0.25 birr, or approximately US\$0.03.

The team saw DKT products everywhere it traveled, suggesting widespread distribution and marketing. Interestingly, the team also found DKT products, particularly Trust condoms, in MOH facilities. According to one MOH administrator interviewed, DKT condoms are purchased by the district (woredas) HIV councils and then given to MOH health centers, presumably due to stockouts in the USAID and UNFPA-donated condoms provided to the MOH.

Besides marketing contraceptives, DKT also includes “A” (for abstinence) and “B” (for be faithful) messages in its advertising. An attractive ABC poster developed by DKT has had widespread distribution in the country.

Donor Agencies

There are numerous youth reproductive health programs supported by external donor agencies, both bilateral and multilateral, as well as foundations such as the Packard Foundation, discussed previously. The two major external donor agencies that support youth reproductive health are USAID/Ethiopia and the United Nations Population Fund.

1. USAID/Ethiopia

USAID/Ethiopia is the largest bilateral donor supporting reproductive health in Ethiopia. Through its Essential Services for Health in Ethiopia (ESHE) Strategic Objective (SO), the Mission supports many reproductive health and HIV/AIDS activities, primarily in the regions of Oromiya, Amhara, and SNNPR.

USAID's principal contractors and grantees implementing reproductive health activities in Ethiopia include Family Health International, Pathfinder International, Save the Children USA, Population Services International, John Snow International, Macro International, the University of North Carolina, and DKT International.

Youth are a target group of many of the USAID-supported activities, particularly the program administered by Pathfinder International. Through Pathfinder and USAID's other partners, over 150 adolescent service sites are currently being supported. HIV/AIDS activities supported by USAID also target youth, as does an education program that is establishing anti-HIV/AIDS school clubs.

2. United Nations Population Fund (UNFPA)

UNFPA is currently implementing its fifth program of assistance to Ethiopia, with a program fund of \$24.5 million for the period 2002-2006. UNFPA's assistance program consists of three major components: reproductive health, including family planning and sexual health; population and development strategies; and advocacy.

Within its reproductive health component, UNFPA lists seven critical, interrelated reproductive health concerns: safe motherhood; adolescent reproductive health; STIs; HIV/AIDS; family planning; post-abortion care; and harmful traditional practices. One of the ways UNFPA supports adolescent reproductive health is by funding NGO activities. In addition to its financial support for such activities, UNFPA is active in adolescent reproductive health policy and advocacy and is one of many institutions assisting the MOH in the development of its adolescent reproductive health strategy. UNFPA also participates in the Adolescent Reproductive Health Technical Subcommittee, chaired by CORHA.

V. REPEATED THEMES

Numerous gaps and challenges were identified throughout the assessment team's visit, and many repeated themes emerged from the discussions held with NGOs, FBOs, Government ministries, donor agencies, and youth groups. These themes are not necessarily recommendations, but rather observations made and recurring issues heard. In no particular order, each theme and its brief description are outlined below:

- **Reproductive health services and contraceptive supply/logistics need to be improved** – Despite an increase in the number of health facilities, there has been little or no improvement in the quality of reproductive health services in Ethiopia. Basic drugs, supplies, and trained personnel are in short supply, which is often exacerbated by an inefficient use of resources, poor management systems, and limited capacity to deliver quality services. Distribution of facilities remains partial to urban areas, which is of great concern since Ethiopia is 85% rural. As mentioned under the SWOT analysis, contraceptive stock-outs are also common due to a poor logistics system. Although there is a growing demand for family planning methods, a major problem is that of irregular and inadequate contraceptive supplies. Programs to increase access to contraceptives could be enhanced through greater social marketing and NGO and private-sector delivery of services. Improving the quality of reproductive health services through systems strengthening, e.g., management, logistics, and supervision, will also help to meet the demand for family planning by youth and adults.
- **Increased use of chat among youth is associated with unprotected sex** – A majority of the key informants interviewed expressed concern regarding the increased use of chat by young people. In particular, they talked about the chain of events that commonly accompanies use of the drug. Adults and youth alike mentioned that frequent chat-chewing often leads to increased alcohol use, which ultimately leads to young people having unprotected sex. Many informants recommended that youth centers and youth-focused programs need to better address this problem by teaching young people about the consequences and dangers of drug and alcohol use and their effects on the lives of young men and women.
- **Youth want more recreational/sports facilities and libraries/reading corners** – Although most youth centers and programs offer some sort of recreational activity for young people, and many of them have a small space appointed for reading/studying, all of the young people and many of the adults interviewed stated that this is an area that requires even greater attention. Such facilities could help to keep young people active, provide them with alternatives to sexual activity, and give them a place where they can gather to talk, vent, brainstorm, learn, and share with each other their experiences.
- **Efforts to reduce harmful traditional practices must continue** – Among the informants interviewed, most acknowledge great concern about harmful traditional practices, such as early marriage, FGC, and marriage through abduction and/or rape. Given their widespread prevalence, especially in rural areas, all of these issues require attention. Although the age of marriage was recently raised to 18, it is highly disregarded throughout the country, which means that early marriage continues to occur frequently and is often accompanied by abduction and/or rape. FGC is also a grave concern for Ethiopia with an estimated incidence of 80% (DHS). Although the Government is working towards its eradication, and criminal and civil court laws are being revised to make it illegal, few efforts have been widespread enough to have any sort of real impact. There is great desire on the part of all organizations interviewed to further reduce harmful traditional practices, but many are already overburdened and/or under-funded, thus, it is often a challenge to explicitly include this component in their programs.
- **Reducing provider bias against youth would help to improve access to services** – The reproductive health needs of adolescents are immense, but so are the obstacles young people face, especially when

they try to obtain health services. Throughout the team's visit, the need for more youth-friendly services was often raised, and it was noted that very few youth clinics exist in Ethiopia, especially in rural areas. However, beyond the need for greater numbers of facilities, there is an even greater challenge to be overcome which deals with reducing health worker bias against serving youth. The knowledge and beliefs of providers play a large role in the kind of information and services a young man or woman receives. Those that have a negative effect include: judgmental attitudes toward adolescent sexual activity, inadequate knowledge of up-to-date scientific information related to contraceptive safety and use for adolescents, prejudice against unmarried youth, requirements for unnecessary medical tests and pelvic exams, and lack of understanding of national health policies that may allow for provision of information and services to young people.

- **Young people are reluctant and uncomfortable discussing reproductive health-related issues** – Given its conservative culture and religion, Ethiopia is faced with an overwhelming challenge to assist its young people (and society, in general) to openly discuss issues related to sex, sexuality, family planning, reproductive health, STIs, and HIV/AIDS. As a result, most youth lack basic knowledge of reproductive anatomy and physiology, how pregnancy or STIs/HIV occur, how to prevent them, and where to obtain information and services. Parents and adults also feel ill-prepared, uncomfortable, or awkward talking about sex with their children. This cultural unwillingness and embarrassment to discuss such issues presents a great barrier to youth and youth reproductive health programs to reduce the number of unintended pregnancies and STIs/HIV in Ethiopia. It means youth are unable to access the knowledge and skills needed to make healthy decisions, and it limits their ability to seek contraception or STI/HIV/AIDS services, when necessary. Stigma around discussing sex and sexuality needs to be reduced, barriers to communication must be broken down, and new behaviors need to be formed in order to open dialogue at all levels of society on sensitive issues related to adolescent reproductive health.
- **Youth want their voice to be heard** – There are many organizations working for youth in Ethiopia; however, not all of these groups are working with youth. For example, only a very limited number of organizations interviewed stated that they include youth in their decision-making process. Young people are assets and bring creative ideas to programming. Therefore, it is crucial to advance youth empowerment and involvement in programs that are targeted specifically for them. Use of the media (radio, television, and print) could be very instrumental in raising awareness among young people of the need for them to take charge of and protect their reproductive health. Youth representation in decision-making could be enhanced through the creation of youth advisory councils in all youth-serving organizations or by including youth representatives on boards. By sharing power between youth and adults, youth themselves will become empowered to be full partners in curbing unplanned pregnancies and stopping the spread of STIs/HIV. If they own it, youth will make it work.
- **Adolescent reproductive health policies need to be funded, put into action, monitored, and evaluated** – In recent years, the MOH, MYSC, and others have made great policy strides toward meeting the needs of youth with regard to their reproductive health. For the MOH, various initiatives are currently underway as part of its “Five-Year Action Plan for Adolescent Reproductive Health in Ethiopia (2002-2007).” The plan aims to improve access and utilization of reproductive health services by youth and increase information and knowledge about reproductive health that leads to positive behavior change among youth. The MYSC has recently completed a “National Youth Policy” which is now before the Council of Ministers for adoption. It is recognized by most that both of these policies go a long way in trying to meet the reproductive health needs of adolescents; however, there is great concern among NGOs, FBOs, and donor agencies about how these policies will be put into action, monitored, and evaluated. Many worry that simply having a policy will not be enough and that more funding must be allocated towards their implementation. Furthermore, information building will need to take place at all

levels, as well as relevant training and skills building for those working with youth to improve their situations.

- **Family life education (FLE) needs to be strengthened at the primary and secondary level** – Educating young people about reproductive health and HIV/AIDS and teaching them skills in negotiation, conflict resolution, critical thinking, decision-making, and communication improves their self-confidence and ability to make informed and responsible choices. FLE is an especially effective way to teach young people critical life skills that can help them to postpone sex until they are mature enough to protect themselves from unintended pregnancy and STIs/HIV. One of the major themes heard by the team related to the quality of FLE received by both primary and secondary school students. In particular, the NOP, MOH, and a number of local NGOs mentioned that reaching younger and older youth with age-appropriate information was key to improving the reproductive health of adolescents, in general. However, they also mentioned that all school FLE programs need to be assessed and evaluated in order to create better systems for reaching youth with suitable and accurate messages. Specific issues that need to be addressed relate to teacher training, curriculum development, monitoring, and supervision. Additionally, a number of interviewees expressed concern about the capacity of the Ministry of Education to implement a large-scale FLE program, especially in rural areas, given their limited budget and inadequate numbers of staff.
- **Gender inequities are pervasive in Ethiopia** – The low status of women and girls and an inability to adequately address gender issues was a theme heard repeatedly by the team. While all individuals interviewed agreed that no reproductive health program for youth can succeed unless it addresses gender inequity in some form or another, many expressed concern that the gender issues faced by young women and men in Ethiopia are daunting. Societal inequalities between males and females, inequities within the family, harmful traditional practices against young girls, and the “sugar daddy” phenomenon were all mentioned as specific concerns and challenges. Special constraints face women and girls in Ethiopia which prevent them from gaining access to reproductive health information and services. Girls and young women are particularly vulnerable to STIs and HIV for social, economic, and biological reasons. However, cultural norms related to sexuality often prevent females from taking active steps to protect themselves, because they are often the poorest and least powerful in the community. Cultural norms also encourage young men to prove their masculinity by having multiple partners in young adulthood, thus exposing themselves and their partners to STIs and HIV, as well as unwanted pregnancies among their partners. Because boys and young men often get their information concerning sex and sexual issues from their friends, off the street, and from pornographic media, they also need to be provided with accurate and correct information and services concerning reproductive health and HIV prevention. Thus, interventions need to target males as well as females, and they need to promote mutually respectful relationships between young men and women. They also must empower youth to feel comfortable discussing sexual matters and negotiating for their own safety and protection.
- **Unemployment is high; youth need more livelihood skills training** – Of the numerous groups interviewed, nearly all of them indicated great concern about youth unemployment and the need for more livelihood and skills building for young people. Given the extent of youth poverty and the widespread lack of economic opportunities, young people are in desperate need of ways to survive economically in Ethiopia. The provision of livelihood skills training and micro-finance support to youth could go a long way in dealing with this shortfall and helping young people to initiate revenue-generating activities, individually or collectively. A number of key informants also mentioned that it is not enough to provide youth with information on what they should or should not do with regard to their reproductive health when some of their basic needs, e.g., food, water, shelter, and/or clothing, are not being met. Provision of life and livelihood skills is critical for young people, as most of them do not have the basic information and skills needed to deal with the realities of modern life. Young people need information

on pregnancy and STI/HIV prevention (including abstinence and condom use); information about risky sexual behavior and the consequences of such behavior on their reproductive health; and assertiveness and negotiation skills-building training. Because youth often face a dilemma between the need to survive (economically) and the need to protect themselves (sexually), they need to learn how to think critically, make sound decisions, and have good judgment. All of this together will help to increase young people's self-esteem, build their confidence, and elevate their self-efficacy.

VI. POTENTIAL AREAS FOR YOUTHNET INVOLVEMENT

The team was asked by USAID/Ethiopia to review the various youth reproductive health programs being supported by USAID/Ethiopia and the Packard Foundation and to identify unmet needs and gaps. In addition, YouthNet was asked to propose technical assistance that it could carry out in order to help address some of the unmet needs and gaps in youth reproductive health programming. This section of the report addresses this by presenting several proposed follow-on activities where we feel it makes sense for YouthNet to become involved in providing technical assistance to improve existing adolescent reproductive health programs. These activities can be initiated this year, if so requested by USAID/Ethiopia and the counterpart agencies listed.

YouthNet has been granted special “Country Partnership” funds from the Office of Population and Reproductive Health in USAID that could be used to implement the proposed activities listed, at least on a minimal scale. In addition, YouthNet can accept Mission field support funds (including population and HIV funds) or funds from other donor agencies to scale up these proposed activities or to carry out additional youth reproductive health programs, technical assistance or training in the country.

The following list of potential YouthNet follow-on activities to this assessment is presented in order of recommended priority.

1. *Provide technical assistance to CORHA in selected areas.*

CORHA is the principal network of NGOs working in reproductive health in Ethiopia. It encompasses 65 member organizations, including both international and local NGOs. International NGO members include CARE, World Vision, Save the Children, DKT, Marie Stopes International, FHI, and Pathfinder International. Besides representing the NGO reproductive health community in Ethiopia, CORHA also works closely with the MOH. In fact, CORHA is the chair of the Adolescent Reproductive Health Technical Subcommittee under the MOH National Reproductive Health Task Force. As such, CORHA is uniquely qualified to play a major role in inter-agency coordination at the national, regional, and zonal levels.

CORHA has requested technical assistance from YouthNet in a number of areas presented below. YouthNet proposes to provide this technical assistance and work with CORHA throughout 2004-2005. The key activities YouthNet proposes to assist CORHA in implementing during 2004 are the following:

- *Development of an adolescent reproductive health strategic plan.* CORHA is helping the MOH to develop this plan, including a proposed minimum service package. A strategy development workshop in May 2004 will serve to jumpstart this activity. The ARH strategic plan will tie into the MOH national reproductive health strategy. YouthNet plans to participate in the strategy development workshop and assist CORHA in workshop follow-on activities.
- *Development of training curriculum and manual for youth reproductive health providers.* CORHA has developed this curriculum and manual but lacks funds to print and disseminate it. YouthNet proposes to provide the necessary funding to print and disseminate the training curriculum and manual, as well as fund training in how to utilize them. We will also keep CORHA supplied with state-of-the-art technical information on youth reproductive health to assure that as these materials, as well as any others that CORHA develops, reflect technically accurate information.
- *Adolescent Reproductive Health Forum.* CORHA has traditionally presented two fora per year on reproductive health topics. In July 2004, it plans to present an adolescent reproductive health forum,

followed by another in six months. YouthNet proposes to work with CORHA on the planning and implementation for this forum, as well as follow-up and preparations for the succeeding forum. YouthNet is prepared to provide both technical and financial assistance to assure that these fora are well developed and reflect state-of-the-art technical information and that they are informed by the results of global research and best practices in youth reproductive health programming.

In addition to the three areas outlined above that CORHA has specifically requested YouthNet technical assistance to help implement, YouthNet has also identified three other areas for possible assistance to CORHA. These relate to 1) assessing family planning services for youth; 2) FLE for youth; and 3) involving young people in organizational decision-making. These are described below:

- *Assess existing family planning services to youth.* This proposed assessment would look specifically at family planning services provided by NGOs and the public sector and assess to what degree they are targeting youth and are “youth friendly” (supply variable) and to what degree they are actually reaching youth (demand variable). The assessment will also look at the feasibility of linking NGO youth centers/clubs and public sector facilities, the feasibility of making public sector facilities more accessible to youth (e.g. open on Saturdays), and the feasibility of integrating youth family planning services into Ministry of Health services.
- *Provide FLE technical assistance to CORHA members using YouthNet’s Christian/Muslim Family Life Education curricula and “My Changing Body” curriculum.* Given that a number of CORHA members are religiously-affiliated organizations, YouthNet would like to offer assistance in the area of life skills development using its Christian and Muslim family life education curricula. These two curricula could assist faith-based groups in educating their youth on reproductive health and HIV prevention, where needed. The first sections of each curriculum focus on sensitizing religious leaders to the important issues facing young people today and then equip them with accurate and correct information and skills to build their capacity for spreading important youth reproductive health and HIV prevention messages. The second sections focus on providing youth with age-appropriate family life education. The content of the two curricula includes chapters on: communication; getting to know oneself; self-esteem; abstinence; true love; faithfulness; pregnancy prevention; STI/HIV prevention; stigma and discrimination; sexual violence and abuse; and drug/alcohol use.

“My Changing Body” is another curriculum which YouthNet could offer to CORHA members. This is a manual for teaching younger youth, ages 10 to 14, about puberty and their changing bodies. It contains basic information on the physical and emotional changes young people undergo as they transition to adulthood; male and female fertility; and personal hygiene. All three of these curricula have been developed by YouthNet and can be disseminated to CORHA members. In addition, YouthNet can also offer assistance in conducting training of trainer workshops on how to implement the trainings with young people.

- *Provide technical assistance in building youth-adult partnerships among CORHA members.* One of the recommendations made by the team was to increase youth involvement in the decision-making process. One of the ways to do this is to conduct an organizational assessment of youth involvement and then train staff in how to enhance youth-adult partnerships. YouthNet is in the process of completing a tool which could be helpful to CORHA’s members who may be interested in improving their youth participation component. The “Youth Participation Guide: Assessment, Planning, and Implementation,” developed by YouthNet in collaboration with Advocates for Youth, is a document made up of two parts: an institutional assessment and planning tool and youth-adult partnership training curriculum. The Guide is designed to assist organizations in assessing the extent to which it wants to involve youth, planning how to undertake this process, and implementing the process using

the curriculum. It represents a more holistic approach and systematic process for youth involvement and could help CORHA members to achieve more effective youth participation.

2. *Train MOH and NGO providers in contraceptive technology and counseling.*

The team witnessed several examples of a lack of knowledge and training in contraception and the presence of medical barriers (unnecessary requirements that inhibit access to methods) among clinical providers. One example of a medical barrier was an NGO nurse who felt that taking a client's blood pressure was a requirement for administering Depo-Provera. The nurse explained that since their small clinic had no blood pressure equipment, they did not offer this method.

Overall contraceptive technology training updates should be given to all MOH and NGO providers using a training of trainers (TOT) methodology, with the elimination of medical barriers included as part of the training. One way to implement this would be to provide a TOT workshop for MOH and NGO trainers and provide them with course materials to replicate the workshop in their own agencies. Recommended training materials include *The Essentials of Contraceptive Technology: A Handbook for Clinic Staff (2003)*,¹¹ the *Reproductive Health of Young Adults Training Module*¹² and *Provider Checklists*.¹³

In addition to training in contraceptive and other reproductive health technologies, training on how to orient clients about family planning options should be given to MOH and NGO providers. The team saw little evidence of effective family planning client-centered counseling taking place, nor the presence of orientation pamphlets or flip charts, aside from the Amharic version of the poster, "Do You Know Your Family Planning Choices" (produced by USAID, WHO, and Johns Hopkins University/Center for Communication Programs), which we saw frequently. Provider bias is reportedly strong, accounting in part for the fact that two methods (pills and injectables) account for nearly all modern method use. One recommended training methodology for client orientation is the "GATHER Guide to Counseling."¹⁴ Given the lack of family planning counseling materials in Amharic, the team recommends that an inventory be taken of existing reproductive health and HIV client orientation and counseling materials (including pamphlets, flipcharts, and posters). Following this inventory, the MOH and NGOs should analyze the results and determine the need to produce any new materials or adapt existing materials. Producing or adapting materials designed for low-literacy audiences should be a particular focus of this effort. CORHA is probably best suited to coordinate this effort.

To implement this recommendation, YouthNet is prepared to provide one or more TOT workshops in contraceptive technology to CORHA members and the MOH. Such a workshop could focus on the needs of sexually active youth and include state-of-the-art information on dual protection, birth spacing methods, and emergency contraception.

¹¹ Available free for developing countries. May be ordered from <http://www.jhuccp.org/cgi-bin/orders/orderform.cgi#otherpubs>.

¹² Available from Family Health International online at <http://www.fhi.org/en/Youth/YouthNet/rhtrainmat/Reprohealthyadults.htm>

¹³ Available from Family Health International online at <http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/index.htm>

¹⁴ Rinehart W, Rudy S, Drennan M. GATHER Guide to Counseling. *Population Reports Series J*, No. 48. Baltimore: Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, December 1998.

YouthNet also proposes to include training in client-centered orientation and counseling as part of the TOT workshop(s). Such a workshop(s) could be organized by YouthNet, but draw upon the expertise of other cooperating agencies working in Ethiopia, such as EngenderHealth, Johns Hopkins Health Communication Partnership Program, and Pathfinder International.

ANNEXES

Annex 1: Youth Reproductive Health Summary

POPULATION

Population: **66, 573,553**
 Percent of population 15-24 years of age: **19.2%**
 Percent of youth living in rural areas: **80%**

EDUCATION

Youth literacy rate: **29.9% female, 53.7% male**
 Youth w/no education: **65% female, 39% male**

FEMALE RH

Median age of sexual debut: **16.0 years**
 Median age of first marriage: **16.0 years**
 Median age of first birth: **19.0 years**
 Women <20 who have begun childbearing: **16.3%**
 Youth who have begun childbearing: **37%**
 Unintended births among women <15: **Over 50%**
 Unintended births among 15-24 year olds: **33%**
 Youth receiving antenatal care: **27%**
 Youth receiving postnatal care: **8%**
 FC/FGM rates: **71% (15-19), 78% (20-24)**
 Youth currently using modern contraception: **5%**

HIV/AIDS

Adult prevalence (15-49 years): **6.6%**
 Youth prevalence: **6.1%**

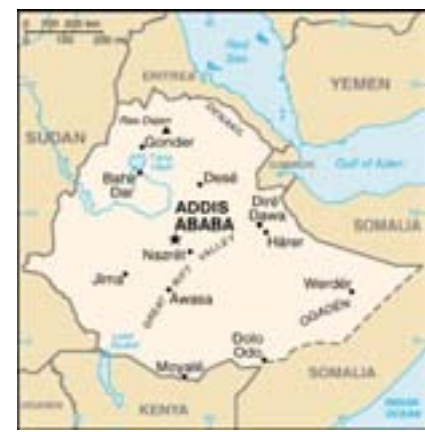
STIs

15-19 year olds with no knowledge of STIs: **> 50% females, 40% males**
 20-24 year olds with no knowledge of STIs: **> 40% females, 25% males**

MALE RH

Median age of sexual debut: **20.3 years**
 Youth currently using contraception: **10%**
 Youth reporting condom use at last intercourse: **20%**

ETHIOPIA



* For the health statistics, "Youth" refers to the 15-24 year old age group



ETHIOPIA'S YRH AND HIV PREVENTION POLICY ENVIRONMENT

Although YRH has been historically absent as a policy priority in Ethiopia, developments in the past decade show an increasing commitment to YRH, starting with the incorporation of youth in the National Population Policy of 1993. Since then, the Ministry of Health and the Ministry of Youth, Sports, and Culture have served as platforms to voice the RH needs of youth and government programs and policies are beginning to prioritize youth RH needs. The crucial work of many NGOs in providing advocacy and services for youth often preceded formal national policies. Incorporating the work of NGOs with the objectives set in national policy remains a challenge today, but one that is showing progress.

POLICIES ADDRESSING YRH

1993—National Population Policy. Not youth-specific, but does designate objectives for youth RH, including the right to FP and RH information, creating youth-friendly RH services, and calling for increase in legal age of marriage.

1996—MOH established a national ARH steering committee, which produced the **"Five-Year Plan for ARH in Ethiopia."** ARH Subcommittee subsequently formed.

1998—National Policy on HIV/AIDS. Calls for HIV/AIDS and STI education in schools beginning in primary school, to be managed by the MOH and MOE. USAID is working with the government of Ethiopia to establish a distinct *Youth HIV/AIDS Policy*.

2002—Ministry of Youth, Sport, and Culture established to address the needs of youth. Activities include (1) the 1st National Youth Consultation on Sexual and RH and HIV/AIDS, where youth wrote a national youth charter and action plan, and (2) development of a general national youth policy that will include RH specific elements.

OTHER YRH SUPPORTIVE POLICIES AND PRACTICES

1997—Education Sector Development Program launched with an aim to increase the primary school enrollment of girls

1999—Penal Code banning the promotion of contraception abolished. NGOs now run contraception media campaigns

2000—Family Law raised minimum age of marriage for girls from 15 to 18.

- Federal Police Commission and Committee Against the Sexual Exploitation of Children established **Child Protection Units** for victims of childhood sexual violence.

- Government has recently campaigned about the harmful consequences of FGC/FGM.

POLICY BARRIERS TO YRH

No specific laws outlaw FGC/FGM— However, though the Constitution prohibits harmful traditional practices aimed at women. FGC/FGM remains a widespread practice.

Bride wealth is a common custom—often leads to early marriage

Polygyny—remains a common practice. 5% of teenage women and 8% of women ages 20-24 are in a polygynous marriage.

Only one hospital countrywide treats obstetric fistulae— This condition is common in teen pregnancies, but only 1,000 fistula operations are performed annually. About 10,000 women are in need.

CONTRIBUTIONS BY GOVERNMENT:

Ministry of Health—Created the 1996 national steering committee on ARH and is responsible for the National Population Policy

Ministry of Youth, Sports, and Culture (MYSC)—This ministry incorporates youth involvement in RH issues

Ministry of Education—The National Policy on HIV/AIDS calls on the MOE to provide HIV/AIDS and STI education, beginning at the primary school level

Office of Women's Affairs—Advocates against many of the harmful traditional practices that also affect YRH, such as early marriage

ACHIEVEMENTS BY NGOS IN ADDRESSING YRH:

NGOs have been working on critical components of YRH since well before the government of Ethiopia officially recognized YRH as a priority. NGOs, both national and international, have been critical in providing YRH services including but not limited to:

- RH education, clinical services, and counseling for in- and out-of-school youth
- Contraceptive distribution and sex education
- HIV/STI services designed specifically for adolescents
- Conducting surveys and collecting data in order to understand more fully the RH situation for Ethiopia's youth
- Sponsorship of policy, programming, and advocacy workshops so that NGOs, the government, and youth may collaborate
- HIV prevention campaigns for youth
- Peer education and advocacy training for youth leaders

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Graphics of the map and flag of Ethiopia provided by the United States Central Intelligence Agency: "World Factbook: Ethiopia." Online at: <http://www.cia.gov/cia/publications/factbook/geos/et.html>

Annex 2

Organizations Visited and Individuals Interviewed

ORGANIZATION	NAME	TITLE
USAID/Ethiopia	Mary Ann Abeyta-Behnke	Reproductive Health Officer
	Susan Anthony	PHN Office Chief
	Elias Senbeto	PHN Office
	Holly Fluty-Dempsey	HIV/AIDS Officer
	Michelle Evans	PHN Office
	Gala Duckworth	HIV/AIDS Assistant Officer
	Fikru Abeba	PHN Office
National Office of Population	Genet Mengistu	Head of Reproductive Health, Women, and Youth Affairs Department
	Tadesse Yada	Team Leader for Women and Youth Affairs
Consortium of Reproductive Health Associations (CORHA)	Tigist Alemu	Executive Director
	Hailu Belachew	Program Manager
Ministry of Health	Essayas Muletta	Technical Assistant for Reproductive Health, Family Health Department
Family Guidance Association of Ethiopia (FGAE)	Amare Bedada	Executive Director
	Daniel Meshesha	Addis Ababa Branch Manager
	Fekadu Chala	Program Director
	Menbere Zenebe	Southern Branch Manager, Awassa
	Beyeberu Assefa	Branch Manager, Dessie
	Adam Zeleke	Representative, Jimma
	Getachew Berhanu	Representative, Jimma
Pathfinder International	Tilahun Giday	Country Representative
	Derebe Tadese	Regional Coordinator, Awassa
	Mengistu Asnake	Deputy Country Representative
	Liyu Makonnen	Youth Advisor
Save the Children/USA	Sharon Hauser	Acting Program Manager
	Elizabeth Bunde	Technical Advisor
	Tsehay Zikargachew	Project Manager
POLICY Project	Elizabeth Neason	Senior Advisor Advocacy
	Seyoum Gebreselassie	Senior Technical Advisor
	Hailegnaw Eshete	Consultant
Ministry of Youth, Sports, and Culture	Tsehay Gulma	Acting Department Head of Youth, Policy, Research, Implementation, and Follow-up
EngenderHealth	Woleta Betmariam	Program Manager
Packard Foundation	Yemeserach Belayneh	Program Assistant

ORGANIZATION	NAME	TITLE
Family Health International (FHI)	Tesfaye Shigu	Population/Reproductive Health Program Manager
	Francesca Stuer	Country Director
	Yenehun Tawye	Program Officer
	Fekadu Jotie	Program Officer
	Kuri Kebede	Program Assistant
The Population Council	Tekleab Mekebib	Country Representative
CARE/Ethiopia	Holly Solberg	Program Director
	Solomon Tesfaye	Health Sector Coordinator
United Nations Population Fund (UNFPA)	Abate Gudunffa	Reproductive Health Program Officer
	Nina Sreenivasan	Program Officer
Opportunity Industrialization Center (OIC)	Muluwork Zebu	Site Manager, Kombolcha
Amhara Development Association (ADA)	Berihun Kated	Project Coordinator, Kombolcha
Organization for Social Services for AIDS (OSSA)	Dejene Tejeje	Finance and Administration Director, Dessie
	Tibebu Getachew	Representative, Jimma
	Sebele Wongel Lemma	Representative, Awassa
Africa Humanitarian Action (AHA)	Gebi Nure	Project Officer, Shashemane
Birhuh Tesfa Youth Club	Sebsibeh Dagnachew	Member and Secretary
Ethiopian Orthodox Church	Wosenylesh Tamene	Project Coordinator
Ethiopian Muslim Development Agency	Abdulwahid Mohammed	Coordinator
Ethiopian Kale Hiwot Church	Tesfale	Youth Coordinator

Annex 3

Illustrative Questions for In-Country Interviews

Illustrative List of Questions for NGOs, FBOs, Government Ministries, and Donor Agencies

- What is the purpose and function of your organization?
- What age group does your program target?
- What kinds of youth does your program serve, e.g., in-school youth, out-of-school youth, males, females, urban, rural, married, unmarried, etc?
- How is gender integrated into your program?
- Do you promote equitable participation and involvement of males and females in your programs? If so, do you face any challenges in reaching young men or women?
- Which of your projects are working well?
- In which of your projects are you facing challenges and why?
- Do you have a system for evaluating and following-up the activities you initiate?
- How do you measure progress and impact? Have you been able to measure behavior change among youth?
- What other NGOs do you collaborate with and in what way?
- What government ministries do you collaborate with and in what way?
- Are there national policies related to youth and reproductive youth and HIV prevention? If so, do national policies have a strong influence on how local programs operate?
- What role and to what extent can parents, communities, churches, schools, and health facilities play in assisting youth?
- What are some good programs that you know of that are working with parents, churches, schools, clinics, and communities?
- Are youth involved in the planning, implementation, and/or evaluation of your program? If so, in what ways?
- From what sources does your funding come?
- How are your funds coordinated? How much is devoted to youth?
- Do you have a multi-sectoral approach and what mechanisms are used to manage this approach?
- What are the main challenges youth face in RH and HIV/AIDS?
- What do you think are the most immediate and long-term needs of youth?
- How are youth involved in helping to make decisions within your organizations?
- What is your biggest challenge in working with youth?

- What are the key messages your program is trying to deliver to young people? And what communication channels do you use to reach youth?
- What do you think are the top three priorities for youth RH and HIV-prevention programming?

Illustrative List of Questions for Focus Group Discussions with Youth

- What is your greatest concern or worry related to reproductive health?
- What are the most important RH and HIV/AIDS issues a young person faces in Ethiopia?
- How easy or difficult is it for you to discuss or talk about sex?
- Who do young people talk to about RH issues in your community?
- Why do they choose these people?
- Whom would you like to talk to about RH issues?
- Do you talk to parents about RH issues? Do you prefer talking to friends or others?
- What is HIV/AIDS, and how is it transmitted?
- How can HIV be prevented?
- Do you believe youth have a right to voluntary counseling and testing?
- Do you believe a couple has the right to choose their ideal family size? Do you believe in birth spacing?
- How many days out of a month can a woman get pregnant? How many days out of the month can a man get a woman pregnant?
- How soon do youth start having sex in your community?
- What factors prompt youth to engage in sexual activity?
- In what kinds of high-risk sexual behavior do youth in Ethiopia engage?
- Are young women ever forced/coerced to have sex against their will?
- Are you or your friends more worried about getting pregnant or becoming infected with HIV?
- Do youth use condoms in your community? If not, why?
- What kinds of contraceptives do you know about? Are they easily available?
- Have you ever heard of emergency contraception? Is it available in your community?
- What is the role of parents and community/religious leaders in addressing RH issues?
- Where do youth go for RH services, counseling, and support?
- What kind of things would you like to see in a youth-friendly clinic?
- What kinds of media do you watch or listen to?

Annex 4

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

STRENGTHS

- The population policy of 1993 is still in effect in Ethiopia and is seen as a positive foundation on which to build future family planning and reproductive health programs.
- A national youth policy (for young people 15-29) has recently been developed. Led by the Ministry of Youth, Sports, and Culture, in collaboration with a number of other Ministries and NGOs, this policy includes components on reproductive health, family planning, and HIV/AIDS.
- Generally, there is a supportive legal/policy framework in place around issues related to family planning, reproductive health, HIV/AIDS, harmful traditional practices, safe motherhood, and child survival in Ethiopia.
- The presence of the National Office of Population (NOP) is a strength in that it helps to coordinate the implementation of the population policy and its four broad areas of intervention: 1) improving the quality and scope of reproductive health service delivery; 2) population research, data collection, and dissemination; 3) expansion and strengthening of domestic capacity for training in population; and 4) expansion of information, education, and communication (IEC)/advocacy activities and social mobilization.
- There is recognizable coordination and partnership between government agencies (e.g., NOP, MOH, MYSC), NGOs, and donor agencies to address reproductive health issues nationally, regionally, and locally. Unlike some other countries in sub-Saharan Africa, all of these partners work hard to keep each other informed and to coordinate activities as much as possible.
- The recent passing of a law that raises the minimum age of marriage to 18 is beginning to help move the country towards the elimination of harmful traditional practices, such as early marriage and marriage through abduction and rape.
- There is great desire on the part of all organizations interviewed to further reduce harmful traditional practices, e.g., female genital cutting (FGC), early marriage, and marriage through abduction and rape.
- The strong presence of the Consortium of Reproductive Health Associations (CORHA), Family Guidance Association of Ethiopia (FGAE), and Ethiopian Youth Network bode well for Ethiopia's attempts to close the gap between high population growth and low economic productivity. The cumulative knowledge, experience, and perspectives of these three groups (and many others) provide the country with great opportunities to apply lessons learned and develop better programs as a result.
- The major religious institutions of Ethiopia, in particular the Ethiopian Orthodox Church and Muslims, are active in the fight against HIV/AIDS with strong abstinence and faithfulness messages. Their willingness to offer care and support for those infected and affected by HIV/AIDS and their attempts to reduce stigma and discrimination are beginning to have an impact at the local level.
- The social marketing program of DKT and the relative openness of the Government to contraceptive advertising is a strength that will serve Ethiopia in the future and provide an opening for greater use of mass media.
- The presence of the National Reproductive Health Taskforce and Adolescent Reproductive Health Technical Subcommittee and their ability to coordinate efforts among Government Ministries, donor agencies, and NGOs has had a positive effect on the implementation of reproductive health programs throughout Ethiopia.

WEAKNESSES

- Although a law has recently been passed that raises the minimum age of marriage to 18, as noted above, it is widely disregarded by many groups, mainly in rural Ethiopia.
- The issue of female genital cutting is of great concern to many reproductive health programs. Given its widespread prevalence (approximately 80%), serious attention needs to be paid to this issue in order to reduce the grave dangers posed by the practice and to decrease its often damaging gender effects and implications.
- High fertility, low contraceptive use, high unmet need for family planning, and limited method mix are all areas that affect the ability of programs to meet the needs of Ethiopians of reproductive age. In addition, they demand that a variety of approaches be used in different settings. The fact that Ethiopia is 85% rural poses another stumbling block to the development and implementation of programs that meet the needs of both rural and urban populations.
- The incidence of unsafe abortions is high and constitutes a major cause of maternal morbidity and mortality. This is especially true for young women who often find themselves in unsupportive environments that lack basic reproductive health care services.
- Contraceptive stock-outs are common due to a poor logistics system. Although there is a growing demand for family planning methods, a major problem in Ethiopia is that of irregular and inadequate contraceptive supplies. Because distribution is sporadic and not based on need, many areas of the country find themselves with an overabundance of supplies while others have frequent stock-outs.
- The institutional interest in IEC implementation in Ethiopia is fairly sound; however, mass media is often underutilized for reproductive health education and promotion. Electronic and print media as well as traditional forms of communication need to be more effectively exploited to have a greater impact on improving the reproductive health of Ethiopia's people. A more coordinated effort to implement the "National Population Information, Education, and Communication and Advocacy Strategy: 2000-2005" could go a long way in improving the quality of IEC materials disseminated and the use of mass media at all levels.
- Medical barriers are common, especially for young people who often face great bias when they try to access clinical services. Examples of such barriers include unnecessary requirements for medical tests and pelvic exams and restriction on non-medical personnel providing Depo-Provera.
- Only half of Ethiopia's population has access to modern medical care services. Much work still needs to be done to improve this situation, in particular around counseling, surgical procedures, and the condition of facilities, equipment, and supplies. Furthermore, most health care providers are trained to emphasize curative rather than preventative care.
- Illiteracy is very high, especially in the rural areas of Ethiopia. The education sector has suffered in recent years, as school enrollment has begun to steadily decline, after showing rapid growth during the 1970s and 1980s. This is especially true for secondary education enrollment. In addition, few provisions exist to provide OSY with reproductive health information and life and livelihoods skills education.
- Many reproductive health programs focus only on providing information (e.g., pamphlets and brochures), and few institutions report conducting needs assessments, situation analysis, or audience research for their IEC programs. Thus, there has not been great success in segmenting messages for various audiences. Additionally, there is an enormous need to link IEC directly to services and to move programs towards increased mobilization, coalition-building, and scaled-up efforts.
- There are few examples of youth-friendly services throughout Ethiopia. Many providers are uncomfortable talking about sex, sexuality, and reproductive health with young clients, especially if they are unmarried. Their biases and attitudes interfere with their ability to provide information and contraceptives to youth. In addition, health workers may not have up-to-date scientific information on contraceptive safety for adolescents. Moreover, existing structures are not well-equipped to reach youth with reproductive health messages and services. They often are uninviting to youth in appearance, may

not be open at hours that are convenient for young people, and are commonly designed for married women rather than single women, men, and adolescents.

- Cultural constraints, gender issues, inadequate parenting skills, and an insufficient understanding of the so-called “generation gap” often lead to a lack of proper guidance from parents and other trusted adults on issues related to youth reproductive health. In order for parents to understand the needs and desires of young people, they need to be empowered with more knowledge about youth reproductive health and equipped with better communication skills through parent support groups, parenting networks, and media messages.
- The low status of women and inability to adequately address gender issues can negatively impact the success of any reproductive health program. Special constraints face women and girls, which prevent them from gaining access to information and services. In Ethiopia, as in many developing countries, females traditionally have lower status than males, even in matters related to childbearing and their own reproductive health. Women and girls have limited access to education and paid employment, as well as economic and productive resources. Their lower status also often means that they have less access than men to IEC messages aimed at them through traditional channels of communication.

OPPORTUNITIES

- Family planning messages can be disseminated openly now that contraceptive advertising is legal which could provide tremendous potential for reaching people, particularly in rural areas of Ethiopia.
- Many religious groups and FBOs provide a sustainable infrastructure for youth groups. While most remain untapped, they could play a pivotal role in helping to reduce unintended pregnancy and STIs/HIV within their communities. Religious institutions and FBOs have an important role to play in youth development, as they can offer building facilities and land as places for youth to gather, in addition to systems and programs already in place like Sunday school, catechism classes, madrassas, and church choirs. They also have the ability to reach youth at younger ages with appropriate reproductive health, moral, and value messages. There is a need, however, to equip religious groups and their leaders with accurate and correct information to build their capacity for spreading important youth reproductive health and HIV prevention messages, coordinating much-needed programs, and enhancing services already being provided by various groups.
- There is significant interest on the part of the Ethiopian Orthodox Church and Muslims in natural family planning (NFP). Because neither institution supports the use of modern contraceptives, training religious leaders and members in the use of NFP could help reduce the birth rate and possibly provide a bridge to modern contraceptive use.
- Given the prevalence of exclusive breastfeeding in Ethiopia, there exists an opportunity to promote lactational amenorrhea method (LAM) to mothers who have recently given birth. Doing so could also help create a bridge to modern contraceptive use.
- The history of good collaboration between Government ministries and NGOs provides a strong foundation for the success of reproductive health programs in Ethiopia.
- As noted above, the knowledge, experience, and strength of the FGAE provide an opportunity for sharing lessons learned and scaling-up already successful activities.

THREATS

- The current momentum guarantees a large increase in population, which could put a great strain on Government services and ultimately negate efforts to date to try to reduce population growth and improve the economic situation of most Ethiopians.
- Additionally, increasing numbers of women and men entering fertile age will strain the ability of family planning providers to keep up with total demand (met and unmet) for services.

- Ethiopia ranked 168th on the Human Development Index in 2002, and its economic situation is only expected to worsen in the coming years. As in many other parts of Africa, this deteriorating economic situation will likely negatively impact the AIDS epidemic and the ability of the country to provide adequate family planning and reproductive health services.
- High unemployment among youth is putting immense burden on Ethiopia's ability to raise the economic status of its young people and meet their reproductive health needs. As a result of unemployment, youth are usually only able to pay a small amount of money, if any, for reproductive health services. This means there will continue to be a need to subsidize reproductive health services for young people in the future. High unemployment among youth and their parents, an inability to pay for school fees, and lack of recreational activities can also lead to boredom and vast idleness among youth. This lack of participation and involvement is often a critical factor leading to early sexual activity among young men and women.
- Political uncertainty, as a result of the upcoming elections and continued dispute with Eritrea, and the potential for more natural disasters, e.g., drought leading to famine, are also important factors that could limit Ethiopia's ability to improve the reproductive health of its people.
- Conservative opposition towards family planning from religious groups in Ethiopia (e.g., Ethiopian Orthodox Church and Muslims) may be a threat to the success of any reproductive health program unless such institutions are actively engaged in the process and sensitization activities are undertaken with religious leaders and members.
- Immense societal unwillingness and embarrassment to discuss sex and sexuality pose a great threat to the ability of reproductive health programs to reduce the number of unintended pregnancies and STIs/HIV in Ethiopia. To implement successful reproductive health programs, particularly for youth, barriers to communication will need to be broken down and new behaviors will need to be developed to open dialogue at all levels of society on sensitive issues related to reproductive health.

Annex 5

Description of Organizations Visited

1. Government Institutions

Ministry of Health (MOH)

The MOH has been conducting various adolescent RH activities under its Family Health Department. As part of its National Reproductive Health Task Force, it has formed an Adolescent Reproductive Health Technical Subcommittee (also known as the Adolescent Reproductive Health Taskforce) to coordinate activities related to ARH and oversee implementation of the Ministry's program. This Subcommittee is chaired by CORHA.¹⁵

Activities carried out by the Family Health Department include: training on ARH for providers from the various regions; conducting workshops on ARH issues; and development and distribution of IEC materials on ARH. The Family Health Department obtains its contraceptives from both UNFPA and USAID. External financial and/or technical support for its RH activities come from UNFPA, USAID, WHO, UNICEF, the European Union, and JICA.

In 2002, the Family Health Department of the MOH developed the Five-Year Action Plan for Adolescent Reproductive Health in Ethiopia (2002-2007). The plan aims to increase access and utilization of ARH services by youth, and increase information and knowledge about RH that leads to positive behavior change by youth. Specific strategies to achieve these aims include:

- Promotion of a positive policy and program environment;
- Provision of knowledge and skills;
- Provision of quality reproductive health services for youth through youth centers, peer education, and counseling and service linkages through an efficient referral system.

The Plan also contemplates a research agenda including baseline surveys on ARH needs; operations research to improve the efficiency and cost effectiveness of ARH programs; establishment of a clearinghouse for data collection, analysis, and retrieval of information on ARH issues; and periodic evaluation of strategies and programs to assess impact and effectiveness. Finally, the Plan calls for the active involvement of youth at all stages of planning and implementation of programs, the establishment of National Youth Associations (it does not refer to the recently established Ethiopian Youth Network), and the organization of annual youth conferences.

The Five-Year Action Plan also identifies the need to develop an ARH strategy that includes a minimum pack of ARH services for the country. This is reportedly underway as part of the development of an overall reproductive health strategy. Some of the priority needs highlighted by the MOH during the team's visit included: 1) eradication of early marriage (which is commonly accompanied by early birth which leads to obstructed labor and/or fistula); 2) eradication of female genital cutting; 3) reduction of unintended pregnancy due to lack of access to family planning; 4) elimination of unsafe abortion; 5) increased provision of emergency contraceptive pills, including training for service providers; and 6) reduction of alcohol and drug use/abuse.

¹⁵ During the team's visit to the MOH, our youth advisor and manager of the Ethiopian Youth Network (EYN) proposed that a representative of the EYN be invited to participate in the committee. The proposal was accepted.

In Dessie, the team was able to visit the MOH Borumeda District Hospital and see how the CBRHAs affiliated with Pathfinder International are closely linked with the hospital personnel. The CBRHAs provide reproductive health information and pills and condoms, while referring individuals to the hospital who wish to receive injectables, IUDs, Norplant, or voluntary sterilization.

In Kombolcha (near Dessie), the team also visited a health center and spoke with the head of the district health office. He showed us a chart indicating the number one cause of consultations at the health center was malaria, followed by pneumonia. Pills, condoms, and Depo-Provera are all offered at the health center, as is VCT using rapid tests. The head of the district health office admitted that unmarried adolescents do not like to come to the health center for family planning methods because they are embarrassed to do so. If they are sexually active, they prefer to go to shops or pharmacies.

Ministry of Youth, Sports, and Culture (MYSC)

The MYSC was created in 2001 and has the responsibility to initiate policy and laws relating to youth and, upon their approval, follow-up on their implementation. The ministry has three departments: capacity building; NGO, Government, and youth association coordination; and policy, research, implementation, and follow-up. There are 11 bureaus of MYSC – one in each region.

The MYSC has given a great deal of recognition and support to the Ethiopian Youth Network. With technical assistance by YouthNet, the network developed a Youth Charter and Three-Year Plan of Action for youth sexual and reproductive health. This was presented to and accepted by the MYSC. The two top priorities identified by the youth in the Plan of Action are HIV/AIDS and unemployment.

To help the youth network, the MYSC has donated land for establishing 11 youth centers (one in each region). Operating costs for these youth centers are expected to be provided by external donors and the Global Funds for AIDS, Tuberculosis, and Malaria. USAID also provides financial support for the youth network through FHI. Technical assistance is also being provided by FHI to the Network.

The Ministry recently developed a National Youth Policy, which is currently being reviewed by the Council of Ministers before adoption. The policy addresses HIV/AIDS very directly, and gives some attention on other aspects of reproductive health for youth. The age range for the youth policy is 15-29, which does not conform to the WHO classification for youth as 15-24.

External financial support for the youth activities of the MYSC is provided by a range of donors, including USAID, UNFPA, UNICEF, the Packard Foundation, and Action Aid. The Ministry has sent an unsolicited proposal to USAID for financial support for capacity building and for the strengthening of regional bureaus.

National Office of Population

The National Office of Population (NOP) was established in 1993 following the country's adoption in the same year of an explicit population policy. The major objective of the population policy is to close the gap between high population growth and low economic productivity. The policy specifically calls for reducing the total fertility rate to 4.0 (from 5.9 according to the 2000 Demographic and Health Survey) and increasing the contraceptive prevalence rate to 44% (from 8.1 per the 2000 DHS) by 2015; reducing maternal, infant, and child morbidity and mortality rates; and raising the social and economic status of women.

The NOP was established to coordinate the implementation of the population policy and its four broad areas of intervention. These four areas are:

- Improving the quality and scope of reproductive health service delivery;
- Population research, data collection and dissemination;
- Expansion and strengthening of domestic capacity for training in population;
- Expansion of IEC/advocacy activities and social mobilization.

The NOP works closely with other stakeholders in implementing the policy, including NGOs, Government ministries (Finance and Economic Development, Health, Education, Information, Labour and Social Affairs), and other Government offices, i.e., Central Statistical Authority, Women’s Affairs Office, and the Demographic Training and Research Center of Addis Ababa University. Specific responsibilities for each of these organizations is outlined in the population policy.

Administratively, the NOP falls under the Ministry of Finance and Economic Development and has three departments within it. These departments are:

- Planning, Training, Monitoring, and Evaluation Department;
- Reproductive Health, Women, and Youth Affairs Department;
- Information, Education, Communication, and Advocacy Department.

The major functions of the NOP are coordinating population-related activities carried out by NGOs and governmental organizations; developing population programs and strategies; mobilizing technical and financial resources for attaining the policy goals; strengthening national capacity in demography; organizing national and international events on population issues; promoting policy oriented research on population and development; monitoring and evaluating the impact of population programs; and ensuring that the programs conducted by various ministries and other agencies comply with the population policy. The NOP is also responsible for establishing multisectoral technical committees and special task forces as required to implement the population policy.

Several strategies outlined in the 1993 population policy, which the NOP is charged with helping to implement, pertain specifically to youth. These include: reducing the high attrition rate of females in the educational system; providing career counseling in secondary schools and universities; establishing youth reproductive health counseling centers; and raising the minimum age of marriage for girls from 15 to 18. This latter aim was achieved with the recently passed Family Law.

The NOP is an active participant in both USAID (through Pathfinder) and Packard Foundation-supported youth reproductive health projects. The Reproductive Health Women and Youth Affairs Department of the NOP chairs a technical committee that reviews and does final selection of Pathfinder subgrantees. With Packard, the same department of the NOP participates in quarterly grantee meetings. The NOP also collaborated in the recently developed the National Youth Policy, presented to the Council of Ministers by the MYSC.

One achievement that NOP claims partial credit for is the repeal of the provision in the 1957 Penal Code that outlawed the advertisement and sale of contraceptives. In March 1999, the Parliament rescinded this provision. Though it was only partially enforced over the years, its presence undoubtedly served to discourage many providers from offering family planning services and prevented advertising that might have generated greater demand for services and products.

In January 2000, the NOP launched its “National Population Information, Education and Communication and Advocacy Strategy: 2000-2005,” with technical assistance provided by Johns Hopkins University

Center for Communication Programs. This ambitious strategy identified 12 thematic areas to be addressed through mass media, print media, traditional media, institution-based communication, formal and non-formal education, and counseling. The 12 thematic areas are divided between the general headings of reproductive health and population and development. Youth are among the primary audiences for nearly all of the twelve thematic areas and one area – “Youth and Development” – is entirely focused on the needs of youth.

Unfortunately, we were informed that much of this strategy has not been implemented, owing in part to disagreements between the NOP and MOH over management of the reproductive health component. The primary donor for implementation of the strategy – UNFPA – reportedly withdrew its support for the reproductive health component of the strategy but continues to fund implementation of the population and development component. Besides youth and development, this component includes the thematic areas of rapid population growth, implementation of the National Population Policy, gender and development, research/data collection and dissemination, and other population policy priorities.

Another initiative that the NOP is actively involved in is developing leadership in the country in the area of population and reproductive health. Several international leadership training programs have been providing scholarships for Ethiopian emerging leaders to be trained in population and reproductive health in the U.S., including the International Family Planning Leadership Program (Public Health Institute), the Leadership Development Mechanism (Institute of International Education), the Visionary Leadership Program (various partners), and the Population Leadership Program (University of Washington). A steering committee emerged in 2001 with the aim of fostering in-country leadership development. The NOP is currently the chair of the taskforce charged with implementing the recommendations made by the steering committee.

2. Non-governmental Organizations and Faith-based Organizations

Consortium of Reproductive Health Associations

CORHA is the principal network of NGOs working in reproductive health in Ethiopia. Formerly called the Consortium of Family Planning NGOs in Ethiopia (COFAP), the consortium recently changed its name to reflect the broader reproductive health interests of its members.

There are 65 member organizations of CORHA, including both international and local NGOs. International NGO members include CARE/Ethiopia, World Vision, Save the Children, DKT, Marie Stopes International, FHI, and Pathfinder International.

CORHA’s 2002-2007 plan includes four principal strategies: interagency coordination; advocacy; capacity building; and sustainability/fundraising. To facilitate its work in advocacy, CORHA began a national reproductive health advocacy network in 2002. Adolescent reproductive health is one of the advocacy issues being addressed by the network.

CORHA receives financial assistance from USAID through Pathfinder (for institutional strengthening) and FHI (for research and monitoring/evaluation). The Packard Foundation also provides assistance to CORHA for its advocacy work. In addition, they may soon receive funds from UNFPA and the Swedish Development Association (SIDA). CORHA is not yet a legal, registered entity, but soon will be – allowing donors to more easily support it.

CORHA is the chair of the Adolescent Reproductive Health Technical Subcommittee under the MOH National Reproductive Health Task Force. They plan to soon have a forum on adolescent reproductive health with working groups formed on the issues of sustainability, behavior change communication, advocacy, service delivery, research, and monitoring/evaluation.

Family Guidance Association of Ethiopia (FGAE)

FGAE, founded in the 1960s, has been a pioneer in reproductive health in Ethiopia and is the affiliate of the International Planned Parenthood Federation (IPPF). Until 2001, FGAE received substantial financial support and donated contraceptives from USAID. Given its commitment to lobby for changes in the country's abortion laws that make abortion illegal except to save a mother's life, FGAE did not agree to the conditions of the Mexico City policy, thus, making it ineligible to receive further USAID funding. Currently, it receives funding from the Packard Foundation, the Netherlands Government, UNFPA, UNICEF, and IPPF.

FGAE began providing ARH information and services directly to youth through the establishment of youth centers in 1990. Twenty-four youth centers presently exist throughout the country, with six located in Addis Ababa. More than 200 youth peer educators work in and through these youth centers that provide a variety of services to ISY and OSY. Where there are clinics with no youth centers in close proximity, the clinics offer special Saturday hours for young people.

Youth are able to receive a range of services at the youth centers, including:

- Information and education about RH;
- STI diagnosis and treatment;
- Family planning services, including pregnancy tests and distribution of condoms, pills, injectables, and foaming tablets;
- Referrals for clinical family planning methods such as Norplant and IUDs;
- Voluntary counseling and testing for HIV;
- Psychological counseling;
- Library services and study centers;
- Life and livelihoods skills training;
- Recreation (Internet, indoor/outdoor games, drama, and sports).

The team was able to visit several FGAE facilities in Addis Ababa, Dessie, Jimma, and Awassa. At one youth center in Addis Ababa, we were told that 200-250 young people come each day. Use of the library and recreational services are the most common reasons for youth visits we were told. The center has 20 peer service providers that go out into the community to share information with their peers and invite youth to the center.

In Dessie, FGAE has a youth center and 20 peer service providers. The youth center has a clinic which provides STI treatment and VCT, as well as providing family planning methods. The youth center also has a library club, music club, drama club, and girls club. Occasionally, the youth clubs go to nearby schools to perform music or drama and provide information about reproductive health.

In Jimma, FGAE has one youth center and 11 sub-centers. In addition, it has six service outlets, one sexual and reproductive health clinic, 150 CBRHA sites, and 30 outlet sites which are all accessible to youth. Activities of the youth center and sub-centers include family planning services; STI diagnosis, treatment, and referral; VCT; referrals for injectables, implants, and IUDs; libraries; family life education training; vocational training; and recreational services, such as music, circus, and sports. Most of the youth served are out-of-school and unmarried, and a large proportion of males, though there are special efforts targeted towards females. The FGAE branch in Jimma is currently in the process of building a very large youth

center in town that will comprise a clinic, counseling room, library, pharmacy, and recreational sites. It is expected to be completed early in 2004.

In the Southern Branch Office of Awassa, FGAE has four youth centers, one of which is in the town of Awassa. We visited this youth center and were told that 80-100 youth visit it on a daily basis. The majority of young people come for the clinical services provided.

Organization for Social Services for AIDS (OSSA)

OSSA is an indigenous NGO dedicated to reducing the spread of HIV and providing care and support for those affected by HIV/AIDS. Created in 1989, OSSA today has nine main branches and five sub-branch offices throughout the country and has formed over 870 anti-AIDS clubs with over 50,000 members. OSSA provides care for over 1,000 AIDS orphans and over 3,700 persons living with HIV/AIDS (PLWHA). Initiating, supporting, and promoting adolescent sexual and reproductive health initiatives are listed as one of nine institutional strategies.

Funding for OSSA comes from a variety of sources, including the Ethiopian government, the German Foundation for World Population (DSW), the Packard Foundation (through DSW), Norwegian Church Aid, Save the Children UK, UNFPA, and others.

During the team's trip to the field, we visited three OSSA sites – one each in Dessie, Jimma, and Awassa. In Dessie, we visited one of the branch offices of OSSA. They have formed 39 anti-AIDS clubs, 14 of which work with in-school youth (ISY) and 25 work with out-of-school youth (OSY). These clubs are led by 160 peer educators and have a total membership of over 2,000. The clubs are being financed through support by UNFPA, DSW and Christian Aid (UK). These clubs are directly supporting 80 PLWHA and 120 AIDS orphans. Their support of the orphans consists of providing school supplies, medical care (but no anti-retroviral therapy in the case of HIV+ orphans), financial support, skills training and income generation activities. The club also provides voluntary counseling and testing (VCT) using rapid tests and provides a reading room for young people to study and do their homework. The condoms they make available come from DKT.

In Jimma, the team visited another OSSA branch office and learned about its work with adults and young people. Activities sponsored by OSSA in this region include: 1) care, support, and counseling for PLWHAs and orphans; 2) home-based care; and 3) anti-AIDS clubs for youth. Nine anti-AIDS clubs are sponsored by OSSA in Jimma, including several for girls only. The team was able to visit one of these clubs, Birhuh Tesfa Youth Club. This particular club was established in 1999 and targets young people ages 10 to 24. Its activities include distribution of IEC materials, a library corner, peer education, an income generation project, and various social activities. The club serves a catchment area of about 2,000 youth.

In Awassa, we visited two anti-AIDS clubs formed by OSSA and funded by Norwegian Church Aid. The first club principally targets CSWs. In addition, they have coffee ceremonies that attract young women from the community. The club members give talks about reproductive health themes during the coffee ceremonies. Their eight peer educators also go out in to the community to talk to their peers and do skits and drama to help transmit RH messages. The second served both boys and girls through peer education, drama, singing, and distribution of IEC materials.

Opportunities Industrialization Center (OIC)

In Kombolcha, the team had the opportunity to visit a service delivery site of OIC – an affiliate of OIC International. OIC/Ethiopia Headquarters are located in Addis Ababa, with regional centers in Jimma, Gambela, and Kombolcha.

OIC's programmatic activities center around providing marketable skills training for OSY and ISY, organizing ARH youth clubs and providing family planning services, edutainment, library services and job placement services. OIC also has a grants program for local NGOs and youth associations and supports school satellite clubs to promote reproductive health among ISY.

In Kombolcha, the OIC office has skills training centers for computers, masonry, life skills and entrepreneurship. The center works with six youth clubs and 165 members. Each club has their special interests, such as journalism and environmental protection, and all include reproductive health in their activities. OIC also works with five local schools, giving talks on RH every two weeks. The center in Kombolcha offers pills, condoms and foaming tablets for young people who are sexually active, though they do not have injectables.¹⁶

In Jimma, OIC first provides information on adolescent reproductive health, HIV prevention, and livelihood skills to youth and then moves them through rapid skills training in areas such as computers, masonry, electrical installation, and metal work.

During its visit to OIC in Kombolcha, the team was able to observe computer training being given, and the Extra Learning Program – a pilot project of OIC funded by USAID through OIC International. This pilot project – the first of its kind in Africa – utilizes a self-learning computer-based curriculum that allows each student to study the pre-packaged material on the computer with earphones, and then proceed to another subject when he/she is ready. The material is recorded in English – obviously a limitation to many of the native Amharic-speaking youth. Students are selected for the program from fifth and ninth grade classes based upon their status as economically disadvantaged. We also saw the masonry workshop where 42 OSY (including 3 girls) are learning this skill.

OIC receives financial support from both USAID (through OIC International) and the Packard Foundation.

Amhara Development Association (ADA)

ADA is another Packard Foundation-supported indigenous NGO that the team was able to visit on its trip to Dessie. The ADA office in Dessie covers 14 woredas and 433 rural kabeles. Packard Foundation funding for reproductive health began in 2000. ADA is currently awaiting a response from Pathfinder International to whom they have submitted a proposal to cover additional woredas.

ADA's RH program focuses on the provision of family planning through CBRHAs, HIV/AIDS prevention, maternal and child health and adolescent reproductive health. ADA's program in Dessie includes the provision of family planning methods and HIV/AIDS education through 816 CBRHAs (of whom 655 are men). These CBRHAs provide condoms and pills and refer for other methods.

¹⁶ The nurse at the center expressed the opinion that DMPA is risky to give without first taking the client's blood pressure. Since they have no blood pressure equipment at the center, this was given as the reason for not providing DMPA.

Specific to the reproductive health needs of youth, ADA has organized 106 youth clubs – approximately $\frac{3}{4}$ of which are for ISY. ADA has also trained 45 peer educators.

ADA's contraceptives came from Pathfinder until recently; they are now purchasing pills and condoms from DKT.

Africa Humanitarian Action

Established in October 2000, Africa Humanitarian Action (AHA) has a mandate to focus on reproductive health, family planning, maternal child health, STI/HIV prevention, and harmful traditional practices. The goal of AHA/Shashemane is to increase access to and demand for integrated family planning/reproductive health and STI/HIV/AIDS services for adults and youth ages 15 to 49. Its general objectives are to:

- 1) Adapt/produce client-focused materials on family planning/reproductive health services and STI/HIV prevention;
- 2) Increase the awareness of youth, women, and men on issues related to family planning/reproductive health and STI/HIV/AIDS through development/adaptation and distribution of IEC materials, home visits, and public gatherings;
- 3) Serve new contraceptive acceptors and improve return visits for already-established clients;
- 4) Strengthen the capacity of AHA to promote and expand their quality of family planning/reproductive health and STI/HIV/AIDS service locally and nationally;
- 5) Promote the establishment of youth anti-AIDS clubs and associations;
- 6) Train different categories of people (youth, CBRHAs, women, peer educators, etc.) on reproductive health related issues.

Funded primarily by Pathfinder International (through USAID), the youth activities of AHA focus on distribution of family planning methods through CBRHAs, training of youth peer educators, and formation of anti-AIDS clubs/associations in Shashemane and its surrounding areas. These clubs and associations focus on: 1) care and support for PLWHAs; 2) home-based care; 3) operating a care center for PLWHAs; 4) organizing drama, sports, and circus activities with reproductive health and HIV prevention messages; and 5) condom distribution. Usually, each club chooses two or three of these areas on which to focus.

Following the meeting with the Project Officer, the team visited one of AHA's anti-AIDS associations. Made up of 25 official youth members and more than 40 associate members, the association: 1) provides home-based care to 10 HIV/AIDS patients in a care center located in Shashemane town; 2) links up with other local NGOs to conduct home visits to PLWHAs; and 3) provides support to AIDS orphans by supplying school fees, clothing, and food. Because Shashemane is a main crossroads to the south and is often deemed the "sex work center" of Ethiopia, the association also distributes condoms to commercial sex workers. As part of its home-based care, the association is also trying to integrate family planning counseling into its work with those infected and affected by HIV/AIDS.

Given all of these activities and the limited resources with which they work, this particular youth association had great impact on the assessment team. In particular, the team was moved by the special care taken by these youth to meet the needs of PLWHAs and their families. Specifically, each time one of the PLWHAs with whom they work dies, the association writes a small biography of the person and keeps it on record in their office. The association also helps families whose members have died to care and bury the body, and it assists with digging graves, so that the person is buried with some amount of dignity. Those members who are able to eat three meals a day often give up one meal to meet the needs of a patient at the care center or in the community.

Ethiopian Youth Network

The Ethiopian Youth Network was established in 2002 and is made up of a national network of youth, youth groups, and youth associations working on HIV/AIDS and reproductive and sexual health. Its overall aim is to complement the national effort to fight against HIV/AIDS and improve the reproductive and sexual health of youth through information exchange, advocacy, collaboration, coordination, and technical support. The objectives of the Network are to:

- 1) Establish a network at all levels of administrative structure, i.e., national, regional, zonal, woreda (district) and kebele (community) levels;
- 2) Facilitate the sharing of information and exchange of ideas, knowledge, and experiences among youth, youth groups, association, and organizations working in the fields of HIV/AIDS and reproductive and sexual health;
- 3) Provide technical support to and coordination of the activities of members of the Network to maximize the national effort to contain the spread of HIV/AIDS and reduce reproductive and sexual problems among youth;
- 4) Engage Ethiopian youth to care for and support people living with HIV/AIDS;
- 5) Enhance and ensure the involvement of youth living with HIV/AIDS (YLWHAs) in the national effort to reduce the transmission of HIV;
- 6) Advocate for the rights of YLWHAs and lobby the government and other civil rights groups to enact legislation that will address the right of YLWHAs.

The Ethiopian Youth Network has developed a three-year plan of action based on a participatory process involving youth from 11 regions of Ethiopia. The plan of action is a practical map for Government, donor agencies, NGOs, religious leaders, family, stakeholders, and the whole of society to contribute to improving the reproductive and sexual lives of young people. The recommended activities which make up the plan of action include the following:

- 1) To increase self-risk perception and decrease risky sexual behaviors among in- and out-of-school youth;
- 2) To enhance communication between youth and their parents on youth development and reproductive and sexual health;
- 3) To promote partnerships among youth and between youth and their communities;
- 4) To expand access to youth-private sector organization partnerships;
- 5) To develop and enforce policies and laws that protect the health and rights of youth, with special attention to girls, young women, and other particularly vulnerable youth populations;
- 6) To devise a scheme to alleviate unemployment;
- 7) To devise a scheme to upgrade the low level of education and training youth have received in the past;
- 8) To devise a scheme to cast aside problems that youth face as a result of having little or no recreational centers;
- 9) To prepare a forum for youth to share experiences;
- 10) To take the initiative to protect youth from refutation of their social and economic right through enforcement of relevant Ethiopian laws;
- 11) To empower youth to take the lead in environmental conservation and preservation schemes;
- 12) To create an information network for youth that will allow them to access information and services related to HIV/AIDS and reproductive and sexual health.

Ethiopian Kale Hiwot Church

Funded by Pathfinder International (through USAID), the Ethiopian Kale Hiwot Church (EKHC) is implementing integrated HIV/AIDS and family planning programs in the Awassa area. Although the Church primarily works in HIV/AIDS prevention, care, and support, it aims to integrate reproductive health messages throughout its programs, incorporate pregnancy prevention, and educate its clients on issues related to sex and sexuality. EKHC targets high-risk groups including out-of-school youth, commercial sex workers, and other vulnerable populations, such as HIV-positive prisoners and orphans.

One of its main activities is training caregivers to provide home-based care to 70 PLWHAs in the area. Medical kits are distributed to the caregivers and training is provided in psychosocial counseling. In addition, the Church offers monthly support to 55 orphans – through provision of clothes, school fees, and food – and reaches up to 1,000 orphans with clothing and other items each year.

The focus of EKHC's youth program includes: 1) working with in-school youth in 15 elementary schools to form anti-AIDS clubs; 2) training peer educators to implement the "Stepping Stones" curriculum with in-school and out-of-school youth; 3) building capacity among teachers around issues related to HIV/AIDS and reproductive health; 4) working with out-of-school youth to form anti-AIDS clubs; 5) training in drama to do conduct outreach in the local communities. EKHC also has a number of CBRHAs who provide reproductive health and HIV prevention education materials, pills, and condoms and make referrals for other methods, such as Depo-Provera. These services are available to both adults and adolescents.

Ethiopian Evangelical Church Mekane Yesus

The Ethiopian Evangelical Church Mekane Yesus (EECMY) is one of the largest evangelical churches in Ethiopia. The church was formed with the help of Lutheran missionaries and has a strong belief in social services to the poor. Tackling the AIDS epidemic is one of the priority social service areas for the church. Its target groups include the community within the catchments area of the 20 EECMY church units, people living with HIV/AIDS (PLWHA) and their families, AIDS orphans, and females with multiple sexual partners. Establishing anti-AIDS clubs is one of the strategies used by the church.

During the team's visit to Kombolcha, we had the opportunity to visit a program of the North Central Synod of EECMY, which is a grantee of Pathfinder International. This program has trained rural men and women as CBRHAs. These CBRHAs provide oral contraceptives and condoms to men and women in their community and also refer people to the MOH district hospital. Additionally, they educate the community about reducing harmful traditional practices.

Ethiopian Muslim Development Agency

The team met with the Ethiopian Muslim Development Agency (EMDA) in Jimma where the organization is conducting a number of activities related to HIV/AIDS prevention and care. These include:

- 1) IEC Work – This entails conducting public meetings, group discussions, home visits, and education programs in mosques and madrassas. In addition, pamphlets are distributed throughout the Muslim community and mini media are utilized to enhance people's knowledge about HIV/AIDS, promote abstinence and fidelity, and promote VCT before marriage.
- 2) Training – EMDA sponsors trainings for community and religious leaders in HIV/AIDS with a special focus on modes of transmission, stigma and discrimination, VCT, and support for PLWHAs.

Additionally, the organization trains community educators (mostly male) to teach the community about HIV prevention.

- 3) Youth Anti-AIDS Clubs– These male and female clubs which gather to learn about HIV/AIDS and enhance local understanding of the disease through drama and the distribution of IEC materials. They also make referrals for counseling and services.
- 4) Peer Education – EMDA trains peer promoters, ages 11-28 to work with in- and out-of-school youth who then go back to their communities to form anti-AIDS clubs. These peer promoters also help young people to begin a dialogue with their parents on reproductive health issues.

Led by a project advisory committee (made up of members from the Islamic Council, Zonal Health Bureau, Zonal Health Department, a youth representative, and a woman representative), EMDA is working in seven woredas in Jimma zone. While the organization has a paid coordinator for each woreda, most others involved in its programs are volunteers. EMDA’s primary funding comes from Pathfinder International (through USAID) and the Islamic Council.

Given that 90% of the population of Jimma is Muslim and there is a high number of mosques and madrassas in the area, MDA is hoping to expand its work in the coming years. In particular, it would like to expand VCT to rural woredas, with centers run by the MDA. They also hope to add a care and support component to their work.

Ethiopian Orthodox Church

The Ethiopian Orthodox Church (EOC) has the highest number of followers with over 40 million members, over 35,000 parish churches and monasteries, and 500,000 clergy. For centuries, the EOC has been responsible for cultivating the spiritual, moral, social, and cultural life of Ethiopian society. The Church also professes to be a leader in the development of Ethiopia’s historical arts, crafts, literature, calendar, and secular education. The EOC is committed to breaking the silence surrounding HIV/AIDS, preventing HIV transmission, and providing care and support to those infected and affected by the disease. To that end, the EOC has been engaged in HIV/AIDS prevention activities for a number of years. Its program focus on effective primary prevention and care and support for PLWHA and orphans. The key to the success of the EOC’s is the commitment and active involvement of religious leaders, including His Holiness the Patriarch and other high-level church authorities.

The EOC believes it is uniquely placed to play a significant roles in the campaign against HIV/AIDS. Because it has nationwide scope with great potential for impact, its involvement in the prevention and control of HIV/AIDS could have a deeply positive effect. Additionally, given its credibility and moral authority in Ethiopian society and well-established information and education facilities, the EOC has the potential capacity to effectively influence behavior change among its followers. The major activities related to HIV/AIDS being undertaken by the EOC include:

- 1) Organization and coordination of community discussions around HIV/AIDS;
- 2) Pastoral counseling and care services;
- 3) Primary prevention which includes implementing a variety of BCC techniques, such as peer education, distribution of IEC materials, use of locally-available media to spread messages;
- 4) Home- and community-based care;
- 5) Empowerment of women and adolescents in HIV/AIDS prevention and support;
- 6) Establishment of 15 Hope Centers in 15 parishes throughout Ethiopia to serve those infected and affected by HIV/AIDS.

Specific activities related to youth include: 1) care and support to orphans; 2) anti-AIDS clubs for youth; 3) sensitization workshops on the psycho-social effects of HIV/AIDS and the effects of stigma and discrimination; 4) school-based peer education programs; 5) skills training for commercial sex workers; and 6) help to out-of-school youth (including street children) to support themselves and become self-reliant.

3. Cooperating Agencies

Pathfinder International

Pathfinder International is an international, non-profit organization dedicated to increasing access to quality, client-centered family planning and other reproductive health services. Pathfinder believes that reproductive health is a basic human right, and that by choosing the time of their pregnancies and the size of their families, women's lives are improved and children grow up healthier.

In 1964, Pathfinder International became one of the first U.S.-based reproductive health organizations to support family planning and reproductive health initiatives in Ethiopia. Pathfinder's involvement started with a small grant to a group of Ethiopians who began to promote family planning. Since establishing its Ethiopia country office in 1995, Pathfinder helped launch the first community-based reproductive health services program in the country and has since provided project grants, technical support, and other professional development opportunities to over 17 leading local agencies working in reproductive health and HIV/AIDS.

Pathfinder's program in Ethiopia focuses on providing modern, high-quality reproductive health, family planning, maternal and child health, and STI/HIV prevention in a manner that builds upon positive traditional health practices. Pathfinder-supported projects include a wide array of program models and activities designed to reach underserved Ethiopians. The current USAID-funded programs of Pathfinder in Ethiopia include the following:

- Improving the health of families at the rural level through integration of maternal and child health activities into family and reproductive health services;
- Increasing contraceptive prevalence rates in the four region of Amhara, Tigray, SNNPR, and Oromiya through the community workplace, marketplace, clinics, and adolescent service delivery points;
- Supporting efforts to prevent the spread of STIs and HIV and providing care and support to AIDS patients and their families;
- Improving post-abortion care services by expanding access to services;
- Improving the quality of reproductive health services by strengthening provider competence, improving health facilities and their equipment, and upgrading the standards of services and training;
- Improving the management and service delivery capacity of the Ministry of Health at the national, regional, zonal, and woreda levels to develop, manage, and implement community-based family planning/reproductive health services;
- Improving the capacity of community, implementing partner organizations, and the CORHA to design and implement more effective family planning/reproductive health and HIV/AIDS services;
- Improving gender equity and promoting the reproductive rights of women and reducing the prevalence and effects of harmful traditional practices.

With support from the Packard Foundation, Pathfinder International implements the following projects:

- Adolescent reproductive health and life skills training through faith-based organizations and mass media;
- Expansion of reproductive health services through the private for-profit health sector;
- Gender advocacy work that is implemented in collaboration with various women's organizations.

In order to reach those most at risk and vulnerable groups in society, Pathfinder supports innovative programs managed by sub-grantees that train peer educators in reproductive health, including STI/HIV prevention, control, and care. Illustrations of such programs include: 1) reaching in- and out-of-school youth through youth clubs and the promotion of youth-friendly services that include recreational activities via peer promoters; 2) providing orphans with school supplies and uniforms and skills training; and 3) contributing to the effort to reduce the prevalence of harmful traditional practices such as female genital cutting, early marriage, and marriage by abductions and to mitigate their effects on the health of women and children.

Pathfinder partners include groups like Africa Humanitarian Assistance, Amhara Development Association, CORHA, Ethiopian Evangelical Church Mekane Yesus, Ethiopian Muslim Development Agency, Ethiopian Kale Hiwot Church, Ethiopian Orthodox Church, and the Ministry of Health. The team visited a number of these sub-grantees and their youth clubs, associations, and centers in Addis Ababa, Dessie, Jimma, Awassa, Kombolcha, and Shashemane.

Save the Children USA

Save the Children USA is an NGO based in the U.S. that has been working in Ethiopia since 1984. In 1997, the organization launched its Adolescent Reproductive and Sexual Health (ARSH) program as part of its global ARSH initiative in ten countries in Africa, Asia, and Latin America. The ARSH project is funded by the Packard Foundation.

In Ethiopia, Save is teaching reproductive health in all 28 public high schools and 20 selected elementary schools in Addis Ababa. They also work with 33 ISY and three OSY ARSH clubs in Gomma, Yebu, and Dendi woredas of Oromiya. The project directly reaches 140,000 high school students, 84,000 elementary students, and 1,600 teachers in Addis Ababa. In Oromiya, the beneficiaries are 36,400 students, 1,300 teachers, and 1,200 parents.

Save has been instrumental in getting the Ministry of Education to revise its curriculum to incorporate reproductive health information. This change in curriculum took place in 2000-2001. Save also helped the Ministry of Education to develop a teacher training manual on reproductive health.

Besides providing reproductive health education in the schools, Save also utilizes a national radio program (Radio Fana) to transmit reproductive health messages in a panel discussion format led by youth themselves. Livelihood skills training is also undertaken. Save also implemented a pilot project to make MOH health centers youth-friendly. After the pilot project involving four youth centers, the project has expanded to encompass 22 MOH health centers, with Save training the staff in youth-friendly services.

The ARSH project recently conducted operations research in collaboration with Tulane University to identify the minimum package necessary to register substantial and sustained behavior change among youth. The study will identify the minimum intervention package that could be applied in various contexts.

The team had the opportunity to visit one elementary school (K-8) in Addis Ababa where Save is implementing their reproductive health education program. We saw a classroom where a student was leading her peers in a discussion of physiological changes in adolescence. Save previously trained her, as well as 19 other students in the school and five teachers, to provide reproductive health information in the classroom. Before the end of the school year, Save plans to train 300 students and 25 teachers to be reproductive health educators in this school of 4,500 students. The subjects they will cover include gender, adolescent development, planning for the future, values and vocation, relationships, sexuality, parenting, contraception, STIs, and harmful traditional practices.

German Foundation for World Population (DSW)

The German Foundation for World Population (DSW) is an NGO founded in 1991 to support self-help initiatives of grass roots NGOs engaged in population, environment and adolescent reproductive health. DSW began working in Ethiopia in 1993 with a focus on young people and women.

Currently DSW is implementing the second phase (scale-up) of the Adolescent Reproductive Health Initiative, funded by the Packard Foundation. The first phase of the initiative, also funded by the Packard Foundation, was implemented between 1998 and 2001. The current scaling up phase of the initiative is taking place throughout the country with seven partner organizations and more than 110 youth clubs. During the period October 2002 through September 2003, the project trained over 1,800 peer educators, reached over 27,000 young people through intensive peer-to-peer interaction, and exposed over a half million young people to mass edutainment activities.

The services offered by the youth clubs vary, but typically include providing information about reproductive health, counseling, a telephone hotline, condom distribution, edutainment (music, drama, coffee ceremony, circus/puppet show, games), radio programming, and income generating activities. DSW uses what it calls the “Youth-to-Youth” model in implementing its youth club (also known as “anti-AIDS clubs”) activities. One feature of this model is that youth are involved in project planning, reversing the usual “top down” approach.

To facilitate its peer educator training, DSW has developed a sexual and reproductive health training manual that provides detailed information to lead youth-to-youth club activities and includes information on the topics of adolescent sexuality, gender, STI/HIV, life skills, peer counseling, and contraceptives. The manual is reportedly being requested by many other organizations working with youth in Ethiopia.

The DSW-supported youth clubs have condoms available on site (from DKT), but refer youth who need other family planning methods, STI treatment, or VCT, to clinics of either the FGAE or Marie Stopes International.

DSW is currently in the process of designing a mid-term evaluation of the project, the results of which will be compared to the data collected earlier in a baseline survey.

CARE/Ethiopia

CARE has been operational in Ethiopia since 1984 when it began implementing emergency, rehabilitation, and development programs in rural and urban areas. CARE/Ethiopia’s mission is to work with poor families, communities, and institutions to have a significant impact on the underlying causes of poverty. All of CARE’s efforts strive to empower people to overcome poverty and ensure social justice through alliances with key development partners. CARE/Ethiopia believes that in order to facilitate lasting change, it must support people’s development efforts and priorities; strengthen local capacity; promote pro-poor policies;

strengthen emergency preparedness and response; and enable communities to understand and achieve their basic rights. Its core values emphasize principles such as dignity, equality, empowerment, participation, and accountability. CARE's response to the AIDS epidemic has been to empower local communities to protect themselves from infection and to mitigate the effect of the pandemic on PLWHAs, AIDS orphans, and the community.

CARE/Ethiopia implements HIV/AIDS projects in four regions of the country (Addis, Amhara, Afar, and Oromiya). It is estimated that CARE's prevention, care, and support programs reach a population of two million in 15 districts. Its urban programs in Addis Ababa focus on:

- Comprehensive behavior change communication interventions, with a special emphasis on the channels of 1) interpersonal communication; 2) mass media; and 3) printed materials;
- Strengthening of community-based response and capacity building for care support of persons infected and affected by HIV/AIDS;
- Increased access to VCT;
- Capacity building for partners, especially associations of PLWHAs, in advocacy and rights-based programming.

In the Oromiya region, CARE is implementing a population and AIDS prevention project. Current key project activities include:

- Focusing its BCC activities in urban and rural settings targeting the general public with special attention to youth;
- Increase access to VCT through training and the establishment of VCT centers in hospitals and health centers;
- Improve quality of services through training and introduction of guidelines;
- Improve community-based care and support services for PLWHAs and affected families through training, skills building, and income generation activities.

The Awash Reproductive Health and HIV/AIDS Project in Afar region aims to establish community-based mechanisms through Pastoralist Health Committees to effectively deliver IEC messages, basic health care, and reproductive health services. There is an emphasis on establishing linkages with the Ministry of Health to support community-based health services. Integrated into the project is an operations research component that aims to identify the most effective strategies for eradicating female genital cutting.

The urban HIV/AIDS project in Afar aims to reduce risky behaviors related to HIV transmission, improve access and quality of services delivery, and create an enabling environment for PLWHAs and affected families. Key program activities include: 1) focused BCC intervention targeted at youth; 2) establishment of youth centers with information, entertainment programs, youth-oriented services, and income generation activities; and 3) improvement of the quality of health service delivery especially in the area of reproductive health, STIs, and management of tuberculosis and opportunistic infections.

The urban HIV/AIDS project in Amhara region aims to decrease the prevalence of HIV infection among youth ages 10-24 in Bahir Dar. The project has the following objectives:

- To decrease the transmission of HIV/AIDS among boys and girls ages 10-24 by reinforcing risk reduction behaviors;
- To promote youth-friendly approaches and improve the quality of VCT and STI services at health facilities and youth centers;

- To strengthen the care and support services for PLWHAs and their families.

The POLICY Project

Although there is some structural support for HIV/AIDS and family planning/reproductive health in Ethiopia, there is limited civil society and government support. As a result, the POLICY Project aims to address this need by using a mix of policy and data analysis to develop consensus and action around HIV/AIDS and family planning issues. POLICY's strategy is focused on strengthening the policy-making and analytical capacity of local staff, institutions, and civil society at the national and regional levels. The POLICY Project also works towards improving policy environment by carrying out assessments of policies, laws, and regulations that may present barriers to HIV/AIDS and family planning/reproductive health service provision. Two important contributions to this effort include the development and dissemination of two publications on family planning and HIV/AIDS. The first document, known as the "Family Planning Program Effort Index" (FPE), is a composite measure of family planning program efforts and tests how program efforts interact with socioeconomic settings to increase contraceptive use and lower fertility rates. The FPE has been conducted in Ethiopia five times, the most current in 2002. Based on an extensive questionnaire, the FPE focuses on four major categories: 1) policy and stage setting activities; 2) service and service-related activities; 3) evaluation and record-keeping; and 4) availability of fertility control methods. The 2002 FPE for Ethiopia has shown encouraging efforts to improve family planning services to Ethiopia. These include:

- Favorable government policy and position towards fertility reduction;
- Attempts to enhance multi-agency involvement including the private sector in the provision of family planning services in the country;
- Gradual improvement of family planning recording and reporting systems;
- Enhancement of the social marketing for family planning;
- Enhancement of the overall availability and accessibility of contraceptives.

The second publication to which the POLICY Project has actively contributed is the fourth edition of "AIDS in Ethiopia," an update on the current information available on the HIV/AIDS situation in Ethiopia. Based on research conducted for the document (in 28 urban and six rural sites), Ethiopia is now estimated to have an HIV prevalence of 6.6%. The highest prevalence of HIV is seen in the group 15 to 24 years of age, representing "recent infections." The age and sex distribution of reported AIDS cases shows that about 91% of infections occur among adults between 15 and 49 years. The data also show that the number of females infected between 15 and 19 years is much higher than the number of males in the same age group. Although the government has made progress in the areas of education, access to health care, and economic development, the AIDS epidemic is eroding those gains. In view of the above issues, several measures need to be taken: 1) data from more rural sites needs to be included to represent rural areas more effectively; 2) greater attention needs to be focused on preventing the new generation from acquiring the infection, as they represent a "window of hope"; 3) more empirical research on the economic and social impact of HIV/AIDS needs to be conducted; 4) efforts of the government, NGOs, community-based organizations, and other civil society organizations need to be mobilized to provide greater care and support to people infected and affected by HIV/AIDS.

With regard to adolescents, the POLICY Project has been active in helping to write the reproductive health section of the national youth policy that is being developed by the Ministry of Youth, Sports, and Culture. In addition, the POLICY Project has focused its efforts to serve youth around three specific areas:

- 1) Advocacy – The POLICY Project has conducted training of trainers events on advocacy for individuals and youth from different organizations.
- 2) Inter-agency collaboration – The POLICY Project is an active member of the National Reproductive Health Task Force and on its Family Planning Technical Subcommittee. As a member of the Task Force and Subcommittee, the Project works in close collaboration with CORHA, who leads the Adolescent Reproductive Health Subcommittee.
- 3) Contraceptive security – Ethiopia is placing great emphasis on contraceptive security and has enlisted the assistance of the POLICY Project in trying to improve the family planning situation throughout the country. In particular, the POLICY Project is helping to develop the a National Reproductive Health Strategy with the Ministry of Health, of which access to reproductive health services will play large role, especially for adolescents.

Family Health International (FHI)

FHI is implementing two major programs in Ethiopia that are both funded by USAID – one focusing on reproductive health and the other supporting an expanded and comprehensive response to HIV/AIDS.

Reproductive Health: Since 1995, FHI has provided technical assistance in monitoring and evaluation to CORHA. Working with Pathfinder International, FHI supports the Consortium's efforts to build a comprehensive and standardized system for evaluating projects to increase access to and improve the quality of family planning, STI, and other reproductive health services. FHI also works to increase the capacity of Ethiopian NGOs to implement HIV/AIDS prevention, care, and support interventions among targeted groups.

Since 2001, FHI has expanded its work in operations and programmatic research based on priorities of the MOH and USAID/Ethiopia. FHI is advancing this objective by supporting the design and implementation of programmatic research that enables partners to refine and improve reproductive health programs at the national level.

Through the YouthNet Program, FHI assisted the MYSC in using a youth-based participatory process to develop an HIV/AIDS and sexual health component to the Ministry's new programs, resulting in a mobilized coalition of young people committed to the health and future of their country. This coalition is known as the Ethiopian Youth Network.

Together with the MOH, FHI is conducting a national evaluation of the quality, impact, and effectiveness of the country's community-based reproductive health system. FHI is researching the ability and willingness of community-based service delivery clients to pay service fees in order to assess the proportion of program costs that must be obtained from external sources. FHI is also studying whether linking credit programs with family planning programs might increase contraceptive prevalence and lower fertility rates.

Together with EngenderHealth, FHI is implementing and evaluating an intervention to introduce a new “dual protection” model of family planning counseling in Ethiopia. Phase two of this multi-country study involves testing the intervention in approximately 20 sites.

HIV/AIDS: FHI's IMPACT program is supporting an expanded and comprehensive response to ensure that a comprehensive range of interventions and programs is delivered to reduce the transmission and impact of HIV on the population. The program goal for FHI/IMPACT's activities in Ethiopia is to decrease HIV and STI prevalence and to improve the quality of life among PLWHA through strengthening prevention, care, and support services.

FHI/IMPACT is also supporting the MOH and the National HIV/AIDS Prevention and Control Office to design and implement HIV/AIDS BSS in the country. The BSS, a second-generation surveillance tool, was introduced by USAID/FHI to complement the HIV sero-prevalence surveillance already in place. The first round of BSS in Ethiopia was completed in 2002.

FHI has also initiated a new VCT program in Ethiopia that has already served more than 5,500 people since it was launched in January 2003. More recently, FHI/IMPACT launched an anti-stigma media campaign together with the Addis Ababa HIV/AIDS Prevention and Control Office entitled “Compassion, Tolerance and Sensitivity.” The campaign addresses stigma by creating a positive environment and promoting compassion, focusing not only on what people should do, but what they can do. A highlight of the campaign is a song and music video promoting it, performed free of charge by eight of Ethiopia’s most popular singers.

4. Donor Agencies

USAID/Ethiopia

USAID/Ethiopia’s 20-year goal is to reduce chronic food insecurity in Ethiopia. To address both chronic and emergency food insecurity, USAID/Ethiopia is currently implementing the following five strategic objectives and one special objective through its 2001-2006 Strategic Plan:

- Improved Family Health;
- Quality and Equity in Primary Education System Enhanced;
- Rural Household Production and Productivity Increased;
- Mitigate the Effects of Disaster;
- More Effective Governance and Civil Society Developed;
- Improved Livelihoods for Pastoralists and Agro-Pastoralists in Southern Ethiopia (Southern Tier Initiative).

This integrated strategic plan, as well as a separate HIV/AIDS strategy, are in the process of being reviewed by USAID/W in light of changing circumstances and the designation of Ethiopia as one of 14 countries falling within the President’s Emergency Plan for AIDS Relief.

The Mission’s health activities, including reproductive health and HIV/AIDS, are part of the Improved Family Health strategic objective, also known as Essential Services for Health in Ethiopia (ESHE II). This strategic objective is being implemented primarily in the regions of Oromiya, Amhara, and SNNPR.

In its Data Sheet for FY 2003, youth are mentioned as targets of various SO activities, including the social marketing program and reproductive health program that supports over 150 adolescent service sites. USAID’s principal contractors and grantees implementing reproductive health activities in Ethiopia include FHI, Pathfinder International, Save the Children, Population Services International, John Snow International, Macro International, the University of North Carolina, and DKT International.

HIV/AIDS activities targeting youth are not only implemented through the ESHE strategic objective, but through the Education SO as well. With Child Survival and Health funds, the Education SO is establishing anti-HIV/AIDS school clubs. Likewise, the Southern Tier Special Objective is providing support for family planning and HIV/AIDS prevention activities, many of which reach youth.

David and Lucile Packard Foundation

The David and Lucile Packard Foundation has been working in the area of population since 1997 when it established a goal to slow the rate of growth of the world's population and expand reproductive health options among the world's poor. The Packard Foundation's Ethiopia Program aims to increase the access of individuals, especially young people, to reproductive health and family planning options, a goal that is fully compatible with the 1993 population policy of the Government of Ethiopia. The regions of focus are Amhara, Oromiya, Addis Ababa, SNNPR, and Tigray (starting in 2004).

As part of its Population Program, the Packard Foundation works through both the NGO and commercial sectors. Government ministries and organizations, religious institutions, media, youth-serving organizations, and NGOs are some of the local partners with whom Packard works on its adolescent reproductive health programs. The Ethiopia program objectives are to:

- Expand family planning and reproductive health service delivery, including post-abortion care, in an innovative and cost-effective manner that ensures quality while increasing coverage. Such services encompass outreach programs that: facilitate private sector provision of family planning and reproductive health services, social marketing of contraceptives, and community-based service delivery;
- Expand youth access to family planning and reproductive health services and information. Though the vast majority of Ethiopians are young, and many are sexually active, culturally appropriate reproductive health services for youth are not generally available. This results in high numbers of unintended pregnancies, often leading to illegal and unsafe pregnancy terminations. Approaches to addressing these issues include promotion of youth reproductive health clubs, integration of reproductive health information into other youth-serving activities, and creative use of the media;
- Foster a social environment receptive to family planning use and other positive reproductive health practices through the support of research, analysis, educational, and advocacy activities of local organizations. Additionally, mass media is used to disseminate information about family planning and reproductive health options to improve knowledge about and support for the following areas: contraception, reproductive health, post-abortion care, and increased access to information and services for both in- and out-of-school youth.

Specific activities that the Packard Foundation is undertaking to achieve the above objectives include the following:

- 1) Re-granting Program – As part of this activity, a lump sum of money is provided to one umbrella organization, such as DSW, OIC, or Pathfinder International which they then grant in smaller sums of money to local NGOs.
- 2) OIC Ethiopia Program– Given that youth employment and skills training are critical areas of need in Ethiopia, the Packard Foundation has given a grant to OIC Ethiopia to help provide marketable skills training for in- and out-of-school youth through organizing adolescent reproductive health youth clubs and providing family planning, life skills, edutainment, library, and job placement services. The kinds of skills taught at the OIC centers include masonry, gardening, computers, metal work, electrical installation, and entrepreneurship. OIC also has a small grants program for local NGOs and youth associations and supports school satellite clubs to promote reproductive health among in-school youth.
- 3) Save the Children USA ARSH Program – The Packard Foundation funds Save to implement an in-school program that brings adolescent reproductive health knowledge and skills building to 28

- government high schools and 20 selected elementary schools in Addis Ababa. They also work with 33 in-school and three out-of-school ARSH clubs in Gomma, Yebu, and Dendi woredas of Oromiya.
- 4) Pilot Youth Development Program – The Packard Foundation is working with the Amhara Credit and Savings Institution on pilot activity that loans money to young people for small business development (food, crafts, tourism, etc.). A key component of this program is the integration of reproductive health information and skills building.
 - 5) Youth Leadership Program – The goal of this program is to build local capacity around reproductive health within Ethiopia. As such, it works with local institutions, e.g., universities, Government Ministries, and international NGOs, to develop committed cadres of young people who can advocate for reproductive health throughout the country.

Finally, the Packard Foundation provides direct support to the Family Guidance Association of Ethiopia and Marie Stopes International Ethiopia for clinical services. It also funds DKT for social marketing activities and the purchase of Depo-Provera and oral contraceptives. The Packard Foundation is also an active member of the Ministry of Health's National Reproductive Health Task Force and ARH Technical Subcommittee.

United Nations Population Fund (UNFPA)

UNFPA is currently implementing its fifth program of assistance to Ethiopia, with a program fund of \$24.5 million for the period 2002-2006. UNFPA's assistance program consists of three major components: reproductive health, including family planning and sexual health; population and development strategies; and advocacy. Gender concerns, capacity building, and IEC are crosscutting activities.

Within its reproductive health component, UNFPA lists seven critical, interrelated reproductive health concerns: safe motherhood; adolescent reproductive health; STIs; HIV/AIDS; family planning; post-abortion care; and harmful traditional practices. One of the ways UNFPA supports adolescent reproductive health is by funding NGO activities. Examples include the following:

- OSSA: Five of the anti-AIDS clubs operated by OSSA in Dessie (one of which was visited by the team) are funded by UNFPA.
- FGAE: UNFPA funds one of FGAE's youth centers and helps provide STI diagnosis and VCT services and care and support to persons living with HIV/AIDS.
- Ethiopian Aid: Provides support for community-based reproductive health information and services to adolescents.
- Pro Pride: Supports youth livelihoods initiative, VCT, and care and support for persons living with HIV/AIDS.

In addition to its financial support for NGO adolescent reproductive health activities, UNFPA is active in policy and advocacy and is one of many institutions assisting the MOH in the development of its ARH strategic plan. UNFPA also participates in the ARH Technical Subcommittee, chaired by CORHA.

UNFPA is a major donor of contraceptives to Ethiopia, along with USAID.