HIV Leadership through Accountability
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HUMAN RIGHTS COUNT!

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Country Assessment 2011

GNP+ GLOBAL NETWORK OF PEOPLE LIVING WITH HIV

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Acronyms

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSO	Civil Society Organisation
DFID	Department for International Development
EHRC	Ethiopian Human Rights Commission
FHAPCO	Federal HIV/AIDS Protection and Control Office
GNP+	Global Network of People Living with HIV
GTF	Governance and Transparency Fund
HTP	Harmful Traditional Practice
NEP+	Network of Networks of HIV positives in Ethiopia
NGO	Non-Governmental Organisation
NNPWE	National Network of Positive Women Ethiopians
SNNPR	Southern Nations Nationalities and Peoples Region
UDHR	Universal Declaration of Human Rights
UNDP	United Nations Development Program
WAC	World AIDS Campaign

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The *Human Rights Count!* is one of five evidence-gathering tools being implemented through the HIV Leadership through Accountability programme. The programme combines specific HIV evidence-gathering tools, national AIDS campaigns and targeted advocacy to achieve Universal Access to prevention, treatment, care and support. For more information about the HIV Leadership through Accountability programme please visit www.hivleadership.org.

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Ethiopia

Executive Summary

The Network of Networks of HIV positives in Ethiopia (NEP+) was established in 2004. It believes that properly documenting and undertaking advocacy work on human rights violations against people living with HIV (PLHIV) is one of the program areas worth pursuing. This *Human Rights Count!* study of Ethiopia is part of the international effort to document cases of HIV-related human rights violation against PLHIV.

Ethiopia is located in the horn of Africa, has an estimated population size of 85 million, and is a country composed of different nations, nationalities and peoples. Ethiopia follows a federal form of government structure composed of nine regional states and two city administrations. 85% of the total population lives in rural areas and the remaining 15% are urban dwellers. The adult HIV prevalence rate of Ethiopia is 2.4%, which makes Ethiopia the African country with the third highest number of HIV infections. About 28,000 people die each year due to HIV/AIDS in Ethiopia. Hence HIV/AIDS is one of the key challenges for the overall development of Ethiopia.

Methodology

The pre-designed questionnaires prepared by the Global Network of People Living with HIV (GNP+) were translated into Amharic, Ethiopia's federal working language, before collecting the data. In-depth individual interviews based on the pre-designed questionnaire were conducted with PLHIV who have experienced human rights violations at one or more points in their lives. Considering the vast population of Ethiopia, the federal government structure and the different socio-cultural issues that have an impact on PLHIV rights, three of the nine regional states and both city administrations of the country were selected for data collection. Since the HIV prevalence rate is 7.7% in urban areas (compared to 0.9% for rural areas) and 62.5% of PLHIV live in urban areas (compared to 37.5% in rural areas), data were mostly collected from urban areas.

Findings

A total of 106 out of 240 questionnaires distributed to data collectors were correctly filled and returned. The study team tried to check the validity of the information provided to the data collectors. There were twice as many female respondents as male respondents. The majority of respondents either had no formal education (13.4%) or primary education only (40.4%), with women reporting lower levels of education than men. Only one-fifth of respondents reported being employed full-time, while nearly 40% reported being unemployed at the time the human rights violations occurred.

For the purpose of this study a human rights violation is said to have been committed when a person is discriminated against as a result of actual and presumed HIV-positive status. 168 incidences of violations were recorded even though there were only 106 respondents, some respondents having experienced multiple violations.

The majority of these human rights violations (62.5%) were inflicted on HIV-positive women. The study findings show that the right to work, the right to adequate housing, the right to marry and found a family, the right to property and freedom from torture, degrading and inhuman treatment are the five most commonly violated rights of PLHIV in Ethiopia. Almost 70% of the violations took place from 2003 to 2011. This finding indicates that human rights violations based on HIV status are not relegated to history but are still taking place.

The majority of respondents reported suffering psychologically as a result of human rights violations, almost half reported suffering social impacts, and nearly half also reported suffering economically as a result of human rights violations. Clearly, the impact of human rights violations is not restricted to only one form; the majority of the respondents sustained psychological, social as well as economic impacts at the same time.

Human rights violations are often left unreported. Only one third of respondents said they had reported the violation to relevant authorities, and women were less likely to do so than men. One reason for this may be that less than half the respondents reporting knowing of the existence of protective laws that prohibit human rights violations against PLHIV. Women and those with less education were less likely to be aware of such laws.

Men were three times more likely to be identified as the perpetrators of human rights violations than women. What is very worrying here is the fact that the largest number of these violations was committed by family members, followed by workplace relations and neighbours.

Discussion

Under the Federal Democratic Republic of Ethiopia Constitution of 1995, there is a non-discrimination clause. Though this constitutional provision doesn't specifically mention HIV status, it states that everyone should be treated equally before the law. It can be easily inferred that PLHIV are protected under the constitution, which is the supreme law of the land.

Most of the human rights violations against PLHIV were related to socio-economic rights, especially the right to work, the right to adequate housing and the right to property. Although the numbers are not as significant, the rights to health and food were also

frequently mentioned. The Ethiopian Constitution[1] requires that the state allocate progressively increasing resources to make health, education and other social services available to the people.

The provision of legal assistance to PLHIV is a critical issue that should be given adequate attention. Most of the alleged cases of violations of the rights to property and work would be covered by the country's substantive labour and family laws. However, due to the unavailability of legal assistance services, most PLHIV are forced to forfeit their rights.

Apart from having laws and policies that protect the rights of PLHIV, the government should monitor the protection of PLHIV rights within the private and informal sectors. Government intervention should extend beyond promulgating laws and policies to setting up administrative adjudicating bodies.

Mechanisms through which it is possible to extend greater protection for PLHIV who publicly declare their HIV status should be established as a priority. The government, civil society organizations (CSO) and non-governmental organisations (NGOs) working on HIV should make a concerted effort to protect PLHIV from violations they sustain because of declaring their status.

Recommendations

- Support should be given for the greater involvement of PLHIV both in reporting and following up on human rights violations based on HIV status.
- The numerous governmental and civil society organizations (CSOs) that work on HIV should use a rights-based approach in designing, implementing and evaluating their programs and projects.
- Stakeholders that play an active role in the lives of PLHIV should be trained on a rights-based approach, human rights concepts, and the relationship between human rights and HIV/AIDS.
- Capacity building programs should be put in place for community and opinion leaders, to enable them to identify HIV-based human rights violations and advocate for the rights of PLHIV.
- The organizations that are established to serve PLHIV should be empowered to provide legal assistance services to PLHIV whose rights are violated.
- Investigations into the human rights violations of PLHIV could be conducted by the Ethiopian Human Rights Commission (EHRC) without the need to pay for the service. Hence the EHRC as well as NEP+ should publicize this mandate of the Commission to PLHIV.

[1] Constitution of The Federal Democratic Republic of Ethiopia - Adopted: 8 Dec 1994

- Government institutions that work on HIV such as the HIV/AIDS Protection and Control Office (HAPCO) should conduct periodic monitoring on the status of rights protection of PLHIV.
- State bodies, especially those at the kebele level, should enhance the special protection they accord to PLHIV and they should be supported by enabling laws.
- A strategy should be devised to deal with the social consequences of HIV-related stigma and discrimination. Although people are not forced to befriend someone, efforts to promote strong social values and neighbourhood relations among Ethiopian nations, nationalities and peoples should be considered.
- The impact of harmful traditional practices (HTPs) on the transmission of HIV and the rights of PLHIV needs serious action. The communities that live in the areas where these HTPs are practiced should be reached through different strategies to stop or at least mitigate their impact.

Chapter 01 – Country Profile

The Network of Networks of HIV positives in Ethiopia (NEP+) was established in 2004 with the aim of enhancing the proper response to HIV/AIDS from the government, non-governmental organizations (NGOs) and community institutions by making people living with HIV (PLHIV) the centre of advocacy. NEP+ has been working on different thematic areas for the last couple of years and believes that properly documenting and undertaking advocacy work on human rights violations against PLHIV is one of the program areas worth pursuing.

HIV/AIDS Situation in Ethiopia

Ethiopia is located in the horn of Africa and has an estimated population size of 85 million. The country has diverse nations, nationalities and peoples, and follows the federal government structure. Accordingly, it is divided into nine regional states and two city administrations. In spite of the fact that the country's 1.13 million square kilometres are bestowed with rich natural resources, only about 15% of it has been developed. The population distribution is rather skewed with 85% living in rural areas and the remaining 15% being urban dwellers. Many Ethiopians continue to be vulnerable to natural and man-made catastrophes such as droughts, conflicts and diseases such as HIV/AIDS.

According to the national factsheet[2] the adult HIV prevalence rate in Ethiopia is 2.4%, which means that an estimated more than 2 million people live with HIV. This number makes Ethiopia the African country with the third highest number of HIV infections. The prevalence of HIV in urban areas is 7.7% while it's 0.9% in rural areas.[3] The number of children born with HIV each year stands at 14,000 and there are more than 800,000 children orphaned by HIV/AIDS in the country.[4] Added to the low per capita income of US$992 annually,[5] and an estimated 15% of the population living below the poverty line,[6] people in Ethiopia are vulnerable to the epidemic. Because of limited resources and lack of information, about 28,000 people die each year due to HIV/AIDS in Ethiopia.[7] Hence HIV/AIDS is one of the key challenges for the overall development of Ethiopia.

[2] Single Point HIV Prevalence Estimate, Federal HIV/AIDS Prevention and Control Office (FHAPCO), 2010
[3] Single Point HIV Prevalence Estimate, Federal HIV/AIDS Prevention and Control Office (FHAPCO), 2010
[4] Single Point HIV Prevalence Estimate, Federal HIV/AIDS Prevention and Control Office (FHAPCO), 2010
[5] Human Development report, UNDP, 2010
[6] Human Development report, UNDP, 2010
[7] Single Point HIV Prevalence Estimate, Federal HIV/AIDS Prevention and Control Office (FHAPCO), 2010

Chapter 02 – Methodology

About Human Rights Count!

Human Rights Count! is part of the Global Network of People Living with HIV (GNP+) evidence gathering program *HIV Leadership through Accountability*. It is part of the international effort to document cases of HIV-related human rights violations against people living with HIV. Through this research PLHIV are able to report cases of human rights violations that are committed in their community, workplace, governmental and non-governmental institutions, and in the private sector. The program aims to inform advocacy for changes in policy, law and practice for the protection of the rights of people living with HIV and other affected individuals.

Objectives of Human Rights Count!

The overall goal of this research is to gather information on human rights violations of PLHIV, to guide advocacy campaigns aimed at decreasing the incidence of violations.

Human Rights Count! studies have the following specific objectives:

- To document HIV-related human rights violations inflicted against PLHIV;
- To empower people living with HIV to be able to claim their rights;
- To analyze qualitatively and quantitatively the type, prevalence and effect of human rights violations across the county against people living with HIV; and,
- To recommend changes in the country's policy, law, program and practice that contribute to mitigating the violations of human rights of people living with HIV.

Preparation

The study team translated the pre-designed questionnaire prepared by GNP+ into Amharic and adapted it to conduct the survey aimed at illustrating the type and incidence of HIV-related human rights violations inflicted on people living with HIV.

Qualitative research methods were applied across the country to document the experiences of people living with HIV. In-depth individual interviews were conducted based on the pre-designed questionnaire with people living with HIV who have experienced human rights violations at one or more points in their lives.

Sampling

The success of this programme depended largely on collaborative work among networks of people living with HIV and organizations working on HIV-related issues. Purposive sampling was used to select the target areas, based on several parameters, including:

- The availability of NEP+ partners in the area;
- The high prevalence rate of HIV;
- The high incidence of harmful traditional practices; and,
- Representativeness of the selected regions in terms of similarity in social construction.

Bearing these points in mind, the study team aimed to reach at least a third of the nine regional states and both city administrations of the country. NEP+ has partners in all the regional states of the country.

Regarding geographic coverage within the regions, the major focus was on urban areas, as the HIV prevalence rate is 7.7% in urban areas (compared to 0.9% for rural areas) and 62.5% of people living with HIV live in urban areas (compared to 37.5% in rural areas). However, rural areas were not totally neglected because when we compare the number of HIV orphans in the country, the majority (57.1%) resides in rural areas. Accordingly, rural areas that are found within a 50 km radius of the capitals of the selected regional states were included for the purpose of data collection.

To select the target regions, the information presented in the following table was used.

Table 1. Regional HIV prevalence and incidence rates in Ethiopia, in percentage[8]

	Addis Ababa	Dire D.	Harari	Amhara	Tigray	Gambela	Afar	B. Gumuz	Oromia	SNNPR	Somali	Ethiopia
Total Adult HIV Prevalence (15-49 yrs.)	9.2	4.9	3.8	2.9	3.1	2.4	2.2	2.2	1.6	1.7	0.4	2.4
Urban Adult HIV	1.52	1.86	1.6	3.22	3.09	0.64	3.73	1.45	1.97	2.06	0.59	2.04

[8] Single Point HIV Prevalence Estimate, Federal HIV/AIDS Prevention and Control Office (FHAPCO), 2010

Incidence (15-49 yrs.)												
Rural Adult HIV Incidence (15-49 yrs.)	0	0.17	0.08	0.38	0.13	0.35	0.28	2.42	0.1	0.3	0.13	0.2

Based on the above criteria, five target areas were selected: three regional states and two city administrations. These are:

1. Addis Ababa City Administration. It has the highest prevalence rate.
2. Dire Dawa City Administration. It has the second highest prevalence rate.
3. Amhara Regional State. The prevalence rates in Amhara and Tigray are almost equal but as the rural incidence is a bit more, Amhara region was selected. Moreover, though they have different working languages, the societies in these regional states are more conservative.
4. Gambela Regional State. Somali, Afar, Benishangul-Gumuz and Gambela regional states are the periphery and emerging regional states. The Gambela region has comparatively higher prevalence and its social construction is similar to the other periphery regions, especially Benizhangul-Gumuz. Moreover, within the Gambela regional state, there are a lot of harmful traditional practices like wife inheritance, early marriage, polygamy, etc.
5. Oromia Regional State. It has a high number of harmful traditional practices such as abduction, polygamy and wife inheritance. This regional state covers the majority of the Ethiopia's geographic area. Moreover, it has close links and similar geography, diversified culture and harmful traditional practices as the Southern Nations, Nationalities and Peoples' Regional State (SNNPR).

A total of 106 out of 240 questionnaires distributed to data collectors were correctly filled and returned. One representative of NEP+ and another representative of the National Network of Positive Women Ethiopians (NNPWE) did not submit interview results. In addition, some data collectors filled in social problems that are not directly related to human rights violations. As most of the victims except those living in Gambela regional state were easily accessible through telephone, the study team tried to check the validity of the information provided to the data collectors.

Ethiopia

Implementation of the Human Rights Count! Study

Production of the training manual

A team of consultants produced the training manual after developing an outline approved by GNP+ and NEP+. The manual was designed in such a way that selected data collectors would know what to look for when documenting cases.

The manual had five parts. The first part dealt with setting the atmosphere for the training and setting the ground rules. The second part dealt with the concept of human rights and provided definitions, characteristics and categories of human rights, as well as the limitations of human rights and State obligations. Major international human rights instruments were discussed in part three, including the Universal Declaration of Human Rights (UDHR) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The manual was designed to help training participants identify which rights are recognized under what condition by the aforementioned international human rights instruments. In the fourth part, the manual dealt with the link between HIV/AIDS and human rights. In this section, international, regional and national legal frameworks were discussed. This section identified rights that can be violated as a result of HIV status, and discussed measures that could be taken when human rights violations occur as a result of HIV/AIDS. Participants shared their experiences in this regard. The last part of the manual was designed in such a way that data collectors would be able to know the ethical as well as technical considerations that might arise while they administered the questionnaires.

Participants engaged in role playing to practice interviewing while filling out the questionnaire. This helped the team test whether the questionnaire had incorporated adequate and relevant information to the Ethiopian context and corrected common mistakes that data collectors might make while filling the questionnaire.

The training manual was designed using adult informal education techniques which made it highly participatory. It enabled participants to tell their stories and to identify specific rights instead of merely stating that a "human right is violated". Making such distinctions empowered the data collectors to identify focus areas of human rights violations which in turn facilitated the identification of advocacy strategies.

Provision of the training

The training was provided to eight participants in April 2011. All NEP + partners identified as data collectors sent a representative, and all except one of the participants were people living with HIV.

Data collection

The process of data collection lasted from April 20 – May 20, 2011. The study team validated some of the reported cases and gave advice on how and where to get support.

Limitations

The questionnaires as designed didn't include enough examples of the different ways in which a given right could be violated. The study team tried to include additional examples of actions and omissions that are commonly reported in the Ethiopian context.

The data collectors had limited capacity to determine which actions and omissions amounted to human rights violations. A few data collectors identified some actions as human rights violations while they are not strictly so. This is because of their limited knowledge about human rights. Some of them described situations accurately but did not identify the correct right. Since a large number of questionnaires were distributed to the data collectors and the majority were correctly filled, this problem was solved by selecting valid questionnaires. Moreover, the study team informed the data collectors of the reasons why some of the questionnaires were not admitted into the sample; using this as a learning opportunity.

The study team excluded responses to the questionnaire that did not clearly or at least closely relate to the respondents' HIV status. The team decided that including such responses would misrepresent the real trends and contexts in which violations occur.

Due to the new charities and societies law currently in place in Ethiopia, most of the representatives of the partner organizations of NEP+ were concerned that the collection of data relating to human rights might be deemed as working beyond their mandates. This law essentially restricts NGOs that receive more than 10% of their financing from foreign sources from engaging in all human rights and advocacy activities. However, this issue was discussed at the time of the training session and the representative of NEP+ explained that relevant government officials had clarified that the law does not prohibit working for the rights of members. Data collection was therefore limited to members of the HIV-based associations that are partners of NEP+.

Chapter 03 – Findings

The study team went through all the questionnaires and selected those that show a close link between a human rights violation and HIV status. A total of 106 questionnaires qualified to be included in this study. Due to the elimination of some questionnaires, gender and regional representation might not be maintained.

3.1 Demography

3.1.1 Gender of the respondents

From the total of 106 persons who were willing to tell us their stories, 104 responded to the question relating to their gender. Among the respondents that indicated their gender 33.7% are males and the majority (66.3%) are females.

3.1.2 Age of the respondents

Among the 106 respondents less than 5% were below the age of 18 while 43.4% were between the ages of 19 and 35. Those respondents aged 36 and above account for a bit more than 50% of the respondents. One of the respondents didn't indicate her age. Among the respondents whose cases are documented, the youngest is 3 years old.

Table 2. Age of respondents

Age range	No. of respondents	Percentage
Below 18	**5**	**4.7**
Between 19 -35	46	43.4
36 and above	54	50.9
Age not indicated	105	0.9
Total	**106**	**100%**

3.1.3 Educational status of the respondents

Among the 104 responses to the question relating to level of education, 13.4% of respondents said they had no formal education. Most respondents said that they either

studied up to primary school (40.4%) or secondary school (38.5%). Only 7.7% of respondents attained college and university level education.

Table 3. Education level of respondents

Level of education	Male	%	Female	%	Total	% of total
No formal education	1	2.9	13	18.8	14	13.4
Primary school	15	42.8	27	39.2	42	40.4
Secondary school	16	45.7	24	34.8	40	38.5
Technical college and diploma	2	5.7	4	5.8	6	5.8
University degree and higher	1	2.9	1	1.4	2	1.9
Total	**35**	**100**	**69**	**100**	**104**	**100**

The data in Table 3 indicate that most of the women and men who told us their stories studied up to the primary or secondary level. Those that studied up to the technical or post-secondary level reported fewer human rights violations. In this sample the level of education directly correlates to the number of reported violations: the more you are educated the less often you report human rights violations. Among our respondents, more than half of the women (58.0%) whose rights were violated are not educated at all or only achieved a primary level of education. Although the situation is somewhat better for men (45.7%), those with lower levels of education were still more likely to report violations.

3.1.4 Regional distribution of the respondents

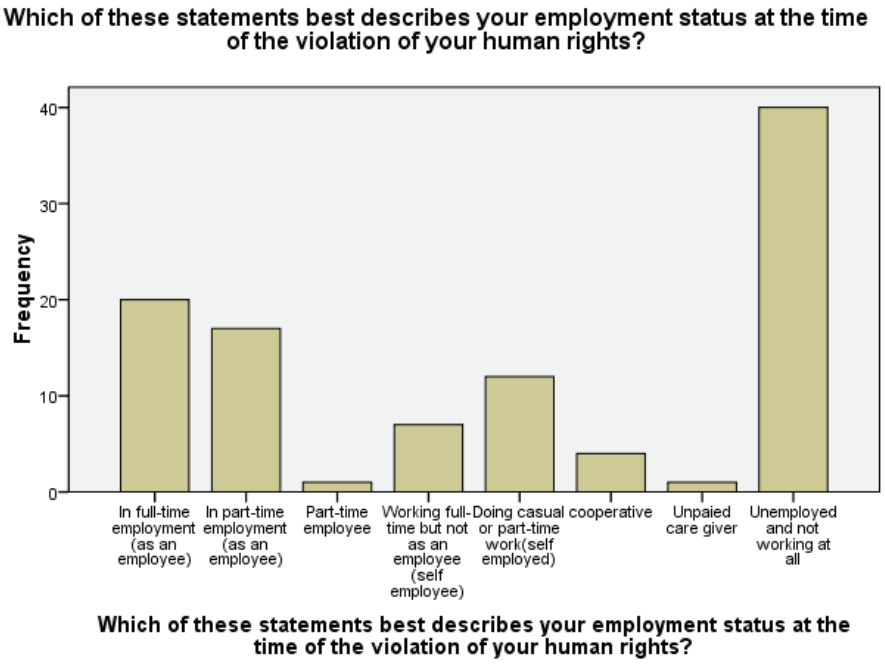
Table 4 shows the gender of respondents per regional state. At the beginning of the data collection, an appropriate number of questionnaires were allocated to each region to take into consideration the prevalence of HIV/AIDS and the total population size. However, the data should not be construed to reflect either the regional distribution of HIV in Ethiopia or the burden of human rights violations for each region. The numbers below reflect the correctly administered questionnaires. The following data are disaggregated based on regional states and the gender of respondents.

Table 4. Regional distribution of respondents by gender						
Gender	**Regional State**					**Total**
	Amhara	**Oromia**	**Gambela**	**Dire Dawa**	**Addis Ababa**	
Male	8	3	0	6	18	35
Female	16	10	15	16	14	71
Total	**24**	**13**	**15**	**22**	**32**	**106**

3.1.5 Employment status of the respondents

Among the 106 respondents, 102 of them indicated their employment status. The largest number of the respondents (39.2%) declared that they were not employed during the time the human rights violation occurred. One fifth (19.6%) of respondents said that they were full-time employees, while 16% stated that they were part-time employees when the HIV-based human rights violation occurred. A small number of respondents (7%) said that they were self-employed and 12% said that they were casual workers when the violation took place. A few people (4%) declared that they were working with others in cooperatives. One respondent was an unpaid care giver.

Chart 1. Employment status of respondents



3.1.6 Vulnerability status

One third of respondents (35 out of 106 persons) identified themselves as belonging to a number of vulnerable or marginalized groups, including: 6 pregnant women, 6 respondents below the age of 18, 4 migrants, 3 respondents living with different types of disability, 1 ex-prisoner, 1 injected drug user, and 1 refugee or asylum seeker. There were also five respondents who said that they are vulnerable but didn't specifically identify the type of vulnerability. More females than males identified with different types of vulnerability.

3.2 Violated Rights

For the purpose of this study a human rights violation is said to have been committed when a person is discriminated against as a result of actual and presumed HIV-positive status. Since some respondents reported more than one incident, 168 violations were recorded by 106 respondents.

Table 6. Type of human rights violations experienced by respondents

Rights violated	No of instances	Gender of victims	
		Male	Female
The right to health	4	2	2
Right to education	3	0	3
Right to housing	33	12	21
The right to food	7	2	5
The right to privacy	8	3	5
The right to work	36	16	20
The right to marry and found a family	32	12	20
Freedom from torture	14	2	12
The right to life	0	0	0
The right to seek asylum	0	0	0
Freedom from arbitrary arrest	2	1	1
The right to social security	10	7	3

Child right to alternative care	3	3	0
The right to property	16	3	13
Total	**168**	**63**	**105**

Table 6 provides an overview of the 168 instances of alleged human rights violations that were recorded in Ethiopia through this study. The majority of these human rights violations (62.5%) were inflicted on HIV-positive women. The study findings show that the right to work, the right to adequate housing, the right to marry and found a family, the right to property and freedom from torture, degrading and inhuman treatment are the five most commonly violated rights of PLHIV in Ethiopia.

The largest number of alleged work-related violations was experienced in the informal and private sectors. One instance of an alleged violation that took place in the informal sector is illustrated by the following story of an HIV-positive man from Amhara region.

> **"The violation took place in July 2007, at the time when I knew and revealed my HIV status. I was working as a daily labourer in the construction project subcontracted from a government institution in the capital city of the Amhara regional state. The contractor first forbade me to touch spate and other construction material saying that in case I cut myself and bleed, I might transmit the virus to him and other co-workers. After preventing me from working, he then fired me because I was no longer working."** ***Code 023, Male, Amhara***

Alleged violations of human rights that did not show a link between the violation and the HIV-positive status of the respondents were not included in the study, as explained in the methodology section. For example, some respondents wrongly assumed that a request for divorce constitutes a human rights violation. Though the right to marriage exists, both parties must consensually enter into and stay in marriage. To dissolve a marriage there is no need for both individuals to consent to divorce; either member of the couple has the right to unilaterally request a divorce. However, many female respondents assumed that a human rights violation occurred if their husband attempted to terminate their marriage. In cases where marriages were dissolved, the study team considered the violation of pecuniary and related rights of the divorcing spouses because they relate to their right to property. The following story illustrates one instance where the right to property was violated.

> **"In January 2006 I lost my husband. We had two children and a fair amount of property. The family of my husband accused me of killing their son. They took my children and the common property we had with my late husband. I sued them in**

family court and the court ordered that they give back my children. They did not give me the property because I only demanded for my children at the time." ***Code 110, Female, Gambela***

Among the human rights included in the Amharic version of the questionnaire are the rights of children to obtain alternative care services which include the right to be cared for and brought up in institutions and orphanages. The following story shows a case were orphans and vulnerable HIV-positive children's right to alternative care is violated by orphanages.

"My wife was bedridden for a long time and I was forced to take her to her mother because I was also sick and couldn't care for her. I lost my wife last September and our two children were diagnosed HIV-positive. My mother-in-law treated our children very harshly and I was forced to search for alternative care for my vulnerable children. Two orphanage centers that are very well-known for taking care of orphans refused to take my children because of their status." ***Code 141, Male, Dire Dawa***

Social security concerns were mentioned by almost all respondents. However, in the present Ethiopian situation, there is no social security scheme for all citizens. The limited instances where social assistance is given include pensions and free medical or legal expenses for the very poor in very limited cases. Also, payment of adequate compensation upon the termination of a contract by an employer is prescribed by the Ethiopian labour law.

One of the worrying findings of this study relates to the time period when the violations occurred. Table 7 shows that 25% of the incidents that were reported have taken place since 2009. In fact, almost 70% of the 102 respondents who answered this question stated that the violation took place from 2003 to 2011. This finding indicates that human rights violations based on HIV status are not relegated to history but are still taking place. Hence, there is still a lot to be done to protect the rights of PLHIV and halt stigma and discrimination.

Table 7. Year when human rights violations occurred

Years when human rights violations occurred	Number of cases
2009 – 2011	27
2006 – 2008	18
2003 – 2005	26

2000 – 2002	9
1997 – 1999	11
1993 – 1995	3
1990 – 1992	6
Before 1990	2
Total	**102**

3.3 Reasons for violation of rights

When asked why they thought the violations had occurred, almost all the respondents (94.3%) — and more women than men (65%) — stated that they experienced these violations because of their HIV-positive status. Three respondents (2.8%) stated that they were not sure whether their HIV-positive status was the reason they were treated unfairly, whereas the remaining 3 respondents (2.8%) said that they were discriminated against for other reasons.

> **"I tested positive in 2006 and my biological sister convinced the other family members to stigmatize against me. They forced me out the living room and I was obliged to sleep in the kitchen. The kitchen which is detached from the main house is dirty and in no way convenient for a human being to sleep in. I was morally tortured and wanted to commit suicide. I could not live in the kitchen for a long time and hence I was forced to start a street life and beg for food. The association of positive women helped me start living a better life and working to earn for my basic needs. I did not report the case to government authorities because it is family matter and I did not want to publicize it."**

3.4 Impact of the violations

Almost all respondents (104 out of 106) described the impact of the human rights violations. The majority of respondents (53 females and 24 males, or 74.5%) reported suffering psychologically as a result of human rights violations, and almost half the respondents (29 females and 19 males, or 46.2%) suffered social impacts. About half the respondents (49.1%) reported suffering economically as a result of human rights violations. Only 2.8% of respondents (2 females and 1 male) declared that they have suffered a physical impact as a result of a human rights violation. However, the impact of human rights violations is not restricted to only one form; the majority of the respondents sustained psychological, social

as well as economic impacts at the same time. One male PLHIV respondent explained the psychological trauma he suffered.

> **"I was forced to face multiple violations because of my HIV status in 2004. I was living in a leased house and I was bedridden for a long period of time. My landlady and her family members were suspicious of my health condition. They used to inquire about the type of illness that befell me time and again. I was hence forced to reveal my HIV-positive status to them. They then immediately forced me to vacate from their house within two days. In addition to the torture and violence I faced because of this experience, I also faced other violence which tortured me psychologically. I lost a close relative and I was wearing a black cap as is the tradition in Ethiopia, to show that I am mourning for my relative. The neighbours and friends of the deceased saw me and laughed at me and said how on earth could a dead person mourn for the death of another person. My neighbours also insulted me saying 'aidsam', meaning carrier of AIDS. These experiences have exposed me to severe psychological trauma."** ***Code 127, Male, Addis Ababa; capital city of Ethiopia***

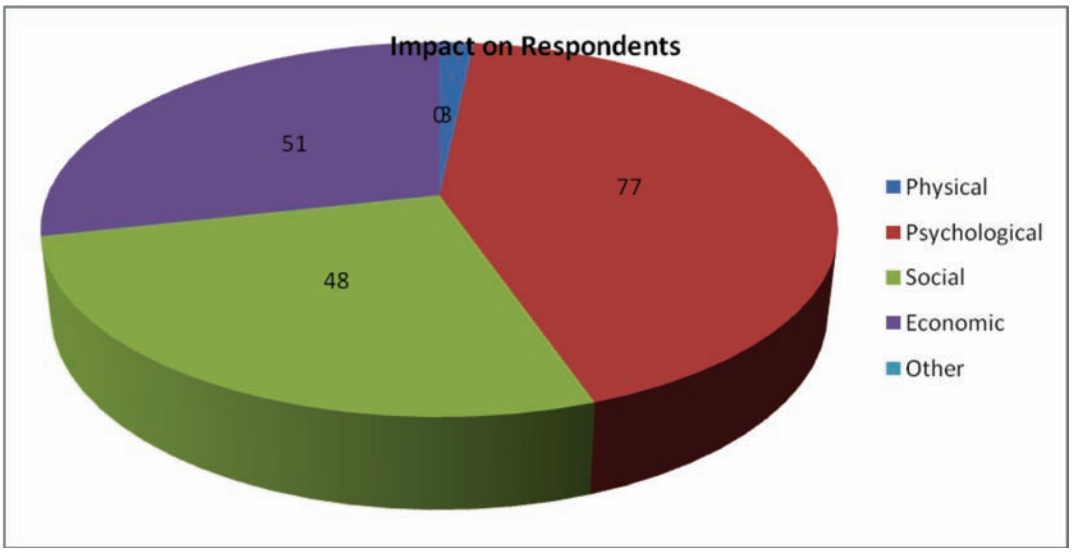
Another male PLHIV explains the social impact he experienced.

> **"Me and my wife as well as our two children all tested positive. My heart broke when I found out this fact. I went to the mosque and told the leaders about the issue so that they can pray for me. Instead of encouraging me to be strong and not to lose hope, they said that I brought the disease by an adulterous behavior and fired me out of the mosque."**

A considerable number of respondents stated that they have considered committing suicide because of the violation they experienced. One respondent described facing multiple impacts.

> **"Last year around the month of January I revealed my HIV-positive status to my family. My younger sister and my father were very furious and accused me of being a <*whore*> and a sinner. They told me that they can't live with me and threw me out of the house. Because I had nowhere to go I started living a street life as a homeless person. I sent elders to my father to forgive me and save me from the horrible life of the streets. However, my sister said that since I might cut myself intentionally and transmit the virus to them out of revenge, they could not take me in. Because I lost hope and wanted to commit suicide, I started using injection drugs and prayed to God to end my life on earth as soon as possible. I felt that my life is worthless."**

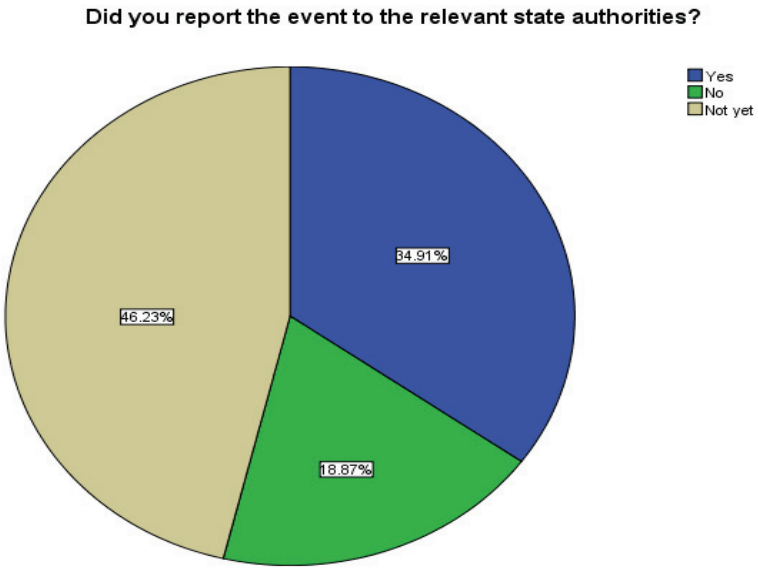
Chart 2. Number of respondents reporting various types of impacts from human rights violations



3.5 Protection provided by the government

As a signatory to major international human rights instruments, the state has primary responsibility for the realization of human rights. The duty of the state relates to respecting, protecting and fulfilling human rights. In cases where human rights of PLHIV are violated by one government institution, the other branches of the government should provide protection to the victim. In addition, as is mostly the case in Ethiopia, the government also has the duty to protect the victims from abuses by individuals and other non-governmental bodies.

Chart 3. Frequency of reporting human rights violations to state authorities

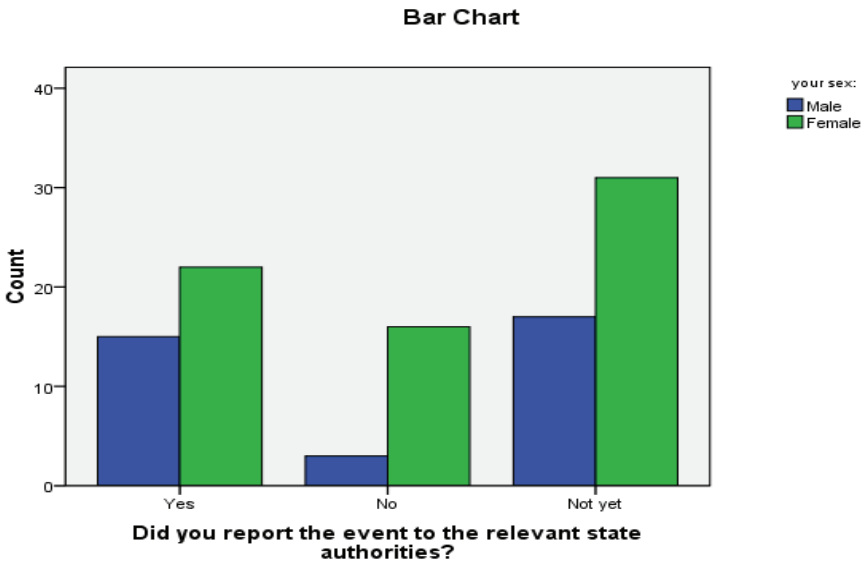


States are expected to respect and protect the rights of all citizens amongst other things by enacting protective laws and policies, by facilitating the implementation of existing laws and policies, and by having effective and predictable justice mechanisms in place. When asked whether they reported their human rights violation case to the relevant government body, about one third of respondents (34.9%) said they had done so, while two thirds of the respondents (65.1%) did not report the case at all. Among those who said they had not reported their case, 46.2% had not yet made up their minds about whether to report or not.

These data show how often human rights violations are left unreported. As things stand now it is very hard to seek a remedy for these violations and to research these cases because the number of official records of human rights violations is very small compared to the actual number of violations.

When considering gender, only 31.9% of female respondents said they had reported violations, whereas 42.9% of male respondents had done so. Although neither gender seems eager to report human rights violations inflicted upon them, more male respondents tend to seek the protection of the government than their female counterparts.

Chart 4. Frequency of reporting human rights violations to state authorities, by gender



Among the 104 respondents, just over a third reported the violations to some authority. Among these, 9.6% of them reported to law enforcement bodies, 16.3% reported to different executive bodies, 4.8% reported to both law enforcement and different executive bodies, 1.9% reported solely to associations that work on the issues of PLHIV, 1.9% reported to both PLHIV associations and law enforcement bodies, 1% reported to law enforcement,

executive bodies and PLHIV associations, and 1% of respondents reported the violation to PLHIV associations and hospitals. These numbers could indicate confusion on the part of respondents about the relevant state authority that should be approached to report a human rights violation.

Only 33.9% of 106 respondents answered the question relating to the outcomes of reporting violations. Two thirds of them said that they hadn't received any form of redress, one fourth said the perpetrators were penalized, and only 7.5% said that they had received some sort of support. These data show that the protection given by the government has not satisfied the interests of most of the PLHIV who reported violations.

The respondents who didn't report the human rights violations gave different reasons for not doing so. 17.5% of the respondents said that they were afraid to report, 14.6% of them stated that they didn't know that they could report such violations, 13.6% of them said that they didn't report since they thought that reporting would not make a difference, 12.6% of them said that they didn't know who to report to, 5.8% of them said that they were unable to report for health and other reasons, and 2.9% of them said that they didn't need to report the incident since the matter was resolved. Only 1% of respondents didn't specifically give the reason for not reporting. What can be summarized from this is that 58.3% of the respondents seem either to have lost faith in the justice system or don't know how it works. Therefore, empowering PLHIV on how to claim and defend their rights through awareness-raising as well as making the justice system more sensitive to the plight of PLHIV through lobbying and advocacy are of paramount importance.

Only a limited number of respondents stated that they had reported their case to non-state actors like PLHIV associations, media, family members, elders or orphanage centers. Among these, 16 respondents reported to PLHIV associations, 4 reported to their friends, 3 reported to family members, 1 reported to elders in the community, 1 reported the situation to a church and 1 case was reported to an orphanage center. These data show the level of trust PLHIV have for their associations, as they seem to turn to these associations when their rights are violated. The need to build the capacity of these associations to provide adequate legal assistance and advice to PLHIV who claim that their rights are violated should be given attention.

When asked whether they know or are aware of existing laws or polices that are available to protect, promote and fulfill the rights of PLHIV, 48.1% of respondents declared that they knew such policies and laws were in place, while 46.2% of the respondents said that they were not aware of such laws and policies. The remaining 5.7% declared that there were neither policies nor laws that protect the rights of PLHIV.

Among the respondents who said that they were aware of the existence of protective laws and policies, 39.2% were males and 58.8% were females, while 2% didn't indicate their gender. When this percentage is compared to the number of females and males that participated in the study, we find that 57% of the males were aware of the laws and policies, while only 43.5% of females were aware. Of the respondents who were not sure whether or not such protective laws and policies were available for PLHIV in Ethiopia, 75.5% of them were female and 24.5% of them were male. Among the 5.7% respondents who said that there were no policies and laws to address the rights of PLHIVs, 50% were male and 33.3% were female. The remaining 16.7% didn't indicate their gender.

Comparing levels of education to awareness of existing protecting laws and policies is an area that needs to be explored. The study findings show that as the level of education increases, awareness of protective laws and policies in relation to PLHIV rights increases. Therefore, awareness-raising for PLHIV should include adult education and should also focus on practical measures that can be taken whenever human rights violations based on HIV-positive status occur.

Table 8. Awareness of protective laws and policies, by level of education

Level of education	**Awareness of Protective laws & policies**					
	Yes		**No**		**Don't know**	
	Male	Female	Male	Female	Male	Female
No formal education	-	3	-	-	1	10
Primary school	7	12	2	1	6	14
Secondary school	10	12	1	1	5	11
Technical college and diploma	2	2	-	-	-	2
University degree and higher	1	1	-	-	-	-

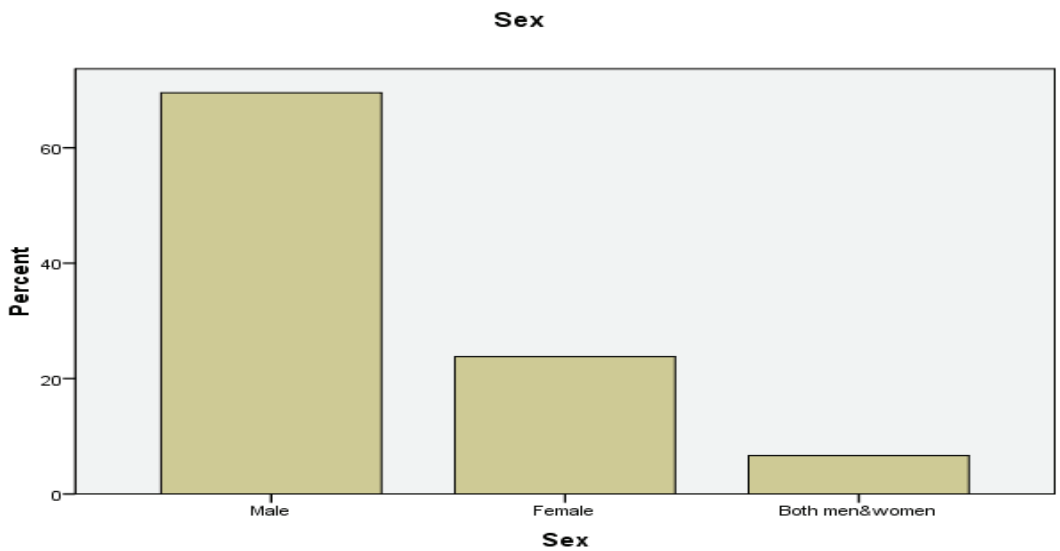
Identifying which age groups are less aware of protective laws and policies will inform to whom the necessary information in relation to these policies and laws should be made available. All stakeholders including NEP+ should try to address such issues. Respondents who are older tended to know of the existence of such laws and policies more often, while younger respondents more often said that there were no such laws and policies or that they didn't know of the existence of such laws and policies.

Table 9. Awareness of protective laws and policies, by age						
Age Range	**Awareness of Protective laws & policies**					
	Yes		**No**		**Don't know**	
	Male	Female	Male	Female	Male	Female
Below 18	-	-	1	-	2	1
Between 18 – 35	5	16	-	1	3	21
35 and above	15	13	2	1	7	15
Age not indicated	-	1	-	-	-	-

3.6 Nature of perpetrators

Among the alleged perpetrators identified by the respondents, males constitute 69.5% of cases, females constitute 23.8%, whereas violations committed by both men and women constitute 6.7% of cases. What is very worrying here is the fact that the largest number of these violations was committed by family members, who constitute 38.7% of cases, followed by workplace relations, which constitute 38% of cases. Violations perpetrated by neighbours made up 19.8% of cases, while 0.9% of violations were committed by physicians.

Chart 5. Gender of perpetrators of human rights violations



3.7 Discussion

Under the Federal Democratic Republic of Ethiopia Constitution of 1995, there is a non-discrimination clause. Though this constitutional provision doesn't specifically mention HIV status, it states that everyone should be treated equally before the law.

Most of the allegedly violated rights of PLHIV were related to socio-economic rights, especially the right to work, the right to adequate housing and the right to property. Although the numbers are not as significant, the rights to health and food were also frequently mentioned. Sub article 4 of article 41 of the Ethiopian Constitution requires that the state allocate progressively increasing resources to make health, education and other social services available to the people. It should be noted that the right to housing is not specifically mentioned under this sub article. The article only provides for the obligation of the state rather than the right of citizens. Citizens' rights are provided under sub article 3 of the same provision. This provision states that all citizens have the right to benefit equally from government funded social services. Due to the fact that most violations inflicted on PLHIV relating to the right to housing are perpetrated by individuals rather than government bodies, it is very hard for citizens to get protection; the right to equality only relates to government funded social services. Despite this gap, respondents reported a significant number of cases were the local kebele administration gave priority to PLHIV in providing government housing.

Another critical issue that should be given adequate attention is the provision of legal assistance to PLHIV. Most of the alleged cases of violations of the rights to property and work are given adequate protection by the country's substantive labour and family laws. However, due to the unavailability of legal assistance services most PLHIV are forced to forfeit their rights.

The need for reasonable accommodation for PLHIV who are not able to engage in certain types of work is another critical issue. Labour laws in the country don't require the employer to provide reasonable accommodation, but they allow the employer to terminate the contract of employment. The employer is only required to give severance pay if the employee cannot undertake the work he/she is hired to do. In most of the cases reported, the employer fired the respondent merely for being HIV-positive when they were still capable to work. Most were not given adequate compensation or received no compensation at all.

Apart from having laws and policies that protect the rights of PLHIV, the government should monitor the protection of PLHIV rights within the private and informal sectors. Most work-related cases documented by this study dealt with the right to work related to specific sectors of government such as the military, the informal sectors of work, and the private

sector. There are no specific guarantees or monitoring mechanisms in place to check whether such private organizations uphold the constitutionally guaranteed rights of PLHIV. Therefore, the intervention of government in such cases should extend beyond promulgating laws and policies to setting up administrative adjudicating bodies.

Mechanisms through which it is possible to extend greater protection for PLHIV who publicly declare their HIV status should be considered a priority. The government and CSOs/NGOs working on HIV should make a concerted effort to protect PLHIV from violations they sustain because of declaring their status.

The impact of culture and harmful traditional practices (HPTs) is another critical issue that needs attention. In most of the cases reported from Gambela regional state, women who lost their husbands were forcefully inherited by their brother-in-law. Apart from the fact that the practice has a negative impact on the transmission of HIV, it is affecting the women's right to property because the widow who refuses to get inherited by her brother-in-law is forced out of her home, leaving behind all the common property. Although the Gambela regional state family law and other substantive laws deal with these types of violations, most women do not resort of the justice system. This is mostly because they don't know about the laws and the practice is deeply imbedded in their culture.

Furthermore, the study team would like to highlight the following issues which were raised by participants during the data collectors' training sessions. The team would like to highlight the issue of the right to access to health services especially in relation to the treatment of opportunistic diseases in the case of PLHIV. In the process of taking measures to reduce mother-to-child transmission of HIV, confidentiality as well as the right to privacy of PLHIV mothers should be given due protection. In this regard, the practice of placing a colourful stamp on the card of positive pregnant women to show that these women are HIV-positive disregards their right to privacy. In such instances, although the physicians don't actually declare the status of the women out loud, the participants described it as a fact which is very well known by people who are HIV-positive, by non-PLHIV clients, and by those people who work in health centres or hospitals.

The other point that was highlighted during the training relates to the unethical behaviour of some physicians at the time of delivery. Some say that pregnant HIV-positive women are forced to go or referred to a hospital instead of receiving assistance to deliver in the nearby clinics or health centres the moment the assigned physician knows of the women's HIV status. The reason given by these clinics is the lack of adequate medical instruments to handle mother-to-child HIV transmission and other required toolkits.

Chapter 04 – Conclusion and recommendations

Conclusion

Due to national and international efforts, important progress has been seen in the last couple of years in the areas of funding, expanding access to HIV prevention, treatment, care and support, and reducing HIV prevalence. However the findings of this study show that there is still much needed action in the area of protecting the rights of PLHIV.

Because the number of people affected by HIV-based human rights violations is significant, it might lead to formidable challenges for the development and progress of the country if not given adequate attention and dealt with in a timely fashion.

This report has documented a number of human rights violations inflicted upon PLHIV because of their HIV status. These violations are underreported and mostly left without redress. There are a number of reasons why PLHIV do not report their cases to the relevant government authorities, including lack of information, skills and knowledge regarding available protective laws, and loss of hope in the legal system. Hence legal aid and awareness-raising campaigns about stigma and discrimination, as well as available legal protections should lie at the centre of advocacy work on the issue. Even though the amount of stigma and discrimination is said to have decreased in recent years, the data collected through this study show that the number of cases reported from 2009 to today far exceeds the numbers from previous years. Hence there is still the need for awareness-raising and education on stigma and discrimination.

Recommendations

- Support should be given for the greater involvement of PLHIV both in reporting and following up on human rights violations based on HIV status.
- The numerous governmental and civil society organizations (CSOs) that work on HIV should use a rights-based approach in designing, implementing and evaluating their programs and projects.
- Stakeholders that play an active role in the lives of PLHIV should be trained on a rights-based approach, human rights concepts, and the relationship between human rights and HIV/AIDS.
- Capacity building programs should be put in place for community and opinion

leaders, to enable them to identify HIV-based human rights violations and advocate for the rights of PLHIV.

- The organizations that are established to serve PLHIV should be empowered to provide legal assistance services to PLHIV whose rights are violated.
- Investigations into the human rights violations of PLHIV could be conducted by the Ethiopian Human Rights Commission (EHRC) without the need to pay for the service. Hence the EHRC as well as NEP+ should publicize this mandate of the Commission to PLHIV.
- Government institutions that work on HIV such as the HIV/AIDS Protection and Control Office (HAPCO) should conduct periodic monitoring on the status of rights protection of PLHIV.
- State bodies, especially those at the kebele level, should enhance the special protection they accord to PLHIV and they should be supported by enabling laws.
- A strategy should be devised to deal with the social consequences of HIV-related stigma and discrimination. Although people are not forced to befriend someone, efforts to promote strong social values and neighbourhood relations among Ethiopian nations, nationalities and peoples should be considered.
- The impact of harmful traditional practices (HTPs) on the transmission of HIV and the rights of PLHIV needs serious action. The communities that live in the areas where these HTPs are practiced should be reached through different strategies to stop or at least mitigate their impact.

References

1. Human Development Report, UNDP, 2010
2. ILO Code of Practice on HIV and the World of Work, International Labour Organization, 2001
3. International Guidelines on HIV and Human Rights, consolidated version: UNAIDS and UNHCHR, 2006
4. International Covenant on Civil and Political Rights, UN General Assembly, 1966
5. International Covenant on Econimic, Social and Cultural Rights, UN General Assembly, 1966
6. Political Declaration on HIV/AIDS, UN General Assembly, 87th plenary meeting, June 2006
7. Reducing HIV Stigma

Notes

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